

**Kentucky Department of Agriculture  
Commodity Supplemental Food Program  
PARTICIPANT AGREEMENT**

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| <ul style="list-style-type: none"><li>• I certify that the information I have provided for eligibility determination is correct to the best of my knowledge.</li><li>• Program benefits are provided in connection with the receipt of Federal assistance</li><li>• Program officials may verify information I have provided to determine my eligibility.</li><li>• I understand that participating in the Special Supplemental Food Program for Women, Infants and Children, (WIC) and the Commodity Supplemental Food Program (CSFP) at the same time is not allowed and will result in being removed from at least one Program.</li><li>• I have been advised of my rights and responsibilities under the CSFP Program.</li><li>• I consent to the release of information to CSFP Program staff and other individuals responsible for the operation of the Program for eligibility determination and health related activities which are a part of the program.</li><li>• The applicant must notify the CSFP agency of any household changes within 10 days after the change is known to the household.</li></ul> | <ul style="list-style-type: none"><li>• I understand that deliberate misrepresentation may subject me to civil or criminal prosecution under State and Federal law.</li><li>• I may appeal any decision made regarding my eligibility for the program. A request for a fair hearing can be submitted to the State or Local Agency.</li><li>• The Local Agency will make health services and nutrition education available to me and I am encouraged to participate in these services.</li><li>• If determined eligible for the Program, I will pick up Supplemental Foods as directed. I understand that failure to pick up food as directed may result in me being dropped from the Program.</li><li>• I understand that the foods provided by the program are intended for the participant for whom they are prescribed.</li><li>• I understand CSFP is a supplemental rather than total food program.</li></ul> |
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**REQUESTING A FAIR HEARING**

If I am dissatisfied with any decision made regarding my eligibility the following procedures may be followed:

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| <ul style="list-style-type: none"><li>• I may request to have my case reviewed by <u>staff</u> of the Local Agency or State Agency for accuracy.</li><li>• I may request a Fair Hearing made orally or in writing by contacting the. My request for a hearing must be made within 60 days of the date of the notice informing me of denial or termination from the CSFP Program.</li></ul> | <ul style="list-style-type: none"><li>• A hearing shall be scheduled within 45 days of the date of my request. I will be provided at least 10 days advance notice of the hearing date, location, and time.</li><li>• I may represent myself or select a representative to speak on my behalf at the hearing. If I or my representative cannot appear at the scheduled time and place, I may request the hearing officer to reschedule the hearing. I may request the hearing be rescheduled only one time.</li></ul> |
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**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/ad-3027.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: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)**

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

**The Kentucky Department of Agriculture does not discriminate on the basis of race, color, religion, gender, national origin, age (over 40), sexual orientation, gender identity, disability, genetics, ancestry or veteran status. Reasonable accommodations are provided upon request."**

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Signature (Applicant/Participant)

\_\_\_\_\_  
Date