





REGIONAL FOOD BANK OF OKLAHOMA®

UPDATED AUGUST 2025



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 within agency's service area and provide identification
 - Household income must not exceed 150% of Federal Poverty Level Guidelines



Income Eligibility Guidelines

- One of the factors used to determine eligibility for CSFP
 - Participants' income must not exceed guidelines
- 150% of Federal Poverty Income Guidelines
- Guidelines are for calendar year
 - Updated annually in January/February



Commodity Supplemental Food Program (CSFP) in Oklahoma

2025 Income Eligibility Guidelines

Based on 150% of Federal Poverty Income Guidelines

60 years of age or older

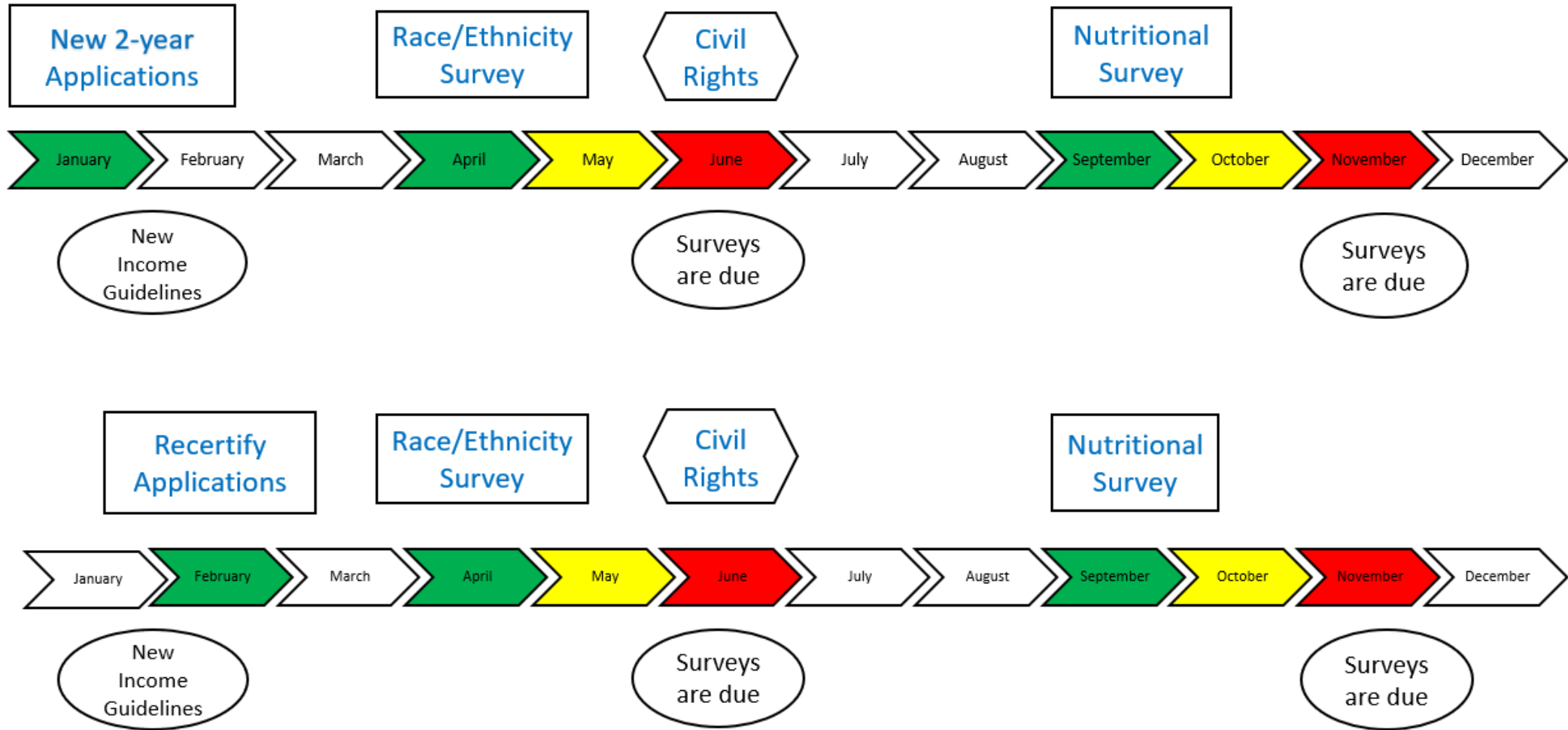
Household Size	Annual	Monthly	Weekly
1	\$23,475	\$1,957	\$452
2	\$31,725	\$2,644	\$611
3	\$39,975	\$3,332	\$769
4	\$48,225	\$4,019	\$928
5	\$56,475	\$4,707	\$1,087
6	\$64,725	\$5,394	\$1,245
7	\$72,975	\$6,082	\$1,404
8	\$81,225	\$6,769	\$1,563
For each add'l family member add	\$8,250	\$688	\$159

