



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 COMMODITY SUPPLEMENTAL FOOD PROGRAM
NOTICE OF ADVERSE ACTION

Attachment 2.7

Certifying Agency: _____ Date: _____

Certifying Agency Address: _____

Name of Applicant or Participant: _____

Address: _____

This is to inform you that the following action will be taken regarding your participation in the CSFP:

- You are ineligible to receive CSFP benefits for the reason listed below.
- Your CSFP benefits are being discontinued effective _____ for the reason listed below.
- You are disqualified to receive CSFP benefits for the reason listed below. The period of disqualification is from _____ to _____.

The reason for this action is:

Program standards are applied without discrimination by race, color, national origin, age, sex or disability.

Tear along the dotted line and return to the Certifying Agency:

You have a right to request a fair hearing if you do not agree with the action taken. You must request a hearing within 60 days from the date this notice is mailed. Your request for a fair hearing must be made verbally or in writing to the certifying agency listed above. Use this tear off portion of the form for written notification. Please complete the information below and mail or deliver to the certifying agency.

If you have been notified of discontinuance or disqualification for CSFP participation and you request a fair hearing prior to the effective date indicated above, you may continue to receive benefits until a hearing decision is announced or until the end of your current certification period, whichever is first. However, if the Agency is upheld in its decision, a claim against the household shall be established for all over-issuance of USDA foods.

I WISH TO REQUEST A FAIR HEARING YES NO

NAME: _____ PHONE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

USDA is an equal opportunity provider and employer.