



Harry Chapin Food Bank
OF SOUTHWEST FLORIDA

239.334.7007
harrychapinfoodbank.org

Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

Commodity Supplemental Food Program



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

Table of Contents

About CSFP	1
Introduction	1
Population Served.....	1
USDA Foods Available.....	1
Civil Rights Training.....	2
CSFP Certification and Registration	2
Proxy.....	3
Re-Registration	3
In Summary.....	5
Completion of the CSFP Certification Form	5
Removal From Program	7
“No Show” Policy	8
Establishment of a Waiting List.....	8
Waiting List Management.....	9
Distribution of Food Boxes	9
Program Partner Requirements.....	10
Attachments	



About CSFP

The Commodity Supplemental Food Program (CSFP) is administered at the Federal level by the Food and Nutrition Service (FNS), an agency of the U.S. Department of Agriculture, which provides commodities, assigns caseload, and allocates administrative funding to State agencies. State agencies are responsible for administering the program at the State level. The State may select local agencies to administer the program in local areas of the State.

A Florida State Agency enters into written agreements with Local Agencies and/or sub-distributors to distribute monthly CSFP food boxes to eligible and certified participants.

Introduction

USDA purchases food and makes it available to the State agency, Harry Chapin Food Bank of Southwest Florida (HCFB). HCFB receives the food and packs it into boxes which are then provided to local agencies (in which, HCFB also calls, CSFP Partner Agencies) to meet the nutritional needs of low-income elderly persons. Food packages include nutritious foods such as canned fruits and vegetables, canned meat, poultry, and other protein items, and grain products such as pasta, as well as other foods. Participants are offered the opportunity to receive nutrition education.

CSFP Partner Agencies determine the eligibility of applicants, register the participants, and distribute the food boxes. Each CSFP Partner Agency may distribute the caseload limit that is assigned to them by HCFB.

Population Served

CSFP serves elderly people (60 years of age and older) who are at or below 130% of the Federal Poverty Income Guidelines published annually by the U.S. Department of Health and Human Services. Each year, HCFB will notify CSFP Partner Agencies of any changes in income guidelines.

USDA Foods Available

CSFP food boxes do not provide a complete diet, but rather are good sources of the nutrients typically lacking in the diets of the target population. The food items available for the CSFP Food Box are determined by the USDA.



Civil Rights Training

All staff and volunteers who are responsible for the CSFP program at their location (i.e., those who register seniors, assist with the distribution of monthly boxes, etc.) must complete USDA civil rights training on an annual basis. HCFB will provide the training in the Spring of each monitoring year (or as soon thereafter as available) along with a self-certification form/agenda located on our website). This self-certification form must be signed and retained at the CSFP Partner site, and a copy provided to the Food Bank prior to July 1 every year.

CSFP Certification and Registration

Any senior wishing to receive a box must appear in person at the CSFP Partner site and if determined to be eligible, sign a completed application. However, if a senior is homebound and has a proxy, the proxy may complete the application in his/her stead at the CSFP Partner site (see "Proxy" section below).

To be eligible to participate in the CSFP, a person:

1. Must be aged 60 years or older and
2. Must meet the income guidelines (130% of the Federal Poverty Income Guidelines)

Household income is the TOTAL gross income of everyone in the household before deductions for such items as income taxes, employees' social security taxes, insurance premiums (including Medicare), and bonds. This amount must be verified with a W-2, the previous year's tax return, Social Security Award Letter, etc.

Note: The amount of food stamps a senior receives is NOT to be counted as income. The CSFP Partner may exclude from consideration the following sources of income listed under the regulations for the Special Supplemental Nutrition Program for Women, Infants, and Children. Any basic allowance for housing received by military service personnel residing off military installations. And the value of in-kind housing and other in-kind benefits.

If total household income meets the guidelines for household size, all persons in the household aged 60 or over may apply for and receive boxes. A separate application must be completed for each person who wishes to receive a box. Income shown on each application must be for the household and the number of people in the household listed.

A senior who meets the income guidelines for the CSFP may also be eligible for food stamps (SNAP). Any senior who does not indicate that he/she is receiving that benefit should be given information about applying for SNAP.

