





REGIONAL FOOD BANK OF OKLAHOMA®



Commodity Supplemental Food Program



CSFP Overview

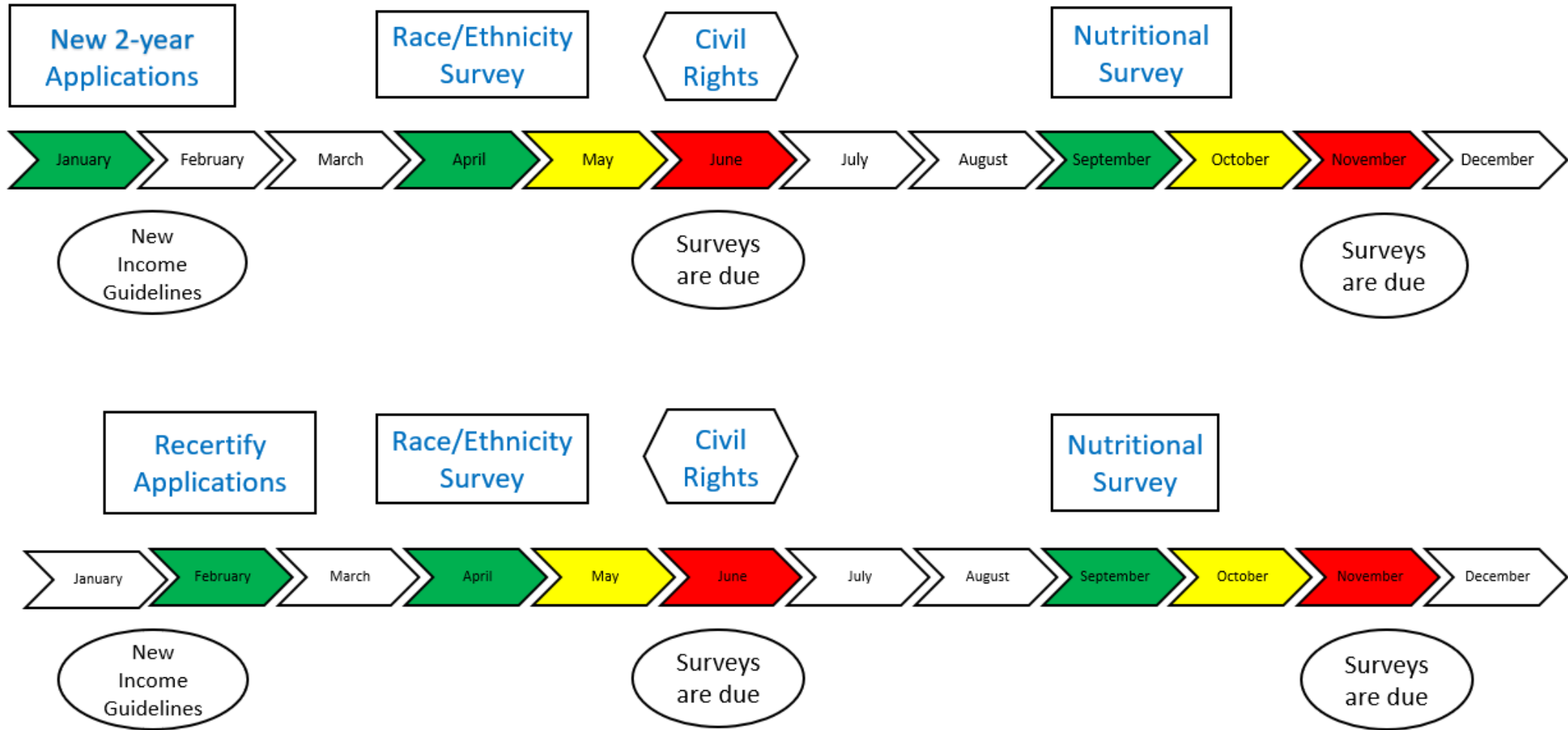
- Regulated, federally funded USDA program
- 30 lb. box of shelf-stable foods and USDA cheese delivered monthly
- Partner agencies must have a minimum of 24 qualifying participants to start the program
 - Sites are assigned a set caseload and are required to distribute 100% of the caseload each month
- Partner agencies can determine their service area
- Participants requirements:
 - Must be at least 60 years of age
 - Must be a resident of Oklahoma and provide identification
 - Household income must not exceed 130% of Federal Poverty Level Guidelines



CSFP Process



CSFP 2-Year Timeline



CSFP Binder

- Contains informative material and required program documents including but not limited to:
 - Program overview
 - Distribution documents
 - Policies
 - Participant lists
 - Notices
 - Monitoring forms
 - Civil Rights

Certification Process

REGIONAL FOOD BANK OF OKLAHOMA

**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
OKLAHOMA APPLICATION FOR SENIORS**

Name: _____ Date of Birth: _____
 Sex: Male Female Age: _____
 Residence Address: _____ City: _____ Zip: _____
 Mailing Address: _____ City: _____ Zip: _____
 Home Phone #: _____ County of Residence: _____
 Phone number of a person who can take messages for me: _____

Ethnic and Racial Identities
 Choose one ethnicity: _____ Choose one or more (regardless of ethnicity):
 Hispanic/Latino Asian American Indian or Alaska Native
 Not Hispanic/Latino Black or African American Native Hawaiian
 White Pacific Islander

1. How many people live in your household? _____
 2. What is the **total gross monthly income** for your household? _____
 If I am unable to pick up food, I authorize the following person(s) to pick up my CSFP food for me:
 1. _____ 2. _____

The following information must be read by or to the applicant before signature
 This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive both CSFP and WIC benefits simultaneously, and I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and to prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.
 I authorize the release of information on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.)
 YES NO

Signature of applicant: _____
 Date: _____ Witness, if applicant signs by Mark: _____

TO BE COMPLETED BY CSFP STAFF

Agency Number: _____ Type of ID: _____ Date Received: _____
 Agency Name: _____ County: _____

CSFP Participant Rights and Obligations

REGIONAL FOOD BANK OF OKLAHOMA

**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
OKLAHOMA APPLICATION FOR SENIORS**

(must be read by or to the applicant before signature)

- This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.
- Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against the individual to recover the value of the benefits and may lead to disqualification from CSFP.
- I understand that the food packages provided by this program are solely intended for my consumption as a participant in the program. I understand that selling CSFP commodities or exchanging them for non-food items could result in my termination from the program. Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against me to recover the value of the benefits.
- I understand that I am only allowed to obtain one food package per month. I am aware that if I fail to obtain a food package during two consecutive months, my participation in the program can be terminated.
- I may appeal any decision made regarding termination from the program, and I may submit a request for a fair hearing to the Regional Food Bank of Oklahoma.
- Nutrition education will be made available to me and I am encouraged to participate in these services. The CSFP site will provide information on other nutrition, health, or assistance programs, and make referrals as appropriate.
- I consent to the release of information regarding my application to and participation in the program to CSFP staff, to other CSFP agencies if I desire to transfer to a different site, and to the officials of the USDA, Oklahoma Department of Human Services, and the Regional Food Bank of Oklahoma.
- I understand that I must report changes in household income or composition within 10 days after the change.
- In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.
- I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.)
 YES NO

I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

Signature of applicant: _____
 Date: _____ Witness, if applicant signs by Mark: _____

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: [How to File a Complaint](http://www.fda.gov/oc/whistleblower), and if 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) 632-6992. 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. 20250-6410
 (2) fax: (202) 690-7442; or
 (3) email: program.intake@usda.gov
 This institution is an equal opportunity provider.

REGIONAL FOOD BANK OF OKLAHOMA

**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
OKLAHOMA APPLICATION FOR SENIORS**

**TO BE COMPLETED BY CSFP STAFF
CSFP CERTIFICATION or DENIAL
Elderly Applicant**

1. This applicant is 60 years old or older? (check date of birth) _____ YES NO
 2. Household income is at or below 130% of poverty (see income chart) for size of household. YES NO
 Denied "Question 1 or 2 answered NO."
 Issue Denial Notice
 Certified. All questions answered YES.
Issue Certification/Wait List Notice

Signature of Person Determining Eligibility: _____
 Title: _____ Date: _____
 CSFP Site: _____

DISTRIBUTION RECORD

Please use this table to record dates the participant receives a food box. Please write "NO SHOW" if a participant fails to pick up their box. If they miss two months in a row they will be terminated from the program. A written notice must be provided within 15 days of the effective date.

Participants will be verbally recertified after 1 year, as long as (i) the person's address and continued interest in receiving program benefits are verified, and (ii) the local agency has sufficient reason to believe that the person still meets the income eligibility standards. After two years, the participant must fill out a new application.

