



Indiana State  
Department of Health

Commodity Supplemental Food Assistance Program (CSFP)

CSFP POLICY MANUAL 2016



**Table of Contents**

Definitions..... 4

Chapter 1 Program Administration..... 5

Chapter 2 Certification..... 6

Chapter 3 Waiting Lists ..... 10

Chapter 4 Adverse Action Notifications..... 12

Chapter 5 Certification Period ..... 14

Chapter 6 Transfer of Certification ..... 15

Chapter 7 Dual Participation..... 16

Chapter 8 Caseload Management ..... 17

Chapter 9 Participant No-show Policy ..... 19

Chapter 10 Outreach Efforts..... 20

Chapter 11 Homebound Elderly ..... 21

Chapter 12 Nutrition Education..... 22

Chapter 13 Multi-food Ordering and Receiving ..... 23

Chapter 14 Food Package Assembly ..... 24

Chapter 15 Food Package Distribution ..... 25

Chapter 16 Inventory Control and Reports ..... 27

Chapter 17 Management Evaluation..... 28

Chapter 18 Training, Monitoring and Technical ..... 29

Chapter 19 Financial Management Systems ..... 30

Chapter 20 Administrative Costs ..... 31

Chapter 21 Records and Reports ..... 32

Chapter 22 Pursuit of Claims against Participants..... 33

Chapter 23 Complaints ..... 34

Chapter 24 Civil Rights ..... 35

Chapter 25 Fair Hearings ..... 37

Chapter 26 Site Management..... 39

Attachments..... 44

## Definitions

Applicant: any person who applies to receive program benefits.

Caseload: number of persons the State agency may serve monthly during a caseload cycle.

Caseload cycle: the period from January 1 through the following December 31.

Certification: procedures to determine an applicant's program eligibility.

Certification period: the period of time a participant continues to receive program benefits.

Commodities: USDA foods to supplement the diets of CSFP participants.

CSFP: the Commodity Supplemental Food Program.

Disqualification: ending Program participation of the participant as a punitive sanction.

Dual participation: participation by an individual in CSFP at more than one distribution site.

Elderly persons: persons at least 60 years of age.

Fiscal year: the period from October 1 through the following September 30.

FNS: the Food and Nutrition Service of the U. S. Department of Agriculture.

Food banks: eligible non-profit local agencies within Indiana.

Homebound elderly persons: persons who are, in the judgment of the Local Agency, unable to obtain monthly food packages without assistance provided by or through the Local Agency.

ISDH: Indiana State Department of Health, the State.

Local agency (LA): a public or private nonprofit agency, which enters into an agreement with the State agency to administer CSFP at the local level.

Nonprofit agency: a private agency or organization with tax-exempt status under the Internal Revenue Code.

Proxy: person designated by a participant or caretaker, to obtain supplemental food on behalf of the participant.

State agency (SA): the Indiana Department of Health.

State Plan: the document the State agency uses to administer the program in the State.

## Chapter 1 Program Administration

**PURPOSE:** To outline the regulatory and procedural guidelines for administering CSFP.

**POLICY:** The Indiana Commodity Supplemental Food Program (CSFP) shall be administered in accordance with federal regulations, the State Plan, the contract Duties of the Grantee, and the Policy and Procedure Manual.

### PROCEDURES:

- A. The Indiana Commodity Supplemental Food Program (CSFP) works to improve the health of older persons at least 60 years of age by supplementing their diets with nutritious USDA commodity foods. The Indiana State Department of Health (ISDH) administers the CSFP. The CSFP food packages do not provide a complete diet, but rather are good sources of the nutrients typically lacking in the diets of the target population. These include vitamins A and C, calcium and iron.
- B. USDA purchases food and makes it available to ISDH along with funds for administrative costs. ISDH distributes the food to public and non-profit private local agencies in Indiana. Local agencies determine the eligibility of applicants, distribute the foods, and provide nutrition education. Local agencies also provide referrals to other welfare, nutrition, and health care programs such as food stamps, Medicaid, and Medicare.
- C. Participants must reside in the state of Indiana, within a CSFP service area, be elderly (age 60 or above), and have income at or below 130 percent of the Federal Poverty Income Guidelines.
- D. Food packages include a variety of foods, such as non-fat dry milk, shelf stable milk, juice, hot or ready-to-eat cereal, rice or pasta, peanut butter or dry beans, canned meat or poultry or tuna or salmon or egg mix, and canned fruits and vegetables.
- E. For more information go to: <http://www.in.gov/isdh/24779.htm>  
or contact:  
CSFP Program Manager  
Indiana State Department of Health  
2 North Meridian Street  
Indianapolis, IN 1-800-522-0874

## Chapter 2 Certification

REFERENCES: 7 CFR 247.8 through 247.17

**PURPOSE:** To provide guidance for the certification process and completion of the CSFP Participant Application.

**POLICY:** Prior to the issuance of program benefits, trained certifying volunteers shall verify that each applicant is eligible, determine availability of caseload, make written notifications, and maintain required documentation in accordance with program regulations.

### PROCEDURES:

- A. Local agencies shall assure certifying officials are trained and demonstrate understanding of the requirements of the certification process.
- B. All certification data for each applicant shall be recorded on the CSFP Participant Application. See Attachment D.
  - 1. Any individual requesting to apply shall be allowed to complete the CSFP Participant Application. If caseload is not available, eligible applicants shall be placed on the waiting list.
  - 2. All completed CSFP Participant Applications shall be retained for a period of three years plus the current year, including those of applicants determined to be ineligible and all previous applicants and participants.
- C. To be eligible for CSFP, certifying official must determine the applicant meets the following criteria:
  - 1. Can be classified as an elderly person;
  - 2. Meets residency requirements;
  - 3. Meets the income eligibility.
    - a. Elderly persons are income eligible if they have household income at or below 130% of federal poverty income guidelines.
- E. Applicants must be informed:
  - 1. Certifying officials must assure the sentences located on the back side of the application are read by, or read to, the applicant or the applicant's caretaker, in the appropriate translation, at the time of certification.
  - 2. Appeals Process information shall be available at all certification and distribution sites and copies shall be available upon request.
  - 3. The And Justice for All poster must be posted in a prominent location at all certification sites. This poster is also available on the web at <http://www.fns.usda.gov/cr/justice.htm>
- F. Certifying officials shall complete the lines under "To be completed by program staff – Initial Application" and "Recertification – To be completed by program staff", as applicable.
  - 1. Eligibility – Indicate whether or not the applicant/participant is eligible by checking "yes" or "no" for income, categorical, and residence.
  - 2. Category – If the applicant/participant is elderly, check the box next to "Elderly". If not, check the box next to "Not categorically eligible".

3. Determination – Complete all items
  - a. If applicant/participant is eligible and there is available caseload, check “eligible”.
  - b. If applicant/participant is not eligible, check “not eligible”.
  - c. If applicant/participant is eligible but caseload is full, check “eligible-on waiting list”.
  - d. Enter the date the determination was made.
  - e. Indicate the date written notice of eligibility, ineligibility or placement on a waiting list was provided to applicant/participant.
  - f. Enter the date of applicant/participant’s first visit.
  - g. Enter the first and last months of the period of certification.
  - h. Sign the application and enter your title.
- G. Within 10 days from the date of application, certifying officials must notify applicants in writing of their eligibility or ineligibility for CSFP benefits, or their placement on a waiting list. See Attachment E.
  1. Notification of eligibility must be in writing and must include the length of the certification period, and information on the time, location, and means of food distribution. The date written notice was provided to applicant must be entered on the Participant Application.
  2. Notification of ineligibility must be in writing, and must include the reason the applicant is not eligible. The date written notice was provided to applicant must be entered on the Participant Application.
  3. Notification of placement on a waiting list must be in writing when applicants exceed available caseload, certifying officials must maintain a waiting list of individuals who apply for the Program. The date written notice was provided to applicant must be entered on the Participant Application.
- H. If there is no waiting list, a person determined eligible for program benefits shall receive supplemental foods at the next regularly scheduled distribution after notification of eligibility.
- I. Elderly participant certification periods may be extended as long as all of the following conditions are met:
  1. The person’s address and continued interest in receiving program benefits are verified.
  2. The local agency has sufficient reason to believe that the person still meets the income eligibility standards, e.g. the elderly person has a fixed income.
  3. The certifying official notifies the elderly participant in writing of the period of the extension. A written notice of certification period extension must be sent to the participant, and the date entered on the application.
  4. The certifying official signs and completes the recertification block on the participant’s Application and checks the “6 month extension” box, certifying all conditions are met.
- K. At least 15 days before the expiration of a certification period participants must be notified in writing that eligibility for the Program is about to expire. Documentation of the notification shall be maintained on a log, the monthly sign-in sheets or a copy retained in the individual’s file. This notification is not required when an elderly participant’s certification period is extended because the period is not expiring.

- L. A copy of the participant's current Application is available upon request by any participant relocating during the certification period and such forms from other CSFP locations or states shall be honored.

### Categorical Eligibility

- PURPOSE:** To define population groups of individuals who are eligible to receive CSFP food packages and documents required to verify eligibility.
- POLICY:** The certifying official shall determine whether individuals are eligible to receive CSFP benefits in accordance with federal regulation.

**PROCEDURES:** The following information defines population groups eligible to receive CSFP benefits and verification criteria:

- A. The population group is elderly defined as 60 years of age or older.
- B. Verification of eligibility is determined by the use of a birth certificate or hospital record of birth. If not available, any of the following may be used, which must show the applicant's name and age or date of birth:
  1. state identity card,
  2. insurance policy,
  3. driver's license,
  4. clinic, doctor, or hospital record,
  5. U.S. passport or U.S. citizen ID card,
  6. marriage or divorce record,
  7. voter's registration,
  8. military record.

### Residency Requirements

- PURPOSE:** To define the residency requirement for participation in the Indiana Commodity Supplemental Food Program.
- POLICY:** Person's eligible for Indiana's CSFP must reside in Indiana, within the normal service area of the local agency or distribution site. There are no duration or fixed residency requirements. Migrant and seasonal farm workers are considered as meeting the residency requirement.

**PROCEDURES:**

- A. Local agencies are authorized to serve residents from counties within their normal service area as defined by ISDH. In special cases, local agencies may serve residents from counties outside their service area as long as the area does not overlap another local agency's CSFP service area.
- B. Local agencies will establish distinct, non-overlapping service areas for distribution and certification sites under their jurisdiction.
- C. Elderly persons living in nursing homes are not eligible for CSFP benefits.

- D. Verification of residency may include a utility bill, driver's license, welfare identification card, a letter addressed to the applicant, or an indication from an employer that residency is in Indiana.

### Participant Income

PURPOSE: To define what is considered income for purposes of CSFP income eligibility assessment.

POLICY: The local agency shall use the definition of income established in the federal regulations.

#### PROCEDURES:

- A. Income is gross cash income before any deductions. The local agency shall count as income the following:
- B.
1. Monetary compensation for services, including:
    - a. Wages or salary.
    - b. Commissions.
    - c. Fees.
    - d. Tips.
    - e. Farming self-employment.
    - f. Non-farming self-employment.
    - g. Rental property.
    - h. Royalties.
  2. Social Security benefits.
  3. Public assistance or welfare payments.
  4. Unemployment compensation.
  5. Strike benefits.
  6. Workmen's compensation.
  7. Pensions, retirement pay or annuities.

### Chapter 3 Waiting Lists

REFERENCES: 7 CFR 247.11 and 247.15(a)

**PURPOSE:** To provide guidance for establishing and serving from a waiting list of individuals who apply for the Indiana Commodity Supplemental Food Program when applications exceed the caseload level.

**POLICY:** If all caseload has been filled, the local agency shall assure that certification sites maintain a waiting list of individuals who apply for the program in accordance with federal regulation.