Distribution is limited to one box per person. If a person registers at more than one site, his/her receipt of a box will be delayed until it can be determined at which site he/she will pick up the box. **When registering a person for the program, always ask if he/she has registered at another site.**



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

A CSFP Participant Application must be completed for all eligible seniors. The CSFP Participant Application is completed by an CSFP by the applicant or proxy and signed by the applicant or proxy. The CSFP Application is turned into the CSFP Partner Agency site. The CSFP Partner Agency will complete the Local Distributing Agency verification section and then email the application to the Contracted Distributing Agency (HCFB CSFP coordinator) for final verification review. The CSFP coordinator will complete the final approval or disapproval of the applicant and inform the CSFP Partner Agency representative.

Note: A senior must be on the Active List in order to be guaranteed a CSFP box. Once the available boxes in the County have been allocated (known as "caseload"), eligible seniors not on the active list (who must conform to the registration requirements stated above) must go on a Waiting List. CSFP boxes are provided to participants on Waiting Lists as they are available, but there is no guarantee that if a Waiting List participant receives a CSFP box one month that he/she will receive a CSFP box the following month.

The CSFP year runs from July through the following June. However, eligible seniors may register for the Program at any time during the year.

Proxy

The USDA Food and Nutrition Services does not have a formal definition of a caregiver in its regulations, but he/she would essentially be anyone who takes care of the applicant (i.e., a relative or friend responsible for assisting the person with his/her daily needs). Caregiver can be listed as a proxy on the applicant's application.

Proxy Process for Registration: When a caretaker arrives to register a homebound senior, he/she must provide the following information:

- Current senior's identification and/or copy of identification
- Current proxy's identification
- Current senior's income information

The proxy is to be treated as an extension of the homebound senior. **NOTE: A homebound senior can have only one caretaker.**

The proxy will complete the CSFP Certification Form on behalf of the homebound senior using the homebound senior's name and information. Once the certification form is completed in its entirety, the proxy will sign and date on the "Signature of Proxy" line.



Re-Registration

Anyone who is currently registered for the Program must re-register before the end of June in order to participate the next year.

For example, an eligible senior registered in November 2022. That participant would receive a box through June 2023 but must re-register before the end of June in order to receive a box in July and beyond.

The senior can re-register in July, but it depends on when registration actually occurs as to when he/she will receive the first box for the year.

For example, an eligible senior registered in November 2022. That participant would receive a box through June 2022. The senior does not re-register until August 2022. The senior would not receive a box in July, and depending on the date he/she re-registered in August, may not receive a box in August. However, the senior would be eligible to receive a box in September 2022 and for the remainder of the Program year – through June 2023

We begin the process of re-registration of current participants (both Active List and Waiting List) in May of each year.

The process begins when you receive your May boxes. Applicant will need to complete another CSFP Application for Participation and make sure to include:

- Household income (must be proven by the participant)
- Number of persons supported by that income (number of persons in the household)
- Source of income
- Signature of Participant or Proxy and Date
- Printed Name of Proxy (if applicable)
- Printed name and Signature of LDA Representative (CSFP Partner Agency representative)



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

In Summary

Registration for a new participant:	Any time during the year
Re-Registration for a current participant:	Begins in May for the year July through the following June

Completion of the CSFP Participant Application Form

IMPORTANT! Age, County, and income must be verified by the CSFP Partner Agency representative.

