



Commodity Supplemental Food Program (CSFP)
Notice of Eligibility Determination

Name: Notification Date:

Address: Application Date:

You recently submitted an application to participate in the Commodity Supplemental Food Program (CSFP) and are determined to be:

- ___ Ineligible - household income exceeds 130% of poverty.
___ Ineligible - county of residency is not currently served by the Program.
___ Ineligible - age is not 60 or older.
___ Eligible and placed on a waiting list.

___ Eligible and active. SEE FOOD PACKAGE PICKUP INFORMATION BELOW

Location: _____

Day/Date: _____ Time: _____ Method: _____

Name-Individual Making Determination Title-Individual Making Determination

Right to Appeal

You have the right to appeal any adverse action regarding your application for and/or participation in the Program. You or your caregiver may request a fair hearing by making a verbal or written request to a State or Local Agency official within 60 days of the notification date of an adverse action.

State Office Contact

Email: WICCommoditiesPrograms@isdh.in.gov Phone: 317-233-2191

Local Agency Contact

Email: Phone:

Civil Rights

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](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf), (AD-3027) found online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, 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.

This institution is an equal opportunity provider.