**PROCEDURES:**

- A. The Indiana State Department of Health assigns caseload to each local agency, who in turn allots caseloads to each certification site. When applications exceed the assigned caseload level the local agency shall assure the certification site implements a waiting list.
- B. Notification will be sent to the applicant in writing within 10 days of the request for benefits when waiting lists are in place. Notice of Eligibility Determination may be used to notify applicants. The date written notice is provided to applicant must be entered on the Participant Application. Applicants placed on the waiting list are determined to be qualified but ARE NOT certified.
- C. Applicants on the waiting list will be served on a first come first serve basis when caseload slots become available. Examples of when slots may become available are:
  - 1. The certification period is not extended for an elderly participant.
  - 2. Current participant moves from the area, moves to a nursing home, or voluntarily stops participating in the program.
  - 3. Participant is discontinued or disqualified.
  - 4. Site received additional caseload slots.
  - 5. Upon the death of a current participant.
- D. When waiting lists are required, available caseload authorizations must be offered to the first individual listed. Reasonable efforts must be made to contact individuals in the order they were placed on the list until all available caseload authorizations are filled.
- E. When there are waiting applicants, at least 15 days before the expiration of a certification period, participants not eligible for certification extension must be notified in writing that eligibility for the Program is about to expire. Notification of appeal rights is not required at the expiration of a certification period, per 7 CFR 247.33(a).
- F. When an applicant is certified after being on a waiting list, the applicant must review and update the Participant Application. The certifying official must complete the "Date Certified" and "Period of Certification" and provide written notice.
- G. To facilitate caseload management, the SA authorizes one month certification periods to be offered to waiting applicants when food boxes remain undistributed at the end of the monthly distribution period.
  - 1. Sites must establish a monthly distribution period ending prior to the end of the distribution month. All participants must be notified of the distribution period

and of the “No Show” policy when boxes are not picked up during the monthly distribution period.

2. When there are “No Shows” or when boxes remain undistributed after the monthly distribution period, sites may offer one month certification to waiting individuals starting with the first person on the list as indicated in D above.
3. Participants offered one month certification must sign the CERTIFICATION STATEMENT AND SIGN-IN SHEET, certifying they understand that the period of certification is one month and that they return to being a waiting applicant after receiving one food package.
4. This process may be repeated each month that there are undistributed food packages after the monthly distribution period ends. Each time this process is repeated, the certifying official must start with the first person on the waiting list.

## Chapter 4 Adverse Action Notifications

REFERENCES: 7 CFR 247.15, 7 CFR 247.17, 7 CFR 247.20 and 7 CFR 247.33

**PURPOSE:** To provide guidance for notifying individuals of ineligibility for, discontinuance of or disqualification from CSFP.

**POLICY:** Individuals must be given written notification of any decision made by the local agency regarding ineligibility for, discontinuance of or disqualification for CSFP benefits including the reason for the action and be provided within the time frames designated in accordance with the federal regulation.

### PROCEDURES:

- A. The statement, "I may appeal any adverse decision made regarding my eligibility for the Program" appears on the Participant Application, and will be read by or to each applicant as part of certification.
- B. When certification periods expire, appeal rights notification is not required per 7 CFR 247.33(a). Certification and extension of certification periods depends on caseload availability, whether applicants are waiting, and eligibility.
- C. A person found ineligible for the Program during the certification process shall be advised in writing of the reasons for ineligibility and of the right to a fair hearing by Notice of Eligibility Determination within 10 days from the date of application. The date written notice was provided to participant must be entered on the Participant Application.
- D. If a local agency has evidence that a participant is no longer eligible for CSFP benefits during the certification period, it must provide the participant with a written notification of discontinuance including the reason for discontinuance at least 15 days before the effective date of discontinuance using Notification of Removal from Program (Attachment G). Documentation of the notification shall be maintained on a log or a copy retained in the individual's file.
- E. If a participant is no longer eligible for CSFP benefits due to violation of the established "no-show" policy, the local agency must provide the participant with a written notification of discontinuance including the reason for discontinuance at least 15 days before the effective date of discontinuance Notification of Removal from Program. Documentation of the notification shall be maintained on a log or a copy retained in the individual's file.
- F. If a local agency does not have sufficient resources, such as a sufficient number of caseload slots, to continue providing benefits to the participant(s) for the entire certification period, it must provide the participant(s) with a written notification of discontinuance including the reason for discontinuance at least 15 days before the effective date of discontinuance. Documentation of the notification shall be maintained on a log or a copy retained in the individual's file.
- G. CSFP applicants or participants, or caretakers of applicants or participants, who commit program violations may be disqualified for a period of up to one year in accordance with 7 CFR 247.20. The local agency must provide the individual with written notification of disqualification for CSFP including the effective date and period of disqualification and the reason for the disqualification at least 15 days before the effective date of

disqualification using Notification of Removal from Program. Program violations include the following actions:

1. Intentionally making false or misleading statements, orally or in writing;
  2. Intentionally withholding information pertaining to eligibility in CSFP;
  3. Selling commodities obtained in the program, or exchanging them for non-food items;
  4. Physical abuse, or threat of physical abuse, directed at program staff; or
  5. Participating in two CSFP sites at the same time.
- H. Disqualification may be waived if the local agency determines that disqualification would result in a serious health risk. Waiver of disqualification must be documented and retained in the participant's file. A participant who commits three program violations that involve fraud must be permanently disqualified from participation in CSFP. In accordance with 7 CFR 247.20 (b), for the purposes of this program, fraud includes:
1. Intentionally making false or misleading statements to obtain CSFP commodities;
  2. Intentionally withholding information to obtain CSFP commodities; or
  3. Selling CSFP commodities, or exchanging them for non-food items.
- I. Notification of Removal from Program must be used because it includes a statement of the individual's right to appeal the adverse action through the fair hearing process and a statement that informs the individual that program standards are applied without discrimination by race, color, national origin, age, sex or disability.
- J. Individuals wishing to appeal ineligibility for, discontinuance of or disqualification for CSFP benefits have 60 days from the date of notice of adverse action. A request for a hearing is defined as any clear expression by the individual, guardian, or other representative that an opportunity to present its case to a Hearing Officer is desired.
- K. See Chapter 12 for details about fair hearings for individuals. The "Appeals Process" shall be posted at all certification and distribution sites and copies shall be available upon request.

## Chapter 5 Certification Period

REFERENCES: 7 CFR 247.16

**PURPOSE:** To define the length of certification periods for program benefits according to participant category.

**POLICY:** Program benefits shall be based upon certifications established in accordance with the time frames designated by federal regulation.

**PROCEDURES:**

- A. Each participant shall be certified at the time of entrance into the program for a period not to exceed six months based on information submitted with the Participant Application. The certification period may be extended without a formal review of eligibility for additional six-month periods, as long as the following conditions are met:
  - 1. The person's address and continued interest in receiving program benefits are verified;
  - 2. The local agency has sufficient reason to believe that the person still meets the income eligibility standards (e.g. the elderly person has a fixed income);
  - 3. The certifying official signs and completes the next extension when certifying conditions 1, 2, and 3 above are met; and
  - 4. The certifying official notifies the elderly participant verbally or in writing of the period of the extension. Form CSFP0004 Notice of Eligibility Determination (Attachment E) may be used for written notice of certification period extension.
- B. Each certification period should allow for the issuance of food for a six-month period or to the end of the month in which eligibility expires. Certification periods may be shortened from six months to bring the certification visit of all family members together or to be consistent with an agency's standard six-month schedule.
- C. Each participant shall be notified in writing at least 15 days before the expiration of each certification period that eligibility for the Program is about to expire using Notice of Eligibility Determination. Documentation of the notification shall be maintained on a log, the monthly sign-in sheets or a copy retained in the individual's file. Notification is not required when certification period of an elderly participant is extended. In such cases the elderly participant's certification period is not expiring, it is being extended.
- D. Agencies may choose to establish a standard six-month schedule to process the certifications and certification extensions of elderly CSFP participants. Applications must be accepted and processed in accordance with Section 2.1. However the initial certification period may be scheduled to end during the next scheduled processing month. From that point forward certifications or extensions shall be for six-month periods or to the end of the month in which eligibility expires.

## Chapter 6 Transfer of Certification

REFERENCES: 7 CFR 247.16(c)

**PURPOSE:** To provide a mechanism for certified participants to retain eligibility if they relocate during the certification period.

**POLICY:** Participants who relocate during the certification period may request local agencies and their subcontractors to facilitate the transfer to another service area.

**PROCEDURES:**

- A. Local agencies and/or certification sites upon request will help facilitate a participant who relocates during the certification period.
- B. Local agencies and/or certification sites shall facilitate the transfer of certification forms or similar documents issued by other states to other local agencies.
- C. The verification of certification is valid until the certification period expires, and shall be accepted as proof of eligibility for Program benefits.
- D. If a receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all waiting applicants.

## Chapter 7 Dual Participation

REFERENCES: 7 CFR 247.19

PURPOSE: To provide a mechanism for detecting and preventing dual participation.

POLICY: Local agencies in conjunction with the Department are responsible for the detection and prevention of dual participation.

### PROCEDURES:

- A. The following sentences appear on the back side of the application and must be read by, or read to, the applicant or the applicant's caretaker, in the appropriate translation, at the time of certification. "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."
- B. Local agencies shall establish safeguards against dual participation in two different CSFP programs at the same time by establishing procedures that identify participants who are participating in two different programs or by establishing specific service areas for each distribution site.
- C. Participants disqualified as a result of dual participation must be notified in writing at least 15 days before the effective date of disqualification using Notification of Removal from Program, Documentation of the notification shall be maintained on a log or a copy retained in the individual's file. A copy of the log or the Notification of Removal from Program must be submitted to the State to assure that dual participation has been suspended.

## Chapter 8 Caseload Management

REFERENCES: 7 CFR 247.21 and 247.24

PURPOSE: To provide guidelines for the process of caseload management.

POLICY: Assigning and management of caseload will be accomplished in accordance with federal regulations and department policies with a target of utilizing 100% of assigned caseload annually.

### PROCEDURES:

- A. The caseload assignment process is as follows:
  - 1. The Indiana State Department of Health is granted caseload for the calendar year by the USDA Food and Nutrition Service.
  - 2. USDA announces caseload allocation annually by December 31 or within 30 days after enactment of appropriations legislation covering the full fiscal year, whichever comes later. USDA evaluates requests for expansion caseload based on the actual caseload served during the previous federal fiscal. A State's base caseload will be the highest average level served during either the entire federal fiscal year or the final quarter of the federal fiscal year. If a State serves less than an average of 100% of the assigned caseload, then the base caseload for the next calendar year will be set at the highest average level served.
  - 3. Indiana allocates caseload to contractors based on the contractors' requests, their demonstrated capabilities, projected CSFP eligible population within their service area and actual number of participants served during the previous fiscal year.
  - 4. Contractors shall allocate caseload to each distribution and certification site based on available caseload, estimated eligible population and the capacity of the site.
  - 5. The authorized caseload assignment will be made in terms of a monthly level, i.e., a caseload assignment of 500 authorizes 500 participants to receive food packages each month for the caseload cycle (January 1 through December 31).
  - 6. The State Agency may adjust caseload allocations when a local agency consistently fails to serve its assigned caseload.
- B. Monitor caseload utilization and make adjustments as needed.
  - 1. Local agencies must report the number of participants who actually receive food packages each month on the FNS-153.
  - 2. Local agencies shall monitor participation to assure maximum use of caseload and to maintain caseload at assigned levels. If a distribution site consistently fails to serve its assigned caseload, local agencies should redistribute caseload to other distribution sites where waiting lists are being maintained.
  - 3. Fluctuations in participation are expected. Monthly monitoring will allow local agencies to adjust outreach efforts appropriately. If participation is below the authorized level, outreach efforts should be directed to contact and enroll eligible persons. If participation exceeds the authorized level, outreach should be reduced. If necessary, waiting lists should be implemented.