You must notify a participant in writing that they are due for recertification at least 15 days before the end of their certification period. You must include a statement in the written notification that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex, or disability.

| MONTHS CERTIFIED | ISSUANCE DATE | CLIENT SIGNATURE FOR FOOD |
|------------------|---------------|---------------------------|
| 1 January | | |
| 2 February | | |
| 3 March | | |
| 4 April | | |
| 5 May | | |
| 6 June | | |
| 7 July | | |
| 8 August | | |
| 9 September | | |
| 10 October | | |
| 11 November | | |
| 12 December | | |

Verbal Recertify and continue on to the 2nd year on the back

REGIONAL FOOD BANK OF OKLAHOMA

**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
OKLAHOMA APPLICATION FOR SENIORS**

**TO BE COMPLETED BY CSFP STAFF
CSFP VERBAL RECERTIFICATION
Elderly Applicant**

When verbally recertifying, ask the following questions to each participant and make any appropriate changes.

| | |
|---|---|
| 1. Is this still your correct address? | 2. Is this still your correct phone number? |
| 3. Is this still your correct monthly income? | 4. Are the people you have listed as your Proxies, still correct? |

Signature of Person Recertifying Participant: _____
 Title: _____ Date of Recertification: _____
 CSFP Site: _____

DISTRIBUTION RECORD

Please use this table to record dates the participant receives a food box.

If a participant fails to pick up a box for that month, please write "NO SHOW" in the signature line. If a participant misses two months in a row it will result in termination from the program. Participants must be notified by writing within 15 days of the effective date.

| MONTHS CERTIFIED | ISSUANCE DATE | CLIENT SIGNATURE FOR FOOD |
|------------------|---------------|---------------------------|
| 1 January | | |
| 2 February | | |
| 3 March | | |
| 4 April | | |
| 5 May | | |
| 6 June | | |
| 7 July | | |
| 8 August | | |
| 9 September | | |
| 10 October | | |
| 11 November | | |
| 12 December | | |

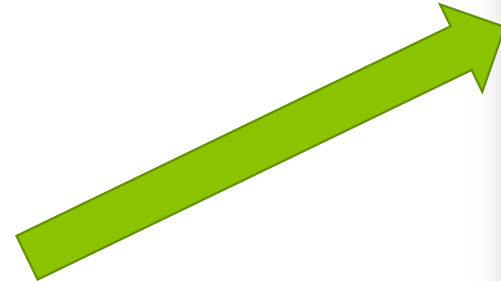
2-Year Application

- Client will complete first page (front/back)
 - Signatures required
 - Include proxy information
- Agency staff will review to ensure the application is:
 - Fully completed
 - Legible
 - Confirm the contact info – a reliable phone number is important!
- Income and residency are self-declared by the client
 - Participants must report changes to household income and/or address within 10 days after the change becomes known

| REGIONAL FOOD BANK OF OKLAHOMA | | COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) OKLAHOMA APPLICATION FOR SENIORS | |
|--|--|---|---------------|
| Name | | Date of Birth | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Age: | |
| Residence Address | | City | Zip |
| Mailing Address | | City | Zip |
| Home Phone # | | County of Residence | |
| Email: | | Would you prefer to receive written notifications by mail or <u>email</u> ? (check one) | |
| Ethnic and Racial Identities | | | |
| Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino | | Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> White <input type="checkbox"/> or other Pacific Islander | |
| 1. How many people live in your household? | | | |
| 2. What is the total gross monthly income for your household? | | | |
| If I am unable to pick up food, I authorize the following person(s) to pick up my CSFP food for me: | | | |
| 1. (name) _____ (phone) _____ | | 2. (name) _____ (phone) _____ | |
| <i>The following information must be read by or to the applicant before signature</i> | | | |
| This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and to prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. | | | |
| I authorize the release of information on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.) | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Signature of applicant: | | | |
| Date: | | Witness, if applicant signs by Mark: | |
| TO BE COMPLETED BY CSFP STAFF | | | |
| Agency Number: | | Type of ID: | Date Received |
| Agency Name: | | County: | |

Application - Written Notifications Preference

- The required written notices can be sent via email if
 - The participant has provided an email address
 - The participant has indicated that they would prefer to receive notices via email instead of USPS
- Notices are sent via mail if
 - The participant does not have an email account
 - The participant has indicated that they would prefer to receive notices via USPS
 - The notice is emailed but it bounces back or is undeliverable



REGIONAL FOOD BANK OF OKLAHOMA
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
OKLAHOMA APPLICATION FOR SENIORS

| | | | |
|--|--|--|-----|
| Name | | Date of Birth | |
| Sex: _____ Male _____ Female | | Age: | |
| Residence Address | | City | Zip |
| Mailing Address | | City | Zip |
| Home Phone # | | County of Residence | |
| Email: | | Would you prefer to receive written notifications by mail or _____ email? (check one) | |
| Ethnic and Racial Identities | | | |
| Choose one ethnicity: _____ Hispanic/Latino _____ Not Hispanic/Latino | | Choose one or more (regardless of ethnicity): _____ Asian _____ Black or African American _____ White _____ American Indian or Alaska Native _____ Native Hawaiian _____ or other Pacific Islander | |
| 1. How many people live in your household? | | | |
| 2. What is the <u>total gross monthly income</u> for your household? | | | |
| If I am unable to pick up food, I authorize the following person(s) to pick up my CSFP food for me: | | | |
| 1. (name) _____ (phone) _____ | | 2. (name) _____ (phone) _____ | |
| <i>The following information must be read by or to the applicant before signature</i> | | | |
| <small>This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.</small> | | | |
| <small>I authorize the release of information on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.)</small> | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |

REGIONAL FOOD BANK OF OKLAHOMA
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
OKLAHOMA APPLICATION FOR SENIORS

| | | | |
|------------------------------|--|---|-----|
| Name | | Date of Birth | |
| Sex: _____ Male _____ Female | | Age: | |
| Residence Address | | City | Zip |
| Mailing Address | | City | Zip |
| Home Phone # | | County of Residence | |
| Email: _____ | | Would you prefer to receive written notifications by mail or _____ email? (check one) | |

Application – Client Signatures

- The client is required to read two separate statements on the application before signing
 - If the client is unable to read, the agency must read it to them
- Ensure the client has signed the two required locations

REGIONAL FOOD BANK OF OKLAHOMA
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
OKLAHOMA APPLICATION FOR SENIORS

| | | | |
|--|---------------|---|-----|
| Name | | Date of Birth | |
| Sex: _____ Male _____ Female | Age: | | |
| Residence Address | | City | Zip |
| Mailing Address | | City | Zip |
| Home Phone # | | County of Residence | |
| Email: | | Would you prefer to receive written notifications by mail or _____ email? (check one) | |
| Ethnic and Racial Identities | | | |
| Choose one ethnicity: | | Choose one or more (regardless of ethnicity): | |
| _____ Hispanic/Latino | | _____ Asian _____ American Indian or Alaska Native | |
| _____ Not Hispanic/Latino | | _____ Black or African American _____ Native Hawaiian | |
| | | _____ White _____ or other Pacific Islander | |
| 1. How many people live in your household? | | | |
| 2. What is the <u>total gross monthly income</u> for your household? | | | |
| If I am unable to pick up food, I authorize the following person(s) to pick up my CSFP food for me: | | | |
| 1. (name) _____ (phone) _____ | | 2. (name) _____ (phone) _____ | |
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| I authorize the release of information on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.) | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Signature of applicant: _____ | | | |
| Date: _____ | | Witness, if applicant signs by Mark: _____ | |
| TO BE COMPLETED BY CSFP STAFF | | | |
| Agency Number: _____ | Type of _____ | Date Received | |
| Agency Name: _____ | | | |

REGIONAL FOOD BANK OF OKLAHOMA
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
OKLAHOMA APPLICATION FOR SENIORS
(must be read by or to the applicant before signature):

- This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.
- Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against the individual to recover the value of the benefits and may lead to disqualification from CSFP.
- I understand that the food packages provided by this program are solely intended for my consumption as a participant in the program. I understand that selling CSFP commodities or exchanging them for non-food items could result in my termination from the program.
- I understand that I am only allowed to obtain one food package per month from one CSFP site. I am aware that if I fail to obtain a food package during two consecutive months, my participation in the program can be terminated.
- I may appeal any decision made regarding termination from the program, and I may submit a request for a fair hearing to the Regional Food Bank of Oklahoma.
- Nutrition education will be made available to me and I am encouraged to participate in these services. The CSFP site will provide information on other nutrition, health or assistance programs and make referrals as appropriate.
- I consent to the release of information regarding my application to and participation in the program to CSFP staff, to other CSFP agencies if I desire to transfer to a different site, and to the officials of the USDA, Oklahoma Department of Human Services, and the Regional Food Bank of Oklahoma.
- I understand that I must report changes in household income or composition within 10 days after the change.
- In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.
- I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.
- I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.)

