

Denial Notice Arkansas Commodity Supplemental Food Program (CSFP)

CLIENT NAME:	DATE:
This notice is to inform you that you because:	do not qualify for or are being discontinued from the CSFP program
☐ Your income is not low enough	to meet the Federal CSFP income eligibility guidelines.
Your age or other category does	s not qualify you for Federal CSFP.
You have missed 2 or more modistribution site manager to make of	nths picking up your CSFP Food Box and have not contacted the her arrangements.
Other	
	out discrimination to race, color, national origin, age, sex, or disability. All at least 15 days before the effective date of this discontinuation.
	ation of your denial. You also have the right to request a Fair Hearing tice. To request a Fair Hearing, Write to:
	Commodity Supplemental Food Program DCO – Commodity Distribution P.O. Box 1437 S-337 Little Rock, AR 72203
	am. Any person who feels that their Civil Rights have been violated should ulture within 180 days of alleged discrimination, Write to:
	Director, Office of Advocacy US Department of Agriculture 1400 Independence Avenue, SW Washington, D.C. 20250
We are sorry that we cannot assist y program. Thank you.	you with CSFP Food Boxes. We will be happy to refer you to another food
CSFP Program Representative Sigr	nature:

arkansasfoodbank.org

This institution is an equal opportunity provider.