4. When waiting lists are implemented, distribution sites with designated distribution periods may use One Month Certification to assure 100% of caseload is served.

## Chapter 9 Participant No-show Policy

REFERENCES: 7 CFR 247.17

**PURPOSE:** To establish the maximum allowable period that persons may fail to pick-up food packages and remain enrolled in the program.

**POLICY:** To remain enrolled in the Commodity Supplemental Food Program, persons may fail to pick-up food during no more than two consecutive months.

**PROCEDURES:**

- A. Local agencies shall establish a “no-show” policy stating the maximum allowable period that persons may fail to pick-up food packages and remain enrolled in the program. The period may not exceed two consecutive months.
- B. The “no-show” policy shall be posted in a prominent location and each participant shall be informed of this policy during certification and recertification.
- C. Elderly participants who are required to be in the hospital for extended stays retain their participant status. They should not be removed from the program for missing two consecutive months. They can be issued food for any month within their certification period for which they had at least one day at home. If they have extended hospital stays covering every day of the month, they should not receive a food package for that month.
- D. Violation of the “no-show” policy shall result in discontinuance of CSFP benefits. If a participant violates the established “no-show” policy, the local agency must provide the participant with a written notification of discontinuance including the reason for discontinuance at least 15 days before the effective date of discontinuance. Documentation of the notification shall be maintained on a log or a copy retained in the individual’s file.
- E. Participants who are removed from the program for violation of the “no-show” policy are allowed to reapply for benefits unless they have violated the “no-show” policy twice previously. If a waiting list exists, participants reapplying after violating the “no-show” policy must be treated the same as all applicants and must be placed on the list in the order which they applied. Participants who violate the “no-show” policy a third time within a twelve month period must be disqualified from CSFP for a period of up to one year, unless the local agency determines that disqualification would result in a serious health risk.

## Chapter 10 Outreach Efforts

REFERENCES: 7 CFR 247

PURPOSE: To outline outreach activities designed to maximize caseload utilization.

POLICY: Outreach activities shall be conducted by the SA and Local Agency.

### PROCEDURES:

- A. Outreach to elderly populations may be conducted through the Area Agencies on Aging, as well as through a variety of community venues. Flyers outlining the program benefits and criteria for participation are available to the agencies and the senior centers they serve. A toll free number should be provided to direct potential participants to the nearest CSFP local agency as well as the agency location map posted on the web at [http://www.in.gov/isdh/files/CSFP\\_Map\\_2016.pdf](http://www.in.gov/isdh/files/CSFP_Map_2016.pdf)
- B. The SA works closely with Local Agencies to assure that all outreach activities are conducted in accordance with federal regulations and the State Plan. Local agencies can create flyers to post and/or distribute to local businesses and other community agencies announcing the availability of the program and where to go to get benefits.

## **Chapter 11 Homebound Elderly**

REFERENCES: 7 CFR 247.5(c)(7) & 7CFR 247.6(c)(10)

PURPOSE: To outline efforts that are required to meet the needs of homebound elderly.

POLICY: Local agencies shall make arrangements to meet the needs of homebound elderly.

### PROCEDURES:

- A. Local agencies shall coordinate efforts with the distribution sites to meet the needs of homebound elderly to conduct certification and delivery of food packages. Local agencies shall also allow designated proxies to pick up food packages for homebound elderly individuals.
- B. When appropriate, local agencies shall conduct training to volunteers in the communities to take applications to elderly persons and to collect appropriate information and documentation. Actual certification of the homebound elderly shall occur at certification sites.
- C. Food packages shall be delivered directly by the local agency, by volunteers and/or proxies. The homebound or the proxy shall be required to sign a roster or receipt upon delivery of the food package.

## Chapter 12 Nutrition Education

REFERENCES: 7 CRF 247.6(c)(7) and 7 CFR 247.18

PURPOSE: To establish an overall nutrition education plan.

POLICY: Local agencies shall provide nutrition education that can be easily understood by participants and is related to their nutrition needs and household situations.

PROCEDURES:

- A. The Local Agency shall make nutrition education available to all participants to each applicant at the time of certification in order to address the following subject matter:
1. The nutritional value of CSFP foods, and their relationship to the overall dietary needs of the population groups served;
  2. Nutritious ways to use CSFP foods;
  3. Special nutritional needs of participants and how these needs may be met;
  4. The importance of health care, and the role nutrition plays in maintaining good health; and
  5. The importance of the use of the foods by the participant to whom they are distributed, and not by another person.

B. The SA or Local Agency or another agency with which it has signed an agreement may use CSFP foods to conduct cooking demonstrations as part of the nutrition education provided to program participant, but not for other purposes.

C. Nutrition Resources on the Web <http://www.commodityfoods.usda.gov> .

The USDA Commodity Food Network (CFN) is the first ever one-stop Federal website that provides direct access to all of the services and resources available for USDA Commodity Food Distribution Programs including the Commodity Supplemental Food Program. The direct link to cookbooks is <http://www.whatscooking.fns.usda.gov/> and to CSFP commodity food facts sheets and recipes is [http://www.fns.usda.gov/fdd/programs/csfp/cfs\\_csfp.htm](http://www.fns.usda.gov/fdd/programs/csfp/cfs_csfp.htm) .

<http://www.nutrition.gov>

Your complete guide to nutrition and health information on Federal Government Websites.

<http://www.nihseniorhealth.gov>

A senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads text out loud.

<http://medlineplus.gov>

MedlinePlus brings together authoritative information from NLM, the National Institutes of Health (NIH), and other government agencies and health-related organizations. Search the site for Health Topics including Nutrition, Nutrition for Seniors and Child Nutrition.

<http://www.foodsafety.gov>

The gateway to government food safety information.

## Chapter 13 Multi-food Ordering and Receiving

REFERENCES: 7 CFR 247

**PURPOSE:** To outline the Multi-food ordering and receiving process for the Commodity Supplemental Food Program in Indiana.

**POLICY:** The State agency manages the multi-food ordering process for the Commodity Supplemental Food Program. The local agencies order, receive and warehouse the foods.

**PROCEDURES:**

- A. Multi-food orders are placed in the Web Based Commodity Supply Chain Management (WBSCM) system. ISDH is the State Distributing Agency (SDA). Local agencies are referred to in the system as Recipient Agencies (RAs). Level 1 Access to USDA's eAuthorization system and proper linkage are prerequisites to access WBSCM. At least one person at each local agency must apply for Level 1 Access to USDA eAuthorization.
- B. Each local agency has an established monthly delivery schedule, typically one or two days per month.
- C. The State Agency completes the multi-food order in WBSCM.
  1. The local agency e-mails the product request to the State agency at least 30 days prior to the requested delivery date. The product request includes material code, product name, and quantity requested, in units, for each item. The request may include requested substitutions if a specific product is unavailable in the WBSCM catalog (e.g., the local agency requests canned corn but will accept peas, beans, or carrots if corn is unavailable). If no substitution list is included, the State agency makes an appropriate substitution selection, if needed.
  2. To determine the number of cases to order the State agency must consider existing inventory levels and anticipated receipts. If a quantity adjustment is made, the State agency will notify the local agency in writing, via e-mail.
  2. The on hand supply of any food type should be enough to make distributions for at least two extra months but may not exceed a two and a half month supply. On rare occasion orders cannot be filled at requested levels for specific items. The two month supply is needed to assure that complete packages can be assembled.
- D. The State agency provides the local agency with order confirmation and expected delivery date via e-mail.
- F. The carrier contacts the local agency to confirm delivery and schedule the time. The local agency must follow the instructions in the USDA publication "FNS Handbook 501" regarding inspection, over, short or damaged shipments, and out of condition commodities. The local agency completes the Bill of Lading (BOL) with printed name of receiver, receiver's signature, quantity verification, receipt date and, for refrigerated product, temperature on arrival and submit it to the State agency, via e-mail attachment, within 24 hours of receipt.
- G. The State tracks all receipts, overages, shortages or damage through WBSCM.

## Chapter 14 Food Package Assembly

REFERENCES: 7 CFR 247.10(a), 7 CFR 247.28 and 7 CFR 250.14

PURPOSE: To provide guidelines for the assembling of food packages for the Commodity Supplemental Food Program in Indiana.

POLICY: Local agency shall assemble food packages in accordance with Indiana Department of Health CFSP Food Package Monthly Distribution Rates and program regulations.

### PROCEDURES:

- A. Foods required to be included in food packages are listed in the Commodity Supplemental Food Program Maximum Monthly Distribution Rates-Summary Table, January 2011, also known as the "Prescription Sheet".
- B. Partial food packages MAY NOT be distributed.
- C. A food package tracking system must be devised to identify the content of each package so that an accurate, by unit, end of the month inventory can be accomplished (see Inventory Control and Reports below). The food package tracking system should identify the following:
  1. Either the pack month and year or the intended distribution month and year;
  2. The specific food items in the package. Document the contents of the first package and assign an alpha or numeric code. If there is a change in food items during package assembly, for instance the corn runs out and green beans are substituted, a new code should be assigned and the new contents documented for that code. It is also acceptable to list all items within a package on a label affixed to the package.

## Chapter 15 Food Package Distribution

REFERENCES: 7 CFR parts 247.4, 247.10, 247.28 and 250.14

PURPOSE: To provide guidelines for the distribution of food packages for the Commodity Supplemental Food Program in Indiana.

POLICY: Local agency shall assure that supplemental food packages are distributed in accordance with Program regulations.

### PROCEDURES:

- A. Local agencies are responsible for recruiting and/or establishing food distribution sites. Each site must conform to local, state and federal health standards and must enter into an agreement with the local agency to assure proper food handling, storing, and distribution procedures and recording requirements are maintained.
- B. The local agency shall provide the name and address of each certification, food distribution and storage site under its jurisdiction annually, when any information changes, and when written agreements are established, using CSFP Site Information Change Form.
- C. The written agreements with other agencies shall:
  1. Use form "CSFP0002 Memorandum of Agreement (MOA) Between Local Agency and Sub-Distributing Agency" (Attachment C).
  2. Be on file with the local agency and the sub-distributing agency.
- D. If local agencies allows distribution sites to store commodities, local agencies shall assure that distribution sites under their jurisdiction provide adequate care and security for the food while in their possession. Foods shall be stored in adequate and secured areas at each distribution site to safeguard them from spoilage, infestation, fire and other losses.
- E. Participants pick up food packages at their designated distribution site once each month during the distribution site's normal hours of operation. Staff at the site shall verify recipient identity and eligibility prior to distributing the foods and shall require the participant or proxy to sign for the receipt of food packages.
- F. Local agencies may permit the use of proxies if procedures are in place to deter fraud. At a minimum, such procedures must:
  1. Require that the participant authorizes proxies in writing (Attachment F);
  2. Require that the period of time such a designation is intended to cover be reflected in the written designation;
  3. Require that records of proxy designations be maintain on file;
  4. Require that the proxy provide some form of identification prior to completing the certification, recertification, or food package distribution process; and
  5. Determine whether participants receive the food package released to proxies for delivery.
- G. Distribution site staff or volunteers may deliver food packages to homebound participants by the end of the month or within five working days of a single distribution day whichever is latest. Participants or authorized proxy must sign for the receipt of food packages.

