



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
NOTICE OF ADVERSE ACTION

DISTRIBUTION SITE	DATE
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ADDRESS

APPLICANT NAME

APPLICANT ADDRESS

This is to inform you that the following action will be taken regarding your participation in the CSFP.
 Program standards are applied without discrimination by race, color, national origin, age, sex (including gender identity and sexual orientation), or disability.

ELIGIBILITY DETERMINATION

- You are ineligible to receive CSFP benefits for the reason listed below.
- Your CSFP benefits are being discontinued effective (month/year) _____ for the reason listed below.
- You are disqualified to receive CSFP benefits from (month/year) _____ to (month/year) _____ for the reason listed below.

REASON FOR THIS ACTION

You have a right to request a fair hearing per 7 CFR 247.33. If you do not agree with the action taken, you must request a hearing within 60 days from the date this notice is mailed. Your request for a fair hearing must be made verbally or in writing to the distribution site listed above. Use this tear off portion of the form for written notification. Please complete the information below and mail or deliver to the distribution site.
 If you have been notified of discontinuance or disqualification for CSFP participation and you request a fair hearing prior to the effective date indicated above, you may continue to receive benefits until a hearing decision is announced or until the end of your current certification period, whichever is first. However, if the agency is upheld in its decision, a claim against the household shall be established for all over-issuance of USDA foods.

RETURN THIS BOTTOM PORTION TO THE DISTRIBUTION SITE TO REQUEST A FAIR HEARING

- I wish to request a fair hearing.

NAME	PHONE
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ADDRESS

CITY, STATE, ZIP CODE

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.