

OKLAHOMA CSFP

NOTICE OF DISCONTINUATION

DISTRIBUTION SITE	ADDRESS	SITE CONTACT	PHONE NUMBER

CSFP Participant's Name: _____ Notice Date: _____

CSFP DISCONTINUATION DETERMINATION

Your participation in CSFP is being discontinued for the following reason(s):

- _____ *Failure to pick up CSFP box for two consecutive months or overdue for certification.*
- _____ *Income exceeds CSFP income limits (150% of Federal Poverty Income Guidelines).*
- _____ *No longer a resident of CSFP partner agency's service area or have moved to assisted living.*
- _____ *Requested removal from the program.*
- _____ *Receiving CSFP benefits from more than one CSFP partner agency (Dual Participation).*
- _____ *Participant is deceased.*
- _____ *Decrease in program caseload or program termination.*
- _____ *Physical/verbal abuse or threat of physical abuse of CSFP partner agency representatives or other participants.*
- _____ *Intentionally making false/misleading statements or withholding information to obtain CSFP items.*
- _____ *Selling CSFP items or exchanging CSFP items for non-food items.*

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 of this notice. To request a fair hearing, please write to the Food Bank listed below (marked with an "X"):

	Commodity Supplemental Food Program Regional Food Bank of Oklahoma PO Box 270968 Oklahoma City, OK 73137
	Commodity Supplemental Food Program Food Bank of Eastern Oklahoma 1304 N Kenosha Ave Tulsa, OK 74106

CSFP Partner Agency Representative Signature

Non-Discrimination 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, 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

This institution is an equal opportunity provider.