- H. The frequency of food distribution to participants shall be a one-month food package issued each month for the current month. Food shall not be issued in the current month for a past month except when food packages are delivered to homebound participants and a single distribution day falls less than five working days from the end of the month.
  - 1. When undistributed food packages remain after distribution, the packages may be offered to the first applicants on the waiting list. Recipients of such packages must be advised that there is no guarantee of a food package the following month.
  - 2. When undistributed food packages remain at the end of the month the distribution site must report the number of boxes remaining and the unique content code for each box to the local agency.
  - 3. Undistributed food packages remaining at the end of the month shall be included in the local agencies end of the month physical inventory on the FNS 153. See Inventory Control and Reports.
  - 4. The local agency shall reduce the number of boxes issued to the distribution site the next month by the number of undistributed food packages remaining at the end of the month except as indicated in point 5 below.
  - 5. Sites that operate continuous distribution throughout the month may need to have food packages remaining at the end of the month in order to have food packages available for distribution prior to the next delivery of food packages. However, reports must reflect the exact number of food packages distributed during each month and adequate controls to prevent food loss must be in place.
- I. Participants shall not be required to make any payments, or provide any materials or services in connection with the receipt of CSFP commodities and, they shall not be solicited in connection with the receipt of CSFP commodities for voluntary cash contributions for any purpose.
- K. Distribution of supplemental foods shall not be used as a means for furthering the political interest of any person or party.

## Chapter 16 Inventory Control and Reports

REFERENCES: 7 CFR parts 247.28, 247.29, 250.14 and the instructions for form FNS 153.

PURPOSE: To outline inventory control and reporting requirements for the Commodity Supplemental Food Program.

POLICY: Local agency staff members are responsible for maintaining a system that will account for all foods received and distributed, in accordance with Program regulations and for submitting required reports.

### PROCEDURES:

- A. The State provides an electronic spreadsheet of the FNS 153 each month to each local agency. The state maintains a master spreadsheet for each local agency and forwards updates periodically. The FNS 153 carries over the ending inventory from the previous month to provide the beginning inventory for the report month. Local agencies must enter food receipts, distributions or issuances and all other commodity activity for the report month.
- B. Local agencies must conduct a per unit month-end physical inventory of all commodity foods on hand including the content of undistributed food packages located in the warehouse and at distribution sites.
- C. Local agencies shall compare the agency-wide per unit physical inventory with the ending inventory calculated on the FNS 153. The ending inventory calculated on the FNS 153 must equal the physical inventory amounts.
  1. If the physical inventory differs from the ending inventory reflected on the FNS 153, the local agency must show positive or negative adjustments to cause the calculated ending inventory to agree with the actual physical inventory amounts.
  2. A written explanation is required for each and every inventory adjustment.
- D. The FNS 153 must be submitted to the State by the 25th day of the following month, unless otherwise specified by the State agency upon delivery of the reporting form for that month.
- E. The local agency must report food losses due to damage, spoilage or infestation. A written explanation is required for each and every food loss item.
- F. If neglect, carelessness, and/or willful mishandling cause damage to or loss of USDA donated food or if USDA donated foods are used or distributed improperly, local agencies, warehouse personnel and other persons are subject to a claim determination and the corresponding repayment responsibility.

## Chapter 17 Management Evaluation

REFERENCES: 7 CFR 247.34

**PURPOSE:** To outline the management evaluation process the State will use with Commodity Supplemental Food Program local agency contractors.

**POLICY:** Each local agency that contracts with the Indiana Department of Health and Senior Services will be monitored for compliance with Program regulations.

**PROCEDURES:**

- A. The State evaluates program administration on an ongoing basis by reviewing financial reports, audit reports, food orders, inventory reports, and other relevant information.
- B. At least once every two years, the State performs an on-site review of local agencies, storage facilities, and distribution/certification sites (Attachment A). As part of the on-site review, the State evaluates all aspects of program administration, including certification procedures, nutrition education, civil rights compliance, food storage practices, inventory controls, and financial management systems. The SA also reviews 15% or 10 distribution/certification sites, whichever is less (Attachment A).
- C. Following the monitoring review, the local agency will receive a copy of the report with instructions to submit a corrective action plan if areas of non-compliance are noted. Areas of non-compliance will be reviewed with the local agency representative. The Local Agency is required to respond to all corrective actions within 45 calendar days of the review with a written report and a completed Indicator Sheet.
- D. The monitor will review the corrective action plan to assure that the plan is feasible and complete and will contact the local agency if additional action is required.
- E. The local agency will implement corrective actions.
- F. If significant problems exist and or appropriate corrective actions are not taken, the local agency may be in non-compliance with the contract agreement between the SA and LA. Failure to comply with federal regulation and the contract scope of work could result in termination of the contract and from the CSFP.

## Chapter 18 Training, Monitoring and Technical

REFERENCES: 7 CFR 247

**PURPOSE:** To outline the training, monitoring, and technical assistance required of local agencies participating in the Commodity Supplemental Food Program.

**POLICY:** All local agency staff, volunteers and sub-agency staff shall receive appropriate training at least annually to assure that issuance of supplemental food is in accordance with FNS food package instructions and Program regulations. All sub-agencies under CSFP agreements with the local agency shall be monitored annually for compliance with Program regulations.

**PROCEDURES:**

- A. Local agencies must implement a process for training and evaluation of all staff and volunteers involved in the CSFP including at least one representative from each sub-agency under CSFP agreements with the local agency. Training should be appropriate to the degree and frequency of an individual's involvement in the CSFP.
  - 1. Training shall be documented including date, topics covered, persons attending and sites represented.
  - 2. There shall be an evaluation component of such training and a mechanism for trainees to provide input.
- B. Local agencies shall provide technical assistance and at least annually, monitor the certification of participants and receipt and issuance of supplemental food on site and at sub-agencies to assure compliance with Program regulations, policies and procedures. Monitoring shall be documented using the CSFP Certification or Distribution Site Review Form, including date of review, findings, corrective actions and follow-up.
- C. The State provides technical assistance for local agency staff upon request. Seminars and teleconferences shall be provided for periodic updates.

## Chapter 19 Financial Management Systems

REFERENCES: 7 CFR part 247.27

**PURPOSE:** To describe the financial management systems maintained to assure compliance with financial management regulations.

**POLICY:** There will be accurate, current and complete disclosure of the financial status of the Program in accordance with federal regulations, including an accounting of all program funds received and expended each fiscal year.

**PROCEDURES:**

- A. The ISDH financial management assures accurate and timely drawdown of federal funds.
- B. Local agencies are required by contract to follow state and federal procurement procedures. Both the State Agency and local agencies are required to maintain inventory records for all CSFP transactions.
- C. Funds are made available to each of the local CSFP agencies through contracts by the Indiana State Department of Health. The contracts specify the services to be performed according to federal regulations and the state plan of operation. Contracts also specify the allocation of administrative funds and caseload. All payments for administrative funds are disbursed in the form of reimbursements for administrative costs incurred by the local.
- D. The local agencies are responsible for the cost of receiving, storing and distributing the commodities from their location to recipients or other distribution sites. Any claims containing expenses that do not reflect appropriate program expenditures will be adjusted pending further justification from the contractor.

## Chapter 20 Administrative Costs

REFERENCES: 7 CFR parts 247.25

**PURPOSE:** To provide guidance for the use of the Indiana Commodity Supplemental Food Program administrative funds.

**POLICY:** Funds provided to local agencies may be used to cover administrative costs identified to be necessary to carry out the Program functions as outlined in Attachment A Duties of the Grantee.

### PROCEDURES:

- A. Local agencies shall submit a budget annually projecting the amount of administrative funds to be expended based on the following line items:
  - 1. Salaries;
  - 2. Fringe;
  - 3. Space Cost;
  - 4. Transportation/Travel;
  - 5. Supplies;
  - 6. Contract Services.
- C. Local agencies wishing to use CSFP program funds to purchase equipment valued at or above \$500.00 must obtain prior written approval from the State Agency by submitting a Request for Authorization of Equipment Purchases. Describe how the purchase will be made in a manner to provide open and free competition. The State Agency must obtain prior written approval from the USDA MPRO for equipment purchased in whole or in part with federal funds in excess of \$5,000.00.
- D. Specific examples of unallowable uses of administrative funds in CSFP include:
  - 1. The cost of alteration of facilities not required specifically for the program; and
  - 2. Actual losses that could have been covered by permissible insurance (through an approved self-insurance program or by other means).

## Chapter 21 Records and Reports

REFERENCES: 7 CFR 247.28 and 7 CFR 250.6(r)

**PURPOSE:** To provide guidance for the Indiana Commodity Supplemental Food Program recordkeeping and reporting requirements.

**POLICY:** State and local agencies shall maintain accurate and complete records in accordance with federal and state regulations and policies and the contract scope of work.

### PROCEDURES:

- A. All records and supporting documentation shall be retained for a period of 3 years following the end of the federal fiscal year to which the records pertain, or, if they are related to unresolved claims actions, audits, or investigations, until those activities have been resolved.
- B. All records shall be available during normal business hours for federal or state representatives to inspect, audit, and copy.
- C. To be acceptable for audit purposes, all financial and program performance reports shall be traceable to source documentation.
- D. Following is a list of reports, documents, and due dates.
  - 1. Form FNS-153, Monthly Report of the CSFP – Due by the 25th of the month for the preceding month. This report may be due earlier in months with holidays.
  - 2. Participation by County – Due with submission of FNS-153, in the body of the containing e-mail.
  - 3. FNS Form 191 Racial/Ethnic Group Participation – Completed annually for the month of April. The State will forward the forms to the local agencies and will specify a date due.
  - 4. FNS Form 57 – Report of Shipment Received Over, Short and/or Damaged – Required when shipments are received over, short and/or damaged. Local agency must submit with copies of bills of lading to the State within 2 business days after a shipment is received and the State forwards to USDA.
  - 5. Bill of Lading – Due no later than 2 business days after receipt of shipment.

## Chapter 22 Pursuit of Claims against Participants

REFERENCES: 7 CFR parts 247.25(f), 247.30(c) and (d), and 250.15(c)

PURPOSE: To establish standards and procedures for pursuit of claims against participants.

POLICY: When cost effective, local agencies shall initiate a claim against a participant to recover the value of CSFP commodities improperly received or used.

### PROCEDURES:

- A. The pursuit of a claim against a participant to recover the value of CSFP commodities improperly received or used is cost effective when the value exceeds \$100 or 5 months of CSFP benefits. The estimated value of the monthly CSFP benefit is \$20.
- B. For the purposes of this program, fraud includes intentionally making false or misleading statements or intentionally withholding information to obtain CSFP commodities, or the selling or exchange of CSFP commodities for non-food items.
- C. If the local agency determines that the participant or caretaker of the participant, fraudulently received or used the commodities, the local agencies must document the number of months CSFP benefit was improperly received or used. If at least 5 months of benefits were improperly received or used, a claim against the participant must be pursued.
- D. In pursuing a claim against a participant, the State Agency must:
  1. Issue a letter requesting repayment for the value of the commodities improperly received or used.
  2. If repayment is not made in a timely manner, take additional collection actions that are cost-effective, in accordance with the standards established by ISDH.
  3. Maintain all records regarding claims actions taken against participants.
- E. Letters demanding repayment for the value of the commodities improperly received or used must:
  1. Advise the participant of the opportunity to appeal the claim through the fair hearing process, and
  2. Provide a copy of "Appeals Process."
- F. The local agency must also disqualify the participant from CSFP for a period of up to one year, unless the local agency determines and documents that disqualification would result in a serious health risk.

## Chapter 23 Complaints

REFERENCES: 7 CFR 247.5(a)(4) and 250.6(u)

PURPOSE: To outline the procedures for reporting, processing and resolving complaints about supplemental foods.

POLICY: Local agencies shall report, process and resolve complaints about supplemental foods in accordance with federal regulation.

