Arizona Department of Economic Security
Child and Community Services Division - Coordinated Hunger Relief Program

Commodity Senior Food Program (CSFP)
Informal Dispute Resolution Meeting / Fair Hearing Request

Client Information

Client Name: _____ Date of Birth: _____

Address *(No., Street)*: _____

City: _____ State: _____ ZIP Code: _____ Phone Number: _____

Distribution Site Name: _____

Distribution Site Address: _____

City: _____ State: _____ ZIP Code: _____

Check the appropriate box to request a fair hearing or informal dispute resolution meeting, then complete the remainder of the form.

◯ **I want a Fair Hearing for CSFP**

◯ **I want an Informal Dispute Resolution Meeting for CSFP**

I am making this request because I do not agree with:

☐ Discontinuance of Benefits ☐ Denial of Application ☐ Overpayment or Disqualification

☐ Other *(explain)*: _____

I disagree with the decision for the following reason(s):

Date of the notice I do not agree with: _____

I need an interpreter: ◯ Yes ◯ No If yes, what language? _____

Important: Read your fair hearing rights on the back of this form before filling out this section.

◯ I **do** want to keep getting benefits during my fair hearing (fair hearing requests only).

◯ I **do not** want to keep getting benefits during my fair hearing (fair hearing requests only).

Client/Authorized Representative Signature: _____ Date: _____

See page 3 for USDA/EOE/ADA disclosures

Your Fair Hearing Rights

You must be provided with a written explanation when a decision is made on your case. A fair hearing is a process that allows a Commodity Senior Food Program applicant or participant to appeal an adverse action, which may include the denial or discontinuance of program benefits, disqualification from the program or a claim to repay the value of commodities received as a result of fraud.

You have the right to:

- Examine documents supporting the State or local agency's decision before and during the hearing;
- Be assisted or represented by an attorney or other persons;
- Bring witnesses;
- Present arguments;
- Question or refute testimony or evidence, including an opportunity to confront and cross-examine others at the hearing; and
- Submit evidence to help establish facts and circumstances.

What happens after you ask for a fair hearing?

- The Department of Economic Security (DES) will send you a notice, at least fifteen (15) days in advance, with the time, date and location of the meeting along with the name of the hearing official.
- You may withdraw your fair hearing request or convert it to an informal dispute resolution meeting request at any time by contacting your Distribution Site or the DES Coordinated Hunger Relief Program at: (602) 771-2788.

How do you ask for a fair hearing?

- You can get an Informal Dispute Resolution Meeting/Fair Hearing Request form from your Distribution Site or by calling the DES Coordinated Hunger Relief Program at: (602) 771-2788.
- Drop off your completed form at your Distribution Site, fax it to DES at (602) 542-6575 or mail it to: Division of Aging and Adult Services, Office of the Assistant Director, 1789 W. Jefferson St., 2nd Floor, Mail Drop 6271, Phoenix, AZ 85007.

How can you keep getting benefits while you wait for a fair hearing?

- You may continue to receive benefits if you ask for a fair hearing within fifteen (15) days of the date on the decision notice.
- You may not continue to receive benefits while waiting for a fair hearing if your application was denied, a change in the law caused the decision to be made or your benefits were stopped because your certification period expired.

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the state or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

1. **Mail:** U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410;
2. **Fax:** (202) 690-7442; or
3. **Email:** program.intake@usda.gov.

USDA is an equal opportunity provider, employer, and lender.

To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local