### **TEFAP** THE EMERGENCY FOOD ASSISTANCE PROGRAM

Policies and Procedures Annual Training

## Why are we here?

Agencies must train staff and volunteers before they initially assume *any* TEFAP duty and each program year thereafter. Training must be documented, and the records retained for 4 years.

### Training

Training must include the following tasks:

- Properly transporting, storing, handling, and using USDA Foods
- Applying eligibility criteria for households
- Following written application procedures
- Ensuring client rights (including civil rights requirements)
- Following complaint procedures
- Processing household applications or requests for meals in the contracted service area
- Assisting applicant households to complete their applications
- Referring residents from other contracted service areas to locations where they may apply for USDA Foods

### **Record of training**

Agency Partners must record trainings and attendees (sign-in sheets) which includes:

- date of training,
- location of training,
- training topics,
- name(s) and signature(s) of attendees,
- name of the trainer.

A copy of this training will be available to use at any time.

The Training Log will be required each year with the agency renewal process.

(see TEFAP Handbook, Sec 3, Managing the Program)

# Introduction

Agencies that receive TEFAP product must adhere to TEFAP policies, and as a sub-distributor of TEFAP product, it is the Brazos Valley Food Bank's (BVFB) responsibility to ensure that our partner agencies are informed of, and following, TEFAP policies.



As you know, each year, BVFB gathers renewal paperwork from our Partner Agencies (your organization) and conducts a site visit to your organization. During this site visit, we review client records, inspect your storage space, and review agency documentation. TEFAP policies and procedures dictate some of the documents we collect annually, and some of the things we inspect during your visits.

## Understanding the Terms

- The Emergency Food Assistance Program TEFAP
  - A federal program that helps supplement the diets of low-income Americans, including elderly people, by providing them with emergency food and nutrition assistance at no cost
- Texas Department of Agriculture TDA
  - A state agency withing the state of Texas, which is responsible for matters pertaining to agriculture, rural community affairs, and related matters
- US Department of Agriculture USDA
  - The US federal executive department responsible for developing and executing federal laws related to farming, forestry, and food

# TEFAP

The Emergency Food Assistance Program (TEFAP) was established in 1983 by the Emergency Food Assistance Act. The legislation directed the United States Department of Agriculture (USDA) to distribute federally purchased commodities, such as fruits, vegetables, dairy, meats, and grains to food banks, food pantries, soup kitchens, and other emergency feeding organizations serving lowincome Americans



TEFAP provides food and funds to states and emergency feeding organizations through three main components: entitlement commodities, administrative grants that support storage and distribution, and USDA donated commodities (also called "bonus commodities"). The federal regulations (7 CFR 250 and 7 CFR 251) for TEFAP food distribution and storage and distribution funds are fairly brief, leaving many decisions about the operation of the program to states.

### THE 3 FORMS OF TEFAP

### TEFAP FOOD PROGRAM



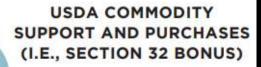
Funded by the Farm Bill, this program allows states to order foods from USDA to help individuals facing hunger. States can also determine how purchased foods are distributed, including determining what emergency feeding organizations (e.g., food banks) participate in the program.

### TEFAP STORAGE & DISTRIBUTION

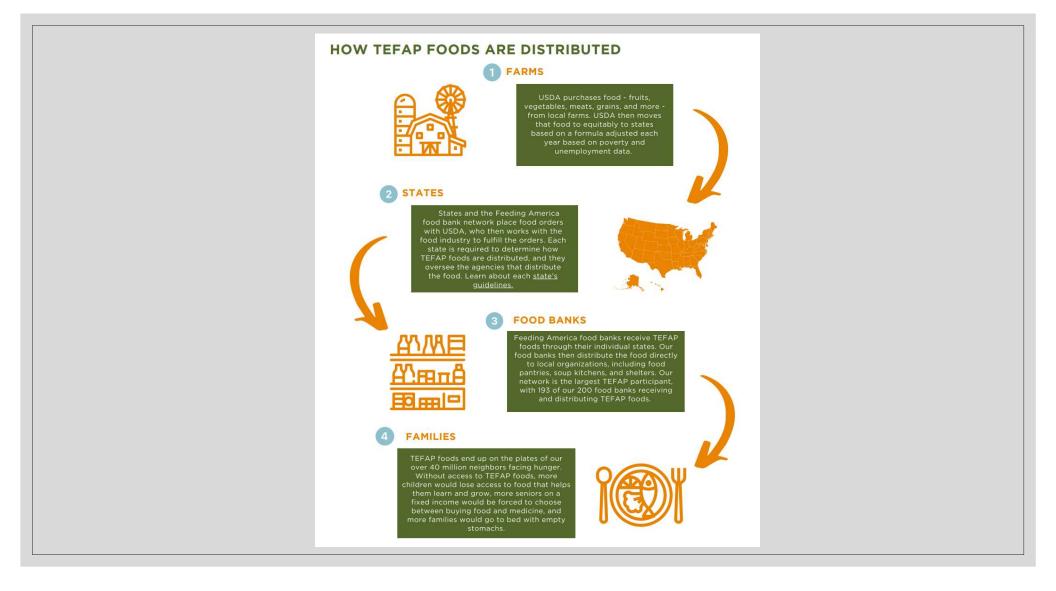
Authorized by the Farm Bill and funded through annual Appropriations, this funding helps offset part of the cost to store and move TEFAP foods.

S

**M** 

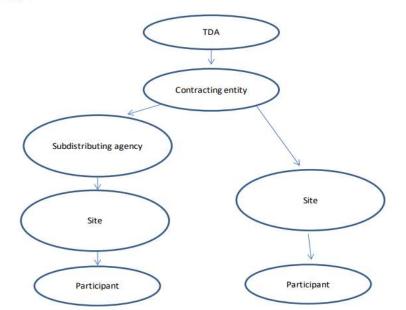


USDA makes marketdriven food purchases to support U.S. growers and remove excess food from markets. Purchases are then given to communities through USDA Food Programs like TEFAP



#### **TEFAP Structure**

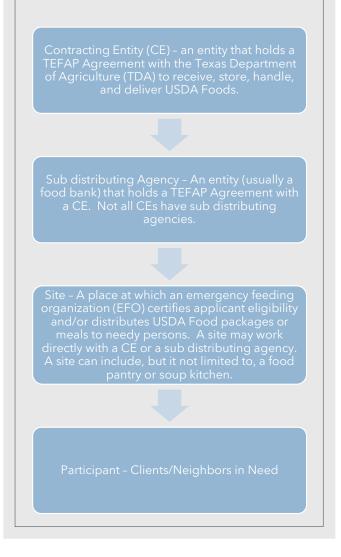
The graphic below defines and illustrates the existing structure between some entities involved in The Emergency Food Assistance Program (TEFAP). The terms are defined throughout this section, as necessary. The terms can also be found in *TEFAP Handbook*, Section 9, *Terms, Definitions, and Acronyms*.



### Click below or look up the URL below for the entire TEFAP Handbook

Policy and Handbook for TEFAP (squaremeals.org)

https://squaremeals.org/Programs/The-Emergency-Food-Assistance-Program/Policy-Handbook



## TEFAP Agreement Between Contracting Entity and Site

See the agreement on next 4 slides • TDA requires all organizations distributing TEFAP to have a signed agreement with the Contracting Entity (CE) outlining roles and responsibilities of each organization.

• Houston Food Bank (HFB) contracts directly with TDA, making HFB the CE for this area. As a PDO of the Houston Food Bank, BVFB subcontracts with HFB to distribute TEFAP to partners, and BVFB is responsible to inform partners on TEFAP policies and procedures, as well as monitor agency compliance with TEFAP policies and procedures.