### PROCEDURES:

- A. During certification all participants and applicants will be informed of their rights and obligations. Participants will be advised of the policy of non-discrimination and the procedure for filing a complaint if they believe they have been discriminated against.
- B. Depending on the nature of the complaint, the problem will be promptly investigated by the local agency and the person making the complaint will be notified of the results in writing. All persons making complaints must be notified of their right to a fair hearing so they may take further steps should their complaint not be satisfactorily resolved.
- C. Complaints suggesting a potential health hazard will be reported immediately to the Indiana State Department of Health (ISDH) by the local agency. ISDH will immediately refer the matter to the Section for Environmental Public Health, the U.S. Department of Agriculture, and the local public health agency for prompt follow-up and resolution.
- D. All complaints will be documented along with appropriate and necessary corrective action. Follow-up on complaints will be conducted within 45 days of resolution of the complaint to assure that all problems have been corrected.
- E. The distributing agency, in cooperation with the local agency, will investigate promptly complaints received in connection with the distribution or use of donated foods, correct any irregularity, and inform the local agency and ISDH. The distributing agency will maintain documentation on file of complaints and actions taken. ISDH reserves the right to make investigations and has the final determination as to when a complaint has been properly adjusted. Serious irregularities will be reported to USDA by ISDH in writing.

## Chapter 24 Civil Rights

REFERENCES: 7 CFR parts 247.13 and 247.37 and FNS Instruction 113-1

PURPOSE: To outline actions required to assure Civil Rights requirements are met.

POLICY: State and local agencies will comply with Title VI of the Civil Rights Act of 1964 and all requirements imposed by federal and state regulations.

### PROCEDURES:

- A. Each local agency, distribution site, and certification site must display in a prominent location the "And Justice for All" Poster also available on the web at <http://www.fns.usda.gov/cr/justice.htm> including translations into several different languages. Use version AD-475C for All Other FNS Nutrition Assistance Programs.
- B. Each local agency and/or each distributing agency shall collect the number of participants receiving food packages by racial/ethnic category during the month of April each year (Attachment B). This count may be collected as a manual head count of food package recipients, or may be collected from a review of certification forms. Counts must be submitted by June 15th each year to the State Agency on Form FNS-191 Racial/Ethnic Group Participation (Attachment B) using the instructions and categories provided.
- C. Written materials used to promote or advertise the program must contain the non-discrimination statement and procedures for filing a complaint. If the material is too small to permit the full statement to be included, the material will at a minimum include the statement, in print size no smaller than the text, that "USDA is an equal opportunity provider and employer." The full authorized statement reads as follows:  
*"The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).  
USDA is an equal opportunity provider and employer."*

- D. All staff should receive annual training on all aspects of civil rights compliance. Staff should be able to identify a civil rights complaint if received. They should know what to do if they receive a complaint and they should understand that it is the basic right of the individual to file a complaint.
- E. Where a significant proportion of the population of the area served by the local agency is composed of non-English or limited English speaking persons who speak the same language, program information, except certification forms, shall be provided in the appropriate language orally and in writing. Bilingual staff members or interpreters shall be available to serve these persons.
- F. Local agency compliance to Civil Rights requirements is reviewed during the management evaluation and documented on the Monitoring Review form. Local agencies must monitor compliance to Civil Rights requirements by sub-agencies at least annually.
- G. All complaints alleging discrimination based on race, sex, age, color, national origin or disability will be accepted, either verbally or written. In the event of a verbal complaint, the person to whom the allegations are made must write up the elements of the complaint for the complainant. Every effort should be made to have the complainant provide the following information:
  - 1. Name, address, and telephone number or other means of contacting the complainant,
  - 2. The specific location and name of the State agency, local agency, or other sub recipient delivering the service or benefit,
  - 3. The nature of the incident or action that led the complainant to feel discrimination was a factor, and an example of the method of administration that is having a disparate effect on the public, potential eligible persons, applicants, or participants,
  - 4. The basis on which the complainant believes discrimination exists. The bases for nondiscrimination are race, color, national origin, age, disability or sex.
  - 5. The names, telephone numbers, titles, and business or personal addresses of persons who may have knowledge of the alleged discriminatory action, and
  - 6. The date(s) during which the alleged discriminatory actions occurred or, if continuing, the duration of such actions.
- H. All complaints received by the local agency or ISDH, either verbal or written, which allege discrimination shall be referred to the USDA-FNS/MWRO and processed in accordance with the complaint processing procedures and timelines in FNS Instruction 113-1.

## Chapter 25 Fair Hearings

### For Individuals

REFERENCES: 7 CFR parts 247.12 and 247.33

PURPOSE: To provide a hearing process that allows a CSFP applicant or participant to appeal an adverse action.

POLICY: Individuals have a right to a fair hearing and may appeal any decision made by the local agency regarding denial or discontinuance of program benefits, disqualification from the program, or a claim to repay the value of commodities received as a result of fraud.

#### PROCEDURES:

- A. Reasons for denial that are appealable include:
  - 1. Denial or discontinuance of program benefits.
  - 2. Disqualification from the program.
  - 3. A claim to repay the value of commodities received as a result of fraud.
- B. Appeal Procedures 247.33 (b) thru (h)
  - 1. An individual, or an individual's caretaker, may request a fair hearing by making a clear expression, verbal or written, to a State or local agency official, that an appeal of the adverse action is desired.
  - 2. The request for appeal must be made within 60 days from the date the agency mails or gives the individual the notification of adverse action.
  - 3. The state or local agency may deny a request for a fair hearing when: (1) The request is not received within 60 days; (2) the request is withdrawn in writing by the individual requesting the hearing or by an authorized representative of the individual or (3) the individual fails to appear, without good cause, for the scheduled hearing.
  - 4. Participants who appeal the discontinuance of program benefits with the 15-day advance notification period required under 247.17 and 247.20 must be permitted to continue to receive benefits until a decision on the appeal is made by the hearing official, or until the end of the participant's certification period, whichever occurs first. However, if the hearing decision finds that a participant received program benefits fraudulently, the local agency must include the value of benefits received during the time that the hearing was pending, as well as for any previous period, in its initiation and pursuit of a claim against the participant.
  - 5. The State or local agency must provide an individual with at least 10 days' advance written notice of the time and place of the hearing, and must include the rules of procedure for the hearing.
- C. The individual may:
  - 1. Examine documents supporting the State or local agency's decision before and during the hearing;
  - 2. Be assisted or represented by an attorney or other persons;

3. Bring witnesses;
  4. Present arguments;
  5. Question or refute testimony or evidence, including an opportunity to confront and cross-examine others at the hearing;
  6. Submit evidence to help establish facts and circumstances.
- D. Appeal Decisions 247.33 (i) thru (l)
1. The hearing officer must be an impartial official who does not have any personal stake or involvement in the decision and was not directly involved in the initial adverse action that resulted in the hearing.
  2. A hearing decision must be made, and the individual notified of the decision, in writing, within 45 days of the request for the hearing.
  3. If the decision is in favor of an applicant who was denied CSFP benefits, the receipt of benefits must begin within 45 days from the date that the hearing was requested, if the applicant is still eligible for the program.
  4. If the hearing decision is against the participant, the State or local agency must discontinue benefits as soon as possible, or at a date determined by the hearing official.
  5. A hearing report shall be available for public inspection and copying but shall assure confidentiality. If you have any questions, please contact:
- 

#### For Local Agencies

REFERENCES: 7 CFR 247

PURPOSE: To provide a hearing procedure to allow local agencies to appeal a decision that adversely affect their participation in CSFP

POLICY: Local agencies have a right to appeal any action by the State with monetary consequences.

#### PROCEDURES:

- A. All requested fair hearings will be conducted within 30 days from the date the department receives the request for a hearing, unless waived by local agency in writing. Those requesting a hearing will be notified in writing a minimum of ten days in advance of the time and place of the hearing and of the hearing procedure.
- B. Hearings will be conducted by an ISDH Administrative law judge (ALJ).
- C. The local agency will be notified in writing of the decision of the ALJ within 30 days of the hearing. All decisions shall be based on the evidence presented at the hearing.
- D. Appeals and hearings shall be conducted in accordance with the Indiana Administrative Orders and Procedures Act codified at IC 4-21.5.

## Chapter 26 Site Management

REFERENCES: Indiana CSFP State Plan

PURPOSE: To provide guidance for management and operation of certification and distribution sites.

POLICY: Each site used for certification or distribution of food packages will adhere to a standard operating procedure.

### PROCEDURES:

- A. Each approved site distributing CSFP food packages identifies a Site Manager as the primary contact.
- B. Local Agencies are assigned a caseload and allocate a caseload to each distribution site. Caseload is based on the capacity of the site to distribute the food packages and the proximity of eligible participants.
- C. The Site Manager ensures arrangement is made with the Local Agency to pick up, or have delivered, the required number of food packages prior to each distribution.
- S. When maximum caseload is achieved, eligible applicants are placed on a waiting list, ordered by date and time of application. The Site Manager reports to the Local Agency when changes are made to the active participant list and the waiting list.
- E. The Site Manager communicates to certified participants the date and time to pick up food packages.
- F. The Local Agency may determine when the Site Manager and/or trained site personnel will be available to conduct certification interviews each month.
- G. Site Managers maintain the list of active participants and a waiting list.
- H. The Site Manager and/or trained staff members conduct eligibility interviews and certify participants.
- I. "And Justice for All" civil rights posters must be prominently displayed in an area of the facility frequented by applicants and participants.
- J. Outreach is a required component of CSFP.
- K. A proxy is any person designated by the participant to obtain CSFP foods on behalf of the participant. Each participant may identify one individual as their proxy by completing form CSFP0005 Proxy Statement. Each proxy must sign the Proxy Statement in person. Participant and proxy signatures are verified by authorized personnel. Proxy data must be confirmed during recertification. Participants may change proxy at any time by completing a new Proxy Statement. Site Managers and persons involved in the management and/or distribution of the CSFP food packages may not be proxies.

### Application

#### PROCEDURES:

- A. The Site Manager and trained staff members provide applications to interested seniors. Those who contact the distribution site are informed of:
  1. days and times application are accepted;

2. the requirement to provide proof of age and address;
  3. the requirement for a Proxy to appear in person, if a Proxy is required;
  4. current household income limits;
  5. the requirement to reside within the county where the distribution site is located (migrant and seasonal farm workers entering a CSFP service area are considered to meet residency requirements upon meeting all other eligibility criteria).
- B. Applications must be provided to, and accepted from, anyone who requests it.

Certification

PROCEDURES:

- A. Certification interviews must be performed in person.
- B. Authorized site personnel accept applications, review and document on the application, verification of age, address, and identity. **No documents may be copied. No personally identifiable information may be recorded.**
  1. Documents acceptable as proof of age: State-issued I.D. or driver’s license, birth certificate, or other formal document that verifies age (if none of these are available, church or medical records may be accepted).
  2. Documents acceptable as proof of address: State-issued I.D. or driver’s license, recent utility bill, or any non-junk mail, showing applicant’s name and address, and dated within the past 30 days.
  3. Prior to applicant signing the application, read page two of the application to the applicant (Participant Acknowledgement, Fair Hearing, Nondiscrimination, and Certification sections).
  4. Request race and ethnicity data. If applicant chooses not to disclose, site personnel complete the section based on observation.
  5. Provide applicant with a copy of the completed application.
- C. Within ten (10) days of application, send applicant form CSFP0004 Notice of Eligibility Determination (Attachment E). If applicant is certified and caseload is available, include
  1. a blank form CSFP0005 Proxy Statement (Attachment F);
  2. a six-month distribution schedule;
  3. advisement that nutrition education is provided to all participants;
  4. composition of food package.

