



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
VOLUNTARY RELIGIOUS REFERRAL REQUEST

If you object to receiving services from us based on the religious character of our organization, please complete this form and return it to the program contact identified below. Your use of this form is voluntary.

NAME OF ORGANIZATION

NAME OF STAFF MEMBER

ADDRESS

TELEPHONE NUMBER

EMAIL ADDRESS

If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee that in every instance an alternate provider will be available.

Please check if you want to be referred to another service provider.

YOUR CONTACT INFORMATION

NAME

ADDRESS

TELEPHONE NUMBER

EMAIL ADDRESS

FOR CERTIFYING AGENCY USE ONLY

DATE OF OBJECTION

REFERRAL MADE-Check box below.

Individual was referred to (name of alternate distribution site and contact information).

Individual was provided other referral information (i.e. state website, hotline, or list of other service providers).

Individual left without a referral.

No alternate service provider is available. Summarize what efforts you made to identify an alternate provider, including reaching out to state, local, or other eligible recipient agencies.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax:

(833) 256-1665 or (202) 690-7442; or

email:

Program.Intake@usda.gov

This institution is an equal opportunity provider.