- The CSFP Applicant's Rights Notice must be read by or read to the CSFP applicant or the applicant's caretaker at the time of certification.
- All information sited on the form must be legible.
- All information for each applicant must be recorded on the CSFP Participant Application Form.
- The CSFP Participant Application Form must be completed in its entirety. All blanks must be filled in; all check-off boxes must be marked with the appropriate response.
- The following is specific information in reference to the CSFP Participant Form
 - o Name & Address: The participant must provide verification of Identity and Address. This can be accomplished by using a Driver's License, Passport, Picture ID Card, etc.
 - o Date of Birth: The participant must provide proof of age. You do not need to make or retain a copy of the proof, just be sure to see it.
 - o Phone Number: Primary telephone number of the participant. If the participant has no telephone, enter "None".
 - o SS#: Do not ask for the applicant's full social security number, but if given, do not place the entire number on the form. To create the SS# for the form, you use the LAST FOUR (4) Digits of the participant's Social Security Number ONLY, then the initials of their first and last name. Example:
Name: Jane Anderson; Last 4 digits of Social Security Number: 0001 SS# is 0001JA
 - o Household Income: The CSFP Income Guidelines are set by the USDA each year. A copy of the current Guidelines will be provided by Harry Chapin Food Bank as soon as they available each year. The income guideline for a senior is 130% of the Federal Poverty Income Guidelines. This is the TOTAL gross (not net) income of the household. This amount must be verified with a W-2, the previous year's tax return, Social Security Award Letter, etc. (Note: You must enter here the total household income, not just the senior's income. For instance, if you are



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

registering both spouses in the household, you must complete a separate form for each of them and the household income would be IDENTICAL on both forms. Do NOT separate husband's/wife's incomes.) You do not need to make or retain a copy of the proof of income provided. Just make sure that you see it.

- o Number of Persons Supported by This Income: This is the total number of people living in the household.
- o Source of Income: Indicate the source of the household income. Check as many boxes as necessary. There is no need to separate income by source. If there is income that is not covered by a box, just print the additional source on the form.

Note: The amount of food stamps a senior receives is NOT to be counted as income.

- o Racial/Ethnic Data: Please indicate whether the participant is Hispanic or Latino and the race of the participant. Note: This is a Federal requirement. If the participant does not wish to provide this information, a visual observation by the CSFP Partner Agency Site Representative must be made and recorded. Both questions must be answered.
- o Signature: Upon completion and review of the participant's information, the participant or proxy must sign and date the application. If the proxy signs, he/she must then print his/her name on the line below.
- o Site Name and County: Enter the full name and county of your site; do not abbreviate.
- o Waiting List: If the participant is placed on the Waiting List, the date and the method of notification of this placement must be documented under the Waiting List Section.
- The CSFP Participant Form is to be handled as follows:
 - o The original is to be filed at your location. Please keep in alphabetical order.
 - o A copy is to be provided via email within two weeks of registration to:
Victoria Guevara Nunez
CSFP Senior Coordinator
Email: vnunez@HCFB.org

Note: A form must be RECEIVED by the Harry Chapin Food Bank at least one week prior to receipt of your boxes in order for the participant's name to be included in that month's distribution.



Removal From Program

If a participant has died, moved, can no longer pick up a box or no longer wishes to receive a box, the CSFP Partner Agency representative must notify HCFB immediately via telephone, fax or email. Identify your site location, the name of the participant, and the reason for his/her removal.

Discontinuation of CSFP service can be imposed if there is a reduction in assigned caseload or if a participant is in violation of the CSFP regulations. This may be due to, but is not limited to:

- Two months in a row of inactivity
- Threats of physical abuse
- Harassment
- Failure to recertify

If at any time a CSFP participant is removed from the program for these reasons, the participant must be notified in writing. Such notification will be prepared and mailed by HCFB.

If a participant is found committing dual participation, service to that participant shall cease immediately, the participant and the locations where the participant is registered shall be notified and a determination of a service location will occur. Until the service location decision is completed, the suspension of service will continue.

Removal from the CSFP can be due to, but not limited to:

- Fraud
- Physical abuse or threats of physical abuse
- Selling CSFP items
- Ineligibility

In these cases, the participant will be removed from the CSFP entirely and notified in writing by HCFB.

Fair Hearing Procedures

CSFP applicants and participants have a right to appeal an adverse action through the fair hearing process, which includes providing written notification of the individual's right to a fair hearing along with notification of the adverse action.

- Participants will receive a written notice if there is an adverse action such as denial, suspension, or termination
- The notice will include the reason for the action, the regulation supporting the action, the regulation supporting the action, and information on the right to request a fair hearing.
- Participants have the right to request a fair hearing within a specified timeframe after receiving the notice of adverse action.
- The request can be submitted in writing, or by phone.