• All BVFB partner agencies are required to sign an agreement between the contracting entity (Houston Food Bank) and site (your agency) upon becoming a BVFB Agency Partner. This agreement has already been signed by your agency and stays in effect during the duration of your partnership with BVFB.

(see TEFAP Handbook, Sec 2, Program Application)

November 2019

#### The Emergency Food Assistance Program Agreement Between Contracting Entity and Site

A **contracting entity** (CE) is an organization that contracts with the Texas Department of Agriculture (TDA) to receive, store, handle, and deliver United States Department of Agriculture (USDA) Foods. A **subdistributing agency**, usually a food bank, contracts with a CE to receive, store, handle, and deliver USDA Foods. A **site** is a place at which an emergency feeding organization certifies applicant eligibility and/or distributes USDA Foods packages or meals to needy persons. A site may work directly with a CE or a subdistributing agency.

Name of Contracting Entity (CE)	Email Address of CE
Houston Food Bank	info@houstonfoodbank.org
Address of CE (Street, City, State, ZIP)	Area Code and Telephone Number
535 Portwall Street, Houston TX 77029	713-223-3700
Mailing Address (if different)	Fax Area Code and Telephone Number
N/A	none

IF APPLICABLE: Name of Subdistributing Agency	Email Address of Subdistributing Agency
Brazos Valley Food Bank	shannona@bvfb.org
Address of Subdistributing Agency (Street, City, State, ZIP)	Area Code and Telephone Number
1501 Independence Ave. Bryan, TX 77803	979-779-3663
Mailing Address (if different)	Fax Area Code and Telephone Number
PO Box 74 Bryan, TX 77806	979-821-2111

Name of Site	Email Address of Site
AGENCY PARTNER INFORMATION IS FILLED IN BY YOU IN THESE AREAS	
Address of Site (Street, City, State, ZIP)	Area Code and Telephone Number
Mailing Address (if different)	Fax Area Code and Telephone Number

#### Agreement

This Agreement specifies the rights and responsibilities of the above-named Contracting Entity (CE) and Site as a participant in The Emergency Food Assistance Program (TEFAP). By signing this Agreement, both parties are bound by its terms and conditions, unless terminated with 30 days' written notice by either party. This Agreement may be terminated for cause by either party, by mutual consent of both parties, or solely by the site without cause or mutual consent.



This form will only be updated as Houston Food Bank updates signatures.

pg. 1 of 4

#### November 2019

#### Rights and Responsibilities of the Contracting Entity

#### The CE shall fulfill the following responsibilities:

- 1. Comply with all guidance issued by TDA and USDA
- Train the site in the handling and use of USDA Foods; eligibility criteria; client rights (including civil rights requirements); complaint and administrative review procedures; the processing of applications or requests for meals; and procedures for food safety and food recalls.
- Offer training sessions and technical assistance at a time and place that is convenient to the site.
- 4. Provide TEFAP record-keeping forms to the site without charge.
- Ensure that all USDA Foods are distributed to participants without regard to race, color, national origin, sex, age, or disability.
- Compile data, maintain records, and submit reports as required to permit effective enforcement of nondiscrimination laws, regulations, policies, instructions, and guidelines; and collect such records from sites as applicable.
- Collect, from the site, records that show the data and method used to determine the number of households or individuals served.
- Ensure that sites protect applicants' and participants' information stored on information technology systems.
- Avoid charging the site any fees for the administration of TEFAP, except for warehouse operation fees (including, but not limited to, shared maintenance fees and delivery fees)
- 10. Ensure that all USDA Food packages or meals comply with TEFAP requirements.
- Monitor the site's distribution of USDA Foods according to TEFAP requirements and do so during the site's normal hours of operation.
- 12. Obtain the signature of the site's representative showing the receipt of USDA Foods, and maintain the receipts, as well as other TEFAP records, for three years from the close of the fiscal year to which they pertain, or until claims actions, audits, or investigations are resolved. Records include, but are not limited to, the following: 1) this agreement and 2) documentation of the receipt, inventory, and disposal of USDA Foods.
- Ensure that the site does not require, solicit, or accept payment from applicants or participants in money, materials, or services for USDA Foods packages or meals.
- 14. Ensure that the site makes clear that participants are not required to cooperate with activities unrelated to the distribution of USDA Foods. Activities include the following: contribute money, sign petitions, or converse with a person conducting such activity; belong to, attend meetings of, or pay dues to any organization; attend or participate in religious activities.
- 15. Ensure that unrelated activities do not disrupt the distribution of USDA Foods.
- 16. Otherwise, comply with all state and federal regulations as applicable to TEFAP.

These are HFB (CE) and BVFB responsibilities to the Agency Partner

pg. 2 of 4

November 2019

#### Rights and Responsibilities of the Site

#### The Site shall fulfill the following responsibilities:

- 1. Comply with all guidance issued by the CE, TDA, and the USDA.
- Comply with all requirements for receiving, handling, transporting, storing, and preparing USDA Foods, including procedures for food safety and food recalls.
- Distribute the appropriate USDA Foods package to a TEFAP participant based on his or her eligibility and in compliance with TEFAP requirements.
- Ensure that all USDA Foods are distributed to participants without regard to race, color, national origin, sex, age, or disability.
- Compile data, maintain records, and submit reports as required to permit effective enforcement of nondiscrimination laws, regulations, policies, instructions, and guidelines.
- Collect records that show certain information, including, but not limited to, the data and method used to determine the number of households or meals served; and provide the data to the CE upon request.
- Determine the eligibility of applicants who apply for USDA Foods packages in compliance with TEFAP requirements.
- Maintain the confidentiality and security of household information, including applicants' and participants' information stored on information technology systems.
- 9. Make clear that participants are not required to cooperate with activities unrelated to the distribution of USDA Foods. Activities include the following: contribute money, sign petitions, or converse with a person conducting such activity; belong to, attend meetings of, or pay dues to any organization; attend or participate in religious activities.
- 10. Ensure that unrelated activities do not disrupt the distribution of USDA Foods.
- 11. Allow representatives of the CE, TDA, and the USDA to review site operations and records.
- 12. Sign for receipt of USDA Foods, and keep the receipts, as well as other program records, for three years from the close of the fiscal year to which they pertain; or until claims actions, audits, or investigations are resolved. Records include, but are not limited to, the following: 1) this agreement and 2) documentation of the receipt, inventory, and disposal of USDA Foods.
- 13. Attend training sessions required by TDA or the CE.
- Do not require, solicit, or accept payment from applicants or participants in money, materials, or services for USDA Foods packages or meals.
- 15. Report fraud to the CE immediately.
- 16. Do not sell USDA Foods.
- 17. Obtain prior approval from the CE before transferring USDA Foods to any other entity.
- 18. Help applicant households, when necessary, complete applications.
- Display prominently, for applicant and participant viewing, USDA's "...And Justice For All" poster.

## These are the Agency Partner's responsibilities

pg. 3 of 4

November 2019

#### Certifications

We, the undersigned, do hereby make and enter into this Agreement. By so doing, we certify that the information contained in this document is true and correct to the best of our knowledge and is provided for the purpose of obtaining federal assistance. We do mutually agree to operate TEFAP in compliance with federal civil rights laws and to implement nondiscrimination regulations. We do mutually agree to comply with The Emergency Food Assistance Program (7 CFR Part 251, as amended); Donation of Foods for Use in the United States, Its Territories and Possessions and Areas under Its Jurisdiction (7 CFR Part 250, as amended); Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200); and state policies and procedures as issued and amended by TDA. We understand that the deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Name of Site Official (type or print)		
AGENCY PARTNER INFORMATION FILLED IN HERE Title of Site Official		
	Signature of Site Official	Date
Name of CE Representative (type or print)		
Brian Greene	Min ment	Jul 1, 2021
Title of CE Representative		
President/CEO	Signature of CE Representative	Date

Signature page – ensures that you, as a partner with BVFB, agree to the rights and responsibilities and understand what you are responsible for and also what BVFB is responsible for.

pg. 4 of 4

## **TDA Approved Forms**

To ensure that intake forms used by pantry agencies distributing TEFAP product comply with TEFAP policies and regulations, intake forms must now be approved by the TDA before use.

