Partner Charity: \_\_\_ \_\_\_\_\_\_\_\_\_ Date

Phone Number:

Address:

Applicant/Participant:

**WAITING LIST NOTIFICATION**

 We are at maximum caseload and are unable to provide benefits to you at this time. Your name has been placed on the waiting list as of \_\_\_\_/\_\_\_\_/\_\_\_\_.

**CERTIFICATION NOTIFICATION**

We are able to serve you a monthly CSFP box. Please pick up your box during the following hours:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You are certified for CSFP benefits for the period of \_\_\_\_/\_\_\_\_/\_\_\_\_ thru \_\_\_\_/\_\_\_\_/\_\_\_\_.

 It is time to re-determine your eligibility for CSFP, which will expire on \_\_\_\_/\_\_\_\_/\_\_\_\_.

 Complete the enclosed application and bring it to our office (address above) on \_\_\_\_/\_\_\_\_/\_\_\_\_.

**INELIGIBILITY OR DISQUALIFICATION/TERMINATION/DISCONTINUANCE NOTIFICATION**

Our records show that you are presently ineligible for CSFP or are being discontinued to receive a CSFP box for the following reason:

**REASON FOR INELIGIBILITY REASON FOR DISCONTINUANCE/**

Does not live in program area **DISQUALIFICATION/TERMINATION**

Over standard income guidelines Abuse of program

Under 60 years of age

Terminated upon request

Missed two consecutive food pickups or appointments

We are currently at maximum caseload

Effective Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

If you are ineligible because of income, you may reapply anytime if your financial situation changes and you become eligible in the future.

If you disagree with this decision, you have the right to a fair hearing to appeal this decision. Contact the CSFP Coordinator for fair hearing procedures. Program standards are applied without discrimination by race, color, national origin, age, sex, or disability.

CSFP Site Staff Signature Date

**This institution is an equal opportunity provider**.