“No Show” Policy

CSFP boxes should be picked up from designated site locations each month. Each participant should be notified by their CSFP Partner Agency site coordinator of the location of their monthly pick-up. If a participant fails to pick up their box in a month, the participant shall be considered a “no-show”. Violation of the “no-show” policy shall result in forfeiture of CSFP benefits.

The CSFP No-Show policy is as follows:

1. Participants who fail to pick up their food boxes for two (2) consecutive months will be removed from enrollment in CSFP.
2. Participants in the hospital, out of town, or unable to pick up the food box due to illness for two (2) consecutive months may remain on the program and will not be removed, as long as they contact HCFB, CSFP Senior Program Coordinator,
3. Participants who are removed from the program for violation of the “no-show” policy are allowed to reapply for benefits unless they have violated the “no-show” policy twice previously. If a waiting list exists, participants re-applying after violating the “no-show” policy must be treated as if they were applying for the first time and must be placed on the waiting list in the order in which they reapplied.
4. Participants in violation of the “no-show” policy will receive a letter from the HCFB notifying them of removal from the program. They will have the right to request a fair hearing and information regarding it will be included in the notification letter.

Establishment of a Waiting List

Each CSFP Partner Agency should develop a Waiting List. This list consists of certified CSFP participants who are unable to receive a CSFP Food Box due to the lack of available boxes. Since it is extremely important for each CSFP Partner Agency to maintain a 100% distribution rate, a Waiting List allows you the opportunity to reach that goal.

As with all CSFP participants on the Active List, all persons on the Waiting List must be certified. The date they were placed on the Waiting List is indicated on the participant application form. Re-Certification must also occur, beginning in June.

How does the Waiting List work? For example, if a CSFP Partner Agency is allocated a caseload of 25 food boxes, but only 20 people come to the distribution, that Program Partner now has five (5) boxes remaining (80% distribution). If this CSFP Partner Agency has a Waiting List employed, it can begin to distribute to the participants on the Waiting List until the remaining five food boxes have been distributed, giving them a 100% distribution.

CAUTION: Make sure that any person on the Waiting List who receives a CSFP food box understands that this does not imply that he/she will receive a CSFP box at the next distribution.



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

Note: Boxes are to be offered to the people on the Waiting List in the order that they registered for the program, NOT in the order that they arrived at a distribution.

A sample letter to be presented to and signed by a participant being placed on the waiting list can be found in this manual.

Waiting List Management

Once a CSFP Partner Agency assigned caseload (maximum number of participants) has been registered for the CSFP program in its designated service area, the CSFP Partner Agency starts compiling a Waiting List.

CSFP Partner Agencies may serve participants on their Waiting List in the order that they registered after participants on the Active List have been given reasonable opportunity to receive their box. Each site will determine what constitutes “reasonable”. At some sites, that may mean that the Active List is served for a specific period (e.g., an hour, the morning, the week of delivery). When that time has expired, Waiting List participants can be served (if they are present) or phoned. **They must be served or phoned in the order they registered.**

If a reasonable attempt has been made to reach a Waiting List participant without response, the site should contact the next person on the Waiting List. This ensures fairness in distribution.

If a CSFP participant on the Active List becomes no longer eligible for the program, or drops out or is removed from the program, the first person on the Waiting List is moved up to the Active List.

Distribution of Food Boxes

Each CSFP partner is required to provide evidence of distribution. This is accomplished by the sign-in sheet. Every month, each CSFP Partner Agency is required to have all CSFP participants/proxies sign that they have received their CSFP food box. Two sign-in sheets will be provided by the HCFB each month; one for all participants on the Active List and one listing all those on the Waiting List, with the order they were certified and registered indicated in case one or more participants on the Active List is not able to receive a box in that month.

For proxies who registered for a homebound participant, there will be an additional space on the sign-in sheet with their name indicated. The proxies will sign his/her own name on the sign-in sheet as the representative of the homebound senior.

For agencies who are utilizing the Oasis insight services as their method of applicant management no sign in sheet is required. The evidence of distribution will be created by scanning the applicants who are on active and wait lists.