BVFB's intake form has been approved by the TDA, which is why pantries must use the H1555 form provided by BVFB. See slides 16&17. (see TEFAP Handbook, Sec. 3, Managing the Program)

## Eligibility Criteria Residency and Identity

Residency - At the time of application, households must have established residency within the service area. While federal regulations state that a minimum length of residency is not required to establish eligibility, the intent of the program is to serve individuals who live in the area and are not visiting temporarily. Overnight residency or an overnight stay does not meet the intent of the regulation.

- We may ask but must not require any applicant or participant to provide proof of residency. Agency Partners must provide USDA Foods to all participants even if they cannot or will not provide proof of residency.
- If someone lives outside of your service area, you may serve them and refer them to pantries in their area.
- Identity We may also request but must not require any applicant or participant to provide proof of identification (ID). We must provide USDA Foods to all participants even if they cannot or will not provide ID.
  - Examples of ID include, but are not limited to, birth certificates, driver's license, military ID, and state-issued ID.

(see TEFAP Handbook, 3, Managing the Program)

0



	rgency Food Assistance Progr	ann (TEL AF // I	El Programa	ue Maiateriu	a Aminenu	cia ue Line	rgencia (TI	
Sites may re-	quest but must not require proof o	of information. / L	os sitios pued	len solicitar pe	ro no debe	n requerir pi	ueba de info	ormación.
Section 1	Household Information		Sección	1 — Informa	ción de ha	dar		_
	ehold member/Nombre del mien	nbro <mark>de la unidad</mark>			Numb	er of house	h <b>old memb</b> eros del hoga	
Address (if ava	ilable)/Dirección (si disponible)				1			
Name of proxy	/Nombre de apoderado							
Section 2 —	Categorical Eligibility		Sección	2 — Elegibil	dad Categ	jórica		
Supplem	nental Nutrition Assistance Pro	gram (SNAP)/Pr	rograma de ayr	uda suplemer	tal de la nu	trición		
	ary Assistance for Needy Famil	The second second						
					5 IICucana-	35		
	nental Security Income (SSI)/Se	2003220122002200	Second second second					
	School Lunch Program (NSLP	) (free or reduced-pric	æ meals)/Program	ia nacional de alm	uerzos escola	res (comidas gr	atis o a precio re	educido)
Medicald	d/Medicaid							
Section 3 -	Income Eligibility		Secció	in 3 — Elegi	oilidad de l	ngresos		
To	otal gross income \$			Ingreso	bruto total	s		
	er year per month	10.0000000000						
pe						1		100 C
	· _ ·	per week		por año		or mes	por sen	nana
Section 4 - I	Household Crisis Eligibility	per week	Sección 4	por año — Elegibilida				nana
If household is	Household Crisis Eligibility s eligible for household crisis fi	ood needs, doci	ument reason	- Elegibilida	nd de Crisi	s del <mark>H</mark> oga	r	
If household is	Household Crisis Eligibility	ood needs, doci	ument reason	- Elegibilida	nd de Crisi	s del <mark>H</mark> oga	r	
If household is	Household Crisis Eligibility s eligible for household crisis fi	ood needs, doci	ument reason	- Elegibilida	nd de Crisi	s del <mark>H</mark> oga	r	
If household is necesidades ali	Household Crisis Eligibility s eligible for household crisis f imentarias del hogar en caso de s	ood needs, doci	ument reason a el motivo de l	— Elegibilida n for crisis he la crisis aquí.	ad de Crisi re./Si el ho	s del <mark>H</mark> oga	r	
If household is necesidades all	Household Crisis Eligibility seligible for household crisis f imentarias del hogar en caso de people live in your house in	ood needs, doci crisis, documenta the following a	ument reason a el motivo de l age (includir	— Elegibilida n for crisis he la crisis aquí.	ad de Crisi re./Si el ho	s del Hoga gar es elegi	r	
If household is necesidades all **How many **Cuantas per	Household Crisis Eligibility e eligible for household crisis f imentarias del hogar en caso de o people live in your house in sonas viven en su casa en la	the following a siguiente edad:	ument reason a el motivo de l age (includir	— Elegibilida n for crisis he la crisis aquí.	ne./Sielho	s del <mark>H</mark> oga	r Die para las	
If household is necesidades all **How many **Cuantas per Infant-5	Household Crisis Eligibility seligible for household crisis f immentarias del hogar en caso de d people live in your house in sonas viven en su casa en la 6-12	ood needs, doci crisis, documenta the following a	ument reason a el motivo de l age (includir 18-40	— Elegibilida n for crisis he la crisis aquí. ng yourself)	ad de Crisi re./Si el ho : 41-64	s del Hoga gar es elegi TOTAL	r Die para las Over 65	
If household is necesidades all **How many **Cuantas per Infant-5	Household Crisis Eligibility e eligible for household crisis f imentarias del hogar en caso de o people live in your house in sonas viven en su casa en la	the following a siguiente edad:	ument reason a el motivo de l age (includir 18-40	— Elegibilida n for crisis he la crisis aquí.	ad de Crisi re./Si el ho : 41-64	s del Hoga gar es elegi TOTAL	r Die para las Over 65	
If household is necesidades al **How many **Cuantas per Infant-5 **Are you? ( African Ame	Household Crisis Eligibility seligible for household crisis fi mentarias del hogar en caso de de people live in your house in sonas viven en su casa en la 6-12 1 (please circle your answer) arican/	the following i siguiente edad:	ument reason a el motivo de l age (includir 18-40 **Eres uste	- Elegibilida n for crisis he la crisis aqui. ng yourself) ed? (por fav	ad de Crisi re./Si el ho : 41-64 or, rodee s	s del Hoga gar es elegi TOTAL su respuest nerican/	r ble para las Over 65 (a)	
If household is necesidades all **How many **Cuantas per Infant-5 **Are you? (	Household Crisis Eligibility seligible for household crisis fi mentarias del hogar en caso de de people live in your house in sonas viven en su casa en la 6-12 1 (please circle your answer) arican/	the following a siguiente edad:	ument reason a el motivo de l age (includir 18-40	- Elegibilida n for crisis he la crisis aqui. ng yourself) ed? (por fav	ad de Crisi re./Si el ho : 41-64	s del Hoga gar es elegi TOTAL su respuest nerican/	r ble para las Over 65 (a)	
If household is necesidades al **How many **Cuantas per Infant-5 **Are you? ( African Ame	Household Crisis Eligibility seligible for household crisis fi immentarias del hogar en caso de i people live in your house in sonas viven en su casa en la 6-12	the following i siguiente edad:	ument reason a el motivo de l age (includir 18-40 **Eres uste Hispanic/H	- Elegibilida n for crisis he la crisis aqui. ng yourself) ed? (por fav	ad de Crisi re./Si el ho ; 41-64 or, rodee s Native An Nativo An	s del Hoga gar es elegi TOTAL su respuest nerican/	r ble para las Over 65 (a)	
If household is necesidades all **How many i **Cuantas per Infant-5 **Are you? ( African Ame Afroameric Section 5 — (	Household Crisis Eligibility seligible for household crisis fi immentarias del hogar en caso de i people live in your house in sonas viven en su casa en la 6-12	the following i siguiente edad:	ument reason a el motivo de l age (includir 18-40 **Eres uste Hispanic/- Sección 5 -	Elegibilida n for crisis he la crisis aquí. ng yourself) ed? (por fav dispano	ad de Crisi re./Si el ho 41-64 or, rodee s Native An Nativo An	s del Hoga gar es elegi TOTAL su respues nerican/ nericano	r ble para las Over 65 (a)	
If household is necesidades all **How many **Cuantas per Infant-5 **Are you? ( African Arme Afroameri Section 5 – C By signing f	Household Crisis Eligibility eligible for household crisis fi imentarias del hogar en caso de ri people live in your house in sonas viven en su casa en la 6-12 (please circle your answer) erican/ cano Asian/Asiatico Certification	the following i siguiente edad: 13-17 White/Blanco	ument reason a el motivo de l age (includir 18-40 **Eres uste Hispanic/- Sección 5 - Al firmar a	Elegibilida     for crisis he la crisis aquí.      ng yourself)      ed? (por fav     dispano     Certificaci	ad de Crisi re./Si el ho 41-64 or, rodee s Native An Nativo An ón in, certifico	s del Hoga gar es elegi TOTAL su respuest nerican/ nericano	Over 65	r/Otro
If household is necesidades ali **How many **Cuantas per Infant-5 **Are you? ( African Ama Afroamerii Section 5 — ( By signing in (1) I am a mu provided in Sec	Household Crisis Eligibility eligible for household crisis fi imentarias del hogar en caso de ri people live in your house in sonas viven en su casa en la 6-12 (please circle your answer) erican/ cano Asian/Asiatico Certification below, I certify that: ember of the household living at t tion 1 and that, on behalf of the h	bod needs, doc crisis, documenta the following ; siguiente edad: 13-17 White/Blanco	a el motivo de l age (includir 18-40 **Eres uste Hispanic/F Sección 5 - Al firmar a (1) soy mie Sección 1, y	Elegibilida for crisis he la crisis aqui. ng yourself) ed? (por fav dispano — Certificaci a continuació embro del hog que solicito e	41-64 41-64 41-64 or, rodee s Native An Native An Native An Native An ain, certifico	s del Hoga gar es elegii TOTAL su respuest nerican/ nerican/ en la direcc e la unidad	Over 65 iôn que se d familiar los d	r/Otro la en la toméstica