YES NO

Signature of applicant: _____

Date: _____ Witness, if applicant signs by Mark: _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, 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 sex stereotyping), 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, etc.), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (800) 877-8339 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

If 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/USDA-OASCR%20P-11-2017-Form-0508-0002-508-11-28-17Fax2Mail.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

Application – Proxy Information

- Clients can add proxy information, designating an individual or individuals who may pick up their CSFP box/cheese
 - The proxy must present their own ID and signature for the pick-up
- Clients are not required to list a proxy

| REGIONAL FOOD BANK OF OKLAHOMA | | COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) OKLAHOMA APPLICATION FOR SENIORS | |
|--|--|---|---------------|
| Name | | Date of Birth | |
| Sex: _____ Male _____ Female | | Age: | |
| Residence Address | | City | Zip |
| Mailing Address | | City | Zip |
| Home Phone # | | County of Residence | |
| Email: | | Would you prefer to receive written notifications by mail or _____ email? (check one) | |
| Ethnic and Racial Identities | | | |
| Choose one ethnicity: | | Choose one or more (regardless of ethnicity): | |
| <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino | | <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> _____ or other Pacific Islander | |
| 1. How many people live in your household? | | | |
| 2. What is the total gross monthly income for your household? | | | |
| If I am unable to pick up food, I authorize the following person(s) to pick up my CSFP food for me: | | | |
| 1. (name) _____ (phone) _____ | | 2. (name) _____ (phone) _____ | |
| <i>The following information must be read by or to the applicant before signature</i> | | | |
| This application is to be completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal laws. I am also aware that I may not receive CSFP benefits at more than one CSFP site at the same time. Further, I am aware that the information provided may be shared with other organizations to detect and to prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. | | | |
| I authorize the use of information on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate your decision by placing a checkmark in the appropriate box.) | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Signature of applicant: | | | |
| Date: | | Witness, if applicant signs by Mark: | |
| TO BE COMPLETED BY CSFP STAFF | | | |
| Agency Number: | | Type of ID: | Date Received |
| Agency Name: | | County: | |

Application – Approval/Denial


- The agency will review the application to determine if the client meets the age requirement (60+) and the income requirement
- If “yes” to both, then the client will be certified by the agency
 - Sign and date designated location



COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) OKLAHOMA APPLICATION FOR SENIORS

**TO BE COMPLETED BY CSFP STAFF
CSFP CERTIFICATION or DENIAL**

| | |
|--|------|
| 1. Is this applicant 60 years old or older? (check date of <u>birth</u>) _____ YES _____ NO | |
| 2. Is household income at or below 130% of poverty for size of household? (see income <u>chart</u>) _____ YES _____ NO | |
| _____ Denied. Question 1 or 2 answered NO. Issue Notice of Denial _____ Certified. All questions answered YES. Issue Notice of Certification Status | |
| Signature of Person Determining Eligibility | |
| Title | Date |
| CSFP Site | |



REGIONAL FOOD BANK OF OKLAHOMA

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) OKLAHOMA APPLICATION FOR SENIORS

**TO BE COMPLETED BY CSFP STAFF
CSFP CERTIFICATION or DENIAL**

| | |
|--|------|
| 1. Is this applicant 60 years old or older? (check date of <u>birth</u>) _____ YES _____ NO | |
| 2. Is household income at or below 130% of poverty for size of household? (see income <u>chart</u>) _____ YES _____ NO | |
| _____ Denied. Question 1 or 2 answered NO. Issue Notice of Denial _____ Certified. All questions answered YES. Issue Notice of Certification Status | |
| Signature of Person Determining Eligibility | |
| Title | Date |
| CSFP Site | |

DISTRIBUTION RECORD FOR 20

Please use this table to record dates the participant receives a food box. Please write "NO SHOW" if a participant fails to pick up a food box. If they miss two months in a row they will be terminated from the program. Written notice must be provided within 15 days of the effective date.

Participants will be verbally recertified each year, as long as (1) the participant shows continued interest in receiving program benefits are verified, and (2) the agency has sufficient reason to believe that the person still meets the income eligibility standards. After 2 years, the participant must fill out a new application. You must notify a participant in writing that they are due for recertification at least 15 days before the end of their certification period. You must include a statement in the written notification that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex, or disability.

| MONTHS CERTIFIED | ISSUANCE DATE | CLIENT SIGNATURE FOR FOOD |
|------------------|---------------|---------------------------|
| January | | |
| February | | |
| March | | |
| April | | |
| May | | |
| June | | |
| July | | |
| August | | |
| September | | |
| October | | |
| November | | |
| December | | |

Verbal Recertification and next year distribution record on the back

Application – Distribution Record

- For every CSFP monthly box pick up, the participant must
 - Provide identification
 - Record issuance date
 - Sign for corresponding month
- If an active participant misses a month, write “no show” in the signature line

REGIONAL FOOD BANK OF OKLAHOMA
 COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
 OKLAHOMA APPLICATION FOR SENIORS
 TO BE COMPLETED BY CSFP STAFF
 CSFP CERTIFICATION or DENIAL

1. Is this applicant 60 years old or older? (check date of birth) _____ YES _____ NO
 2. Is household income at or below 130% of poverty for size of household? (see income chart) _____ YES _____ NO

Denied: Question 1 or 2 answered NO.
 Issue Notice of Denial
 Certified: All questions answered YES.
 Issue Notice of Certification Status

Signature of Person Determining Eligibility _____
 Title _____ Date _____
 CSFP Site _____

DISTRIBUTION RECORD FOR 20_____

Please use this table to record dates the participant receives a food box. Please write "NO SHOW" if a participant fails to pick up their box. If they miss two months in a row they will be terminated from the program. A written notice must be provided within 15 days of the effective date.

Participants will be verbally recertified after 1 year, as long as (i) the person's address and continued interest in receiving program benefits are verified, and (ii) the local agency has sufficient reason to believe that the person still meets the income eligibility standards. After 2 years, the participant must fill out a new application.

You must notify a participant in writing that they are due for recertification at least 15 days before the end of their certification period. You must include a statement in the written notification that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex, or disability.

| MONTHS CERTIFIED | ISSUANCE DATE | CLIENT SIGNATURE FOR FOOD |
|------------------|---------------|---------------------------|
| January | | |
| February | | |
| March | | |
| April | | |
| May | | |
| June | | |
| July | | |
| August | | |
| September | | |
| October | | |
| November | | |
| December | | |

Verbal Recertification and next year distribution record on the back

DISTRIBUTION RECORD FOR 20_____

Please use this table to record dates the participant receives a food box. Please write "NO SHOW" if a participant fails to pick up their box. If they miss two months in a row they will be terminated from the program. A written notice must be provided within 15 days of the effective date.

Participants will be verbally recertified after 1 year, as long as (i) the person's address and continued interest in receiving program benefits are verified; and (ii) the local agency has sufficient reason to believe that the person still meets the income eligibility standards. After 2 years, the participant must fill out a new application.

You must notify a participant in writing that they are due for recertification at least 15 days before the end of their certification period. You must include a statement in the written notification that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex, or disability.

| MONTHS CERTIFIED | ISSUANCE DATE | CLIENT SIGNATURE FOR FOOD |
|------------------|---------------|---------------------------|
| January | | |
| February | | |
| March | | |
| April | | |
| May | | |
| June | | |
| July | | |
| August | | |
| September | | |
| October | | |
| November | | |
| December | | |

Verbal Recertification and next year distribution record on the back

Application - Recertification

- Recertification is completed once a year in February
 - Verbally confirm participant's contact information is still accurate
 - Address
 - Phone number
 - Monthly income
 - Proxies
- After 2 years, the participant needs to recertify for the program and complete a new CSFP application

REGIONAL FOOD BANK OF OKLAHOMA

**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
OKLAHOMA APPLICATION FOR SENIORS**

**TO BE COMPLETED BY CSFP STAFF
CSFP VERBAL RECERTIFICATION**

When verbally recertifying, ask the following questions to each participant and make any appropriate changes.

| | |
|---|---|
| 1. Is this still your correct address? | 2. Is this still your correct phone number? |
| 3. Is this still your correct monthly income? | 4. Are the people you have listed as your proxies <u>still</u> correct? |
| Signature of Person Recertifying Participant | |
| Title | Date of Recertification |
| CSFP Site | |

DISTRIBUTION RECORD FOR 20__

Please use this table to record dates the participant receives a food box.

If a participant fails to pick up a box for that month, please write "NO SHOW" in the signature line. If a participant misses two months in a row it will result in termination from the program. Participants must be notified by writing within 15 days of the effective date.

| MONTHS CERTIFIED | ISSUANCE DATE | CLIENT SIGNATURE FOR FOOD |
|------------------|---------------|---------------------------|
| January | | |
| February | | |
| March | | |
| April | | |
| May | | |
| June | | |
| July | | |
| August | | |
| September | | |
| October | | |
| November | | |
| December | | |

Print additional copies of this page to continue tracking distribution (if needed).

Application – Example

- Client is blue



COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) OKLAHOMA APPLICATION FOR SENIORS

| | | | |
|---|--|--|-----|
| Name | | Date of Birth | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | | Age: | |
| Residence Address | | City | Zip |
| Mailing Address | | City | Zip |
| Home Phone # | | County of Residence | |
| Email: <i>mhatfield@rfo.org</i> | | Would you prefer to receive written notifications by mail or <input checked="" type="checkbox"/> email? (check one) | |
| Ethnic and Racial Identities | | | |
| Choose one ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Not Hispanic/Latino | | Choose one or more (regardless of ethnicity): <input type="checkbox"/> Asian <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian <input checked="" type="checkbox"/> White <input type="checkbox"/> or other Pacific Islander | |
| 1. How many people live in your household? | | | |
| 2. What is the total gross monthly income for your household? | | | |
| If I am unable to pick up food, I authorize the following person(s) to pick up my CSFP food for me: | | | |
| 1. (name) _____ (phone) _____ | | 2. (name) _____ (phone) _____ | |
| <u>The following information must be read by or to the applicant before signature</u> | | | |
| <p>This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and to prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.</p> <p>I authorize the release of information on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.)</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> NO</p> | | | |
| Signature of applicant: <i>Meghan Hatfield</i> | | | |
| Date: <i>9/20/23</i> | | Witness, if applicant signs by Mark: | |


TO BE COMPLETED BY CSFP STAFF

| | | |
|----------------|-------------|---------------|
| Agency Number: | Type of ID: | Date Received |
| Agency Name: | County: | |



Application – Example

- Agency staff is **red**



**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
OKLAHOMA APPLICATION FOR SENIORS**

**TO BE COMPLETED BY CSFP STAFF
CSFP CERTIFICATION or DENIAL**

| | |
|--|------|
| 1. Is this applicant 60 years old or older? (check date of <u>birth</u>) _____ YES ___ NO | |
| 2. Is household income at or below 130% of poverty for size of household? (see income <u>chart</u>) _____ YES ___ NO | |
| _____ Denied. Question 1 or 2 answered NO. Issue Notice of Denial _____ Certified. All questions answered YES. Issue Notice of Certification Status | |
| Signature of Person Determining Eligibility | |
| Title | Date |
| CSFP Site | |

DISTRIBUTION RECORD FOR 20 23

Please use this table to record dates the participant receives a food box. Please write "NO SHOW" if a participant fails to pick up their box. If they miss two months in a row they will be terminated from the program. A written notice must be provided within 15 days of the effective date.

Participants will be verbally recertified after 1 year, as long as (i) the person's address and continued interest in receiving program benefits are verified; and (ii) the local agency has sufficient reason to believe that the person still meets the income eligibility standards. After 2 years, the participant must fill out a new application.

You must notify a participant in writing that they are due for recertification at least 15 days before the end of their certification period. You must include a statement in the written notification that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex, or disability.

| MONTHS CERTIFIED | ISSUANCE DATE | CLIENT SIGNATURE FOR FOOD |
|--------------------|---------------|---------------------------|
| January | | |
| February | | |
| March | | |
| April | | |
| May | | |
| June | | |
| July | | |
| August | | |
| September 1 | | |
| October 2 | | |
| November 3 | | |
| December 4 | | |

Verbal Recertification and next year distribution record on the back

Application – Example

- Starred items are used to determine eligibility

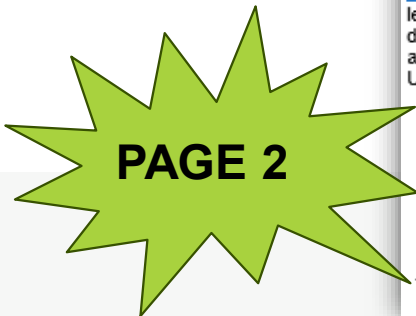


COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) OKLAHOMA APPLICATION FOR SENIORS

| | | | |
|--|--|--|---------------|
| Name | | Date of Birth | |
| Sex: <u>Male</u> <input type="checkbox"/> <u>Female</u> <input type="checkbox"/> | | Age: <u>78</u> | |
| Residence Address | | City | Zip |
| Mailing Address | | City | Zip |
| Home Phone # | | County of Residence | |
| Email: | | Would you prefer to receive written notifications by mail or email? (check one) | |
| Ethnic and Racial Identities | | | |
| Choose one ethnicity: | | Choose one or more (regardless of ethnicity): | |
| <input type="checkbox"/> Hispanic/Latino | | <input type="checkbox"/> Asian | |
| <input type="checkbox"/> Not Hispanic/Latino | | <input type="checkbox"/> American Indian or Alaska Native | |
| | | <input type="checkbox"/> Black or African American | |
| | | <input type="checkbox"/> Native Hawaiian | |
| | | <input checked="" type="checkbox"/> White | |
| | | <input type="checkbox"/> or other Pacific Islander | |
| 1. How many people live in your household? <u>2</u> | | | |
| 2. What is the total gross monthly income for your household? <u>\$1,200</u> | | | |
| If I am unable to pick up food, I authorize the following person(s) to pick up my CSFP food for me: | | | |
| 1. (name) _____ (phone) _____ | | 2. (name) _____ (phone) _____ | |
| <i>The following information must be read by or to the applicant before signature</i> | | | |
| This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and to prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. | | | |
| I authorize the release of information on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.) | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Signature of applicant: | | | |
| Date: | | Witness, if applicant signs by Mark: | |
| TO BE COMPLETED BY CSFP STAFF | | | |
| Agency Number: | | Type of ID: | Date Received |
| Agency Name: | | County: | |



- The second page informs the client of their rights and obligations under the program
- It must be read, acknowledged and signed by the client



(must be read by or to the applicant before signature):



- This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.
- Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against the individual to recover the value of the benefits and may lead to disqualification from CSFP.
- I understand that the food packages provided by this program are solely intended for my consumption as a participant in the program. I understand that selling CSFP commodities or exchanging them for non-food items could result in my termination from the program.
- I understand that I am only allowed to obtain one food package per month from one CSFP site. I am aware that if I fail to obtain a food package during two consecutive months, my participation in the program can be terminated.
- I may appeal any decision made regarding termination from the program, and I may submit a request for a fair hearing to the Regional Food Bank of Oklahoma.
- Nutrition education will be made available to me and I am encouraged to participate in these services. The CSFP site will provide information on other nutrition, health or assistance programs and make referrals as appropriate.
- I consent to the release of information regarding my application to and participation in the program to CSFP staff, to other CSFP agencies if I desire to transfer to a different site, and to the officials of the USDA, Oklahoma Department of Human Services, and the Regional Food Bank of Oklahoma.
- I understand that I must report changes in household income or composition within 10 days after the change.
- In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.
- I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.
- I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.)

YES NO

Signature of applicant: Meghan Hatfield
Date: 9/20/25 Witness, if applicant signs by Mark:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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

This institution is an equal opportunity provider.

- The top of the third page is completed by the agency staff to determine applicant eligibility
- The bottom portion records the date of CSFP food box pick up
- The participant must show ID, date and sign for each distribution
- The distribution record is for the calendar year


PAGE 3



TO BE COMPLETED BY CSFP STAFF
CSFP CERTIFICATION or DENIAL

| 1. Is this applicant 60 years old or older? (check date of <u>birth</u>) _____ YES _____ NO | | |
|---|-----------------|---------------------------|
| 2. Is household income at or below 130% of poverty for size of household? (see income <u>chart</u>) _____ YES _____ NO | | |
| _____ Denied. Question 1 or 2 answered NO. Issue Notice of Denial | | |
| _____ Certified. All questions answered YES. Issue Notice of Certification Status | | |
| Signature of Person Determining Eligibility | | |
| Title | Date | |
| CSFP Site | | |
| DISTRIBUTION RECORD FOR 20 <u>23</u> | | |
| Please use this table to record dates the participant receives a food box. Please write "NO SHOW" if a participant fails to pick up their box. If they miss two months in a row they will be terminated from the program. A written notice must be provided within 15 days of the effective date. | | |
| Participants will be verbally recertified after 1 year, as long as (i) the person's address and continued interest in receiving program benefits are verified; and (ii) the local agency has sufficient reason to believe that the person still meets the income eligibility standards. After 2 years, the participant must fill out a new application. | | |
| You must notify a participant in writing that they are due for recertification at least 15 days before the end of their certification period. You must include a statement in the written notification that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex, or disability. | | |
| MONTHS CERTIFIED | ISSUANCE DATE | CLIENT SIGNATURE FOR FOOD |
| January | | |
| February | | |
| March | | |
| April | | |
| May | | |
| June | | |
| July | | |
| August | | |
| September 1 | <i>9/20/23</i> | <i>Meghan Hatfield</i> |
| October 2 | <i>10/18/23</i> | <i>Meghan Hatfield</i> |
| November 3 | <i>11/15/23</i> | <i>Meghan Hatfield</i> |
| December 4 | <i>12/20/23</i> | <i>Meghan Hatfield</i> |
| Verbal Recertification and next year distribution record on the back | | |

- The top of the fourth page is the verbal recertification in February
- Agency staff will confirm
 - Contact information
 - Income
 - Proxies
- The following year's distribution record is the bottom portion
- At the end of 2 years, the participant is due for full recertification and must complete a new application

PAGE 4


**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
OKLAHOMA APPLICATION FOR SENIORS**


**TO BE COMPLETED BY CSFP STAFF
CSFP VERBAL RECERTIFICATION**


When verbally recertifying, ask the following questions to each participant and make any appropriate changes.

| | |
|---|---|
| 1. Is this still your correct address? | 2. Is this still your correct phone number? |
| 3. Is this still your correct monthly income? | 4. Are the people you have listed as your proxies <u>still</u> correct? |
| Signature of Person Recertifying Participant | |
| Title | Date of Recertification |
| CSFP Site | |

DISTRIBUTION RECORD FOR 20_24_

Please use this table to record dates the participant receives a food box.

If a participant fails to pick up a box for that month, please write "NO SHOW" in the signature line. If a participant misses two months in a row it will result in termination from the program. Participants must be notified by writing within 15 days of the effective date.

| MONTHS CERTIFIED | ISSUANCE DATE | CLIENT SIGNATURE FOR FOOD |
|------------------|---------------|---------------------------|
| January 5 | 1/17/24 | Meghan Hatfield |
| February 6 | 2/21/24 | NO SHOW |
| March 7 | 3/20/24 | Meghan Hatfield |
| April 8 | | |
| May | | |
| June | | |
| July | | |
| August | | |
| September | | |
| October | | |
| November | | |
| December | | |

Active List

- All applications that have been approved as eligible/certified are kept on the active list
 - Always check IDs and require signatures at CSFP box pick-up
 - Participant or proxy
- Spouses in a household can each receive a box if their combined income is within the guidelines, but they need to fill out separate applications
- When caseload is met, additional eligible/certified participants go on the waitlist
- If an active participant misses CSFP box pick-up for two consecutive months, they are terminated from the program
- Keep active list in alphabetical order for convenience and efficiency at monthly pick-up

Homebound Participants

- Homebound deliveries are not required but are permitted if staff/volunteers are available
 - A proxy designated on the CSFP application can come to agency with ID, sign for and collect box/cheese to take to participant
 - Agency staff/volunteer can take application and box/cheese to participant at home, check ID and get signature



Waitlist

- When caseload is met, eligible applicants are certified and placed on the waitlist
 - Confirm a reliable contact number!
 - Explain to applicant that they are on the waitlist and will receive a box on temporary/on-call basis until there is an opening in the caseload
- Keep waitlisted applications in the order they are received
 - When utilizing the waitlist, call individuals in order
- When there is an opening in the agency's caseload, the first individual from the waitlist becomes an active participant
- Waitlisted applicants can also pick up a CSFP box/cheese on a temporary basis
 - When active participants do not show up for their box/cheese within distribution window, waitlisted individuals are called

Notice of Certification Status

- To be completed by agency staff
- Informs client of status
 - Notice of Certification Status is used for:
 - Eligible/approved participant
 - Eligible/waitlist participant
 - Waitlist/opening in caseload
 - Notice of CSFP application expiring
- Eligibility status must be provided in writing within 10 days from the date of the application (certification and waitlist)
- Active participants must be notified in writing that their CSFP benefits are about to expire at least 15 days prior to the end of their current certification period (recertification needed)



NOTICE OF CERTIFICATION STATUS

Commodity Supplemental Food Program (CSFP)

Certifying Agency: _____ Date: _____

Certifying Agency Address: _____

Applicant's Name: _____

Address: _____

ELIGIBILITY CATEGORIES:

Program standards are applied without discrimination by race, color, national origin, age, sex, or disability.

___ ELD- Elderly (only approved caseload in Oklahoma)

ELIGIBILITY DETERMINATION:

___ You are eligible to receive CSFP benefits for the period starting the month of _____ and ending the month of _____. Information regarding the time, location, and means of food distribution is attached.

___ You are eligible to receive CSFP benefits, however, we are at maximum caseload and are unable to process your application at this time. You will be placed on a waitlist and will be contacted when slots become available.

WAITLIST NOTIFICATION:

___ We have caseload openings now. Please be informed it is time to re-determine your eligibility for CSFP. Complete the enclosed forms and bring them and the applicant listed above to our office between the hours of _____ - _____ on these days or dates _____.

NOTICE OF EXPIRATION OF CERTIFYING PERIOD:

___ Your eligibility for CSFP benefits is about to expire effective the last day of the month of _____. Contact the Certifying Agency listed above for additional information.

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:**
programintake@usda.gov

This institution is an equal opportunity provider.

Notification of Denial or Discontinuance

- To be completed by agency staff
- Given to anyone who does not qualify based on:
 - Income
 - Age
 - Not living within the service area
- Given to anyone who is being discontinued from the program based on but not limited to:
 - Income
 - Relocation
 - Failure to pick up CSFP box for 2 consecutive months
- Clients who do not qualify for the program must receive written notice within 10 days
- Participants being terminated from the program must receive written notice at least 15 days before the effective date of discontinuance
- All old/denied/terminated applications must be kept for 4 years (for audit purposes)

Notification of Denial or Discontinuance Oklahoma Commodity Supplemental Food Program (CSFP)

Date _____

Dear _____:

This notice is to inform you that you do not qualify for CSFP because:

____ Your income is too high to meet the federal CSFP income limits

____ You must be 60 years of age or older to qualify for Oklahoma CSFP

____ You do not live in the agency's service area

OR

This notice is to inform you that your participation in CSFP is being discontinued because:

____ You no longer meet the approved
the federal CSFP income limits

____ Intentionally making false or misle

____ Intentionally withholding informat

____ Selling CSFP commodities or exc

____ Receiving CSFP benefits from mo

____ Physical and verbal abuse or thre
other clients

____ You no longer live in the agency's

____ Overdue for certification or you ha
months

____ You have requested to be remov

____ Participant is deceased

____ Reduced caseload or program ter

The effective date of discontinuance will



You have the right to a further explanation of your denial and also have the right to request a fair hearing within 60 days of the date on this notice. To request a hearing

Write to: Commodity Supplemental Food Program
Regional Food Bank of Oklahoma
PO Box 270968
Oklahoma City, OK 73137

CSFP Program Representative Signature

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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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:

mail:
U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

fax: (833) 256-1665 or (202) 690-7442; or
email: program.intake@usda.gov

This institution is an equal opportunity provider.

Delivery Details

- Designated delivery day and time
 - Direct delivery or drop site
 - Truck has 45-minute window for delivery
 - Agency does not need to immediately unload if truck is early
 - Truck can wait until the appointment time
- Equipment
 - Dolly, pallet jack, etc.
- Volunteers
 - Have them ready to go
- Issues with delivery?
 - Contact the Help Desk



**AUTOMATED INVOICE
BEFORE DELIVERY BUT
NO COST TO PARTNERS!**

9 Day Distribution Policy

- Used to accomplish distribution in a timely manner
- CSFP boxes must be distributed before monthly report is due
- 100% CSFP box distribution is required



Commodity Supplemental Food Program

9 Day Distribution Policy

- **CSFP partners have 5 business days after their delivery date to distribute boxes to the active CSFP list.**
 - The 5th business day will be the *final* day for participants on the active list to pick up before their box for that month is reallocated to the waitlist.
 - Any active list participant that does not pick up by the 5th business day will be counted as a “no show” on his/her application.
 - Active participants who have not picked up by the 4th business day post-delivery should receive a reminder phone call.
- **The 6th and 7th business days after delivery are set aside for waitlist calls and waitlist box pick-ups.**
 - Remember to continue to build your CSFP waitlist to help feed more people in your community and distribute 100% of your CSFP boxes each month.
- **The 8th and 9th business days after delivery are set aside for box transfers to neighboring CSFP partner sites.**
 - Please note that it is *your* responsibility to transfer your boxes to other locations and that doing this in a timely manner is essential so that the receiving location can have enough time to distribute the extra boxes.
 - Remember: the transfer location receiving your excess boxes must give you consent before transferring occurs. No CSFP partner is required to take and distribute another partner’s excess caseload.
 - If you do not know who to transfer boxes to, or if agencies in your area can’t take the boxes, contact Meghan Hatfield at mhatfield@rfbo.org or 405-600-3164 by end of day on the 8th business day after delivery to help you find a transfer location.
- **Your monthly report is due by end of day on the 9th business day.**
 - Your report will be considered LATE if received after the 12th business day after delivery, or after the last day of the month, whichever comes first.
- **Any CSFP partner who does not adhere to the 9 Day Distribution Policy will be considered non-compliant, to which further CSFP partnership will be reviewed by Regional Food Bank management and may result in termination of partnership.**

Distribution

- CSFP sites establish their distribution schedule
 - Limit distribution days (allow 1-5 days)
 - Have set times
- Participants may need reminder phone calls after distribution day
 - Allow time (one or two days) for them to pick up their box
- Set up a system that works for you!
 - Binder with alphabetical tabs
 - Excel spreadsheets

- Create pick-up reminders to either attach to boxes or hand to participants when they collect their boxes

REMINDER

Next CSFP Senior Food Box Pick-up

Date: _____

Times: _____

Questions? Unable to make it to pick-up?

Contact: _____



9 Day Distribution Calendar Example

August 2022

CSFP 9 Day Policy (2nd Wednesday Delivery Example)

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|------------------------------|------------------------------|--|-----------------------------|-------------------------------------|----------|
| | | | 1 | 2 | 3 | 4 |
| 5 | 6 | 7 | 8 Delivery Day 2 nd Wednesday | 9 Open Window (Day 1) | 10 Open Window (Day 2) | 11 |
| 12 | 13 Open Window (Day 3) | 14 Open Window (Day 4) | 15 Last Open Window Day (Day 5) | 16 Waitlist (Day 6) | 17 Waitlist/Transfers (Day 7) | 18 |
| 19 | 20 Transfers (Day 8) | 21 Reports Due (Day 9) | 22 | 23 | 24 Report Late (Day 12) | 25 |
| 26 | 27 | 28 | 29 | 30 | 31 | |

Delivery Day – 1 business day –
Can distribute boxes on this day if desired.