Revised March 2025

CSFP Process



CSFP 2-Year Timeline



Certification Process

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) for Seniors Oklahoma CSFP Application

Written Notice of Beneficiary Rights for CSFP and TEFP

Because this CSFP partner agency is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice.
2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary.
3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and
4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
Executive Director Center for Civil Rights Enforcement
1400 Independence Avenue SW Washington, DC 20250-9410,
or by email to usdascivilrights@usda.gov

5. If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact the USDA Hunger Hotline:

- The USDA Hunger Hotline:
- By Phone: 1-866-5-HUNGRY or 1-877-5-HAMBRE to speak with a representative from 7:00 AM – 10:00 PM Eastern Time.
 - By Text: 918-942-7744 with a question that may contain a keyword such as "food," "summa," "meals," etc. to receive an automated response to resources located near an address and/or zip code.

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided or extenuating circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.

****Applicants - please keep this first page your records.**

Page 1 of 6



COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) for Seniors Oklahoma CSFP Application

This form shall be completed a) by all CSFP applicants for the initial application, and b) for participant recertification every two (2) years to determine continued eligibility for CSFP. The CSFP Site will complete the distribution record and the recertification tasks on pages 4-6.

Name: _____		Date of Birth: _____	
Sex: _____ Male _____ Female	Age: _____	City: _____	Zip: _____
Residence Address: _____			
Mailing Address (if different than above): _____		City: _____	Zip: _____
Home Phone #: _____		County of Residence: _____	
Email: _____		Would you prefer to receive written notifications by _____ mail or _____ email? (check one)	
Would you like to receive text reminders about the program? _____ Yes _____ No (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 _____ American Indian or Alaska Native _____ Native Hawaiian _____ White _____ 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 (until I request a change):			
Name _____		Phone _____	Name _____
Phone _____		Phone _____	

Page 2 of 6

Non-Discrimination Statement:

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 marital or marital status 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) 720-2800 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complaint 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-CAS-3027.pdf>, or by calling (866) 632-6292, 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 fax: (833) 256-1885 or (202) 690-7442; or
2. email: complaint.intake@usda.gov

This institution is an equal opportunity provider.

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 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, as defined 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 release by placing a checkmark in the appropriate box.)

Signature of applicant: _____

Date: _____

Witness, if applicant signs by mark: _____

Page 3 of 6

TO BE COMPLETED BY CSFP SITE ONLY

Is this applicant 60 years old or older? (Check box at birth on form of ID)

___ Yes ___ No

Is household income at or below 150% of poverty for the size of the household? (see current income eligibility guidelines chart)

___ Yes ___ No

The CSFP Site Coordinator is responsible for determining the eligibility of each applicant and for the following actions:

___ DENIED, if the answer to question 1 or 2 is NO - Please issue the Written Notice of Denial within 10 days of the application receipt date. The Written Notice of Denial may be issued to the applicant in person, by mail, or by email, but it MUST be provided to the applicant within 10 days of the application receipt date.

___ CERTIFIED or placed on the WAITLIST: If the answers to question 1 and 2 are YES - Please provide the eligible applicant with the information listed below within 10 days of the application receipt date. The information may be provided in writing or verbally.

- Time and location of CSFP food package distribution
- Means of distribution (examples include drive-thru model, home delivery, or pick up in person)
- Length of certification (2 years in Oklahoma)

Signature of Person Determining Eligibility: _____

Title: _____

CSFP Site: _____

Date: _____

Page 4 of 6

Participant Name: _____

TO BE COMPLETED BY CSFP SITE ONLY

YEAR 1 DISTRIBUTION RECORD		
Please use this table to record the dates the participant receives a food box. Please write "NO SHOW" if a participant fails to pick up their box. If they miss two consecutive months they will be discontinued from the program. A written discontinuation 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 Oklahoma CSFP Application form.		
MONTHS CERTIFIED	ISSUANCE DATE	PARTICIPANT/PROXY SIGNATURE (or verbal consent - CSFP Coordinator may sign)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
12.		
*Verbal Recertification below, and second year's distribution record on next page		

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. Has your address changed in the last year?	2. Has your phone number changed in the last year?
3. Has your monthly income changed in the last year?	4. Are the people you have listed as your proxies all correct?

Signature of Person Verbally Recertifying Participant and Date: _____

Page 5 of 6

Participant Name: _____

TO BE COMPLETED BY CSFP SITE ONLY

YEAR 2 DISTRIBUTION RECORD		
Please use this table to record the dates the participant receives a food box. Please write "NO SHOW" if a participant fails to pick up their box. If they miss two consecutive months they will be discontinued from the program. A written discontinuation 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 Oklahoma CSFP Application form.		
MONTHS CERTIFIED	ISSUANCE DATE	PARTICIPANT/PROXY SIGNATURE (or verbal consent - CSFP Coordinator may sign)
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
24.		

