

Beneficiary Referral



COLORADO
Office of Economic Security
Division of Food & Energy Assistance

Request

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, however, that in every instance, an alternate provider will be available.

To request an alternate provider, complete this form.

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

Provide the following information:

Your name: _____

Best way to reach you
(phone/address/email): _____

Name of Distributing
Organization: _____

The following agency will contact you to respond to your request:

Regional Food Bank: Western Slope Food Bank of the Rockies

Contact Name: Jill Heidel

Contact Phone: 970-464-1138

Contact Email: jheidel@foodbankrockies.org

FOR PROGRAM USE ONLY

1. Date of objection: ____/____/____

2. Referral (check one):

- Individual was referred to (name of alternate provider and contact information):
- Individual was given State agency-provided referral information (i.e. a website, hotline, or list of other service providers funded by the State agency)
- 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 State agency or local or eligible recipient agency):

This institution is an equal opportunity provider.