If household is necesidades all **How many if **Cuantas per Infant-5 **Are you? ( African Ame Afroameri Section 5 — ( By signing if (1) I am a me provided in Sec apply for USDA	Household Crisis Eligibility Household Crisis Eligibility imentarias del hogar en caso de o people live in your house in sonas viven en su casa en la 6-12 1 (please circle your answer) arican/ Asian/Asiatico Certification below, I certify that: ember of the household living at t tion 1 and that, on behalf of the 1 Foods that are distributed throug	bod needs, doc crisis, documenta the following ; siguiente edad: 13-17 White/Blanco	ument reason a el motivo de l age (includir **Eres uste Hispanic/+ Sección 5 - Al firmar a (1) soy mie Sección 1, y	Elegibilida     For crisis hall     for crisis aqui.     Ing yourself)     ad? (por fav     fispano         Certificaci         contrinuaci e motro del hog     que solicito e         USDA que s         USDA que s	41-64 41-64 or, rodee s Native An Nativo An Nativo An on, certificc ar que vive n nombre d e distribuido	s del Hoga gar es elegii TOTAL su respuest nerican/ nerican/ en la direcc e la unidad	Over 65 iôn que se d familiar los d	r/Otro la en la toméstica
If household is necesidades ali **Cuantas per Infant-5 **Are you? ( African Arme Afroameri Section 5 – ( By signing i (1) I am a mo provided in Sec apply for USDA Emergency Foc	Household Crisis Eligibility Household Crisis Eligibility eligible for household crisis f mentarias del hogar en caso de i people live in your house in sonas viven en su casa en la 6-12	the following i siguiente edad: 13-17 White/Blanco	ument reason a el motivo de l 18-40 **Eres uste Hispanic/t- Sección 5 - Al firmar a (1) soy mie Sección 1, y de alimentaria c	Elegibilida     For crisis hall     for crisis aqui.     Ing yourself)     ded? (por fav     ded)	41-64 orrisi 41-64 orrisi orr, rodee s Native An Native An Native An Native An Native An Native An Orright Antion	TOTAL TOTAL Bu respuesi nerican/ tericano o que: en la direcc e la unidad ss por el Pro	Over 65 a) Othe concerness of the concerness of	rr/Otro la en la foméstica sistencia
If household is necesidades all **How many ( **Cuantas per Infant-5 *Are you? ( African Ame Afroameri Section 5 - ( By signing ( (1) I am a me provided in Sec apply for USDA Emergency Foc (2) all inform	Household Crisis Eligibility eligible for household crisis fi imentarias del hogar en caso de ri people live in your house in sonas viven en su casa en la : 6	bod needs, doc crisis, documenta the following ; siguiente edad: 13-17 White/Blanco the address the address the address tousehold, I gh The ermining my	ument reason a el motivo de l age (includir 1840 "*Eres uste Hispanic/t Sección 5 - Alímentaria c (2) toda la dimentos	Elegibilida     for crisis aquí.     for crisi	41-64 41-64 41-64 41-64 7, rodee s Native An Native An N	s del Hoga gar es elegi TOTAL su respuesi nerican/ nericano o que: en la direcc e la unidad os por el Pro do al depart	Over 65 (a) Othe ión que se d familiar los d grama de Au amento que	rr/Otro la en la foméstica sistencia
If household is necesidades all **How many ( **Cuantas per Infant-5 *Are you? ( African Ame Afroameri Section 5 - ( By signing ( (1) I am a me provided in Sec apply for USDA Emergency Foc (2) all inform	Household Crisis Eligibility Household Crisis Eligibility imentarias del hogar en caso de i people live in your house in sonas viven en su casa en la 6-12 1 (please circle your answer) arican/ Certification below, I certify that: ember of the household living at t ition 1 and that, on behalf of the h Foods that are distributed throug dd Assistance Program; ation provided to the agency dete pility is, to the best of my knowli	bod needs, doc crisis, documenta the following ; siguiente edad: 13-17 White/Blanco the address the address the address tousehold, I gh The ermining my	ument reason a el motivo de l age (includir **Eres uste Hispanic/f- Sección 5- Al firmar a (1) soy mie Sección 1, y de alimentos Alimentaria c (2) toda la determinará	Elegibilida     For crisis hall     for crisis aqui.     Ing yourself)     ded? (por fav     ded)	41-64 41-64	s del Hoga gar es elegi TOTAL su respuesi nerican/ tericano o que: en la direcc e la unidad os por el Pro do al depart a los requisit	Over 65 (a) Othe ión que se d familiar los d grama de Au amento que	rr/Otro la en la foméstica sistencia
If household is necesidades ali **Cuantas per Infant-5 **Are you? ( African Arme Afroameri Section 5 — ( By signing i (1) I am a mo provided in Sec apply for USDA Emergency Foc (2) all inform household's elij belief, true and	Household Crisis Eligibility Household Crisis Eligibility imentarias del hogar en caso de i people live in your house in sonas viven en su casa en la 6-12 1 (please circle your answer) arican/ Certification below, I certify that: ember of the household living at t ition 1 and that, on behalf of the h Foods that are distributed throug dd Assistance Program; ation provided to the agency dete pility is, to the best of my knowli	the following i siguiente edad: 13-17 White/Blanco the address rousehold, I gh The ermining my edge and	ument reason a el motivo de l age (includir 18-40 **Eres uste Hispanic/f- Sección 5- Al firmar a (1) soy mis Sección 1, y de alimentos Alimentaria c (2) toda la saber mi leal saber	Elegibilida     For crisis hall     for crisis aquí.     Ing yourself)     acrisis aquí.     gyourself)     acontinuació     acontinuació	41-64 41-64 or, rodee s Native An Native	TOTAL TOTAL SU respuesi su respuesi nericano o que: en la direcc e la unidad so por el Pro do al depart a los requisit correcta; y oroporcionas	Over 65 a) Over 65 a) Othe damilar los d grama de Ad amento que os del progr da por el apo	rr/Otro la en la foméstica sistencia ama, es, a
If household is necesidades all **How many y **Cuantas per infant-5 **Are you? ( African Ame Afroameri Section 5 - 0 By signing i (1) I am a mu provided in Sec apply for USDA (2) all inform household's elij belief, true and (3) if applical	Household Crisis Eligibility Household Crisis Eligibility eligible for household crisis f mentarias del hogar en caso de i people live in your house in sonas viven en su casa en la 6-12	bod needs, doc crisis, documenta the following ; siguiente edad: 13-17 White/Blanco White/Blanco the address tousehold, I gh The srmining my edge and he household's	ument reason a el motivo de l age (includir 18-40 **Eres uste Hispanic/f- Sección 5- Al firmar a (1) soy mis Sección 1, y de alimentos Alimentaria c (2) toda la saber mi leal saber	Elegibilida     For crisis hall     for crisis aqui     for crisis aqui     for crisis hall     crisis     ad? (por fav     fav     de? (por fav     fav	41-64 41-64 or, rodee s Native An Native	TOTAL TOTAL SU respuesi su respuesi nericano o que: en la direcc e la unidad so por el Pro do al depart a los requisit correcta; y oroporcionas	Over 65 a) Over 65 a) Othe damilar los d grama de Ad amento que os del progr da por el apo	rr/Otro la en la foméstica sistencia ama, es, a
If household is necesidades ali "Cuantas per Infant-5 "Arte you? ( African Arme Afroament Section 5 — ( By signing i (1) I am a my provided in Sec apply for USDA Emergency Foc (2) all inform household's elij belief, true and (3) if applical proxy is, to the correct.	Household Crisis Eligibility eligible for household crisis fi imentarias del hogar en caso de ri people live in your house in sonas viven en su casa en la 6.12 (1997) erican/ cano Asian/Asiatico Certification below, I certify that: ember of the household living at t iton 1 and that, on behalf of the I Foods that are distributed throug ad Assistance Program; ation provided to the agency dete gibility is, to the best of my knowle correct; and be, the information provided by th	bod needs, doc crisis, documenta the following ; siguiente edad: 13-17 White/Blanco White/Blanco the address tousehold, I gh The srmining my edge and he household's	ument reason a el motivo de l age (includir 18-40 **Eres uste Hispanic/f- Sección 1, y de alimentos Alimentaria c (2) toda la determinará mi leal saber (3) Si corre fogar es, a l	Elegibilida     For crisis hall     for crisis aquí.     Ing yourself)     acrisis aquí.     gyourself)     acontinuació     acontinuació	41-64 41-64 or, rodee s Native An Native	TOTAL TOTAL SU respuesi su respuesi nericano o que: en la direcc e la unidad so por el Pro do al depart a los requisit correcta; y oroporcionas	Over 65 a) Over 65 a) Othe damilar los d grama de Ad amento que os del progr da por el apo	rr/Otro la en la foméstica sistencia ama, es, a