**Recertification is required at the end of the 2-year (24-month) certification period. The participant must complete a new Oklahoma CSFP Application, provide an ID that lists the participant's name and date of birth, and remain eligible for the program in order to receive a CSFP food package beyond the 24-month month CSFP sites must notify participants in writing that they are due for recertification at least 15 days before the end of their certification period.

Page 6 of 6

2-Year Application

- **PAGE 1 WRITTEN NOTICE OF BENEFICIARY RIGHTS**
 - Should always be first page
 - The applicant will remove this page and keep for their records
 - It is not meant to be turned into the CSFP site
 - Everyone who *applies* for CSFP must receive the Written Notice of Beneficiary Rights
 - If printing the application front/back, print this page separately to avoid having anything on the back

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) for Seniors Oklahoma CSFP Application

Written Notice of Beneficiary Rights for CSFP and TEFAP

Because this CSFP partner agency is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;
3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and
4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
Executive Director Center for Civil Rights Enforcement
1400 Independence Avenue SW Washington, DC 20250-9410,
or by email to program.intake@usda.gov

5. If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact the USDA Hunger Hotline:

The USDA Hunger Hotline:

- **By Phone:** 1-866-3-HUNGRY or 1-877-8-HAMBRE to speak with a representative from 7:00 AM – 10:00 PM Eastern Time.
- **By Text:** 914-342-7744 with a question that may contain a keyword such as “food,” “summer,” “meals,” etc. to receive an automated response to resources located near an address and/or zip code.

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.


****Applicants - please keep this first page your records.**

Page 1 of 6

PAGE 1

2-Year Application

- **PAGE 2 COMPLETED BY APPLICANT**
 - Senior will add their information to the second page of the application
 - Residency and income are self-declared in Oklahoma
 - Participants must report changes to either within 10 days after the change becomes known
 - Senior can add proxy information, designating individuals who may pick up their CSFP box/cheese
 - Not required to list a proxy
 - Can request to add proxies to application at any time

 **REGIONAL
FOOD BANK
OF OKLAHOMA**

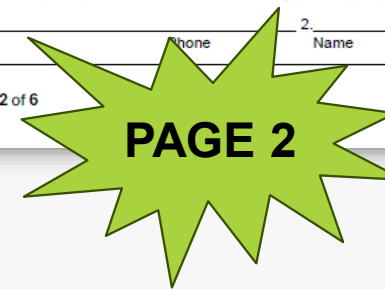
**COMMODITY SUPPLEMENTAL FOOD PROGRAM
(CSFP) for Seniors**

Oklahoma CSFP Application

This form shall be completed a) by all CSFP applicants for the initial application, and b) for participant recertification every two (2) years to determine continued eligibility for CSFP. The CSFP Site will complete the distribution record and the recertification tasks on pages 4-6.

Name:		Date of Birth:	
Sex: _____ Male _____ Female		Age:	
Residence Address:		City:	Zip:
Mailing Address (if different than above):		City:	Zip:
Home Phone #:		County of Residence:	
Email:	Would you prefer to receive written notifications by _____ mail or _____ email? (check one)		
Would you like to receive text reminders about the program? _____ Yes _____ No (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 (until I request a change):			
1. Name _____ Phone _____		2. Name _____ Phone _____	

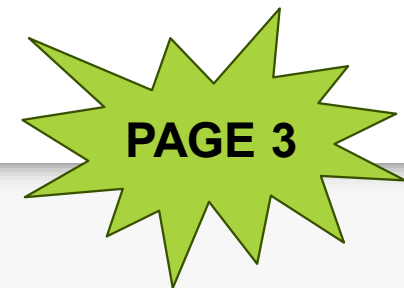
Page 2 of 6



2-Year Application

- **PAGE 3 COMPLETED BY APPLICANT**
 - The Non-Discrimination Statement must be included on all CSFP documents
 - Senior is required to read and acknowledge the CSFP authorization before signing
 - If the individual is unable to read, the agency must read the information to them

Non-Discrimination Statement:	
<p>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.</p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none">1. mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or2. fax: (833) 256-1665 or (202) 690-7442; or3. email: program.intake@usda.gov <p>This institution is an equal opportunity provider.</p> <p><u>The following information must be read by or to the applicant before signature:</u></p> <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 type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Signature of applicant: _____</p> <p>Date: _____ Witness, if applicant signs by mark: _____</p>	
Page 3 of 6	



2-Year Application

- **PAGE 4 COMPLETED BY AGENCY**

- Agency staff will review application to ensure it is:
 - Legible
 - Confirm the contact info – a reliable phone number is important!
 - Fully completed, check for signature
- CSFP Coordinator will process the application by checking the senior's age, address and income written on page 1
 - Applicant must provide ID at time of application!
- This determines if applicant is eligible

TO BE COMPLETED BY CSFP SITE ONLY

Is this applicant 60 years old or older? (check date of birth on form of ID)	___ Yes	___ No
Is household income at or below 150% of poverty for the size of the household? (see current income eligibility guidelines chart)	___ Yes	___ No

The CSFP Site Coordinator is responsible for determining the eligibility of each applicant and for the following actions:

___ **DENIED:** If the answer to question 1 or 2 is NO - Please issue the Written Notice of Ineligibility within 10 days of the application receipt date. The Written Notice of Ineligibility may be issued to the applicant a) in person, b) by mail, or c) by email, but it MUST be provided to the applicant within 10 days of the application receipt date.