The CSFP Partner Agency must require each participant or proxy to present some form of identification before distributing commodities to that person.

Because of reporting requirements to the USDA that the HCFB is required to follow, all completed sign-in sheets MUST be received by the Food Bank no later than seven days after the CSFP Partner Agency



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

distribution. If the distribution falls on the last day of the month, the report is due no later than the 7th day of the following month. For instance, completed April sign-in sheets must be received by HCFB no later than May 6. However, if the distribution was on April 15th the sign in sheets are due to HCFB on April 21st. This is because we must prepare a report to the USDA every month by the 10th day indicating how many boxes were actually distributed. Reports should be sent to the HCFB Senior Coordinator by electronic format found on the HCFB website at this link: <https://www.jotform.com/app/harry-chapin-food-bank/senior-programs-monthly-distributio>

There is also a blank area for you to indicate if you have any boxes left over. **Do not leave this line blank.** Any leftover boxes should be held by the CSFP partner until the next distribution and their next delivery will be reduced by the number left over.

A box of commodities must be distributed each month to program participants. However, though we hope that he/she will find all of the items in each month's box useful, once the participant has signed for their box and removed it from the site, the contents are their property to do with as they wish, except that they may not sell any of the commodities. **Note that proxies are NOT permitted to open the box until it has been delivered to the participant.**

Depending on the site, all boxes may be distributed at one time, or boxes may be distributed over the course of the month, during regular distribution times. Distribution at sites is to participants on the Active List **FIRST**, then to the Waiting List in the order that they registered for the program.

CSFP is a very specific program that is carefully inventoried. The contents of the boxes are for the registered participants **ONLY**. The contents cannot be used for any other purpose.

CSFP Partner Requirements

- The CSFP Partner must understand that all participants must be re-certified between the months of June and July.
- Distribution:
 - o The CSFP Partner Agency must understand that participants on the Active List will be served first. If any CSFP food boxes remain, the Waiting List can be served.
 - o All CSFP participants or their proxies receiving a food package must sign the Sign-In Sheet or be scanned in to the Oasis Insight services as proof of receipt of the CSFP Food Package.
 - Completed sign-in sheets must be received HCFB 7 days after the CSFP distribution.
- Compliance
 - o The CSFP Partner agrees to maintain a current CSFP agreement with HCFB.



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

- o Agrees to annual monitoring
- o Current Food Handler Certification
- o Pest Control certification if food is stored
- o Insurance certification
- Postings:
 - o The Program Partner must understand that the following must be displayed:
 - And Justice for All Poster
 - USDA Non-Discrimination Statement
- Civil Rights:
 - o All CSFP sites must have annual Civil Rights training. This must be accomplished before July 1st each year and must be documented.
 - o CSFP Civil Rights Discrimination Complaint Forms must be made available to all CSFP participants
- Notices/Publications:
 - o The CSFP Partner must understand that any notice or publication produced by the CSFP Partner for use in the CSFP must include the CSFP Non-discrimination Statement. Statement can be found on HCFB website and/or contact Senior Program coordinator.



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) **SOCIAL SERVICES REFERRALS**

Medicaid

Medicaid covers medical expenses for certain groups of people with limited income and resources.

For more information go to:

<https://www.myflorida.com/accessflorida>

Medicare

Medicare provides health insurance to persons aged 65 and over, disabled persons under the age of 65 who have received social security disability cash benefits for at least 24 months, and persons with end stage renal disease (ESRD).

For more information, call 1-800 MEDICARE (1-800-633-4227) or visit: www.medicare.gov

Food Stamps (SNAP)

SNAP offers an allotment of food benefits that may be used to purchase food or food products prepared for human consumption except for alcoholic beverages, tobacco, hot foods, or foods prepared for immediate consumption. Foods may be purchased using the SNAP benefits from an authorized grocery or retail store.

For more information go to:

<https://www.myflfamilies.com/service-programs/access/snap/>

Supplemental Security Income (SSI)

SSI pays monthly benefits to people with limited income and resources who are disabled, blind, or age 65 or older. Blind or disabled children may also get SSI.

To apply, visit your local Social Security Office or call 1-800-772-1213



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

Date:

This letter is to inform you, _____, that you are currently being placed on the Commodity Supplemental Food Program (CSFP) waiting list. Right now we are at 100% participation on our active list and a waiting list is necessary. Because you are being placed on the waiting list, we cannot guarantee when you will receive a CSFP box. Should space on the active list become available, we will notify you immediately. Please note that spaces will be filled with those who have been on the waiting list the longest. Thank you for your patience and understanding.

Please also note that if you receive a CSFP box in one or more months because of the temporary unavailability of a participant on the active list, this does not imply that you will receive a CSFP box at the next distribution.

Waiting List Participant's Signature

Agency Representative's Signature

The CSFP is an Equal Opportunity Provider



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

CSFP SAMPLE Sign-In Sheet

[Agency/Pantry Name]

Month of _____, 202__

	Participant's Name	Telephone Number	Caregiver's Name If Applicable	Signature	Date
1	Doe, John	XXX-XXXX			
2	Gates, Susan	XXX-XXXX			
3	Smith, Leon	XXX-XXXX			
4	Washington, Joe	XXX-XXXX			
5	Young, Brenda	XXX-XXXX			

After distribution was completed, we had _____ boxes remaining. (If none, please enter "0".)



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

CSFP Waiting List
[Program Partner Name]
Month of _____, 202_

	Participant's Name	Telephone Number	Caregiver's Name If Applicable	Signature	Date
1	Johnson, Ellen	XXX-XXXX			
2	Porter, Joseph	XXX-XXXX			
3	Smith, Betty	XXX-XXXX			
4	Anderson, Tim	XXX-XXXX			

After distribution was completed, we had _____ boxes remaining. (If none, please enter "0".)

Please email, fax or mail completed form no later than

The 6th of the next month to:

Victoria Guevara Nunez
Senior Program Coordinator
3760 Fowler Street
Fort Myers FL 33901
239-337-1399 - Fax
vnunez@HCFB.org



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

OMB Control Number 0508-0002

**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)
Office of the Assistant Secretary for Civil Rights**

**USDA Program Discrimination Complaint Form Instructions
(The complaint form is below the instructions)**

PURPOSE: The purpose of this form is to assist you in filing a USDA program discrimination complaint. For help filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter, it must contain all of the information requested in the form and be signed by you or your authorized representative. Incomplete information will delay the processing of your complaint. You may also send a complaint by FAX or e-mail. We must have a signed copy of your complaint, so if you send your complaint by e-mail, be sure to attach the signed copy to your email. Incomplete information or an unsigned form will delay the processing of your complaint.

FILING DEADLINE: A program discrimination complaint must be filed not later than 180 days of the date you knew or should have known of the alleged discrimination unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaints sent by fax or email will be considered filed on the day the complaint is faxed or emailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, you may have "good cause" if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period.
2. You were seriously ill or incapacitated.
3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

USDA POLICY: Federal law and policy prohibits discrimination against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs).

USDA will determine if it has jurisdiction under the law to process the complaint on the bases identified and, in the programs, involved. Reprisal that is based on prior civil rights activity is prohibited.

PROPERTY ADDRESS: If this complaint involves a farm or other real estate property that is not your current address, write in the address for that farm or real estate property. Otherwise, this part of the form can be left blank.



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

PLEASE READ IMPORTANT LEGAL INFORMATION BELOW CONSENT

This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974, 5 U.S.C. §552a, and concerns the information requested in this form to which this Notice is attached. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (USDA) requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint.

Disclosure is voluntary. However, failure to supply the requested information or to sign the form may result in dismissal of your complaint. If your complaint is dismissed, you will be notified. The information you provide in this complaint may be disclosed to outside parties where USDA determines that disclosure is: 1) Relevant and necessary to the Department of Justice, the court or other tribunal, or the other party before such tribunal for purposes of litigation; 2) Necessary for enforcement proceedings against a program that USDA finds to have violated laws or regulations; 3) In response to a Congressional office if you have requested that the Congressional office inquire about your complaint or; 4) To the United States Civil Rights Commission in response to its request for information.

