



Commodity Supplemental Food Program
(CSFP)



Program Participant Closure Letter

Beneficiary Name: _____

Date: _____

Dear Beneficiary,

Your eligibility for participation in the Commodity Supplemental Food Program will end effective _____ due to the following reason(s):

You are no longer categorically eligible.

Your income exceeds the limit for your household size.

You are no longer a resident of this county.

You have failed to pick up your monthly food package for the last two months.

Please contact us within 15 days of receipt of this notice if you wish to continue receiving a food package from this program.

Other: _____

Local Distributing Agency

Phone

CSFP LDA Representative Name

CSFP LDA Representative Signature

If you do not agree with the decision made in your case, you may request a Fair Hearing. A request for a Fair Hearing must be made orally or in writing within 60 days from the date of this notice by contacting the South Carolina Department of Agriculture, Office of Administrative Hearings. 1-800-311-7220 or TTY 1-800-311-7219 / Columbia area: (803) 898-8080. When complete, mail to the Office of Individual and Provider Rights, P.O. Box 1520, Columbia, SC 29202-1520 or Fax to: (803) 898-7269.

In accordance with Federal law and USDA 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, DC 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.