

Illinois DHS Commodity Supplemental Food Program

Notice of Eligibility Determination and Certification Status

Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex, age, and disability.

Applicant's Last Name: _____ First Name: _____
Address: _____

Eligibility Determination

_____ You are eligible to receive CSFP benefits for the period starting the month of _____ and ending the month of _____. Information regarding the time, location, and means of food distribution is attached. You are not required to provide payment to participate in the CSFP program.

_____ You are eligible to receive CSFP benefits however, we are at maximum caseload and are unable to process your application currently. You will be placed on a waiting list and contacted when openings become available.

_____ You are NOT eligible to receive CSFP benefits based on information provided on your application.

Reason NOT eligible: ___ Income above 130% Federal Income Guideline. ___ Under 60 years of age.
___ County of residency not served.

Waiting List Notification:

_____ We have caseload openings now. Please be informed it is time to re-determine your eligibility for the CSFP. Please complete the enclosed forms and bring them and the applicant listed above to our office located at the address above during the hours of _____ - _____ on this day or days _____

Notice of Expiration of Certification Period:

_____ Your eligibility for CSFP benefits are about to expire effective the last day of the month of _____. Contact the CSFP Certifying Agency listed below for additional information.

Certifying Agency & Address: _____

Days & Hours of Operation: _____

Staff Signature: _____ **Date:** _____

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- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;

- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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