REPRISAL (RETALIATION) PROHIBITED:

No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

**UNITED STATES DEPARTMENT OF AGRICULTURE (USDA) Office
of the Assistant Secretary for Civil Rights Program
Discrimination Complaint Form**

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____

City: _____ State: _____ Zip code: _____

E-mail address (if you have one): _____

Telephone Number starting with area code: _____

Alternate Telephone Number starting with area code: _____

Best Time of the Day to Reach You _____

Best Way to Reach You, (check one): Mail _____ Phone _____ E-mail _____ Other: _____

Do you have a representative (lawyer or other *advocate*) for this complaint? Yes ___ No

If yes, please provide the following information about your representative:

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip code: _____

Telephone: _____ Email: _____

1. Who do you believe discriminated against you? Use additional pages, if necessary.

Name(s) of person(s) involved in the alleged discrimination (if known):

Please name the program you applied for (if known/if applicable): _____



Please check (✓) the USDA Agency below that conducts the program or provides Federal financial assistance for the program (if known):

- | | | | |
|---------------------|--------------------------|---------------------------------------|--------------------------|
| Farm Service Agency | <input type="checkbox"/> | Food and Nutrition Service | <input type="checkbox"/> |
| Rural Development | <input type="checkbox"/> | Natural Resource Conservation Service | <input type="checkbox"/> |
| Forest Service | <input type="checkbox"/> | Other: _____ | |

2. What happened to you? Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

3. When did the discrimination occur?

Date: _____
 Month Day Year

If the discrimination occurred more than once, please provide the other dates:

4. Where did the discrimination occur?

Address of location where incident occurred:

Number and street, PO Box, or RD Number

City State Zip Code

5. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs) Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

6. Remedies: How would you like to see this complaint resolved?

7. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

Yes: _____ No: _____

If yes, with what agency or court did you file? _____

When did you file? _____
Month Day Year

Signature: _____

Date: _____

Mail Completed Form To:

USDA
Office of the Assistant Secretary for Civil
Rights
1400 Independence Ave, SW, Stop 9410
Washington, D.C. 20250-9410

Telephone Numbers:

Local area: (202) 260-1026
Toll-free: (866) 632-9992
Local or Federal relay: (800) 877-8339
Spanish relay: (800) 845-6136
Fax: (202)690-7442

E-mail address:

program.intake@usda.gov



PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS:

2

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to file a complaint. The Office of the Assistant Secretary for Civil Rights will use the information to process your complaint of program discrimination.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know and will be protected from public disclosure pursuant to the provisions of the Privacy Act, 5 U.S.C. § 552a(b).

The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Washington, DC 20250-9410.

An Agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this form is 0508-0002.



Harry Chapin Food Bank
OF SOUTHWEST FLORIDA

239.334.7007
harrychapinfoodbank.org

Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

Florida Commodity Supplemental Food Program

NOTICE OF DISQUALIFICATION OR TERMINATION

Participant Name:	Address:
Date:	

Dear Commodity, Supplemental Food Program (CSFP) Participant,

You are being disqualified or terminated from further participation in the CSFP beginning on _____. This disqualification or termination is being imposed because of the following reason:

- Intentionally making false or misleading statements or information to obtain benefits you are not eligible to receive
- Intentionally withholding information pertaining to eligibility in CSFP
- Selling CSFP food or exchanging them for non-food items
- Physical abuse or threat of physical abuse of CSFP staff
- Committing dual participation in accordance with 7CFR247.20(b)
- Other _____

Reapplication Status:

- You may reapply to participate in the CSFP on _____.
- You may not reapply.

Right to a Fair Hearing:

If you do not agree with the decision made regarding your eligibility, the following procedures may be followed:

- You may request to have your case reviewed by staff of the Subrecipient for accuracy.
- You may request a Fair Hearing orally or in writing by contacting (Enter the Subrecipient organization name, address, and telephone number).
- Your request for a hearing must be made within 60 days of the receipt date of this notice informing you of denial or termination from the CSFP program.
- A hearing will be scheduled within 45 days of the date of your request. You will receive at least a 10-day advance notice of the hearing date, location, and time.
- You may represent yourself or select a representative to speak on your behalf at the hearing. If you or your representative cannot appear at the scheduled time and place, you may request the hearing officer to reschedule the hearing. You may request the hearing be rescheduled only one time.



