



Commodity Supplemental Food Program (CSFP) Notification of Eligibility Status Change

Date: _____

Participant Name: _____

You are receiving this letter because your Commodity Supplemental Food Program (CSFP) eligibility status will be changing. Please see the checked item below for the reason you are receiving this notification.

Expiration of Certification

Certification period is expiring: Your certification expires on _____.

If you would like to continue to participate in CSFP, please contact our office at _____ to schedule an in-person certification, or to renew certification over the phone, if you have had an in-person certification within the last 36 months, and nothing has changed from the information used to gain certification.

Discontinuance of Participant — Effective Date: _____

Didn't pick up (No-Show) for 2 or more consecutive months: If you would like to continue to participate in CSFP, please contact our office at _____ to schedule an in-person certification, or to renew certification over the phone, if you have had an in-person certification within the last 36 months, and nothing has changed from the information used to gain certification (subject to availability).

Participant was found to be ineligible: Participant is no longer eligible due to changes they reported.

Lack of resources necessary to continue providing benefits to the participant:

Disqualification/Termination — Effective Date: _____ for a period of: _____

You have been found to be participating under false circumstances:

You have made false statements either orally or in writing in order to obtain CSFP benefits to which you would not otherwise be eligible.

You have participated in CSFP at two or more locations (dual participation).

You have concealed information in order to obtain CSFP benefits to which you would otherwise not be eligible.

You have altered program documents for the purpose of receiving increased benefits for which you would not be eligible or for the purpose of transferring benefits to an unauthorized individual.

You have used the CSFP foods in an unauthorized manner such as trading or selling the food.

If you or your caretaker do not agree with this decision and wish to appeal, you may request a fair hearing by making a clear expression, in writing or verbally, to the state or local agency official within 60 days from the date of this notice.

Contractor: _____ WSDA Food Assistance
Address: _____ 1111 Washington Street SE, 2nd Floor
_____ PO Box 42560
_____ Olympia WA 98504-2560
Phone: _____ (360) 725-5640

Participants who are denied benefits at initial certification, participants whose certification period has expired, or who become categorically ineligible will not continue to receive benefits while awaiting the decision on their appeal.

Agency Staff Contact

Title

USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> or 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:

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

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