

South Carolina Department of Social Services
COMMODITY SUPPLEMENTAL FOOD PROGRAM
Participant Agreement

- I certify that the information I have provided for eligibility determination is correct to the best of my knowledge.
- Program benefits are provided in connection with the receipt of Federal assistance. Program officials may verify information I have provided to determine my eligibility.
- Providing your social security number is voluntary. Your social security number will be used as your identification number in the CSFP and will be used to comply with federal regulations (7CFR 247.19, 7CFR 247.20) which stipulates that participants may not receive CSFP benefits at more than one CSFP site at the same time. If you do not wish to provide your social security number a generic identification number will be assigned and your application will be processed. Other identifying information will be used to detect and prevent dual participation.
- I understand I must report changes in household income or composition within 10 days after the change becomes known to my household.
- 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.
- I understand that deliberate misrepresentation may subject me to civil or criminal prosecution under State and Federal law.
- 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.
- The Local Agency will make health services and nutrition education available to me and I am encouraged to participate in these services.
- 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.
- I understand that the foods provided by the program are intended for the participant for whom they are prescribed.
- I understand CSFP is a supplemental rather than total food program.
- I understand that I must recertify for the program every six months by bringing verification of my current address and telling the local agency about my current monthly income in order to determine that I am still eligible to participate in this program.

Requesting a Fair Hearing

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

- I may request to have my case reviewed by staff of the local agency or state agency for accuracy.
- I may request a Fair Hearing orally or in writing by contacting the South Carolina Department of Social Services, Office of Individual and Provider Rights, P.O. Box 1520, Columbia, SC, 29202-1520. 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.
- 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.
- 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.

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, audiotope, 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.

Signature (Applicant/Participant)

Date