4 cans vegetables	2 pound block of cheese*	cereal
pasta or rice	dry beans or peanut butter	2 cans fruit
2 cartons shelf	1 can meat, stew or chili	powdered milk in alternate
stable milk	or 2 cans chicken	months

\* **CHEESE IS TO BE KEPT REFRIGERATED AT ALL TIMES BETWEEN 38-40 DEGREES!**

## Recertification

### PROCEDURES:

- A. All Participants must be recertified every six (6) months. Local agencies may extend the certification period for an additional 6-month period, without a formal certification, if all of the following conditions are met:
  - 1. The participant's address is verified.
  - 2. The participant's continued interest in the program is verified.
  - 3. All members of the participant's household are on fixed incomes.
- B. All participants must be formally recertified no less than every twelve (12) months. Participants will present verification of self-declared income, age and residency. A new form CSFP0003 Participant Application (Attachment D) is completed.
- C. The certification period ends on the last day of the month in which eligibility expires. Participants must be notified of the expiration date in writing, no less than 15 days before the expiration date.
- D. Participants who remain on a waiting list must be recertified in the same manner as active participants. Such participants retain the same place on the waiting list.
- E. The formal recertification process is the same as that for initial certification.

## Cancelling Participation

### PROCEDURES:

- A. The distribution site may not cancel participation. Site Managers should notify the Local Agency of violations or expiration of certifications and provide as much detail as possible.
- B. Participants may not be removed from the program without cause.
- C. When removal is required, the Local Agency will send participants
  - 1. CSFP0006 Notice of Removal from Program;
  - 2. A copy of hearing procedures (found in Chapter 25).
- D. Participants have the right to request a fair hearing for any adverse action, within 60 days of the date of the notification. They may do so by making a clear expression, either verbally or in writing, that they want a hearing. If such statement is made to the Site Manager or other site personnel, it must be immediately forwarded to the Local Agency.
- E. Participants may voluntarily withdraw from the program. Site Managers should request the participant withdraw in writing. If the participant chooses not to provide written withdrawal notification, Site Managers should place notes in the participant file that include the date, reason and as much detail as possible. Voluntary withdrawals that are not in writing should be verified with the participant, by the Site Manager or Local Agency, whenever possible.
- F. Participants removed from the program for failure to pick up food packages may reapply. If caseload is full, they are placed on the waiting list, ordered by date and time of application.

## Porting

### PROCEDURES:

A. If a participant relocates to another county where CSFP is available, they may transfer to the Local Agency for that service area. The originating Local Agency will provide the participant with proof of participation. If the caseload for the destination Local Agency is not full, the receiving Local Agency will place the transferring participant on active status. If the receiving Local Agency's caseload is full, the transferring participant must be placed at the top of the waiting list.

## Distribution

### PROCEDURES:

- A. Distribution must be open to the public.
- B. There may be no membership required nor fees charged to receive a CSFP food package.
- C. Participants and proxies must present I.D. at every food package pick-up.
- D. Participants and proxies must sign a signature sheet before receiving a food package. Signatures sheets must be stored in a secure location.
- E. Food packages may not be given to anyone other than certified participants and proxies.
- F. The Local Agency may determine its preferred distribution method:
  - 1. Home delivery.
  - 2. Drive through.
  - 3. participants/proxies pick up pre-packaged boxes at a designated location at specific date and time.
- G. Site Managers should call participants who missed a pickup appointment.
  - 1. Food packages may be held for **no more than five (5) days** if it is likely a participant will pick up the package.
  - 2. Participants who fail to pick up a food package for two consecutive months receive CSFP0006 Notice of Removal from Program (Attachment G).
  - 3. After three (3) days, begin contacting participants on the waiting list.
- H. Unclaimed food packages should be offered to participants on the waiting list, starting with the participant in the first position and continuing until contact is achieved with enough participants to accept all unclaimed food packages. If unable to reach someone on the waiting list, move on to the next. Do not leave messages. Advise waiting list participants contacted that
  - 1. The one-time opportunity does not guarantee a food package the next month.
  - 2. Accepting the one time food package will not jeopardize their position on the waiting list.
  - 3. A participant on the waiting list may receive unclaimed food packages several months in a row before a caseload slot becomes available.

## Nutrition Education

### PROCEDURES:

- A. The Local Agency will supply nutritional education information no less than quarterly. Site Managers are encouraged to provide recipes or other information pertaining to senior nutrition more frequently. The goal of nutrition education is to enable CSFP participants to obtain better nutritional status through increased understanding of basic nutrition needs met with the CSFP food package. The following are essential in achieving that goal:
  - 1. Reinforcement of basic nutrition instruction;
  - 2. Instruction on the use of CSFP food items, including food preparation techniques, recipes, meal frequency and food cost savings;
  - 3. Recognition of the special health and nutritional problems of low income seniors, such as high blood pressure, sodium / potassium ratios, anemia and obesity;
  - 4. Dissemination of information on preventative health care and nutrition through partnerships with county community programs such as Purdue University Nutrition Service, Cooperative Extension Services and The Emergency Food Assistance Program training;
  - 5. Consumer resource information and assistance.
- B. CSFP food packages may be used for nutrition education.

## **Attachments**

- A. Review Forms – Certification / Distribution Site; Local Agency
- B. FNS-151
- C. CSFP0002 Memorandum of Agreement (MOA) Between Local Agency and Sub-Distributing Agency
- D. CSFP0003 Participant Application
- E. CSFP0004 Notice of Eligibility Determination
- F. CSFP0005 Proxy Statement
- G. CSFP0006 Notice of Removal from Program
- H. Map of CSFP Service Area

**INDIANA CSFP  
CERTIFICATION / DISTRIBUTION SITE REVIEW FORM  
CA: CORRECTIVE ACTION, R: RECOMMENDATION**

Date:	Reviewer(s):	LA:
Site Name:		
Site Address:		
Assigned Caseload:	Most Recent Month's Participation:	
Number of Persons Certified (as of today):	Number on Waiting List (as of today):	
Number of missing applications:	Number of expired applications:	

**GENERAL**

References: 7 CFR 247.5(a)(14), 247.8,			
1. Does site information match information on file with ISDH?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
2. Does site have current MoA on file (not more than 2 years old)?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
3. Was MoA signed before the site was allowed to distribute food packages and/or perform certifications?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
4. Does site have current proof of non-profit status?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
5. Does site have current Certificate of Insurance?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
6. Have staff and/or volunteers with direct client contact participated in Civil Rights training in the past year?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
7. Have staff and/or volunteers participated in CSFP training in the past year?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
8. Does the site display the "And Justice For All" poster in a manner that is clearly visible to the public?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:

**CERTIFICATION**

**N/A-distribution site only**

References: 7 CFR 247.6(2), 247.6(10), 247.11, 247.16, 247.17			
1. Are applications properly completed?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
2. Was determination notice sent within 10 days of application date?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
3. If certification was denied, are applications kept on file?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
4. Are all required documents retained?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
5. Are participants certified for no more than 6 months or until eligibility expires, whichever is first?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
6. Is written notice sent at least 15 days in advance of the expiration of the recertification period?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
7. Is outreach performed in an effective manner?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
8. Is the waiting list properly ordered and maintained (if applicable)?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:

**DISTRIBUTION**N/A-certification site only 

References: 7 CFR 247.6(10)247.10			
1. Are participants made aware of the "no show" policy?	Yes <input type="checkbox"/>	No(NA) <input type="checkbox"/>	Comments:
2. Are participant or proxy signatures and dates on file?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
3. Are there proxy authorizations for all proxies used?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
4. Does the number of signatures for the last distribution match the number of packages reported as distributed?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
5. Is nutrition education performed no less than quarterly?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
6. Does the site perform delivery to homebound participants?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
7. Are IDs required for participants and proxies prior to receipt of a food package?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
8. How is food package distribution accomplished? (check all that apply)			
<input type="checkbox"/> Prepackaged and picked up by participant/proxy; <input type="checkbox"/> Home delivered; <input type="checkbox"/> Self-serve through a mobile pantry; <input type="checkbox"/> Drive-through; <input type="checkbox"/> Self-service from the distribution site' <input type="checkbox"/> Other. (explain)			

**NOTES / COMMENTS**

Area(s) of excellence:
Area(s) of particular concern:
Additional comment(s):

**INDIANA CSFP  
LOCAL AGENCY (LA) REVIEW FORM  
CA: CORRECTIVE ACTION, R: RECOMMENDATION**

Date:	Reviewer(s):
LA:	
Location:	
Assigned Caseload:	Most Recent Month's Participation:
Number of Persons Certified:	Number on Waiting List:

**SECTION I: GENERAL COMPLIANCE REQUIREMENTS**

References: 7 CFR			
1. Does the LA have on file current verification of non/not-for-profit status from the Indiana Secretary of State and exemption from Federal income tax liability from the IRS?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
2. Does the LA have on file current proof of insurance?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
3. Was it verified that the LA is not currently on the IRS Automatic Revocation of Exemption List?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
4. Have the LA and distribution site staff and volunteers received training on nondiscrimination regulations and the FNS Instruction 113-1, Civil Rights Compliance and Enforcement – Nutrition Programs and Activities, to ensure that, in the operation of the program no person is discriminated against because of race, color, national origin, age, sex, disability, or religion* (Indiana statute*) within the last year? <b>[Review the LA's training materials and training logs.]</b>	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
5. Does the LA serve, on a regular basis, non-English-speaking persons? If yes, what languages are requested _____	Yes <input type="checkbox"/>	No(NA) <input type="checkbox"/>	Comments:
6. Are appropriate accommodations made to assist non-English-speaking persons? <b>[Review examples of document.]</b>	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
7. Have there been any discrimination complaints with the last year? If yes, <b>[Review all documents.]</b>	Yes (CA) <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
7b. If yes, was the complaint forwarded to ISDH?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
8. Are LA staff and volunteers aware of the proper procedure for forwarding discrimination complaints?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:

<p>9. Does the LA perform outreach activities to ensure that residents of the service area are aware of the program, where to apply and where to receive food packages? List type(s):</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>Yes <input type="checkbox"/></p>	<p>No(CA) <input type="checkbox"/></p>	<p>Comments:</p>
<p>10. Does LA comply with the requirements for federal funds disclosure in its statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or program supported in whole or in part by grant funds?</p>	<p>Yes <input type="checkbox"/></p>	<p>No(CA) <input type="checkbox"/></p>	<p>Comments:</p>
<p>11. Does LA have a written policy of nondiscrimination in its hiring practices?</p>	<p>Yes <input type="checkbox"/></p>	<p>No(CA) <input type="checkbox"/></p>	<p>Comments:</p>

**SECTION II: APPROPRIATE ADMINISTRATION**

<p>References: 7 CFR</p>			
<p>1. Does the LA use the proper agreement (MoA)?</p>	<p>Yes <input type="checkbox"/></p>	<p>No(CA) <input type="checkbox"/></p>	<p>Comments:</p>
<p>2. When recruiting local organizations to participate in CSFP, does the LA take into account the following factors:</p> <p>a) the adequacy of the storage and distribution facility</p> <p>b) the ability to maintain required records</p> <p>c) the existence of a policy of nondiscrimination</p> <p>d) documented tax exempt status</p>	<p>Yes <input type="checkbox"/></p>	<p>No(CA) <input type="checkbox"/></p>	<p>Comments:</p>
<p><b>[Review list of counties and distribution sites provided by the LA. Use for items 3 through 5.]</b></p>			
<p>3. Does the number and distribution of sites provide adequate and appropriate coverage of the served area? If no, explain.</p>	<p>Yes <input type="checkbox"/></p>	<p>No(CA) <input type="checkbox"/></p>	<p>Comments:</p>
<p>4. What is the date of the most recent master list of distribution sites with days and hours of operation? _____ Is the list current and accurate? How many sites are under agreement? _____</p>	<p>Yes <input type="checkbox"/></p>	<p>No(CA) <input type="checkbox"/></p>	<p>Comments:</p>
<p>5. Does the LA's list match the list maintained by ISDH?</p>	<p>Yes <input type="checkbox"/></p>	<p>No(CA) <input type="checkbox"/></p>	<p>Comments:</p>
<p>6. Does the LA properly monitor distribution sites and maintain appropriate records of same?</p>	<p>Yes <input type="checkbox"/></p>	<p>No(CA) <input type="checkbox"/></p>	<p>Comments:</p>
<p><b>#6 Note:</b> Examine spreadsheet provided by LA showing outlets, monitoring schedule and results.</p>			
<p>7. Does the LA submit BOLs within 48 hours of receipt?</p>	<p>Yes <input type="checkbox"/></p>	<p>No(CA) <input type="checkbox"/></p>	<p>Comments:</p>

