INDIANA DIVISION OF FAMILY AND CHILDREN
HOUSING AND COMMUNITY SERVICES SECTION
TEFAP ASSESSMENT for RECIPIENT AGENCY
PROGRAM YEAR 2003

Exhibit J

RA _____ **DATE** _____
ADDRESS _____**Zip** _____
TELEPHONE _____**FAX #** _____
STAFF _____ **TITLE:** _____
STAFF _____**TITLE:** _____
EXECUTIVE DIRECTOR: **FISCAL YEAR 2003**
E-MAIL ADDRESS: _____
REVIEWER _____ **TITLE** _____

I. ADMINISTRATION: (FOLLOW-UP)

Was there any Corrective Action in previous monitoring letter? __Y__ N Date of Monitoring Letter ____ Was the response within the time frame? __Y__N Date of Letter __(**Information completed prior to visit)**
(Did RA check to see if corrective action is still applied on next visit?) Does the outlet always receive a copy of the review? __Y__N If no, why not?

_____
__

II. ADMINISTRATION: (CURRENT)

1. Number of food pantries ___; number of soup kitchens/shelters ___; number monitored this year ___. Total of Outlets ___ Who does the reviews?
   Name _____
   Title _____

2. When are 100% reviewed? __Even year __Odd year.

3. Do all outlets have refrigerators? __Yes __N; freezers __Y __N; if no, when will they have both? _____
   (**This is a requirement to be an outlet)**

4. Do all outlets have thermometers in dry area __Y __N; Refrigerated __Y __N; Frozen __Y __N.

5. Are temperatures at outlets taken a minimum of once each week?
   __Y__N

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6. Is temperatures log maintained for all three areas? __ Y __ N; if no Why? _____
   When will a log be maintained? _____

7. Do you check Board of Health Certificate date? __Y __N; If no, Why _____

8. Does the monitor check the log and initial on each visit? __Y__N

9. When monitoring do you verify current eligibility certificate at each?
   (HH of 1 $ 1,123) Poverty level (Outlets must keep forms for 3 yrs plus current)

10. Are the pantries told to destroy old eligibility certificates immediately? __Y __N

11. Did you send out current Eligibility Certificates? __Y__N

12. Did you send out Spanish version? __Y__N

13. Do you need Certificates? __Y__N If yes, __English __Spanish
    List of USDA products in Spanish are in the TEFAP Manual

14. What monitoring tool do you use? __ RA's __ State __Combination
    (If not State obtain a copy of the tool.)

15. Are household and/or meal counts updated for the outlets prior to receiving the Allocation Workbook? __Y __N

16. Are actual counts then entered into the TEFAP software? __Y__N
    If no, why? _____

17. Is information for new outlets, address or contact changes sent on the Outlet Summary Form prior to next distribution? __Y__N If new outlet is not on Allocation Worksheet, do you allocate to the outlet? __Y __N; If Yes, how do you account for the product?
    _____

18. Do all outlets have a copy of their current Memorandum of Agreement (MoA) at the site? __Y__N If no, Why not? _____

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19. Are you using the Memorandum of Agreement provided to you?
__Y __N Has your addendum(s) been approved? __Y __N
(Obtain a copy of the MoA)

20. If outlet carries the insurance do you have a Certificate of Insurance? __Y__N If no, how do you know if the insurance is valid? _____

21. Is a copy of the Insurance Certificate on file at each outlet? __Y__N (Is the Certificate current?) __Y __N

22. Are you following the process and criteria for approving new outlets? __Y __N When renewing an Outlet do you verify they are still following all the criteria for being an outlet and using correct forms if applicable? __Y __N, If no, is corrective action taken? __Y __N, What is the time frame for compliance? _____

23. Do you physically visit each outlet before approving participation? __Y __ N, If no why? _____
Are the new outlets on ground level? __Y__N If no, how are the disadvantaged served? _____

24. Do your outlets use a food bank? __Y__N __ Sometimes; If not, how do they maintain a balance and the 50% match? _____

25. Do you submit TEFAP reports within the time frame for product still in your facility each month? __Y __N, If no, explain _____

26. Do you maintain a copy of the 501(C)(3) for each outlet? __Y __ N. Do you have outlets that are church affiliated? __Y __N

27. Do you maintain a file for each outlet? __Y __N.

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Review this file for contents.

a. 501(C)(3) __ Y __N
b. MoA __Y __N
c. Review form and letter __Y__N
d. Type of client choice __Y__N
e. Number of items offered __Y__N
f. Operational hours __Y__N
g. HH's or Meal served __Y __N
h. Inventory reports __Y__N
i. Certificate of Insurance __Y__N__NA
j. Verification of off premise storage __Y__N__NA

28. How often do you offer outlet wide training? __yearly __ 2-years
(Required every 2 years)

29. Date of last training._____

30. Do you require attendance? __Y__N

31. Who does new Outlet training? _____
Title _____ Do you need the TEFAP Specialist to assist with the training __Y__N

32. Does each outlet have a TEFAP Manual? __Y__N

33. Does each site have an USDA Title VI non-discrimination poster title "….And Justice for All" and it is displayed in clients view? __Y__N
Do you need posters? __Y__N How many? _____

34. How do you circulate information concerning the availability and operating hours of each Outlet in your service area? _____
_____
_____
_____

35. How do you get the information to DFC caseworkers, outreach workers, homeless populations, churches, help lines, radio, and free newspapers?_____

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36. Do you and the Outlets use flyers and posters to advertise the hours of operation? __Y__N, If not, why _____
_____

37. Do you feel comfortable with your Outreach efforts? __Y__N. If no, how can you improve? _____
_____

38. Do the outlets post their hours and days of operation on the outside of the facility for clients to see? __Y__N **(This is a requirement)**

39. Do outlets do networking? __Y__N How? _____
_____

As a RA are you involved? __Y__N_____
_____
_____

40. Is a staff person designated to answer questions concerning TEFAP? __Y __N Staff Person: _____ Title _____

41. