



4301 W 65th Street
Little Rock, AR 72209

Acceptance Notice
Arkansas Commodity Supplemental Food Program (CSFP)

CLIENT NAME:

DATE:

This notice is to inform you that you qualify to receive food through USDA/CSFP program.

Determination:

- ☐ Eligible – Effective Date From: _____ To: _____
- ☐ Waiting List Participant
- ☐ Waiting List Participant receiving CSFP Food Box for this month only. _____

Agency/Partner Name:

County of Distribution:

Agency/Partner Distribution Address:

Time of Distribution:

Date of Distribution:

Length of Certification:

This site is one of the following:

- ☐ Pick up at the Distribution Location
- ☐ Home Delivery by the Distribution Location

CSFP Program Representative Signature: _____

This institution is an equal opportunity provider.

arkansasfoodbank.org