\*\*This information will not inhibit you from receiving USDA product\*\*

\*\* Esta información no lo inhibirá de recibir el producto USDA \*\*

## H1555 Intake Form- Front

**GEOGRAPHIC REQUIREMENTS** - To qualify for USDA Foods distributed for home consumption, members of households must be Texas residents.

**RECIPIENT REQUIREMENTS** - Agencies may ask for proof of ID; however, this *cannot* be a barrier to receiving TEFAP

#### **CROSS ELIGIBILITY OF MEANS-TESTED**

**PROGRAMS** - Clients are deemed automatically eligible to receive TEFAP if they are enrolled in any of the following programs:

• SNAP • TANF • SSI • NSLP • Medicaid

We also have Russian and Ukrainian translations. You may contact the ARMPC if you would like these versions.

#### **USDA Nondiscrimination Statement**

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/oascr/how/to-file-a-programdiscrimination-complaint, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 2025:0-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

#### Declaración de no discriminación del USDA

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohibe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discrimienen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por advidades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: https://www.usda.gov/oascr/how-to-file-aprogram-discrimination-complainty y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, líame al (866) 632-992. Haga llegar su formulario lleno o carta al USDA por: (1) correo: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; o (3) correo electrónico: program.intake@usda.gov.

oportunidades

#### Sections 6 & 7 must be completed by the CE or the site staff:

Section 6 — Eligibility or Ineligibility	Sección 6 — Elegibilidad o Inelegibilidad
Household is eligible. Length of certification:	El Hogar es elegible. Duración de la certificación:
Beginning (month/year):	Inicio (mes/año):
Ending (month/year):	Final (mes/año):
<ul> <li>Household is ineligible based on Sections 2 and 3, but qualifies for TEFAP based on Household Crisis Eligibility (Section 4).</li> </ul>	El hogar no es elegible basado en las secciónes 2 y 3, pero califica para TEFAP basado en la elegibilidad de crisis del hogar (Sección 4).
Length of certification: Beginning (month/year):	Duración de la certificación: Inicio (mes/año):
Ending (month/year):	Final (mes/año):
Section 7 — Signature and date of CE or site staff	Sección 7— Firma y fecha del CE o del sitio personal
Signature/Firma	Date/Fecha

## H1555 Intake Form - Back

Agency Partner staff/volunteers are verifying that the client meets the guidelines for the program based on the information they put on the form, **not** the factual accuracy of the information entered by the client.

\*\*This information will not inhibit you from receiving USDA product\*\*

\*\* Esta información no lo inhibirá de recibir el producto USDA \*\*

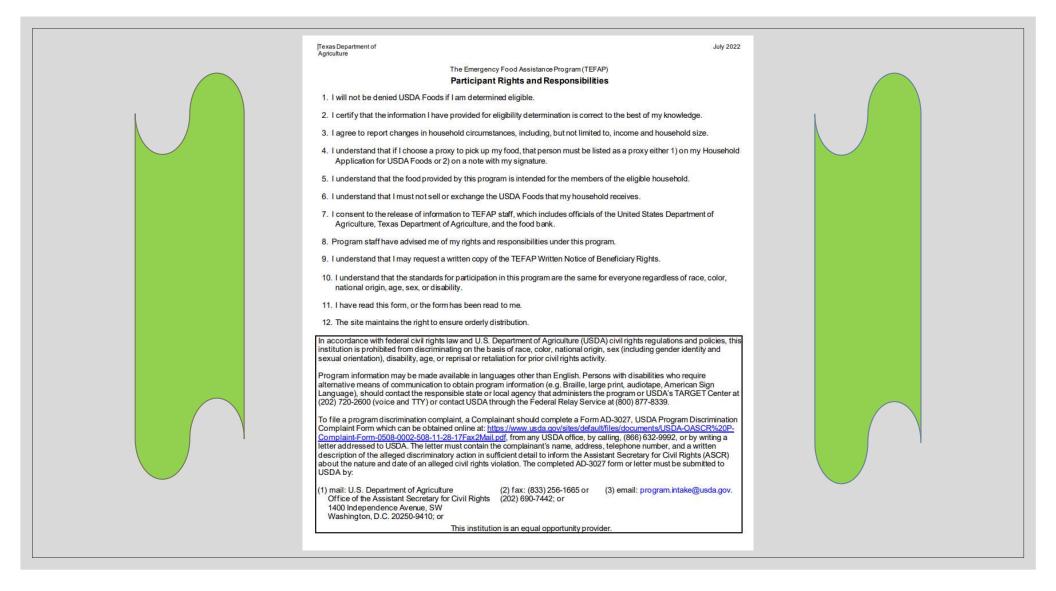
## TEFAP Participant Rights & Responsibilities

