



Notification of Denial or Discontinuance Oklahoma Commodity Supplemental Food Program (CSFP)

Date _____

Dear _____:

This notice is to inform you that you do not qualify for CSFP because:

_____ Your income is too high to meet the federal CSFP income limits

_____ You must be 60 years of age or older to qualify for Oklahoma CSFP

_____ You do not live in the agency's service area

OR

This notice is to inform you that your participation in CSFP is being discontinued because:

_____ You no longer meet the approved eligibility standards or your income is too high to meet the federal CSFP income limits

_____ Intentionally making false or misleading statements to obtain CSFP commodities

_____ Intentionally withholding information to obtain CSFP commodities

_____ Selling CSFP commodities or exchanging them for non-food item

_____ Receiving CSFP benefits from more than one CSFP site (dual participation)

_____ Physical and verbal abuse or threat of physical abuse of CSFP staff or representative or other clients

_____ You no longer live in the agency's service area or you have moved into an institution

_____ Overdue for certification or you have failed to pick up your CSFP box for two consecutive months

_____ You have requested to be removed from the program

_____ Participant is deceased

_____ Reduced caseload or program termination

The effective date of discontinuance will be _____.



You have the right to a further explanation of your denial. You also have the right to request a fair hearing within 60 days of the date on this notice. To request a fair hearing

Write to: Commodity Supplemental Food Program
Regional Food Bank of Oklahoma
PO Box 270968
Oklahoma City, OK 73137

CSFP Program Representative Signature

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:

mail:

U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442; or

email: program.intake@usda.gov

This institution is an equal opportunity provider.