



## Commodity Supplemental Food Program (CSFP) Participant Agreement (Rights & Responsibilities)

Date: \_\_\_\_\_

1. I, \_\_\_\_\_, certify that the information I am providing for my eligibility determination is correct to the best of my knowledge.
2. The local agency will make nutrition education materials available to me and I am encouraged to participate in these services.
3. The local agency will provide written information on other nutrition, health, or assistance programs and make referrals as appropriate.
4. I understand that the foods provided by CSFP are intended for the participant for whom they are distributed and not for another person.
5. I understand CSFP is a supplemental rather than a total food program.
6. I understand that I must certify every 12 months that none of the information contained in the initial formal CSFP certification has changed and attest that I still wish to participate in CSFP. Further, I will have to complete in-person a new formal CSFP certification 36 months from the date of the initial CSFP certification.
7. The local agency will provide notification of an eligibility determination within 10 days. If found ineligible, I will be notified in writing.
8. I understand that I may also be placed on a waiting list to receive benefits when space becomes available in the program. I will be notified of your placement on the waiting list in writing within 10 days.
9. I have the right to appeal decisions by requesting a fair hearing. I have 60 days from the time of notice to request a fair hearing. The request must contain a statement of facts, the reasons you believe you are entitled to a fair hearing, and the relief sought. You have the right to pursue judicial review of the decision. At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel, or other authorized spokesperson. You have the right to bring witnesses. You are entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses, as well as submit evidence to support the case. A fair hearing is an administrative hearing before an impartial officer, and a decision is made within 45 days from the initial request for the hearing.

**To request a fair hearing, submit your request verbally or in writing to the state or local agency within 60 days from the date of this agreement.**

Contractor: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Phone: \_\_\_\_\_

WSDA Food Assistance  
 1111 Washington Street SE, 2nd Floor  
 PO Box 42560  
 Olympia WA 98504-2560  
 (360) 725-5640

Participants who are denied benefits at initial certification, participants whose certification period has expired, or who become categorically ineligible will not continue to receive benefits while awaiting the decision on their appeal.

10. I understand that I may not receive CSFP benefits at more than one CSFP site at the same time.
11. I understand that improper use or receipt of CSFP benefits as a result of dual participation, or other program violations, may lead to a claim against the participant to recover the value of the benefits improperly received, and may lead to disqualification from CSFP.
12. I will report to the local agency changes in household income or composition within 10 days after the change becomes known to the household.
13. CSFP boxes should be picked up at: Location: \_\_\_\_\_  
Date & Time: \_\_\_\_\_

**You will need some form of identification to pick up your box.**

14. I understand that I need to pick up food as directed, once per month. Failure to pick up food (No-Show) as directed may result in being dropped from the program.
  - a) First No-Show – If you have not picked up your CSFP food by the third week of the month, you will be contacted by phone (the CSFP food allotted to you but not picked up may be temporarily issued to clients on the waiting list).
  - b) Second No-Show – If you have not picked up your CSFP food by the third week of the month, for the second time, the following may occur:
    - Your certification period will be revised or shortened; or
    - You will receive a CSFP Notification of Eligibility Status Change.
      - You will need to contact our office to make a certification appointment if you wish to request continued participation in the program (subject to availability). \_\_\_\_\_ (initial here)

**I have been advised of my rights and obligations under the Commodity Supplemental Food Program and have received a copy of this participant agreement.**

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Participant Signature

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Date

**USDA Nondiscrimination Statement**

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, (AD-3027) found online at: <https://www.ascr.usda.gov/filing-program-discrimination-complaint-usda-customer> or 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:

Mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW  
Washington, D.C. 20250-9410  
Fax: (202) 690-7442; or  
Email: [program.intake@usda.gov](mailto:program.intake@usda.gov)

**This institution is an equal opportunity provider.**