8. Does the LA maintain records for 3 years plus the current?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
9. Does the LA submit accurate FNS-153s by deadline each month?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
10. Does the LA properly administer the program at the distribution site level? Sample size: _____ Number of findings: _____	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
11. Is the number of distribution sites adequate for the service area and need? Number of distribution sites: _____	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
<b>Distribution Site File Review (5 files)</b>			
<b>Site 1:</b>		<b>Assigned Caseload:</b>	
Reported food package distribution for previous month			
Number of missing participant/proxy signatures for previous month			
Are there proxy authorizations for all proxies used?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
Is a current MoA in the file?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
Did the LA perform a site visit before the MoA was signed?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
Was the MoA signed prior to distribution of food packages?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
Is proof of non-profit status in the file?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
Is current certificate of insurance in the file?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
<b>Site 2:</b>		<b>Assigned Caseload:</b>	
Reported food package distribution for previous month			
Number of missing participant/proxy signatures for previous month			
Are there proxy authorizations for all proxies used?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
Is a current MOA in the file?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
Did the LA perform a site visit before the MOA was signed?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:

Was the MOA signed prior to distribution of food packages?	Yes <input type="checkbox"/>	No(CA ) <input type="checkbox"/>	Comments:
Is proof of non-profit status in the file?	Yes <input type="checkbox"/>	No(CA ) <input type="checkbox"/>	Comments:
Is current certificate of insurance in the file?	Yes <input type="checkbox"/>	No(CA ) <input type="checkbox"/>	Comments:
<b>Site 3:</b>	<b>Assigned Caseload:</b>		
Reported food package distribution for previous month			
Number of missing participant/proxy signatures for previous month			
Are there proxy authorizations for all proxies used?	Yes <input type="checkbox"/>	No(CA ) <input type="checkbox"/>	Comments:
Is a current MOA in the file?	Yes <input type="checkbox"/>	No(CA ) <input type="checkbox"/>	Comments:
Did the LA perform a site visit before the MOA was signed?	Yes <input type="checkbox"/>	No(CA ) <input type="checkbox"/>	Comments:
Was the MOA signed prior to distribution of food packages?	Yes <input type="checkbox"/>	No(CA ) <input type="checkbox"/>	Comments:
Is proof of non-profit status in the file?	Yes <input type="checkbox"/>	No(CA ) <input type="checkbox"/>	Comments:
Is current certificate of insurance in the file?	Yes <input type="checkbox"/>	No(CA ) <input type="checkbox"/>	Comments:
<b>Site 4:</b>	<b>Assigned Caseload:</b>		
Reported food package distribution for previous month			
Number of missing participant/proxy signatures for previous month			
Are there proxy authorizations for all proxies used?	Yes <input type="checkbox"/>	No(CA ) <input type="checkbox"/>	Comments:
Is a current MOA in the file?	Yes <input type="checkbox"/>	No(CA ) <input type="checkbox"/>	Comments:
Did the LA perform a site visit before the MOA was signed?	Yes <input type="checkbox"/>	No(CA ) <input type="checkbox"/>	Comments:
Was the MOA signed prior to distribution of food packages?	Yes <input type="checkbox"/>	No(CA ) <input type="checkbox"/>	Comments:
Is proof of non-profit status in the file?	Yes <input type="checkbox"/>	No(CA ) <input type="checkbox"/>	Comments:

Is current certificate of insurance in the file?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
<b>Site 5:</b>	<b>Assigned Caseload:</b>		
Reported food package distribution for previous month			
Number of missing participant/proxy signatures for previous month			
Are there proxy authorizations for all proxies used?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
Is a current MOA in the file?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
Did the LA perform a site visit before the MOA was signed?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
Was the MOA signed prior to distribution of food packages?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
Is proof of non-profit status in the file?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
Is current certificate of insurance in the file?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:

**SECTION III: STORAGE, WAREHOUSING & INVENTORY CONTROLS (247.10 and 250B)**

References: 7 CFR; 7 CFR 250.14;			
1. Is food kept 6" off the floor, on pallets, platforms or shelves?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
2. Is food kept 4" (12" preferred) from walls to allow good air circulation and for pest control?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
3. Is food distributed within 2.5 months of LA receiving it?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
4. Are non-food items kept separate from food items?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
5. Are toxic items stored far from food items?	Yes <input type="checkbox"/>	No(NA) ) <input type="checkbox"/>	Comments:
6. Are floors, pallets and shelving clean?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
7. Are doors, windows, and roofs well-sealed to prevent pest entry and water damage?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:

8. Are thermometers present in all freezers, refrigerators and storage areas?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
9. Are proper temperatures maintained?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
<b>#9 Note:</b> Review LA temperature logs			
10. Are good pest control practices maintained?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
<b>#10 Note:</b> Review LA pest control logs			
11. Is equipment regularly and properly maintained?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
<b>#11 Note:</b> Review LA equipment maintenance logs			
12. Has the LA experienced any commodity losses during the past 12 months? (Include those incurred at distribution sites.) If yes, explain the losses and how they were resolved.	Yes(CA) <input type="checkbox"/>	No <input type="checkbox"/>	Comments:
13 Does the LA have a policy and procedures in place to inspect USDA commodities shipments prior to signing for receipt of delivers to identify damaged or spoiled product?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
<b>#13 Note:</b> Review the documents			
14. Does the LA practice "first in, first out" (FIFO)?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
15. Are BOLs properly completed?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
<b>#15 Note:</b> dated, signed, count verified, seal condition noted, temperature (if cold or frozen delivery)			
16. Do delivery records show that any discrepancy or out-of-condition was reported to ISDH <b>before</b> accepting the load?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
17. Does the book inventory on the last day of the prior month match data reported on that month's FNS-153?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
18. Does the physical inventory match the book inventory?	Yes <input type="checkbox"/>	No(CA) <input type="checkbox"/>	Comments:
<b>#17-#18 Note:</b> Answer after performing inventory check			

**Inventory Accountability Worksheet**

**Inventory Note:** Enter relevant data from the last FNS-153 before printing for completion.

Commodity	Material Code	Ending Inventory Last FNS-153	Physical Inventory	Over / Under





Are participants and proxies required to show ID each time food is issued? <b>247.10(b)</b>	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
10. Are proxy authorizations on file for all proxies used and are adequate controls in place?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
11. Are unclaimed food packages distributed prior to the end of the month, or if not, are they distributed within five working days of a single distribution date?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
12. Is the "no show" policy information provided to participants and enforced?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
13. Is appeal process information provided to participants and are copies available upon request?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
14. Are appropriate distribution records maintained by the LA?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
15. Does the LA receive <b>timely</b> participant service data from distribution sites?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
16. Are commodities distributed to eligible participants according to current, established guidelines?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:

**SECTION V: CIVIL RIGHTS (241.12 and 247.13)**

1. Do admission procedures allow enrollment by minority persons without restriction?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
2. Do all materials used to publicize the CSFP to participants and the public contain the nondiscrimination statement and procedure for filing a complaint? ( <b>attach copies</b> )	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
3. Is the Civil Rights statement displayed in a prominent location during distributions?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
4. Are information and compliance procedures provided on request in the appropriate translations?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
5. Are all services and facilities accessible and used routinely by all persons without regard to race, color, national origin, sex, disability, or religion* (*Indiana statute)?	Yes <input type="checkbox"/>	No(NA) ) <input type="checkbox"/>	Comments:

**SECTION VI NUTRITION EDUCATION (247.18)**

1. Is nutrition education thoroughly integrated into Program operations?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:
2. Are Supplemental Foods used for food demonstrations documented on the FNS-153 and supported with participant sign-in log sheets?	Yes <input type="checkbox"/>	No(CA) ) <input type="checkbox"/>	Comments:

**STAFFING**

Name and Title	CSFP Responsibilities

**NOTES / COMMENTS**

Area(s) of excellence:
Area(s) of particular concern:
Additional comment(s):

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

**RACIAL/ETHNIC GROUP PARTICIPATION  
 COMMODITY SUPPLEMENTAL FOOD PROGRAM**

FNS INSTRUCTION 113-1

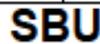
1. STATE <input style="width:100%;" type="text"/>	2. STATE # <input style="width:100%;" type="text"/>	LIA # <input style="width:100%;" type="text"/>	NO. OF SITES <input style="width:100%;" type="text"/>
3. REPORTING LOCAL AGENCY NAME <input style="width:100%;" type="text"/>			
ADDRESS <input style="width:100%;" type="text"/>			
CITY <input style="width:100%;" type="text"/>			
STATE <input style="width:100%;" type="text"/>		ZIP CODE <input style="width:100%;" type="text"/>	
TELEPHONE NUMBER <input style="width:25%;" type="text"/> <input style="width:25%;" type="text"/> <input style="width:25%;" type="text"/>			

4. REPORTING YEAR: APRIL

<u>PARTICIPANTS FOR THE MONTH OF APRIL</u>		<u>COLUMN A</u>	<u>COLUMN B</u>
		TOTAL NUMBER OF PARTICIPANTS BY RACE	NUMBER OF HISPANIC OR LATINO PARTICIPANTS REPORTED IN COLUMN A BY RACE
PARTICIPANTS WHO MARKED ONLY ONE RACE	5. AMERICAN INDIAN OR ALASKA NATIVE	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	6. ASIAN	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	7. BLACK OR AFRICAN AMERICAN	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	8. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	9. WHITE	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
PARTICIPANTS WHO MARKED TWO RACES	10. AMERICAN INDIAN OR ALASKA NATIVE AND WHITE	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	11. ASIAN AND WHITE	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	12. BLACK OR AFRICAN AMERICAN AND WHITE	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	13. AMERICAN INDIAN OR ALASKA NATIVE AND BLACK OR AFRICAN AMERICAN	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	14. BALANCE REPORTING MORE THAN ONE RACE	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
	15. TOTAL (ADD ITEMS 5 THRU 14)	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>

16. REMARKS

DATE	TITLE	SIGNATURE
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## INSTRUCTIONS

This report will be prepared annually covering the month of April.

**LOCAL AGENCIES** - Must submit the data to the State agency by the due date established by the State.

**STATE AGENCIES** - Must determine that the data has been received from all local agencies. The data must be submitted to the appropriate FNS Regional Office by the 31st of July.

**FNS REGIONAL OFFICES** - Must determine that the data has been received from all State and local agencies. The FNS Regional Office must ensure that all data is posted into the Food Programs Reporting System database by the 19th of September.

Item 1. Self-explanatory.

Item 2. For the State agency, enter the seven-digit State agency code. For the local agency, enter the 10-digit identification number assigned by FNS. New local agencies must obtain an identification number from FNS. Enter the number (001 or more) of sites under each local agency's supervision.

Items 3, 4 and 16. Self-explanatory.

Items 5-15. Report for each racial group the number of participants who received program commodities in April. For purposes of this form, "Hispanic or Latino" is an ethnic group, not a race. In Column A, report the total number of participants by race, including individuals of Hispanic or Latino origin. In Column B, report only participants of Hispanic or Latino origin by race. The form is requesting separate counts for participants who chose only one race and those who chose more than one race.