Open Window – 5 business days –
CSFP Active List distribution (includes no-shows). 5th day is the last day an active participant can pick up his/her box before it goes to the waitlist.

Waitlist/Transfers – 3 business days –
waitlist is called for box pick up. All excess boxes after waitlist pickup must be transferred to another CSFP location.


Reports – Due on day 9 of process.
Reports are considered late if not submitted by day 12 of process or last day of the month (whichever comes first).

Distribution Documents

- Income Eligibility Guidelines

- Blank CSFP Applications

- Participant Agreement: Rights and Obligations



Commodity Supplemental Food Program (CSFP) in Oklahoma
2023 Income Eligibility Guidelines
 Based on 130% of Federal Poverty Income Guidelines
 60 years of age or older

| Household Size | Annual | Monthly | Weekly |
|---------------------------------------|----------|---------|---------|
| 1 | \$18,954 | \$1,580 | \$365 |
| 2 | \$25,636 | \$2,137 | \$493 |
| 3 | \$32,318 | \$2,694 | \$622 |
| 4 | \$39,000 | \$3,250 | \$750 |
| 5 | \$45,682 | \$3,807 | \$879 |
| 6 | \$52,364 | \$4,364 | \$1,007 |
| 7 | \$59,046 | \$4,921 | \$1,136 |
| 8 | \$65,728 | \$5,478 | \$1,264 |
| For each additional family member add | \$6,682 | \$557 | \$129 |

Revised January 2023



**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
OKLAHOMA APPLICATION FOR SENIORS**

| | | | |
|--|---|---|-----|
| Name | | Date of Birth | |
| Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female | Age: | | |
| Residence Address | | City | Zip |
| Mailing Address | | City | Zip |
| Home Phone # | County of Residence | | |
| Email: | Would you prefer to receive written notifications by mail or email? (check one) | | |
| Ethnic and Racial Identities | | | |
| Choose one ethnicity: | | Choose one or more (regardless of ethnicity): | |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Asian | <input type="checkbox"/> American Indian or Alaska Native | |
| <input type="checkbox"/> Not Hispanic/Latino | <input type="checkbox"/> Black or African American | <input type="checkbox"/> Native Hawaiian | |
| | <input type="checkbox"/> White | <input type="checkbox"/> or other Pacific Islander | |
| 1. How many people live in your household? | | | |
| 2. What is the total gross monthly income for your household? | | | |
| If I am unable to pick up food, I authorize the following person(s) to pick up my CSFP food for me: | | | |
| 1. (name) _____ (phone) _____ | 2. (name) _____ (phone) _____ | | |
| <i>The following information must be read by or to the applicant before signature</i> | | | |
| This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and to prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. | | | |
| I authorize the release of information on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.) | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| Signature of applicant: | | Witness, if applicant signs by Mark: | |
| Date: | | | |
| TO BE COMPLETED BY CSFP STAFF | | | |
| Agency Number: | Type of ID: | Date Received | |
| Agency Name: | County: | | |



Participant Agreement: Rights and Obligations
Commodity Supplemental Food Program (CSFP)

- This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.
- I understand that the food packages provided to me are for my personal use only. I understand that I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and to prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.
- I understand that I am only allowed to fail to obtain a food package during two consecutive weeks.
- I understand that I may appeal any decision made regarding my eligibility determination to the Regional Food Bank of Oklahoma. This institution is an equal opportunity provider.
- I consent to the release of information regarding my participation in the program to other CSFP agencies if I desire to transfer to another CSFP site. I understand that the information provided may be shared with other organizations to detect and to prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.
- I understand that I must report changes in my household size, income, or other information that may affect my eligibility for participation in other public assistance programs and for program outreach purposes.
- I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.
- I authorize the release of information on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes.

Thank you for participating in the Commodities Program!
Please keep this page for your records.

Box Distribution will be on: _____
Hours of Operation: _____
Please bring your I.D. to pick up your food box.

| DISTRIBUTION SITE | ADDRESS | SITE CONTACT | PHONE NUMBER |
|-------------------|---------|--------------|--------------|
| | | | |

You will need to re-certify before the last day of _____

These are the days you need to pick up your food box:

2023 CALENDAR



123Calendar.com

Income Eligibility Guidelines

- One of the factors used to determine eligibility for CSFP
 - Participants' income must not exceed guidelines
- Guidelines are for calendar year
 - Updated annually in January
- Available in English and Spanish



Commodity Supplemental Food Program (CSFP) in Oklahoma

2024 Income Eligibility Guidelines

Based on 130% of Federal Poverty Income Guidelines

60 years of age or older

| Household Size | Annual | Monthly | Weekly |
|----------------------------------|----------|---------|---------|
| 1 | \$19,578 | \$1,632 | \$377 |
| 2 | \$26,572 | \$2,215 | \$511 |
| 3 | \$33,566 | \$2,798 | \$646 |
| 4 | \$40,560 | \$3,380 | \$780 |
| 5 | \$47,554 | \$3,963 | \$915 |
| 6 | \$54,548 | \$4,546 | \$1,049 |
| 7 | \$61,542 | \$5,129 | \$1,184 |
| 8 | \$68,536 | \$5,712 | \$1,318 |
| For each add'l family member add | \$6,994 | \$583 | \$135 |

Revised January 2024



Participant Agreement: Rights and Obligations

- Participant copy of the rights and obligations on CSFP application
- Back page contains site's distribution information and a calendar
- To be distributed when a participant is certified and active in the program



Participant Agreement: Rights and Obligations Commodity Supplemental Food Program (CSFP)

1. This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes.
2. Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against the individual to recover the value of the benefits and may lead to disqualification from CSFP.
3. I understand that the food packages provided by this program are solely intended for my consumption as a participant in the program. I understand that selling CSFP commodities or exchanging them for non-food items could result in my termination from the program.
4. I understand that I am only allowed to obtain one food package per month from one CSFP site. I am aware that if I fail to obtain a food package during two consecutive months, my participation in the program can be terminated.
5. I may appeal any decision made regarding termination from the program, and I may submit a request for a fair hearing to the Regional Food Bank of Oklahoma.
6. Nutrition education will be made available to me and I am encouraged to participate in these services. The CSFP site will provide information on other nutrition, health or assistance programs and make referrals as appropriate.
7. I consent to the release of information regarding my application to and participation in the program to CSFP staff, to other CSFP agencies if I desire to transfer to a different site, and to the officials of the USDA, Oklahoma Department of Human Services, and the Regional Food Bank of Oklahoma.
8. I understand that I must report changes in household income or composition within 10 days after the change.
9. I consent to the release of information regarding my application to and participation in the program to CSFP staff, to other CSFP agencies if I desire to transfer to a different site, and to the officials of the USDA, Oklahoma Department of Human Services, and the Regional Food Bank of Oklahoma.
10. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.
11. I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes.

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, audiotope, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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. 20250-9710; or
2. fax:
(833) 256-1365 or (202) 690-7442; or
3. email:
program_intake@usda.gov

This institution is an equal opportunity provider.

Thank you for participating in the Commodities Program!

Please keep this page for your records.

Box Distribution will be on: _____
Hours of Operation: _____

Please bring your I.D. to pick up your food box.

| DISTRIBUTION SITE | ADDRESS | SITE CONTACT | PHONE NUMBER |
|-------------------|---------|--------------|--------------|
| | | | |

You will need to re-certify before the last day of _____

_____ these are the days you need to pick up your food box.

2024 CALENDAR



Reporting, Surveys, Monitoring

Commodity Supplemental Food Program

CSFP

* Required

1. Name of Agency *

Select your answer

2. Name of Person Completing Form *

Enter your answer

3. Month reporting *

Select your answer

4. Year *

Select your answer



Racial/Ethnic Participation Data

Commodity Supplemental Food Program (CSFP)

CSFP Agency Site: _____

Each year in April, CSFP regulations require racial/ethnic information to be collected from every participant who receives a box. Participation data is collected during distribution for the month of April only. CSFP eligibility is not based on racial/ethnic identity. The purpose of this regulation is to evaluate the impact of CSFP on low-income...

The report requires two types of information codes can be used to mark each category mark down both race abbreviations.

- Race**
- American Indian or Alaska Native (A)
 - Asian (AS)
 - Black or African American (B)
 - Native Hawaiian or Pacific Islander (N)
 - White (W)

If a client's race is not already listed on their application, a combination of the two can be used:

Option 1: Visually Identify

Participants may be visually identified by a trained staff member who writes the correct race/ethnicity on a separate sheet of paper. If the participant's name on a separate sheet of paper is Hispanic/Latino ethnicity, write "H" whose race is White and of Hispanic ethnicity they are not of Hispanic/Latino ethnicity.

Option 2: Self Identify

Participants may identify themselves by marking the category they identify themselves AS, B, PI, or W) next to their name. If they are of Hispanic/Latino ethnicity they are not of Hispanic/Latino ethnicity someone who identifies their race as White and of Hispanic/Latino ethnicity they would have "AI-B-N" next to their name.



