

# APPLICANT'S RIGHTS & RESPONSIBILITIES

Failure to comply with the rules below may result in disqualification from participation in the Commodity Supplemental Food Program (CSFP).

### **Rights**

- 1. Standards for participation in the Program are the same for everyone regardless of race, color, sex, national origin, age or disability.
- 2. You may appeal any decision made by the local agency regarding your denial or termination from the Program. You have a right to a fair hearing.
- 3. The local agency will provide notification of a decision to deny or terminate CSFP benefits. The local agency will also provide notice of the individual's right to appeal this decision by requesting a fair hearing.
- 4. The local agency will make nutrition education available to all adult participants, and to parents or caretakers of infants and child participants, and will encourage them to participate.
- 5. The local agency will provide information on other nutrition, health or assistance programs, and make referrals as appropriate.
- 6. Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against the individual to recover the value of the benefits, and may lead to disqualification from CSFP.
- 7. Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

# Responsibilities

- 1. Do not make false statements orally or in writing in order to obtain benefits to which you or your household would not otherwise be eligible.
- 2. Do not conceal information in order to obtain benefits for which you are not eligible.
- 3. Do not alter Program documents for the purpose of receiving increased benefits for which you are not eligible or for the purpose of transferring benefits to unauthorized individuals.
- 4. Do not use supplemental foods in an unauthorized manner, such as trading or selling the foods.
- 5. Do not commit dual participation in CSFP (local and/or states).
- 6. For communication and eligibility purposes participants must supply Utah Food Bank (UFB) with their current address. Failure to keep UFB informed after a change will result in discontinuance from the program.

## Ineligibility

I have been advised in writing that I am ineligible to participate in the Commodity Supplemental Food Program and have the right to a fair hearing. I am ineligible to participate based on the following criteria: Income/Home Address/Category.

#### Right of Appeal/Fair Hearing

If you are dissatisfied with any action or failure to act with regard to your application for the Commodity Supplemental Food Program, or with regard to the food benefits you are now receiving, or because such benefits have been cancelled, you have the right to appeal. (A fair hearing need not be granted, however, when either State or Federal law requires automatic grant adjustments). You may appeal in writing or orally to the local office of the Utah Department of Health, Commodity Supplemental Food Program, P.O. Box 141013, Salt Lake City, UT 84114, 801-273-2915 within 30 calendar days of the date of this notice.

At the fair hearing, your case may be presented by yourself, a household member or representative, such as legal counsel, a relative, a friend or other spokesperson you choose. A fair hearing will be conducted by an impartial official who will render a decision regarding your case. However, there are not provisions whereby the Department can pay the attorney's fee.

If you request a fair hearing because of a reduction of termination of your benefits within 15 calendar days from this notice, your benefits will be continued at the present level at least until the time of the hearing.

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at

http://www.ascr.usda.gov/complaint\_filing\_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by main at U.S. Department of Agriculture, Director of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

**Utah Department of Health Contact:** 

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