

PARTICIPANT DETERMINATION LETTER

Commodity Supplemental Food Program (CSFP)

First and Last Name of Applicant/Participant

Date/Time

This letter is to notify you that based on information on file with our agency the person named above has been determined to be:

 Not eligible to participate in CSFP for the reason(s) checked (✓) below: Not age 60 or over Not a Wisconsin resident Not income eligible **Terminated** from participating in CSFP as of ___/___/_____ for the reason(s) checked (✓) below: Is no longer a Wisconsin resident Is no longer income eligible Has missed two or more monthly food package pick-ups without contacting the program Other: **Eligible but placed on a waiting list** for enrollment into CSFP. When there is an opening you will be contacted at the phone and address below. If you do not hear from us within 12 months, you should reapply.

Street Address:

Phone:

City, State, Zip Code:

If your situation has changed since the date of this letter, please call to reapply for the program. If you do not agree with this decision, you have the right to a fair hearing. This gives you the chance to present your reasons why you disagree. Your arguments may be given in person, or by a friend, relative, legal counsel, or other person. If you want a hearing, you must make the request at this office within 60 days from the date of this letter. Please contact us if you need information on other local nutrition and health services. Thank you for your interest in the Commodity Supplemental Food Program.

Sincerely,

SIGNATURE – CSFP Staff

Date Signed

Site Name:

Agency Phone:

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
2. **fax:**
(833) 256-1665 or (202) 690-7442; or
3. **email:**
Program.Intake@usda.gov

This institution is an equal opportunity provider.