

Commodity Supplemental Food Program  
**Certification Expiration Notice**

**Your Commodity Supplemental Food Program (CSFP) benefits will expire on** \_\_\_\_\_

Date

**Participant's Information.** A proxy can sign for the participant.

Participant's name (print or type)	Signature of participant or proxy	Date
Participant's address	Proxy's name (print or type)	

**Certification Extension or Recertification?** Ask the participant the following questions.

<b>1. Has your address changed?</b> <i>If yes, recertify the participant. If no, go to item 2.</i>	Yes	No
<b>2. Do you still want to receive CSFP benefits?</b> <i>If yes, go to item 3. If no, stop here and file this form with the Participant Application.</i>	Yes	No
<b>3. Does the eligibility specialist believe the participant still meets income eligibility requirements?</b> <i>If yes, extend the certification by completing the certification extension on the Participant Application. If no, recertify the participant by completing the recertification portion of the Participant Application.</i>	Yes	No

*Tear or cut here and give the participant the bottom half of this page.*

**Recertification.** If recertification is necessary, inform the participant to bring one document from each column below. See the *Participant Application* (Form H1504) for recertification.

Proof of age	Birth certificate Baptismal certificate Health card	Driver license Military ID Identification card	Veteran ID Passport Refugee visa
Proof of residence	Current utility bill at stated address with the participant's name Lease and current month's rent receipt Mail received by participant at stated address		
Proof of income	Social Security award letter Pay stub from the previous month Bank statement showing direct deposit of income SSI award letter		

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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](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](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

**CE's Information**

CE's name	Signature of CE's representative	Date
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