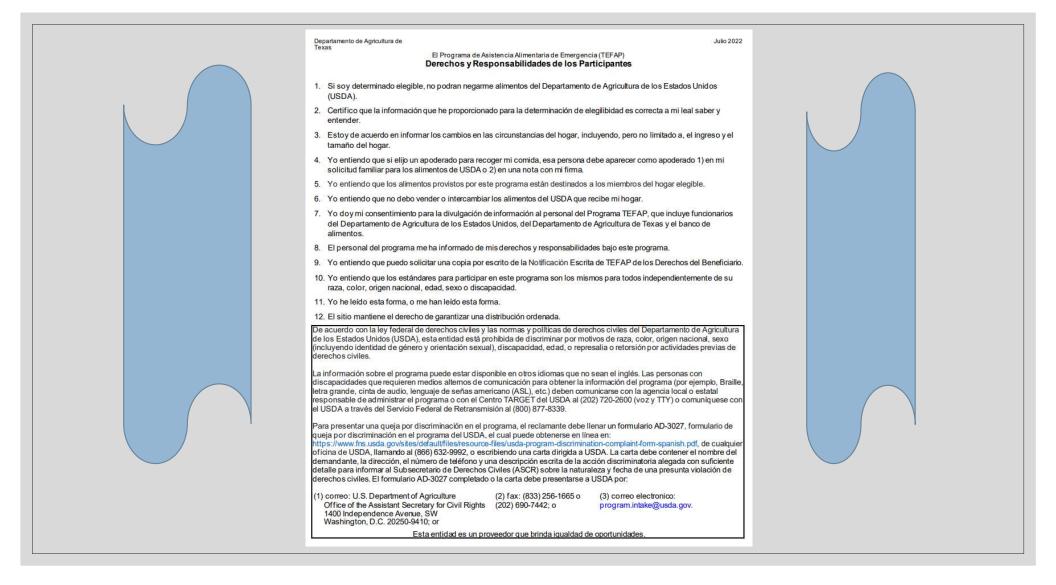
See English and Spanish versions on the next 2 pages • TDA developed the *TEFAP Participant Rights & Responsibilities* form to ensure that clients are informed of their rights and responsibilities if they receive TEFAP product.

• The *TEFAP Participant Rights & Responsibilities* form must be posted in your food distribution area for clients to view. Both the English and Spanish versions must be posted. Clients must be given a copy of the *TEFAP Participant Rights & Responsibilities* form, if requested.

• Your agency must be familiar with this form and understand the rights and responsibilities of the client and the rights and responsibilities of the distribution agency.

(see TEFAP Handbook, Sec 3, Managing the Program)





## Faith Based Agency Partners:

The Emergency Food Assistance Program Written Notice of Beneficiary Rights

See English and Spanish versions on the next 2 slides, followed by the Emergency Food Assistance Program and the Commodity Supplemental Food Program Beneficiary Referral Request Form.

- TDA developed the *TEFAP Written Notice of Beneficiary Rights* form to ensure that clients have equal access to food assistance, that they may not be discriminated against based of religious belief, and that they may object to the religious nature of a distribution site and be referred elsewhere. Your agency must be familiar with this form and understand the rights of the client and distribution site.
- The *TEFAP Written Notice of Beneficiary Rights* form must be displayed in all faith-based agencies. You must fill out this form with your agency's information and display it in the distribution area where it is visible to clients.
- You will fill out *your* information in the spaces below (located at the top of the form):

Name of Organization(Your Agency Name Here)
Name of TEFAP Staff Contact(Your Agency Coordinator Name Here)
Phone Number(Your Agency Phone Number Here)
Email Address(Your Agency Email Address Here)

• Should a client ask to be referred to another distribution agency, your agency must use the *Emergency* Food Assistance Program and the Commodity Supplemental Food Program Beneficiary Referral Request.

\*Your agency must notify BVFB within 3 business days if such a referral is requested.

(see TEFAP Handbook, Sec 3, Managing the Program)

### The Emergency Food Assistance Program Written Notice of Beneficiary Rights

Name of Organization

Name of TEFAP Staff Contact

Phone Number

You have the following rights when you participate in TEFAP.

Email Address

- 1. We may not discriminate against you on the basis of religion or religious belief; a refusal to hold a religious belief; or a refusal to attend or participate in a religious practice.
- **2.** We may not require you to attend or participate in any explicitly religious activities that we offer. Your participation in these activities must be purely voluntary.
- **3.** We must separate, in time or location, any privately funded, explicitly religious activities from activities supported with USDA direct assistance.
- **4.** 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.
- 5. You may report violations of these protections (including denials of services or benefits) to TDA at <u>www.Squaremeals.org</u>.

Contact TDA at:	Commodity Operations	877-TEX-MEAL (877-839-6325)
Co	mmodityOperations@TexasA	griculture.gov
	uire this written notice before p his institution is an equal opport	participants receive TEFAP services. unity provider.

English version of this form.

Please fill out **your** information on the top of the form.

July 2016

### El Programa de Asistencia Alimentaria de Emergencia (TEFAP) Notificación por Escrito de los Derechos del Beneficiario

Nombre de la Organización:

Nombre del personal de contacto de TEFAP:

Número de teléfono:

Usted tiene los siguientes derechos cuando participa en TEFAP:

Dirección de correo electrónico:

- No podemos discriminar contra usted por motivos de religión o creencias religiosas; una negativa a sostener una creencia religiosa; o una negativa a asistir o participar en una práctica religiosa.
- No le vamos a exigir que asista o participe en ninguna actividad explícitamente religiosa que ofrecemos. Su participación en estas actividades debe ser puramente voluntaria.
- Debemos separar, en tiempo o ubicación, cualquier actividad religiosa, explícitamente financiada con fondos privados de las actividades apoyadas con la asistencia directa del USDA.
- 4. Si se opone al carácter religioso de nuestra organización, debemos hacer esfuerzos razonables para identificarlo y remitirlo a un proveedor alternativo al que no tenga ninguna objeción. No podemos garantizar, sin embargo, que en cada instancia, un proveedor alternativo estará disponible.
- Puede denunciar violaciones de estas protecciones (incluidas las denegaciones de servicios o beneficios) a TDA en <u>www.Squaremeals.org</u>.

Comunicate con TDA por: Commodity Operations 877-TEX-MEAL (877-839-6325) o CommodityOperations@TexasAgriculture.gov

Las regulaciones federales requieren este aviso por escrito antes de que los participantes reciban los servicios de TEFAP.

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Spanish version of this form. Please fill out **your** information on the top of the form. The Emergency Food Assistance Program and the Commodity Supplemental Food Program Beneficiary Referral Request

Name of Organization:

Contact information for program staff (name, phone number, and email address, if appropriate):

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. Your use of this form is voluntary.

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.

Participant name:

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

FOR STAFF USE ONLY

1. Date of objection: \_\_\_/\_

2. Referral (check one):

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

\_\_\_\_\_ Individual was given TDA-provided referral information (such as a website, hotline, or list of other service providers funded by TDA)

Individual left without a referral

\_\_\_\_\_No alternate service provider is available. On the lines below, summarize below the efforts you made to identify an alternate provider (for example: contacted another food pantry, soup kitchen, or distribution site; contacted TDA; contacted the food bank; etc).

