

## Receipt of Appeals Procedure for CACFP and SFSP

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Name of Organization or Business \_\_\_\_\_ Agreement# \_\_\_\_\_

Please sign this form to indicate that you have received the appeals procedure process in the event ALSDE takes an “adverse action” against you during your operation of the Child and Adult Care Food Program (CACFP) or the Summer Food Service Program (SFSP).

By signing this form you have received and understand the following topics in the appeal process :

- What you can appeal
- Deadlines for appeal submission
- Instructions for appeal
- Consequences for missing a hearing
- Address must be kept current

*Signature of highest ranking official* \_\_\_\_\_

*Date* \_\_\_\_\_

For SA office Only:

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_____	Initials
_____	Date