

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA) COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

NOTICE OF CERTIFICATION STATUS

DISTRIBUTION SITE			DATE
ADDRESS			
APPLICANT NAME			
APPLICANT ADDRESS			
Program standards are applied without discrimination by race, color, national origin, age, sex (including gender identity and sexual orientation), or disability.			
CERTIFICATION DETERMINATION			
You are eligible to receive CSFP benefits for the period starting (month/year) and ending (month/year) and ending (month/year) Information regarding the time, location, and means of food distribution is attached. You are eligible to receive CSFP benefits. However, we are at maximum caseload and are unable to process your application at this time. You will be placed on a waiting list and contacted when slots are available.			
NOTICE OF CERTIFICATION PERIOD EXTENSION			
Your eligibility for CSFP benefits may be extended through (month/year) by confirming your continued interest in the program and your address. The distribution site will also need to determine if your income still meets eligibility standards. Please contact the distribution site listed above prior to (month/year)			
NOTICE OF EXPIRATION OF CERTIFICATION PERIOD			
Your eligibility for CSFP benefits is about to expire. Your last effective date is the last day of (month/year) Contact the distribution site listed above for additional information.			
In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf , from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:			
1. ma	Office of the Assistant S 1400 Independence Ave Washington, D.C. 2025 (833) 256-1665 or (202)	Secretary for Civil Ri enue, SW 0-9410; or) 690-7442; or	ghts
3. email: <u>program.intake@usda.gov</u> This institution is an equal opportunity provider.			
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