

Participant Determination Letter

Commodity Supplemental Food Program (CSFP)

Last name (Applicant)		First name	
Date (applied)		Time (applied)	
Street address	City	County	ZIP code
Phone number	Email address		

This letter is to notify you that based on information on file with our agency the person named above has been determined to be:

☐ **Eligible**

☐ **Eligible but placed on a waiting list for enrollment into CSFP.** When there is an opening, you will be contacted. If you do not hear from us within 12 months, you should reapply.

☐ **Not eligible** to participate in CSFP for the reason(s) checked (x) below:

☐ Not age 60 or over

☐ Not a Wisconsin resident

☐ Not adjunctively or income eligible

☐ **Terminated** from participating in CSFP as of ____/____/____ for the reason(s) checked (x) below:

☐ Is no longer a Wisconsin resident

☐ Is no longer income eligible

☐ Missed two or more monthly food package pick-ups without contacting the program.

☐ Other:

If your situation has changed since the date of this letter, please call to reapply for the program. If you do not agree with this decision, you have the right to a fair hearing. This gives you the chance to present your reasons why you disagree. Your arguments may be given in person, or by a friend, relative, legal counsel, or other person. If you want a hearing, you must make the request at this office within 60 days from the date of this letter. Please contact us if you need information on other local nutrition and health services. Thank you for your interest in the Commodity Supplemental Food Program.

Sincerely,

Signature – CSFP staff	Date signed
Distribution site name:	
Agency phone:	Agency email:

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, audiotope, 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: [USDA Program Discrimination Complaint Form](#), 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.

Participant Agreement, Rights, and Responsibilities

Commodity Supplemental Food Program (CSFP)

Welcome to Wisconsin CSFP

Your pick-up site		Your pick-up day	Your pick-up time
Certification begins		Certification ends Certification expires 3 years from the date you sign this form.	
Agency phone		Agency email	

Missed food package pick-up:

- Contact program in advance for conflicts of package pick-up or extended absence.
- If you miss your package pick-up, contact the program to find out how you might be able to receive it. After the last day of the month, once the new month begins, you will not be able to receive that month's food package.
- If you miss two pick-ups in a row, your enrollment may expire.

Your application and enrollment in the CSFP are in connection with the receipt of federal assistance. As a participant in CSFP, it is important that you understand your **rights and responsibilities** as listed below.

As a CSFP Participant you have the following RIGHTS:

- To be treated fairly and with respect. If you have not been treated fairly, ask for a hearing in writing or in person within 60 days.
- To be treated the same regardless of your race, color, national origin, sex, disability, age or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.
- To be told why you qualify for the CSFP.
- To receive nutrition information along with the supplemental food package.
- To be offered resources and referrals for FoodShare/SNAP, Supplemental security income benefits, Medicare, Senior Farmers Market Nutrition Program (SFMNP) and any other programs you might need.
- Do you authorize the release of information about you, provided on the application for determining your eligibility to other assistance programs you may benefit from and for program outreach? ☐ Yes ☐ No

By signing your name below, you agree to the following RESPONSIBILITIES:

- You will teach your proxy (if someone else will come to get your benefit) how to pick up food for you.
- You will be honest and to not abuse the program. You agree to:
 - treat CSFP staff and other participants with respect.
 - not participate or try to participate in more than one CSFP site or program at the same time.
 - not try to or actually sell, exchange, or barter CSFP foods.
 - not give CSFP foods to someone who is not the CSFP participant.
- You certify that the information provided for eligibility determination is correct to the best of your knowledge and you understand that program officials may verify information provided or share with other organizations to detect and prevent dual participation.
- You understand that intentionally giving false or misleading information or intentionally not giving information asked of you may result in removal from the program, having to pay money back for CSFP food you should not have received and/or be subject to prosecution under applicable State and Federal statutes.
- You acknowledge that you have been advised of your rights and obligations under the program and have read or had read to you, the Participant Agreement, Rights and Responsibilities (this document.)
- You will let CSFP staff know of any changes to your income, number of people living in your home, address or telephone number. Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

Participant name (print)

Signature – CSFP participant or proxy	Date signed
Signature – CSFP staff	Date signed