CSFP Nutritional Survey



1. Overall, do you use the majority of the food? _____
2. What do you not use? _____
3. Are the recipes/nutrition informational sheets helpful? _____
4. Are the staff and volunteers at the distribution helpful? _____
5. What suggestions do you have to make CSFP better for you? _____
6. The one CSFP food that I like **best** is: _____
7. The one CSFP food that I like **least** is: _____
8. What type of food and nutrition information would you find **most** helpful? Check all that apply, if any.
 - Recipes that I can take home
 - Food samples with recipes
 - Food demonstrations with the CSFP foods
 - Pamphlets I can take home and read
 - Other: _____
9. If I could change one thing about CSFP what would it be? _____

Thank you for your time and cooperation. Your input is greatly appreciated.

| REGIONAL FOOD BANK OF OKLAHOMA | | |
|---|-------------|---------------|
| FOOD BANK REP | | DATE OF VISIT |
| CSFP ID# | CSFP AGENCY | |
| CSFP CONTACT | | PHONE |
| PHYSICAL/STREET ADDRESS | | |
| CITY | COUNTY | ZIP |
| CSFP OVERSEEING AGENCY | | PHONE |
| SECTION 1: CSFP PARTICIPANT/APPLICANT RECORDS | | |
| 1. Are participant applications complete with signatures? | YES | NO |
| 2. Are participants re-certified once a year? | YES | NO |
| 3. Does agency comply with waiting list procedures? How many are currently on the waiting list? _____ | YES | NO |
| 4. Is monthly distribution list accurately maintained on site? | YES | NO |
| 5. Does agency maintain the confidentiality of household information? | YES | NO |
| 6. Are the old CSFP applications being kept for at least 4 years? | YES | NO |

Monthly Reporting

- Monthly report is due 9 days after CSFP delivery
- Report is in Microsoft Forms
 - Submitted via link provided
- Data reported includes but is not limited to:
 - Total number of boxes received/distributed
 - Total number of boxes transferred to/from another CSFP site
 - Total number of boxes remaining after distribution
 - Numbers on waitlist, new active participants, terminated participants
 - New active does not include temporary waitlist pick-ups

Commodity Supplemental Food Program

CSFP

* Required

1. Name of Agency *

Select your answer

2. Name of Person Completing Form *

Enter your answer

3. Month reporting *

Select your answer

4. Year *

Select your answer

5. Total number of boxes received *

Enter your answer

6. Total number of boxes distributed *

Enter your answer

7. How many (if any) boxes were transferred TO another site? If so, what site? *

Enter your answer

8. How many (if any) boxes were transferred FROM another site? If so, what site? *

Enter your answer

9. Total boxes remaining on hand (after full distribution and transfers)? *

Enter your answer

10. How many individuals do you have on your Waiting List? *

Enter your answer

Dual Participation

- Participants cannot receive senior food boxes from two CSFP sites at the same time
- Agencies report new active participants and terminated participants each month to track potential dual participation
- Should dual participation occur, the participant must be terminated from the program and notified in writing (Notification of Denial or Discontinuance)



11. Do you have any new Active Participants? *

Yes

No

12. If yes, Please enter all new Active Participants. You must include each participants': **Name, Address, Date of Birth, Certification Date, and Most Recent Distribution Date**

Please note, this does not include individuals from the waitlist who are called for a temporary pick up.

Enter your answer

13. Have any participants been terminated? *

Yes

No

14. If yes, Please enter all terminated participants information. You must include each participants': **Name, Address, Date of Birth, Certification Date, Most Recent Distribution Date, Termination Date, and Reason (for the termination).**

Enter your answer

Annual Surveys

- Race and Ethnicity Survey
 - Required
 - Based on distribution numbers in April
 - Completed by agencies, submitted to RFBO
- Nutritional Survey
 - Optional
 - Distributed to participants in fall
 - Completed surveys returned agencies, submitted to RFBO



CSFP Agency Site: _____

Each year in April, CSFP regulations require racial/ethnic information to be collected from every participant who receives a box. Participation data is collected during distribution for the month of April only. CSFP eligibility is not based on racial/ethnic identity. The purpose of this regulation is to evaluate the impact of CSFP on low-income populations served.

The report requires two types of information: the race and ethnicity of participants. The following letter codes can be used to mark each category. Participants may identify themselves with two races. If so, mark down both race abbreviations.

Race

- American Indian or Alaska Native (AI)
- Asian (AS)
- Black or African American (B)
- Native Hawaiian or Pacific Islander (PI)
- White (W)

Ethnicity

- Hispanic/Latino (H)
- Non-Hispanic/Latino (N)

If a client's race is not already listed on their application, there are a combination of the two can be used:

Option 1: Visually Identify

Participants may be visually identified without having to identify themselves. A trained staff member writes the corresponding race abbreviation next to the participant's name on a separate sheet of paper. **Second** to the race abbreviation, if the participant is of Hispanic/Latino ethnicity, write "H" next to the race abbreviation. If the participant is of Non-Hispanic/Latino ethnicity, write "N" next to the race abbreviation. If the participant is of both Hispanic/Latino ethnicity and Non-Hispanic/Latino ethnicity, write "H-N" next to the race abbreviation.

Option 2: Self Identify

Participants may identify themselves. **First**, politely ask the participant to identify themselves with and mark the corresponding race abbreviation (AS, B, PI, or W) next to their name on a separate sheet of paper. If they are of Hispanic/Latino ethnicity, write "H" next to the race abbreviation. If they are of Non-Hispanic/Latino ethnicity, write "N" next to the race abbreviation. If the participant is of both Hispanic/Latino ethnicity and Non-Hispanic/Latino ethnicity, write "H-N" next to the race abbreviation. Participants who identify their race as both Native Hawaiian or Pacific Islander and Non-Hispanic/Latino ethnicity would have "AI-B-N" next to their name.



CSFP Nutritional Survey



1. Overall, do you use the majority of the food? _____
2. What do you not use? _____
3. Are the recipes/nutrition informational sheets helpful? _____
4. Are the staff and volunteers at the distribution helpful? _____
5. What suggestions do you have to make CSFP better for you? _____
6. The one CSFP food that I like **best** is: _____
7. The one CSFP food that I like **least** is: _____
8. What type of food and nutrition information would you find **most** helpful? Check all that apply, if any.
 - Recipes that I can take home
 - Food samples with recipes
 - Food demonstrations with the CSFP foods
 - Pamphlets I can take home and read
 - Other: _____
9. If I could change one thing about CSFP what would it be? _____

Thank you for your time and cooperation. Your input is greatly appreciated.



Monitoring

- RFBO monitoring
- DHS monitoring
 - Civil Rights compliance
- Occurs every two years
- Scheduled in advance
- Copies of the monitoring forms are in CSFP binder for reference

| CSFP MONITORING REPORT FORM | | |
|--|-------------|---------------|
| FOOD BANK REP | | DATE OF VISIT |
| CSFP ID# | CSFP AGENCY | |
| CSFP CONTACT | | PHONE |
| PHYSICAL/STREET ADDRESS | | |
| CITY | COUNTY | ZIP |
| CSFP OVERSEEING AGENCY | | PHONE |
| SECTION 1: CSFP PARTICIPANT/APPLICANT RECORDS | | |
| 1. Are participant applications complete with signatures? | | YES NO |
| 2. Are participants re-certified once a year? | | |
| 3. Does agency comply with waiting list protocol? How many are currently on the waitlist? | | |
| 4. Is monthly distribution list accurately maintained? | | |
| 5. Does agency maintain the confidentiality of participant information? | | |
| 6. Are the old CSFP applications being kept? | | |



Oklahoma Department of Human Services
Support Services Division
Commodity Distribution Program
Commodity Supplemental Food Program (CSFP)



Site Review

Use of form: This form will be used to determine compliance with established program rules and regulations.

A. Distribution Site Contact Information:

| | |
|-------------------|--------------------------------|
| Site Name: | Address: |
| City, State, Zip: | Program Coordinator's Name: |
| Telephone #: | Email Address: |
| Emergency #: | Alternate Contact: |
| Date of Review: | Reviewer's Name: Taryn B. Wade |

