HRP-1052A FORFF (09/25)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Child and Community Services Division (CCSD)
Coordinated Hunger Relief Program

Commodity Senior Food Program (CSFP)
Notice of Action

Client Name: _____ CSFP ID: _____

Date of Notice: _____

CSFP Distribution Agency Information

Name: _____ Phone Number: _____

Address: _____

Distribution Days and Hours: _____

Additional Details: _____

Details

The Commodity Senior Food Program (CSFP) works to improve the health of low-income persons 60 years of age or older by supplementing their diets with nutritious foods provided by the United States Department of Agriculture (USDA). The monthly food package contains shelf-stable items and a large block of processed American cheese.

We are writing to inform you of the following:

☐ **Waiting List**	You have been placed on a waiting list to receive CSFP benefits because the current caseload for this site is full. A representative will contact you once there is an opening.
☐ **Application Denial**	Date of Denial: _____. Your application has been denied for the following reason(s):
☐ **Disqualification**	You will be disqualified from receiving CSFP as of: _____ for the following reason(s):
☐ **Discontinuance**	Our records indicate you have not picked up a CSFP box since _____. Please pick-up your CSFP box by _____ to avoid being discontinued. Contact the agency listed above if you have questions.

Rights and Responsibilities

Discontinuance: If you don't pick up your CSFP box for 2 months in a row, you will be discontinued from the program and your box will be given to a person on the waiting list. If you have trouble picking up your box, please speak with the distribution agency listed above.

Dual-Participation: You may not receive a CSFP box twice in the same month. Improper use or receipt of CSFP benefits, as a result of dual-participation, or other program violations may lead to a claim against you to recover the value of the food and may lead to disqualifying you from CSFP.

Nutrition Education: You have the right to receive nutrition education, including referrals to other programs and agencies that may benefit you.

Fair Hearing: If you disagree with any of the above action(s), you have the right to request a fair hearing. To request a fair hearing, call 480-521-5700, or write the Food and Nutrition Division. You may continue to receive benefits pending the outcome of the fair hearing. However, if the fair hearings official decision is not in your favor, you will be held liable for any over issuances received while awaiting the outcome of the fair hearing. You have 90 days from the date of this notice to request a fair hearing.

See reverse for EOE/ADA disclosures

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.

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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