

**Commodity Supplemental Food Program
Discontinuation/Removal Form**

Client's Name: _____ Date: _____

Site: _____ Effective Date: _____

This letter is to inform you that your status in the CSFP is being changed (removed from the Active List) for the following:

- | | |
|---|--|
| <input type="checkbox"/> Inactivity | <input type="checkbox"/> Decrease in Assigned Caseload |
| <input type="checkbox"/> Dual Participation | <input type="checkbox"/> Threats of Physical Abuse |
| <input type="checkbox"/> Other: _____ | |

Your name will be placed on the Current Waiting List and you will be notified of any change in your status. As a reminder, you are still eligible for the CSFP and may possibly receive a CSFP Food Package in accordance with the Waiting List Procedures.

This letter is to inform you that your service through the CSFP is being discontinued (removed from the CSFP program) for the following:

- Intentionally making false statements orally or in writing
- Intentionally withholding information pertaining to eligibility
- Physical abuse or the threat of physical abuse
- Selling CSFP commodities
- Other: _____

Your name will be removed from the CSFP. You are not eligible to participate in the CSFP for the remainder of the current registration year.

Please note: You have the right to appeal this decision, to do please contact your service provider.

The CSFP is an Equal Opportunity Provider.