

**Illinois Department of Human Services
Commodity Supplemental Food Program**

RIGHT TO FAIR HEARINGS

You have a right to request a fair hearing if you do not agree with the action taken. You must request a hearing within 60 days from the date of the NOTICE OF ADVERSE ACTION is mailed.

Your request for a fair hearing must be made verbally or in writing to the certifying agency listed on the NOTICE OF ADVERSE ACTION form.

Please complete the information below and mail or deliver to the certifying agency.

If you have been notified of discontinuance or disqualification for CSFP participation and you request a fair hearing prior to the effective date indicated on the NOTICE OF ADVERSE ACTION form, you may continue to receive benefits until a hearing decision is announced or until the end of your current certification period, whichever is first.

However, if the Agency is upheld in its decision, a claim against the household shall be established for all over-issuance of USDA foods.

I wish to request a fair hearing YES NO

Name: _____

Phone: _____

Address: _____

City, State, ZIP: _____

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 (including gender identity and sexual orientation), 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: http://www.ascr.usda.gov/complaint_filing_cust.html, and 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:

- (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.

This institution is an equal opportunity provider.