B. General Information:

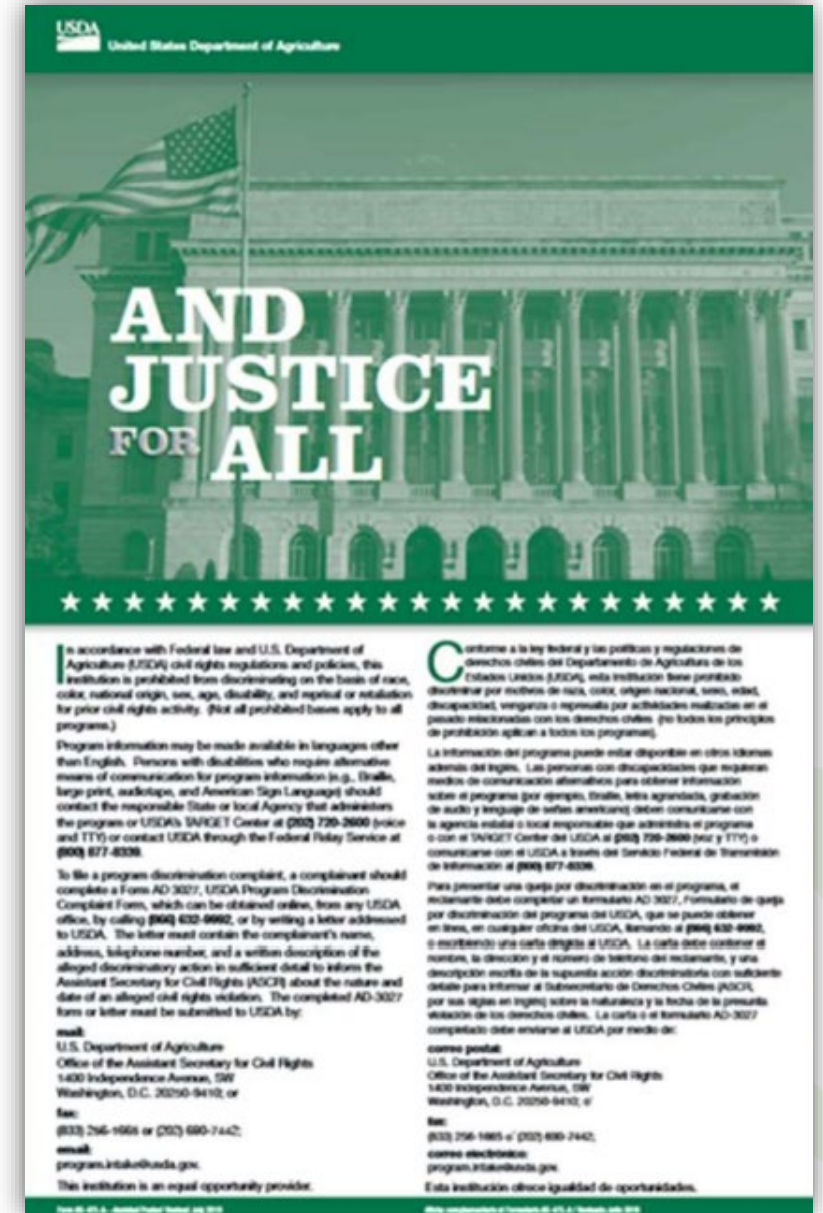
| Yes | No | N/A | U | |
|-----|----|-----|---|--|
| | | | | 1. Number of Participants served: |
| | | | | 2. Number of Paid Staff: |
| | | | | 3. Number of Volunteers: |
| | | | | 4. Number of Participants who pick-up: |
| | | | | 5. Number of deliveries to participants: |
| | | | | 6. Agency Affiliation: |
| | | | | 7. Is there a current signed agreement on file between the distributing site and the Agency? |

C. Eligibility & Certification:

| Yes | No | N/A | U | |
|-----|----|-----|---|---|
| | | | | § 247.8 Individuals applying to participate in CSFP, § 247.9 Eligibility requirements, § 247.10 Distribution and use of CSFP commodities, § 247.11 Applicants exceed caseload, § 247.12 Rights and responsibilities levels, 7 CFR § 247.15 Notification of eligibility or ineligibility of applicant, § 247.16 Certification period, § 247.17 Notification of discontinuance of participant, § 247.19 Dual participation, § 247.20 Program violations |
| | | | | 1. Do you send a notice of eligibility and/or notice of non-eligibility in writing to participants within 10 days from the date of application? |
| | | | | 2. Please provide examples: |
| | | | | 3. Do you ensure that participants are aware of the expiration of their certification period in writing at least 15 days before the expiration date? |
| | | | | 4. Please provide examples: |
| | | | | 5. If you have evidence that a participant is no longer eligible for CSFP benefits during their certification period, do you provide the participant with a written notification of discontinuance at least 15 days before effective date of discontinuance? |

Civil Rights

- DHS Civil Rights PowerPoint Training
 - Required annually
 - Initial training provided by RFBO
 - Partners are responsible for training new site coordinators and team members prior to CSFP distribution and reviewing every year
 - Civil Rights Training Certification Log signed to document completion
- DHS Abbreviated Training for Infrequent Volunteers
- Green “And Justice for All Poster” must be posted in visible location at distribution site













Food Safety and Resources

The screenshot displays the website's navigation and content. At the top, there is a dark green header with social media icons (Facebook, X, LinkedIn, Instagram, YouTube) on the left and links for 'Partner Agency Resources', 'Contact Us', 'Newsroom', and 'Careers' on the right. Below this is a white navigation bar featuring the 'REGIONAL FOOD BANK OF OKLAHOMA' logo on the left, followed by links for 'Get Help', 'Volunteer', 'Ways to Give', 'Get Involved', and 'About Us'. A prominent green 'DONATE' button is positioned on the right side of this bar. The main content area has a breadcrumb trail 'Home / Partner Agency Resources' and a section title 'Partner Agency Resources'. This section contains ten resource cards arranged in two rows of five. Each card consists of a green circular icon, a title, and a brief description. The resources are: Agency Express (shopping cart icon), Retail Recovery Reporting (hamburger menu icon), Capacity Building Resources (document icon), Food Safety (carrot icon), Link2Feed (database icon), Forms & Documents (folder icon), Trainings (person at computer icon), Food for Kids Resources (document icon), Food for Seniors Resources (fork and knife icon), and Healthy Pantry Resources (apple icon).

Home / Partner Agency Resources

Partner Agency Resources

-  Agency Express
-  Retail Recovery Reporting
-  Capacity Building Resources
-  Food Safety
-  Link2Feed
-  Forms & Documents
-  Trainings
-  Food for Kids Resources
-  Food for Seniors Resources
-  Healthy Pantry Resources

Food Safety

- CSFP boxes must be kept at least 6 inches off ground and 2 inches from wall
- USDA cheese must be refrigerated if not distributed within 4 hours of delivery
- Routine pest control/prevention is required



Damaged Food Items

- Damaged CSFP items should be reported to RFBO Help Desk
 - Significant damage to the point that the items should not be consumed
 - Isolated incidents (dented can, ripped bag) and exterior damage to the boxes does not need to be reported
- Agency should include a list of damaged items and pictures of food items (if possible) when contacting the Help Desk
- Agency will keep CSFP boxes with damaged items until replacement boxes are received
 - Participants cannot receive a partial CSFP box and must receive a complete food package!
- RFBO will send replacement CSFP boxes for distribution to ensure participants receive their monthly food box
- Agency will return the CSFP boxes containing damaged items on the truck with the driver after receiving replacement delivery if remaining items aren't contaminated
 - Agencies can dispose of damaged items once replacement boxes have been delivered

Resources

- List resources found in CSFP box
 - ADA Eat Right Flyer
 - Referrals to other health and social services
- RBFO website
 - Partner Agency Resources tab
 - Food for Seniors Resources
 - CSFP info, documents, trainings
 - Get Help
 - Locate a Pantry

Eat Right

Food, Nutrition and Health Tips from the American Dietetic Association

Step Up to Nutrition and Health

The food and physical activity choices made today—and everyday—affect your health and how you feel today and in the future. Eating right and being physically active for Americans, 2005, can lead the way to a healthier you.

Make smart choices from every food group

Give your body the balanced nutrition it needs by eating: sure to stay within your daily calorie needs.

A healthy eating plan:

- Emphasizes fruits, vegetables, whole grains and fat-free
- Includes lean meats, poultry, fish, beans, eggs and nuts
- Is low in saturated fats, trans fats, cholesterol, salt (sodium) and added sugars.

eat right. Association

Referrals to Other Health & Social Services

- **Supplemental Nutrition Assistance Program (SNAP)** Program Flyers will be made available to every CSFP applicant at least one time. The Food Banks distributes SNAP outreach materials for OHS and will continue with CSFP. For more information call 1-866-411-1877 or apply for SNAP benefits online using OKDHS Live! at www.okdhslive.org.
- Information regarding **Low-Income Home Energy Assistance Program (LIHEAP)** administered by OHS. Includes winter heating assistance, Energy Crisis Assistance, summer cooling assistance and weatherization assistance. Call the local OHS office or 1-866-411-1877 or email at: LIHEAP@okdhs.org

The screenshot shows the website for the Regional Food Bank of Oklahoma. The header includes social media icons (Facebook, Twitter, LinkedIn, Instagram, YouTube) and navigation links for 'Partner Agency Resources' and 'Contact Us'. The main navigation bar contains 'Get Help', 'Volunteer', 'Ways to Give', 'Get Involved', and 'About Us'. The page title is 'Partner Agency Resources'. Below the title, there are eight icons representing different resource categories: Agency Express, Reporting, Capacity Building Resources, Food Safety, Forms & Documents, Trainings, Food for Kids Resources, and Food for Seniors Resources. A large green arrow points from the 'Food for Seniors Resources' icon to the 'Food for Seniors Resources' text at the bottom of the page.

Contact Information

Program Questions:

Meghan Hatfield

405-600-3164

mhatfield@rfbo.org

Delivery Questions:

Help Desk

Call or text 405-600-3152

helpdesk@rfbo.org

Back-up Contact:

Mason Weaver

405-600-3142

mweaver@rfbo.org

Questions

