

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Community Assistance and Development (DCAD)
Coordinated Hunger Relief Program

**COMMODITY SENIOR FOOD PROGRAM (CSFP)
WAITING LIST ENROLLMENT NOTIFICATION**

APPLICANT INFORMATION

APPLICANT NAME _____ NOTICE DATE _____

ADDRESS (No., Street) _____

CITY _____ STATE _____ ZIP CODE _____

You were placed on a waiting list for the Arizona Commodity Senior Food Program (CSFP) on _____.

At that time, we were not able to enroll you in the program. This letter is to inform you that it may now be possible for you to be enrolled and begin receiving program benefits.

If you are still interested in participating in CSFP, you must contact the closest Distribution Site in your area to be screened for eligibility.

The requirements for this program specify that you must be at least 60 years of age, present acceptable identification, verify your address and meet Federal income guidelines. Gross household income includes, but is not limited to, the following:

- Earned income from employment or self-employment, such as salary, hourly wages, commissions or fees;
- Unemployment insurance compensation;
- Social Security Administration benefits, including Supplemental Security Income;
- Government civilian employee and military retirement, pension, or veteran’s payments;
- Private pension and retirement payments; and
- cash contributions (i.e. gift funds) received from persons not in the household

Please call _____ to schedule an appointment or for more information about this notice.

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. mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. fax:

(833) 256-1665 or (202) 690-7442; or

3. email:

program.intake@usda.gov

This institution is an equal opportunity provider.

To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. • Disponible en español en línea o en la oficina local.