



United Ways of California

USDA FOOD AND FARMWORKER RELIEF PROGRAM APPEAL FORM

You have the right to submit an appeal if your Food and Farmworker Relief Program (FFWR) Program application was deemed ineligible and you disagree with the decision.

You have **10 business days** from the date of your ineligibility notice to submit a **one-time appeal** using our FFWR Appeal Form below.

If you need help submitting an appeal, including language assistance, please contact the local United Way that assisted you with your application .

1) Who can appeal:

- Any applicant who applied to the Food and Farmworker Relief Program with a local United Way in California.

2) Deadline for Filing an Appeal

- An appeal can be made by filing a FFWR Appeal Form to United Ways of California via email at farmworkerrelief@unitedwaysca.org with FFWR APPEAL in the Subject line no later than 10 business days from the date of your ineligible notice.
- No appeals will be accepted after 10 business days of the ineligibility notice.

3) Grounds for Appeal

- You submitted the required documentation as requested on our Food and Farmworker Relief Program application.
- You completed the Farmworker Relief Program application through or with the support of a participating local United Way in California.
- You received an ineligibility notice via email or text message.



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This form is intended for applicants to submit an appeal on their Food and Farmworkers Relief Application deemed ineligible.

Instructions:

1. Please complete this entire form to the best of your ability. Incomplete forms can delay the appeal process and/or can be determined ineligible.
2. Attach any records and/or documents that best support your claim.
3. Retain a copy of this form and document(s) for your records.
4. Upon the submission of this form, expect to receive an application receipt confirmation and a resolution to your appeal within 3-5 business days.

Applicant Information

Full Name: _____
(Last Name) *(First Name)* *(Middle Name)*

Today's Date: _____

Phone: _____ Email: _____

Appeal Information

Application Confirmation Number: _____

Do you have any supporting documents? Yes No
If not, why?

Date you received ineligibility notice: _____

Reason for Ineligibility: _____

What local United Way in California processed your application? _____



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Appeal Details

In the space below, give specific reasons for your appeal. (Use additional sheets if necessary)

Knowing the penalty for making false statements under the United States Criminal Code* (see below), I HEREBY CERTIFY AND ATTEST, under penalty of perjury, that the following information is true and complete. I understand that I may be held liable, prosecuted to the fullest extent of the law, have to repay this assistance, and face other legal penalties if I commit fraud or knowingly assist anyone to commit fraud to receive assistance.

*Section 35 (A) of the United States Criminal Code makes it a criminal offense punishable by a maximum of 10 years imprisonment, \$10,000 fine or both, to make a false statement or representation to any Department or Agency of the United States as to any matter within their jurisdiction.

* TITLE 18, SECTION 1001 of the United States Criminal Code states that a person is guilty of a felony for falsifying a material fact or knowingly and willingly making false or fraudulent statements to any department of the United States Government.

Signature: _____

Date: _____



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