



**STATE OF OKLAHOMA
DEPARTMENT OF HUMAN SERVICES (DHS)
USDA Donated Foods: The Emergency Food Assistance Program (TEFAP)
Emergency Food Organization Review Form**

MOBILE FOOD PANTRY (MFP)

Name of Mobile Pantry:	Location: <div style="text-align: right;">(County)</div>	
Distribution Schedule: Day(s):	Time:	
Name of Coordinator:		
Name of Distributing Agency:	Review:	

Food Receipt:

Boxes delivered by the Regional Food bank for distribution: _____

Describe process of receipt and set up of MFP: _____

Eligibility Procedures:

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Are clients required to complete an application for USDA Foods to determine initial eligibility? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Are current Income Eligibility Guidelines either included or available at the time the application is completed? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are these forms kept on file for three years? Are these forms kept on file for three years? If stored on a computer, is the computer password protected? And if on a computer are participant signatures scanned and stored or kept on a log? |
| | | | 4. Where are the forms stored? <input checked="" type="checkbox"/> On site _____ REFO _____ Other |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are the forms kept in a secure locked cabinet or locked room? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Does the agency require clients to show ID if they are unknown to the agency workers? |
| | | | 7. Check the documents that workers use to verify an applicant's address
_____ Valid Driver's License _____ Tax Forms _____ State ID card
_____ Passport _____ Photo ID _____ Other |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Does the client self-declare income to determine eligibility for receipt? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Do workers/volunteers receive USDA Foods if they do not meet the income eligibility guidelines? |

Operations Integrity/Civil Rights Compliance:

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Do all certification and distribution activities appear to be appropriate with regard to Civil Rights? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Is the USDA “And Justice For All: (AD-475-C, 11” x 17”) poster displayed and visible to clients? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are inherently religious activities separate from food distribution? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Is participation in religious activities required to receive TEFAP foods? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are building facilities fully accessible? If not, what accommodations are made for the disabled? |

Food Distribution:

1. How often can clients receive TEFAP food boxes? _____
2. Does distribution appear to be equitable for each household? If food is leftover, describe how this is handled.

General Information:

- | Yes | No | N/A | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Have volunteers received training on standards for participation in TEFAP?
_____ |
| | | | 2. What was the date of the most recent training?
_____ |
| | | | 3. What is the MFP’s service area? (Specify zip codes, municipality or county as appropriate)
<u>Serving</u> _____
_____ |
| | | | 4. What is the average number of households served each month?
_____ |
| | | | 5. Number of boxes distributed today, if any?
_____ |

Comments:

Signature of Mobile Food Pantry Representative

Date

Signature of State Reviewer

Date