___ **CERTIFIED** or placed on the WAITLIST: If the answers to question 1 and 2 are YES – Please provide the eligible applicant with the information listed below within 10 days of the application receipt date. The information may be provided in writing or verbally.

- Time and location of CSFP food package distribution
- Means of distribution (examples include drive-thru model, home delivery, or pick up in person)
- Length of certification (2 years in Oklahoma)

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

Page 4 of 6

PAGE 4

2-Year Application

- **PAGE 5 COMPLETED BY AGENCY**

- First year of the participant's CSFP distribution is recorded each month
 - The distribution month, date, and a signature is required when a senior picks up their box
 - Trained CSFP staff can sign on behalf of the participant if verbal consent is given
 - If senior doesn't pick up box, write "NO SHOW"
- The verbal recertification is completed annually after receiving the updated CSFP income guidelines, typically in February
 - CSFP staff will review information with each participant and sign application



Participant Name: _____

TO BE COMPLETED BY CSFP SITE ONLY

YEAR 1 DISTRIBUTION RECORD

Please use this table to record the dates the participant receives a food box. Please write "NO SHOW" if a participant fails to pick up their box. If they miss two consecutive months without providing notice they will be discontinued from the program. A written discontinuation notice must be issued 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 Oklahoma CSFP Application.

MONTHS CERTIFIED	ISSUANCE DATE	PARTICIPANT/PROXY SIGNATURE (or verbal consent – CSFP Coordinator may sign)
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		
11.		
*12.		
*Verbal Recertification below, and second year's distribution record on next page		

**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. Has your address changed in the last year?	2. Has your phone number changed in the last year?
3. Has your monthly income changed in the last year?	4. Are the people you have listed as your proxies still correct?
Signature of Person Verbally Recertifying Participant and Date:	

Page 5 of 6

PAGE 5

2-Year Application

- **PAGE 6 COMPLETED BY AGENCY**

- Second year of the participant's CSFP distribution is recorded each month
- After 2 years on the program, participants must be recertified for CSFP
- Participants will complete a new 2-year application and the CSFP coordinator will process the application again
 - CSFP sites must notify participants *in writing* that they are due for recertification at least 15 days before the end of their certification period

Participant Name: _____

TO BE COMPLETED BY CSFP SITE ONLY

YEAR 2 DISTRIBUTION RECORD

Please use this table to record the dates the participant receives a food box. Please write "NO SHOW" if a participant fails to pick up their box. If they miss two consecutive months they will be discontinued from the program. A written discontinuation 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 Oklahoma CSFP Application form.

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

MONTHS CERTIFIED	ISSUANCE DATE	PARTICIPANT/PROXY SIGNATURE (or verbal consent – CSFP Coordinator may sign)
13.		
14.		
15.		
16.		
17.		
18.		
19.		
20.		
21.		
22.		
23.		
**24.		

****Recertification is required at the end of the 2-year (24-month) certification period.** The participant must complete a new Oklahoma CSFP Application, provide an ID that lists the participant's name and date of birth, and remain eligible for the program in order to receive a CSFP food package beyond the 24th month.

CSFP sites must notify participants *in writing* that they are due for recertification at least 15 days before the end of their certification period.

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PAGE 6

Active List

- Agencies are assigned a set caseload (24 minimum) and certify eligible applications to create an active list equal to their caseload
 - When caseload is met, additional eligible/certified applicants go on the waitlist
- Spouses in a household can each receive a senior box if their *combined* income is within the guidelines, but they need to fill out separate applications
- Keep active list applications in alphabetical order for convenience and efficiency at monthly pick-up
- If an active participant misses CSFP box pick-up for two consecutive months, they are terminated from the program and are replaced with an applicant from the waitlist

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 can receive a box on temporary/on-call basis when available until there is an opening in the caseload
- Keep waitlisted applications in the order they are received and call individuals in the same order
- When there is an opening in the agency's caseload, the first individual from the waitlist becomes an active participant

Waitlist

- 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
- If agency tries to contact a waitlisted senior for two consecutive months with no luck, they can remove that individual from their waitlist
 - Remove application from others waitlisted and make a note on their app that attempts to contact were made but there was no response
 - Be sure to keep application for records and/or to reference the note if senior returns to check where they are on the waitlist
 - The senior can reapply for the program and be placed at the bottom of the waitlist

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, sign for and collect box/cheese to take to participant
 - Agency staff/volunteer can take application and box/cheese to participant at home and get signature
 - Must be listed as proxy on app



GREAT WAY TO ENSURE 100% DISTRIBUTION!