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

“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 based on race, color, national origin, sex, 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, audiotope, 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

CSFP Agency Printed Name

CSFP Agency Phone

CSFP Agency Official Signature



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

Florida Commodity Supplemental Food Program

NOTICE OF INELIGIBILITY

Name:	Address:
Date:	

Dear Applicant,

Your request to participate in the Commodity Supplemental Food Program (CSFP) has been denied due to the following reason(s):

- Not at least 60 years of age or older
- Gross household income exceeds limit
- Not a resident of this county
- Other _____

You are encouraged to reapply for participation in the CSFP in the event that any change occurs in your circumstances which you feel may make you eligible for the program.

Right to a Fair Hearing:

If you do not agree with the decision made regarding your eligibility, the following procedures may be followed:

- You may request to have your case reviewed by staff of the Subrecipient or accuracy.
- You may request a Fair Hearing orally or in writing by contacting (Enter the Subrecipient organization name, address and telephone number).
- Your request for a hearing must be made within 60 days of the receipt date of this notice informing you of denial or termination from the CSFP program.
- A hearing will be scheduled within 45 days of the date of your request. You will receive at least a 10-day advance notice of the hearing date, location and time.
- You may represent yourself or select a representative to speak on your behalf at the hearing. If you or your representative cannot appear at the scheduled time and place, you may request the hearing officer to reschedule the hearing. You may request the hearing be rescheduled only one time.



Harry Chapin Food Bank
OF SOUTHWEST FLORIDA

239.334.7007
harrychapinfoodbank.org

Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

“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 based on race, color, national origin, sex, 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:

- 4. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
- 5. **fax:**
(833) 256-1665 or (202) 690-7442; or
- 6. **email:**
program.intake@usda.gov”

This institution is an equal opportunity provider

CSFP Agency Printed Name

CSFP Agency Phone

CSFP Agency Official Signature



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

Florida Commodity Supplemental Food Program

NOTICE OF DISCONTINUANCE

Participant Name:	Address:
Date:	

Dear Commodity Supplemental Food Program (CSFP) Participant,

You are no longer eligible to receive CSFP benefits. Your participation from the program is being discontinued beginning on _____.

This discontinuance is being imposed because of the following reason(s):

- Income exceeds the limit for your household size
- No longer a resident of this county
- Failed to pick up your 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.
- Agency no longer has sufficient resources to continue providing benefits
- Simultaneously participating in the CSFP at more than one distribution site. You will be discontinued from the following site/location: _____
- Other _____

Reapplication Status:

- You may reapply to participate in the CSFP on _____.
- You may not reapply.

Right to a Fair Hearing:

If you do not agree with the decision made regarding your eligibility, the following procedures may be followed:

- You may request to have your case reviewed by staff of the Subrecipient for accuracy.
- You may request a Fair Hearing orally or in writing by contacting (Enter Subrecipient organization name, address, and telephone number).
- Your request for a hearing must be made within 60 days of the receipt date of this notice informing you of denial or termination from the CSFP program.
- A hearing will be scheduled within 45 days of the date of your request. You will receive at least a 10-day advance notice of the hearing date, location and time.
- You may represent yourself or select a representative to speak on your behalf at the hearing. If you or your representative cannot appear at the scheduled time and place, you may request the hearing officer to reschedule the hearing. You may request the hearing be rescheduled only one time.



Fort Myers Distribution Center
3760 Fowler Street
Fort Myers, FL 33901

Collier County Center
3940 Prospect Ave., Ste. 101
Naples, FL 34104

“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 based on race, color, national origin, sex, 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, audiotope, 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:

7. **mail:**
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
8. **fax:**
(833) 256-1665 or (202) 690-7442; or
9. **email:**
program.intake@usda.gov”

This institution is an equal opportunity provider

CSFP Agency Printed Name

CSFP Agency Phone

CSFP Agency Official Signature