This institution is an equal opportunity provider.

July 2016

Emergency Food Assistance Program and the Commodity Supplemental Food Program Beneficiary Referral Request Form

### Note:

Should a client ask to be referred to another distribution agency, your agency must use this form.

Your agency must notify BVFB within 3 business days if such a referral is requested

# Client Complaints

See example on next slide

• We learn in the yearly Civil Rights Training Course that we must provide the clients with the information needed to take care of a complaint if needed.

• TDA requires that sites distributing TEFAP product have documented procedures for handling client complaints, and that site staff and volunteers are familiar with complaint procedures.

• For this reason, BVFB requires all partner agencies to have an internal written procedure for client complaints. These procedures must be shared with Agency volunteers/employees and your Governing Body.

• These procedures must be displayed in the food distribution area and must include in writing the names and contact information for who the complaint should be made to, how the complaint should be made and the time frame of when the client should expect to be contacted with a resolution. *See the example on the next slide.* 

• BVFB should *not* be the first point of contact for client complaints.

(see TEFAP Handbook, Sec 6, Civil Rights)

\*BVFB should be notified of all civil rights complaints within 3 business days of the initial complaint. Any complaint involving discrimination based on race, color, national origin, sex, disability or age qualifies as a civil rights complaint. This is an *example* of a Complaint Procedure – draft your procedure to fit your program

#### **Complaint Procedure**

If you wish to file a complaint against 'X Agency', for any reason, you may do so by contacting:

**John Doe** (Name of individual taking complaints at your agency)

email@email.org

999-999-999

123 W Sunny Dr

Bryan, TX. 77802

Complaints must be made in writing. Please do so by email or handwritten letter.

Once your complaint has been filed, 'X Pantry' will review the complaint within three (3) business days. From there, the complainant will be contacted within five (5) business days to pursue a resolution to the issue.

### **Civil Rights Training**

### Link to online training:

http://squaremeals.org/FandNResources/Training/CivilRights.aspx

### Contact the ARMPC for a **PowerPoint Version**

979-779-3663 Ext 110

• TEFAP policies require that staff and volunteers who interact with clients receiving TEFAP product receive Civil Rights training each year.

• To demonstrate that your agency's staff and volunteers have been provided with Civil Rights training each year, BVFB Partner Agencies must sign and send in the Civil Rights Affidavit and Civil Rights training log (attached). This training log must include:

- the name of your organization,
- the names of all staff/volunteers who've received Civil Rights training the date each staff/volunteer received Civil Rights training
- the date each staff/volunteer must renew their Civil Rights training
- the manner in which the training was received (video, PowerPoint -BVFB, group presentation, etc).

• This log must be submitted to BVFB annually with the rest of the annual renewal packet, to demonstrate that training has been provided for the most recent year.

• If your agency chooses to conduct a mass Civil Rights training, keep a sign-in sheet to document who attended the meeting. Then, use the sign-in sheet to update the training log. This log should be updated accordingly as new staff/volunteers rotate through your agency.

• At any time during the year, BVFB may ask to view your agency's Civil Rights training log to ensure that new staff/volunteers are receiving the appropriate Civil Rights training.

(see TEFAP Handbook, Sec 6, Civil Rights)

### Nondiscrimination Statement

### Flyers/ Websites/Social Media/ Printed Program Information

If your group has a website or if you use flyers or any printed information that mentions your program and also mentions BVFB food that is handed out to your clients, it *must* have the nondiscrimination statement printed somewhere on the flyer/printed information/social media

- The CE and site must provide the following nondiscrimination statement and complaint-filing procedures in all applications and on all TEFAP materials that are produced for public information, public education, or public distribution
- 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:
- (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or
- (2) fax: (833) 256-1665 or (202) 690-7442; or
- (3) email: program.intake@usda.gov
- Condensed Nondiscrimination Statement (to be used when the entire statement is too large) "This institution is an equal opportunity provider"

(see TEFAP Handbook, Sec 6, Civil Rights)

## FOOD SAFETY

Properly transporting (if not delivered), storing, handling, and using USDA Foods.

- USDA Foods must be stored in safe and secure conditions.
  - Items must be stored on pallets or shelves with 6 inches of clearance from the floor and walls and 2 feet of clearance from the ceiling.
  - Security measures to prevent theft in place.
  - Storing foods away from pesticides, cleaning supplies, and paper products.
  - Maintaining all storage areas in a clean and orderly condition.
- Temperature: Products must be stored at temperatures recommended by state and local health codes.
  - USDA Foods Product Information Sheets may provide shelf-life information for a product at various temperatures. Products should not spoil during the shelf life; however, storage at higher temperatures increases the likelihood of insect infestation and may shorten shelf life. Partners should verify food temperatures on delivery and annotate the receiving document when proper temperatures are exceeded
- All cold storage must have thermometers. Cooler and freezer temperatures must be checked and recorded during:
  - a minimum of every other day
  - immediately after a power loss is known or suspected
  - late each Friday afternoon and early each Monday morning (if operations are suspended during weekends)
    - \* Refrigerators must be kept between 34 and 40 degrees.
    - \* Freezer temperatures must be between -15 and 0 degrees.
- Grains must be refrigerated from May to September.

(see TEFAP Handbook, Sec 4, USDA Foods)



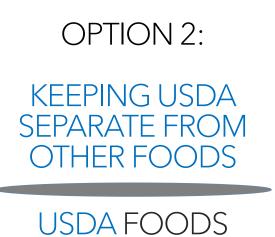
### Option 1:

### Storing USDA with other BVFB foods

- All food is on the same shelf, but marked with a sign
- USDA items can be marked if they are kept on the same shelf.
- The important thing to that *you* are able to point out USDA foods in the event that a USDA representative performs a visit.
- Also, any loss of USDA food must be reported your separation or marking method will help in the event you need to fill out the Report of Loss of USDA Foods form.







ARE ON THE LEFT, NON-USDA ARE ON THE RIGHT ON SEPARATE SHELVES

## Reporting Loss of USDA Foods

page 1 of 3

#### Any loss, theft or damage of USDA product must be reported to BVFB within 24 hours of the occurrence.

BVFB must submit an official report to TDA within 24 hours of the initial occurrence, with supporting documents listed on the next slide. Your agency must cooperate with BVFB and provide documentation to explain/support claims of loss.

- In the event of theft of USDA product, please notify BVFB's Agency Relations/Mobile Pantry Coordinator by email.
  - 1. Your pantry must file an official police report.
  - 2. BVFB will obtain this police report and forward it on to TDA when reporting the loss.
- If USDA products become damaged, spoiled, or infested, and cannot be salvaged while in your organization's possession, please notify BVFB's Agency Relations/Mobile Pantry Coordinator by email. The disposal of damaged USDA products must comply with state and local health rules. The following steps must be followed if USDA products are damaged and cannot be salvaged:
  - 1. Obtain from a federal, state or local health official a written statement that the USDA Foods are unfit for human consumption 2. Obliterate carton labels
  - 3. Destroy food and ensure that it is inedible
  - 4. Transport unsalvageable, out-of-condition USDA Foods to a
  - landfill for proper disposal

(see TEFAP Handbook, Sec 3, USDA Foods

Type of Documentation	Details about Documentation
Condemnation certificate	From health official
Destruction certificate	Must include when, where, and how the USDA Foods were destroyed; and by whom
Temperature logs	If USDA Foods were stored in the freezer or cooler
Police report	If theft or vandalism was involved
	Also, include precautions taken to prevent future theft or vandalism.
Fire department report	If the loss was due to fire
Extermination records	If the loss was due to infestation
Refrigeration repair information	If the loss was due to refrigeration failure