Intake Reminders

- When a senior *applies* for CSFP, that individual's ID needs to be checked by agency staff
 - ID can be a driver's license or other state/tribal/military-issued ID
 - Can also be a non-photo ID as long as it shows the applicant's name and DOB
 - Birth certificate
 - Medicaid/Medicare cards
- If a person brings CSFP application on behalf of a senior, the agency staff must check the senior applicant's ID (not the person submitting the application)
 - The person can bring the senior's physical ID, take a picture of the ID, or bring a copy of the ID

Intake Reminders

- During the intake process, it's a good idea to ask applicants if they are currently picking up a senior box from another location
 - CSFP participants *cannot* receive benefits from two separate sites
- Contact nearby CSFP site coordinators to confirm info
 - It's great to know the staff/volunteers at other CSFP partner agencies!
- If a certified participant relocates to another area with CSFP site, the agency should call the CSFP site near the participant's anticipated new home
 - The participant should be placed at the top of the new site's waitlist or given a slot on the active list if there's an opening

Notice of Certification or Waitlist Placement

- Completed by CSFP agency coordinator and issued after processing applications of *eligible* seniors
- Not required to be provided in writing but certified applicants must receive the following info either in writing or verbally within 10 days of application:
 - Time and location of CSFP distribution
 - Method of distribution
 - Length of certification period

OKLAHOMA CSFP
NOTICE OF CERTIFICATION OR WAITLIST PLACEMENT

DISTRIBUTION SITE	ADDRESS	SITE CONTACT	PHONE NUMBER

CSFP Distribution Schedule: _____

Applicant Name: _____

Date of Notice: _____

CSFP ELIGIBILITY DETERMINATION

_____ **ACTIVE LIST:** You are eligible to receive CSFP benefits for a period of two years. Please contact the agency listed above for additional information, if needed.

Starting month/year: _____

Ending month/year: _____

_____ **WAITLIST:** You are eligible to receive CSFP benefits, however, we are at maximum caseload and are unable to add new participants at this time. You will be placed on our waitlist and notified when an opening becomes available. Please contact the agency listed above for additional information, and to report any phone number changes so they can reach you.

"No-Show" Policy: If you or your proxy does not pick up your food box by the end of the distribution time listed above, your box will be given to someone on the waiting list for that month. If you or your proxy does not pick up your CSFP box for two consecutive months, you will be removed from the program. Please contact the distribution site if you know you will not be able to pick up your food package.

CSFP Rights and Obligations:

- The local agency will provide written notification of a decision to deny or terminate CSFP benefits, and of an individual's right to appeal this decision by requesting a fair hearing.
- Nutrition education materials will be made available to all participants. The local agency will provide information on other nutrition, health, or assistance programs, and make referrals as appropriate.
- Improper receipt of CSFP benefit as a result of dual participation (receiving more than one CSFP food box per month per individual) 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.
- Participants must report changes in household income or composition within 10 days after the change becomes known to the household.
- The applicant understands the food packages provided by CSFP are only intended for the participant's consumption. The applicant understands that selling or exchanging CSFP food items for non-food items could result in discontinuation from the program.
- If a participant fails to pick up/obtain the CSFP food packages for two consecutive months without notifying the distributing agency of the cause of the absence, the participant will be discontinued from the program.
- The applicant consents to the release of information on the intake form and regarding the individual's participation in the program to CSFP staff, to other CSFP agencies if the individual wishes to transfer to a different distribution site in the state, and to officials with USDA, Oklahoma Human Services, and Regional Food Bank of Oklahoma and the Food Bank of Eastern Oklahoma.
- The applicant acknowledges being advised of the rights and obligations of this program.

Page 1 of 2

2 PAGES

**NON-DISCRIMINATION
STATEMENT ON PAGE 2**

Notice of Ineligibility

- Completed by CSFP agency coordinator and issued after processing applications of *ineligible* seniors who do not qualify due to:
 - Income
 - Age
 - Residency not within service area
- Ineligibility status must be provided *in writing* within 10 days from the date of the application
- All denied applications must be kept for 4 years

OKLAHOMA CSFP NOTICE OF INELIGIBILITY

DISTRIBUTION SITE	ADDRESS	SITE CONTACT	PHONE NUMBER

NAME OF CSFP APPLICANT: _____

DATE OF NOTICE: _____

CSFP INELIGIBILITY DETERMINATION

You do not qualify for CSFP due to the following reason(s):

