



W-1709  
(Rev. 4/16)

## Commodity Supplemental Food Program (CSFP) Notice of Denial or Termination

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

Date notice mailed: \_\_\_\_\_

You have been found to be ineligible to receive or continue to receive Commodity Supplemental Food Program benefits for the following reason(s):

\_\_\_\_\_ You are not a Connecticut resident.

\_\_\_\_\_ Your total household income exceeds the established guidelines.

\_\_\_\_\_ You do not meet the age requirements. In order to receive program benefits, you must be 60 years of age or older.

\_\_\_\_\_ You have not picked up commodities for two consecutive months.

\_\_\_\_\_ You voluntarily withdrew from the program.

\_\_\_\_\_ You have not completed your recertification form. Recertification must be completed every 6 months.

\_\_\_\_\_ Other: \_\_\_\_\_

If you feel you have received this notice in error, please contact the CSFP agency listed below.

CSFP Agency: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Contact Person: \_\_\_\_\_

You have the right to a fair hearing regarding this decision. You may request a fair hearing by completing the enclosed hearing request form and mailing or faxing this notice of denial and the hearing request form to:

Department of Social Services  
Office of Legal Counsel, Regulations and Administrative Hearings  
55 Farmington Ave  
Hartford, CT 06105  
Fax Number: (860) 424-5729

You must request a fair hearing within 60 days of the date that this notice was mailed.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (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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