## Report of Loss of USDA Foods

## Documentation

Depending on the nature of the loss, these required documents must be submitted with the H1638 Form (see next slide)

page 2 of 3

rganization Name			Authorized Repre	sentative	Telephone No.	
idress (Street or P.O. Box, City	test street.	ach turns of da	nated foods	ost or destroyed us	e additional forms i	fpoorcard
. Type of Food Donated	Pack Size	Commony Code	Date Received	Pack Date (on case/bag)	Contract No. (on case/bag)	Number Units Lost
ate Lost	Place Lost		lin	ventory on Hand After Loss	Who had possession of food	at time of loss?
Where was the food stored? (e.g.	, school freezer)		How was food st	red? (on pallets, shelves, etc.)	56	
xplain any financial recovery you	u expect to receive (insu	rance, salvage, etc.):				
xplain what happened:						
1						
2. Type of Food Donated	Pack Size	Commodity Code	Date Raceived	Pack Date (on case/bag)	Contract No. (on case/bag)	Number Units Lost
	Pack Size Place Lost	Commodity Code		Pack Date (on case/bag) entory on Hand After Loss	Contract No. (on case/bag) Who had possession of food	
Date Lost	Place Lost	Commodity Code	In			
Date Lost Where was the food stored? (e.g.	Place Lost , school freezer)		In	ventory on Hand After Loss		
Date Lost Where was the food stored? (e.g.	Place Lost , school freezer)		In	ventory on Hand After Loss		
Nate Lost Where was the food stored? (e.g. Explain any financial recovery you	Place Lost , school freezer)		In	ventory on Hand After Loss		
Nate Lost Where was the food stored? (e.g. Explain any financial recovery you	Place Lost , school freezer)		In	ventory on Hand After Loss		
late Lost Where was the food stored? (e.g. xplain any financial recovery you	Place Lost , school freezer)		In	ventory on Hand After Loss		
Nate Lost Where was the food stored? (e.g. Explain any financial recovery you	Place Lost , school freezer)		In	ventory on Hand After Loss		
late Lost Where was the food stored? (e.g. xplain any financial recovery you	Place Lost , school freezer)		In	ventory on Hand After Loss		
2. Type of Food Donated Date Lost Where was the food stored? (e.g. Explain any financial recovery yo Explain what happened:	Place Lost , school freezer)		In	ventory on Hand After Loss		

Any loss, theft or damage of USDA product must be reported to BVFB within 24 hours of the occurrence with proper documentation.
For the purpose of this form, the wording "Type of Food Donated" refers to USDA foods items. USDA and TEFAP consider the food as donated to food banks.
You may contact the ARMPC for a copy of this form. 979-779-3663 ext.110
Page 3 of 3

1. Condemnation Certificate by health official.

- 2. Destruction Certificate (must include when, where, and
- how the USDA Foods were destroyed, and by whom).
- 3. Temperature Logs—if donated food was stored in the freezer or cooler.
- Police Report—if theft or vandalism was involved. Also report precautions taken to prevent theft or vandalism.
- 5. Fire Department Report-if loss was due to fire.
- 6. Extermination Records-if loss was due to infestation.
- 7. Refrigeration Repair Information—if loss was due to refrigeration failure.

Date

Signature



## Intake Process

- □ We ask each partner for their written Intake Process.
- This written intake process is used during the Distribution Visit.
- While doing the monitor visit of the distribution, it helps us understand the steps that the clients go through while being served and ensure compliance with TDA regulations.
- $\checkmark\,$  This is a compliance rule by TDA/USDA

### Written Intake Procedures

The intake process can be as brief or as in-depth as necessary. Basically, it just looks like step-by-step instructions for your intake process – as if you were training a new employee/volunteer. See the example on the next slide.

Your agency's written intake process needs to include a statement of your agency's procedure for accommodation of disability (how an elderly/disabled person is assisted)

### Examples:

- Partners can make programs accessible to persons with disabilities by taking the following steps:
- Providing Curbside pickup or home deliveries
- Assigning aides to assist participants
- Redesigning equipment o Rearranging furniture
- Volunteers can offer to fill out the form for the client and then have the client sign the form

Your agency's written intake process also must include a statement of how someone who has limited English proficiency would be assisted.

### Examples:

- Volunteers who speak Spanish
- Using an app to assist with language barriers

# 

(see TEFAP Handbook Sec 3, Managing the Program and Sec 6, Civil Rights)

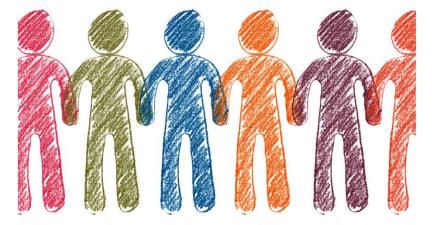
We ask each partner for a Written Intake Process. Below is just a rough guideline of what we need for your file. Please tailor this to your exact intake process. So that if someone were just looking at these instructions, they would know how to properly serve a client

#### Example:

- 1. Clients are served on a first-come, first-serve basis
- 2. Clients are interviewed
- 3. Clients fill out x documentation
- 5. Clients are provided the same amount of food no matter the size of household (*or*) amount of food varies depending on household size.

Elderly/Disabled clients will be provided space to sit if they cannot sit for long periods of time.

We have Spanish Translator Volunteers and/or a Translation App



The intake process can be as brief or as in-depth as necessary.

Serving client with disabilities will be discussed in annual Site Visits. This is also part of the Civil Rights Training. It is very important that we make plans to serve someone that is in a wheelchair or someone that is deaf or have other disabilities.

(see TEFAP Handbook Sec 3, Managing the Program and Sec 6, Civil Rights)







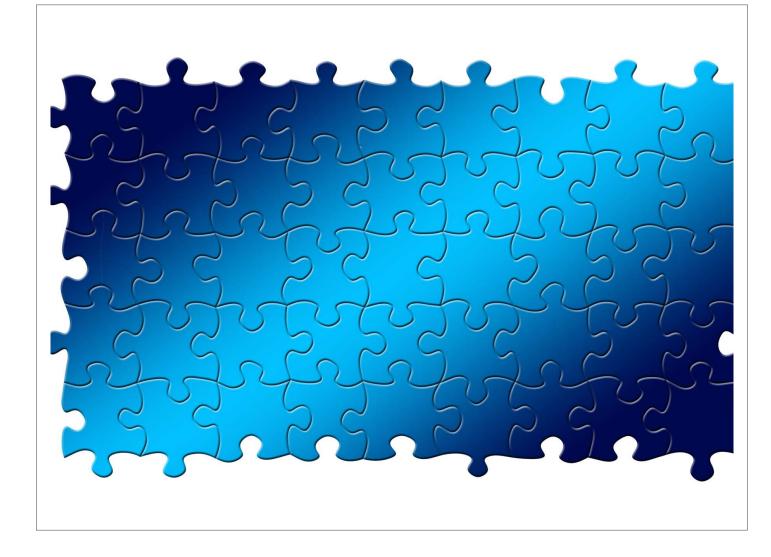


Ap	brou	red	CAR	1.1.1	FIC	ATION
	Name					
A	ddress	S				
	City	1		- Marine	_Zip_	and the
	Phone		1.1	1		
Soc. Se Employ						
SEX	AGE	WEIGHT	HEIGHT	HAIR	EYES	BLOOD TYPE
					10.2	



## We cannot:

\*require a client to join any meeting(s)
\*require any payment of dues
\*require proof identity
\*require proof of citizenship
\*require proof in income
\*require a client to join in prayer



## BVFB & YOU!

 Thank you for participating in our training.

 Always remember, we are each a piece of the puzzle! We would not be able to make this work without each of our partners!