_____ Your income exceeds CSFP income limits (150% of Federal Poverty Income Guidelines).

_____ You must be at least 60 years of age to qualify for CSFP.

_____ You do not live in the CSFP Partner Agency's service area.

You have the right to a further explanation of your denial. You also have the right to request a fair hearing within 60 days of the date of this notice. To request a fair hearing, please write to the Food Bank at the address listed below (marked with an "X"):

	Commodity Supplemental Food Program Regional Food Bank of Oklahoma PO Box 270968 Oklahoma City, OK 73137
	Commodity Supplemental Food Program Food Bank of Eastern Oklahoma 1304 N Kenosha Ave Tulsa, OK 74106

CSFP Partner Agency Representative Signature

Non-Discrimination Statement:

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

Page 1 of 2

2 PAGES

NON-DISCRIMINATION STATEMENT
CONTINUED ON PAGE 2

Notice of Discontinuation

- Completed by CSFP agency coordinator and issued when *current* participants are terminated from the program
 - Make sure to select box for RFBO and sign
- Participants being terminated from the program must receive notice *in writing* at least 15 days before the effective date of discontinuance
- All terminated applications must be kept for 4 years

OKLAHOMA CSFP
NOTICE OF DISCONTINUATION

DISTRIBUTION SITE	ADDRESS	SITE CONTACT	PHONE NUMBER

CSFP Participant's Name: _____ Notice Date: _____

CSFP DISCONTINUATION DETERMINATION

Your participation in CSFP is being discontinued for the following reason(s):

_____ Failure to pick up CSFP box for two consecutive months or overdue for certification.

_____ Income exceeds CSFP income limits (150% of Federal Poverty Income Guidelines).

_____ No longer a resident of CSFP partner agency's service area or have moved to assisted living.

_____ Requested removal from the program.

_____ Receiving CSFP benefits from more than one CSFP partner agency (Dual Participation).

_____ Participant is deceased.

_____ Decrease in program caseload or program termination.


_____ Physical/verbal abuse or threat of physical abuse of CSFP partner agency representatives or other participants.

_____ Intentionally making false/misleading statements or withholding information to obtain CSFP items.

_____ Selling CSFP items or exchanging CSFP items for non-food items.

The effective date of discontinuance will be _____.

You have the right to a further explanation of your denial. You also have the right to request a fair hearing within 60 days of the date of this notice. To request a fair hearing, please write to the Food Bank listed below (marked with an "X"):

	Commodity Supplemental Food Program Regional Food Bank of Oklahoma PO Box 270968 Oklahoma City, OK 73137
	Commodity Supplemental Food Program Food Bank of Eastern Oklahoma 1304 N Kenosha Ave Tulsa, OK 74106

CSFP Partner Agency Representative Signature

Page 1 of 2

2 PAGES

**NON-DISCRIMINATION STATEMENT
CONTINUED ON PAGE 2**

Delivery Details

- Designated delivery day and time each month
 - Direct delivery or drop site
 - Drop sites are a communal location where multiple agencies gather to pick up their individual deliveries from the RFBO truck
 - Truck has a window around the delivery time to allow for traffic, construction, etc.
 - 15 minutes before scheduled time
 - 30-45 minutes after scheduled time
 - If the delivery will fall outside of the window, the RFBO truck driver will either contact the agency directly or ask the Customer Service Team to do so



Delivery Details

- Equipment
 - Truck drivers will unload with a pallet jack
 - Agency may need a dolly, pallet jack, flat bed trailer, etc.
- Volunteers
 - Have them ready to go
- All agencies receive an automated invoice before delivery, but CSFP is no cost to partners
 - Mainly serves as a receipt to review and make sure everything looks correct



**DELIVERY QUESTIONS
OR ISSUES?
CONTACT
CUSTOMER
SERVICE!**

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

ULTIMATELY, ALL SENIOR BOXES MUST BE DISTRIBUTED AND THE REPORT MUST BE SUBMITTED BY THE END OF THE MONTH



Commodity Supplemental Food Program (CSFP) 9-Day Distribution Policy

Please note that this policy is in place to encourage efficient distribution of senior boxes. CSFP partners establish their own distribution schedule, but it is important to distribute 100% of senior boxes in a timely manner, so RFBO can collect data from monthly reports and enter the following month's orders before internal deadlines.

