



Notice of Action Form



Date: _____

Agency Name: _____

Agency Address: _____

Agency Phone: _____

Clients Name: _____

Clients Address: _____

We are writing to inform you that the following action has been taken regarding your participation:

NOTICE OF ELIGIBILITY: Your application has been approved. Your certification period begins _____ and ends on the last day of _____. You may begin receiving your food packages at the following location:
 Agency Name: _____
 Agency Address: _____
 Agency Contact: _____
 Pick up Day and Time: _____

NOTICE OF DENIAL: Your application has been denied for the following reason(s) listed below:

NOTICE OF PENDING APPLICATION: Your application is incomplete. Please contact the agency listed above with the following information so we can determine your eligibility status:

NOTICE OF CERTIFICATION PERIOD ENDING: Your certification period will expire on _____. If you have questions or if you would like to recertify for an additional six months, please contact our office at the phone number listed above.

NOTICE OF ADVERSE ACTION: Your participation in Everyday Eats has been:

Terminated

Suspended (Date suspended until : _____)

This adverse action is being taken for the following reason(s):

Program standards are applied without discrimination by race, color, national origin, age, sex, or disability.

Non-Discrimination 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: [How to File a Complaint](#), 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.



FAIR HEARING REQUEST FORM



FAIR HEARING: If you disagree with any of the above actions, you have the right to request a fair hearing. To request a fair hearing, fill out and return this form to your local agency. You have 60 days from the date of this notice to request a fair hearing. However, if your benefits are to be terminated or suspended, you can continue to receive benefits at your current rate if you appeal the decision within 15 days of receipt of the Notice of Adverse Action. You will continue to receive program benefits until the hearing official reaches a decision, or until the certification period ends, whichever occurs first.

Please be advised that if the agency is upheld in its decision regarding termination or suspension, a claim against the household shall be established for all over-issuance of USDA foods if benefits have been received.

Name: _____

Address: _____

City, Zip Code: _____

Phone: _____

**Please indicate in the box below why you wish to request a fair hearing.
Attach additional pages if needed.**

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