For item 14, report the total number of participants who chose racial combinations that are *not included* in items 10 through 13.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0025. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Commodity Supplemental Food Program (CSFP)  
**Memorandum of Agreement (MOA) Between Local Agency and Sub-Distributing Agency**

Name of Local Agency	LA ID
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Name of Sub-Distributing Agency		
Address of Sub-Distributing Agency (Street, City, State, ZIP Code)		Area Code and Telephone Number - -
Mailing Address (if different)		Fax Area Code and Telephone Number - -
Name of Sub-Distributing Agency Official	Title	E-mail Address

**Agreement**

This agreement specifies the rights and responsibilities of the above named Local Agency (LA) and the Sub-distributing Agency (SDA) as participants in the Commodity Supplemental Food Program (CSFP). By signing this agreement, both parties are bound by its terms and conditions until its ending date, unless terminated earlier in accordance with this agreement. This agreement may be terminated for cause by either party, by mutual consent of both parties, or solely by the SDA without cause or mutual consent.

**Rights and Responsibilities of the Local Agency**

**The Local Agency agrees to:**

1. Train the SDA according to CSFP requirements and offer training sessions and technical assistance at a time and place that is convenient to the SDA.
2. Provide CSFP record keeping forms to the SDA without charge.
3. Provide CSFP services to the SDA without charge.
4. Ensure that all USDA foods are distributed to eligible participants without regard to race, color, national origin, sex, age or disability.
5. Ensure that all USDA food packages comply with CSFP requirements.
6. Monitor the SDA's distribution of USDA foods according to CSFP requirements and do so during the SDA's normal hours of operation.
7. Notify the SDA in writing when terminating this agreement to participate in the CSFP. The Local Agency will provide 60 days notice, in writing, when terminating this agreement without mutual consent except that, if the health or safety of a CSFP participant is at risk, the Local Agency may terminate the agreement without prior notice.
8. Ensure that the SDA meets all local and state health and sanitary code requirements applicable to food storage, transportation and distribution.
9. Notify the SDA of their right to appeal any adverse action, in accordance with CSFP requirements.
10. Respond to SDA inquiries promptly, in accordance with CSFP requirements.
11. Maintain accurate and complete records for a period of three year from the close of the fiscal year to which they pertain, or longer if records are related to unresolved claims actions, audits, or investigations.

### Rights and Responsibilities of the Sub-distributing Agency

**The Sub-Distributing Entity agrees to:**

1. Comply with all requirements for receiving, handling, transporting and storing USDA foods as provided in the CSFP State Plan and Manual, amendments and addenda, ISDH policy, and USDA regulations and instructions.
2. Comply with all local and state health and sanitary code requirements applicable to food storage, transportation and delivery.
3. Notify the Local Agency immediately if a participant fails to visit a distribution site for two consecutive months.
4. Distribute the appropriate USDA foods package to a CSFP participant based on their categorical eligibility.
5. Ensure that all USDA foods are distributed to eligible participants without regard to race, color, national origin, sex, age or disability.
6. Certify the eligibility of applicants who apply for USDA foods, as applicable.
7. Maintain the confidentiality of household information.
8. Notify CSFP applicants and participants of their right to a fair hearing, as applicable.
9. Prohibit certain activities, such as requiring participants to join an organization or participate in religious activities, at distribution sites that are unrelated to the distribution of USDA foods.
10. Allow representatives of the Local Agency, ISDH, and the United States Department of Agriculture to review its site operations and records.
11. Maintain program information as required by the Local Agency and the CSFP State Plan and Manual for a period of three years from the close of the fiscal year to which they pertain, or longer if records are related to unresolved claims actions, audits, or investigations.
12. Attend training sessions required by ISDH and the Local Agency.
13. Notify the Local Agency, in writing, with 60 days notice if terminating this agreement to participate in the CSFP.

**Certification**

We, the undersigned, do hereby make and enter into this agreement. By so doing, we certify that the information contained in this document is true and correct to the best of our knowledge and is provided for the purpose of obtaining federal assistance. We do mutually agree to comply with the CSFP federal regulations (7 CFR Part 247, as amended), Donation of Foods federal regulations (7 CFR Part 250, as amended), Uniform Federal Assistance Regulations (7 CFR 3015, as amended), and state policies and procedures as issued and amended by ISDH. We understand that the deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Effective from \_\_\_\_\_ to September 30, 2016.

Name of Sub-Distributing Agency Official (type or print)		
Title of Sub-Distributing Agency Official	Signature – Sub-Distributing Agency Official	Date

Name of Local Agency Representative (type or print)		
Title of Local Agency Representative	Signature – Local Agency Representative	Date

**Local Agency** \_\_\_\_\_ **Distribution Site** \_\_\_\_\_

**Household Information (PLEASE PRINT)** To be completed by Applicant, Household Member, Authorized Representative or Agency that is determining eligibility.

Name of Applicant (Last, First, Middle Initial)	Site Name	Date of Birth / /
Address (Street, City, State, ZIP Code)	Area Code and Telephone No. - -	Gender (Circle One) Male Female

Have you ever received food from the Commodity Supplemental Food Program?  
If yes, where? \_\_\_\_\_  Yes  No

Date applicant last received food from the CSFP: \_\_\_\_\_

Total Number of Household Members	Total Gross Income (before deductions) of all Household Members \$ _____ Weekly Monthly Yearly	<b>Note:</b> SNAP benefits do not count as income.
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**CSFP Income Guidelines (130% of poverty)**

I hereby certify that my household income is at or below the following guidelines: **Yes [ ]** **No [ ]**

Household Size	Annual	Monthly	Household Size	Annual	Monthly
1	\$ 15,301	\$ 1,276	5	\$ 36,933	\$ 3,078
2	\$ 20,709	\$ 1,726	6	\$ 42,341	\$ 3,529
3	\$ 26,117	\$ 2,177	7	\$ 47,749	\$ 3,980
4	\$ 31,525	\$ 2,628	8	\$ 53,157	\$ 4,430
For each additional household member, add				\$ 5,408	\$ 451

**To be completed by program staff – Initial Application**

<b>Eligibility</b>  Income <input type="checkbox"/> Yes <input type="checkbox"/> No Categorical <input type="checkbox"/> Yes <input type="checkbox"/> No Residence <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Category</b>  <input type="checkbox"/> Elderly <input type="checkbox"/> Not categorically eligible	<b>Determination</b>  <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible <input type="checkbox"/> Eligible–On Waiting List	Date Determination Notice Sent: _____	_____
			Determination Date: _____	_____
			Date of Initial Visit: _____	_____
			Certification Period _____ - _____	_____
Signature-Individual Making Determination		Title-Individual Making Determination		

**Recertification – To be completed by program staff**  6-month extension, there were no changes

<b>Eligibility</b>  Income <input type="checkbox"/> Yes <input type="checkbox"/> No Categorical <input type="checkbox"/> Yes <input type="checkbox"/> No Residence <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Category</b>  <input type="checkbox"/> Elderly <input type="checkbox"/> Not categorically eligible	<b>Determination</b>  <input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible <input type="checkbox"/> Eligible–On Waiting List	Date Determination Notice Sent: _____	_____
			Determination Date: _____	_____
			Date of Initial Visit: _____	_____
			Certification Period _____ - _____	_____
Signature-Individual Making Determination		Title-Individual Making Determination		

**Participant Acknowledgement**

If placed on the program, I will pick up food as directed. Failure to pick up food as directed may result in being dropped from the program.

I understand that if I choose to send an alternate (proxy) to pick up my food, I must have a completed Proxy Form on file designating that person.

I understand that the food provided by this program is intended for the participant for whom it is prescribed.

**Fair Hearing**

I may appeal any adverse decision made regarding my eligibility for the Program. I or my caregiver may request a fair hearing by making a verbal or written request to a State or Local Agency official within 60 days of the notification date of an adverse action.

**Nondiscrimination:** The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

**Race:** Black or African American  Black or African American and White  White  Asian and White   
 American Indian or Alaska Native  American Indian or Alaska Native and Black or African American   
 Native Hawaiian or Other Pacific Islander  American Indian or Alaska Native and White  Asian

**Ethnicity:** Hispanic or Latino  Not Hispanic or Latino

**Certification (MUST BE READ TO APPLICANT BEFORE SIGNING):** 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, including the right to appeal any decision made by the local agency regarding my denial or termination from the Program. I understand that the local agency will make nutrition education available to me and I am encouraged to participate. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

I authorized 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 – Applicant	Date	Name of Proxy – Optional (print or type)
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Commodity Supplemental Food Program (CSFP)  
**Notice of Eligibility Determination**

You recently submitted an application to participate in the Commodity Supplemental Food Program (CSFP) and are determined:	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;"><b>Notification Date:</b></td> </tr> <tr> <td style="padding: 2px;"><b>Application Date:</b></td> </tr> </table>	<b>Notification Date:</b>	<b>Application Date:</b>
<b>Notification Date:</b>			
<b>Application Date:</b>			
<p><input type="checkbox"/> Ineligible – household income exceeds 130% of poverty.</p> <p><input type="checkbox"/> Ineligible – county of residency is not currently served by the Program.</p> <p><input type="checkbox"/> Ineligible – age is not 60 or older.</p> <p><input type="checkbox"/> Eligible and placed on a waiting list.</p>			

<input type="checkbox"/> Eligible and active.	<b>SEE FOOD PACKAGE PICKUP INFORMATION BELOW</b>
Pickup Location: _____ Day/Date: _____ Time: _____ Method: _____	

**Right to Appeal**

You have the right to appeal any adverse action regarding your application and/or participation in the Program. You or your caregiver may request a fair hearing by making a verbal or written request to a State or Local Agency official within 60 days of the notification date of an adverse action.

**Civil Rights**

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

Signature-Individual Making Determination	Title-Individual Making Determination
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Commodity Supplemental Food Program (CSFP)  
**Receipt of USDA Products**  
**PROXY STATEMENT**

This proxy is for the individual recipient who is unable to pick up a CSFP package at the designated location and time due to disability, transportation issues or conflicting work hours. This form must be completed in full by the individual designating his/her proxy and signed by the designated Proxy.

**CSFP Applicant (PLEASE PRINT)**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ HOUSEHOLD SIZE: \_\_\_\_\_

CITY ZIP CODE

Reason for Proxy? \_\_\_\_\_

**Proxy Who Will Be Picking Food Up (PLEASE PRINT)**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_ DAYTIME PHONE NUMBER

CITY ZIP CODE

**Willful diversion of USDA commodities for personal gain is a state and federal offense, subject to a fine of up to \$25,000 and/or imprisonment up to 5 years. USDA products cannot be sold, traded or bartered. I certify I am aware that selling, exchanging, fraud in securing, or abuse of the commodity program is subject to Federal prosecution under Section 12G of the National School Lunch Act.**

Signature: \_\_\_\_\_ Verified By: \_\_\_\_\_  
CSFP Applicant Site Personnel

Signature: \_\_\_\_\_ Verified By: \_\_\_\_\_  
Proxy Site Personnel

One-Time Only  Permanent

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the basis of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited basis will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

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Commodity Supplemental Food Program (CSFP)  
**Notification of Removal from Program**

You are hereby notified that you are removed from the Commodity Supplemental Food Program (CSFP) for the following reason/s:

<b>Notification Date:</b>
<b>Deadline to Appeal:</b>
<b>Removal Effective Date:</b>

- Missed picking up food package for the last two months. *(You may reapply. Please note that food package availability is limited and that, if the caseload limit has been reached, you will be placed on a waiting list.)*
- Dual participation detected.
- Fraud.
- Failure to recertify. *(You may reapply. Please note that food package availability is limited and that, if the caseload limit has been reached, you will be placed on a waiting list.)*
- CSFP is discontinued in your county of residence.
- Other:

**Right to Appeal**

You have the right to appeal any adverse action regarding your application and/or participation in the Program. You or your caregiver may request a fair hearing by making a verbal or written request to a State or Local Agency official within 60 days of the notification date of an adverse action.

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Signature-Individual Making Determination	Title-Individual Making Determination
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