POLICY OUTLINE

- CSFP partners have 5 business days after their delivery date to distribute boxes to the active CSFP participants.
 - The 5th business day is the final day for participants on the active list to pick up that month's senior box before it is reallocated to the waitlist.
 - Any active participant that does not pick up by the 5th business day will be counted as a "no show" on their application.
 - Seniors might need a reminder. Active participants who have not picked up by the 4th business day after the delivery should receive a reminder phone call, text, etc.
- The 6th and 7th business days after delivery are for waitlist calls and waitlist box pick-ups.
 - Determine how many boxes were not picked up by active list participants and call waitlisted participants to pick up a temporary box.
 - Remember to continue to build your CSFP waitlist to help promote the program and ensure 100% distribution of your CSFP caseload each month.
- The 8th and 9th business days after delivery are for box transfers to nearby CSFP partner sites, if necessary.
 - Please note that it is the agency's responsibility to transfer your remaining boxes to other locations. Coordinating in a timely manner is essential so the recipient agency has enough time within the month to distribute the extra boxes to their waitlist.
 - Remember the recipient agency must give consent before the transfer occurs. No CSFP partner is required to receive and distribute another CSFP partner's undistributed caseload.
 - If you do not know where neighboring CSFP sites are located or if agencies in your area cannot take the extra senior boxes, please contact Meghan Hatfield at mhatfield@rfbo.org or 405-600-3164 by the end of the 8th business day after delivery to help find a transfer location.
- The CSFP monthly report is due by end of day of the 9th business day.
 - The 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.
 - Monthly reports must be submitted before RFBO can place the next month's order.

Late monthly reports will be considered viewed by RFBO management and may not continue partnership.

Frame to your participants. Must be communicated to active participants at

distribution when the following month's

very day?

ed on the same day as your delivery and will not ne to distribute to your active list. ght run into unexpected delays on their routes, so not guaranteed. Although we try to maintain between your delivery and the participants' pick i to show up at the same time as your delivery,

ughout the 5 business days if my distribution

days to distribute that's great. If all of your active u do not need to utilize your waitlist.

kends?

also includes the weekends, you can continue to

distribute to your active participants on the weekend that falls before the 6th business day after delivery.

- If I don't have boxes for waitlist or transfer, do I need to turn in my monthly report earlier?
 - No. If you do not need time for waitlist pick-ups or box transfers, you still have until the 9th business day after delivery to submit the monthly report.

Distribution

- CSFP sites establish their distribution schedule
 - Limit distribution days (no more than 5 days for active list)
 - Have set times
- Participants may need reminder phone calls after distribution day
 - Allow time (one or two days) for them to pick up their boxes
- 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: _____

CSFP Binder

- Created by RFBO staff and provided at initial CSFP agency training or before first delivery
- Contains informative material and master copies of required program documents covered in this training
 - Digital versions of CSFP documents are on RFBO website
- Binder includes but is not limited to:
 - Program overview
 - Distribution documents
 - Policies
 - Participant lists
 - Written notices
 - Monitoring forms
 - Civil Rights

**GREAT ORGANIZATION JUMPING OFF POINT,
BUT FEEL FREE TO FIND A SYSTEM THAT
WORKS BEST FOR YOU!**

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

participant who receives a senior box up a senior box. Completion of this eligibility is not based on racial/ethnic impact of CSFP on low-income popul

The report requires two points of data: identify their race and ethnicity on the identify themselves with two races.

RACE

American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Pacific Island
White

If a client's race is not already listed or participants or a combination of the two

Option 1 – Visually Identify


Participants may be visually identified. A trained staff member takes note of Hispanic/Latino ethnicity, that is

Option 2 – Self Identify


Participants may identify themselves. The participant indicates which of the five race corresponding race. Second, ask the participant to note that as well.

After every participant who picked up a senior box, the number of people of each race. Then record the number of people of each race.

IMPORTANT: the total number of people who received a senior box distributed in April.




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.

 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?	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 *business* 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
 - New active participant info, terminated participant info, number on waitlist
 - 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 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 (Notice of Discontinuation)

MONTHLY REPORT

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
- Data collected by agencies *after* completing monthly distribution then submitted to RFBO

- **Nutritional Survey**

- Optional
- Distributed to participants in fall
- Completed surveys returned to agencies then submitted to RFBO

 **Racial/Ethnic Participation Survey**
Commodity Supplemental Food Program (CSFP)

CSFP Partner Agency: _____

Each year in April, CSFP regulations require racial/ethnic information to be collected from every participant who receives a senior box in the month, including participants on the waitlist who pick up a senior 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 points of data: the race and the ethnicity of participants. Participants identify their race and ethnicity on the CSFP application from the options listed below; they may identify themselves with two races.

RACE

American Indian or Alaska Native
Asian
Black or African American
Native Hawaiian or Pacific Islander
White

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

Option 1 – Visually Identify



Participants may be visually identified without having to be. A trained staff member takes note of the corresponding race. If a participant is Hispanic/Latino ethnicity, that is noted as well.

Option 2 – Self Identify

Participants may identify themselves. First, a CSFP trained staff member asks the participant which of the five race categories they identify with. Second, ask the participant if they are of Hispanic/Latino ethnicity, that is noted as well.

After every participant who picked up a senior box is identified, the number of people of each race. Then mark the total number of people of each race.

IMPORTANT: the total number of participants by race must be submitted with the April boxes distributed in April.


