



Commodity Supplemental Food Program (CSFP) Hearing Request Form

W-1710
(Rev. 4/16)

Name: _____
Address: _____

Please **use this form only if you want a hearing**. Remember, **before you ask for a hearing or at any time afterwards, you may call the local CSFP agency for help in solving the problem.**

I do not agree with the decision taken on my case. I am requesting a hearing because:

(Please use the back of this form if you need more room to write.)

My telephone number including the area code is: _____

Please check one:

- Under some programs, benefits may continue while the hearing decision is pending. If possible, I want my benefits to continue until the hearing decision is made. I understand that if the decision is not in my favor, I may have to pay back the benefits.
- I do not want my benefits continued while the Hearing Officer is deciding.

Signature

Date

Mail or fax this completed request to: Department of Social Services
Office of Legal Counsel, Regulations and Administrative Hearings
55 Farmington Avenue
Hartford, CT 06105
Fax Number: (860) 424-5729

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: 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

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