



# Commodity Supplemental Food Program (CSFP) Notice of Eligibility

W-1706  
(Rev. 4-16)

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Dear applicant:

Your application for participation in the Commodity Supplemental Food Program (CSFP) has been approved, based on the age and income information you provided on the application form. The USDA requires participants to complete a review every six months. Your next eligibility review will be in \_\_\_\_\_.

We will not be able to provide food without identification so please bring some form of identification with you each time you pick up food. If you use a proxy, they must also provide identification.

The distribution date, time and location of your food pick-up is noted below. Please be aware that this is not a first-come, first-serve program. A food box will be reserved for you at the site listed below. Please call the number listed below if you are unable to make your scheduled pick-up.

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Location: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

Unfortunately there are no CSFP slots available at this time. Your name will be placed on a waiting list. Those placed on the wait list will be notified if a slot becomes available.

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and 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:

- (1) mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

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