 **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
 - No surprise visits!
- 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		
SECTION 1: CSFP PARTICIPANT/APPLICANT		
1. Are participant applications complete? 2. Are participants re-certified once? 3. Does agency comply with waiting period? How many are currently on the list? 4. Is monthly distribution list accurate? 5. Does agency maintain the confidentiality of participants? 6. Are the old CSFP applications being removed?		

 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

**MUST BE
OFFICIAL
SIZE**

- 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
- Green “And Justice for All Poster” must be posted in visible location at distribution site
 - Must be current green/white poster with USDA Building not the Statue of Liberty



Food Safety and Resources

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



Become a Partner

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 Customer Service Team within *2 business days*
 - Significant damage to the point that the items should not be consumed and/or boxes with liquid exposure
 - Isolated incidents (dented can, crumpled package) and exterior damage to the boxes do not need to be reported
- Agency should include a list of damaged items and pictures of food items (if possible) when contacting Customer Service
- Any item in a box where contents were damp (punctured milk, leaked can, etc.) should be considered unusable and the box should be disposed of
- RFBO will send replacement CSFP boxes for distribution to ensure participants receive their monthly food box
 - Participants cannot receive a partial CSFP box and must receive a complete food package
 - You cannot simply remove the damaged product and distribute the remaining items
- The RFBO Customer Service Team will complete a Loss Report, and the agency can donate or repurpose the undamaged products for another use

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

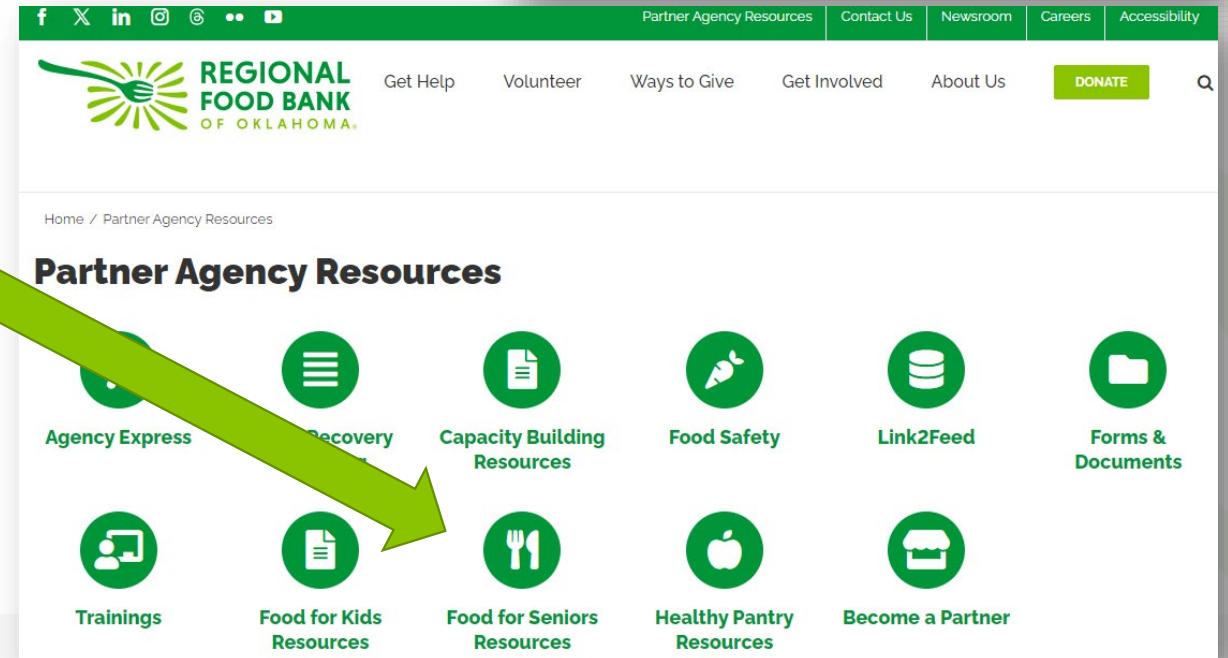
Give your body the balanced nutrition it needs by eating :
sure to stay within your daily calorie needs.

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.

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



Communication

- Email is the primary form of communication for CSFP
 - Important updates from DHS and USDA
 - Monthly report due reminders (if needed)
 - Dual Participation quarterly checks
 - General questions
 - Quarterly message to CSFP partner network
 - Policy changes
 - Recaps
 - Chance to say hello!



**KEEP AN
EYE ON
YOUR
EMAIL**

Contact Information

Program Questions:

Meghan Hatfield

- 405-600-3164
- mhatfield@rfbo.org

Back-up Contact:

Mason Weaver

- 405-600-3142
- mweaver@rfbo.org

Delivery Questions:

CUSTOMER SERVICE

Call or text 405-600-3152

cservice@rfbo.org

QUESTIONS

