



## NOTICE OF CERTIFICATION STATUS

### Commodity Supplemental Food Program (CSFP)

Certifying Agency: \_\_\_\_\_ Date: \_\_\_\_\_

Certifying Agency Address: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_

#### **ELIGIBILITY CATEGORIES:**

Program standards are applied without discrimination by race, color, national origin, age, sex, or disability.

\_\_\_\_ ELD- Elderly (only approved caseload in Oklahoma)

#### **ELIGIBILITY DETERMINATION:**

\_\_\_\_ You are eligible to receive CSFP benefits for the period starting the month of \_\_\_\_\_ and ending the month of \_\_\_\_\_. Information regarding the time, location, and means of food distribution is attached.

\_\_\_\_ You are eligible to receive CSFP benefits, however, we are at maximum caseload and are unable to process your application at this time. You will be placed on a waitlist and will be contacted when slots become available.

#### **WAITLIST NOTIFICATION:**

\_\_\_\_ We have caseload openings now. Please be informed it is time to re-determine your eligibility for CSFP. Complete the enclosed forms and bring them and the applicant listed above to our office between the hours of \_\_\_\_\_ - \_\_\_\_\_ on these days or dates

\_\_\_\_\_.

#### **NOTICE OF EXPIRATION OF CERTIFYING PERIOD:**

\_\_\_\_ Your eligibility for CSFP benefits is about to expire effective the last day of the month of \_\_\_\_\_. Contact the Certifying Agency listed above for additional information.



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, audiotape, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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](mailto:program.intake@usda.gov)

This institution is an equal opportunity provider.