



United States Department of Agriculture

Notice of Beneficiary Rights (Sample)

Name of Organization:

Name of Program

Contact Information for Program Staff (name, phone number, and e-mail address, if appropriate)

- We must separate in time or location any privately funded explicitly religious activities from activities supported with direct Federal financial assistance under this program;
- If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternative provider to which you have no objection; however, we cannot guarantee that in every instance, an alternative provider will be available; and
- You may report violations of these protections, including any denials of services or benefits, by contacting or filing a written complaint to

Because this program is supported in whole or in part by direct financial assistance from the Federal Government, we are required to let you know that—

- We may not discriminate against you on the basis of religion or religious belief, your refusal to hold a religious belief, or your refusal to attend or participate in a religious practice;
- We may not require you to attend or participate in any explicitly religious activities that are offered by us, and any participation by you in these activities must be purely voluntary;

E-mail:
Fax:
U.S. Mail:

We must give you this written notice before you enroll in our program or receive services from the program

Beneficiary 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 above. If you object, we will make reasonable efforts to refer you to another service provider. With your consent, we will follow up with you or the organization to which you were referred to determine whether you contacted that organization.

Please check if applicable:

I want to be referred to another service provider.

If you checked above that you wish to be referred to another service provider, please check one of the following:

Please follow up with me. (phone/address/email)

Name & Best way to reach me: _____

Please follow up with the service provider to which I was referred.

Please do not follow up

FOR STAFF USE ONLY (CHECK ONE) Date of Objection: ___/___/___ Follow- up Date ___/___/___

Individual was referred to (name of alternate provider and contact information): _____

Individual left without a referral

No alternate service provider is available—summarize below what efforts you made to identify an alternate provider (including reaching out to USDA or the intermediary, if applicable)

Follow Up: Individual contacted alternate provider Individual did not contact alternate provider

Staff name & initials _____

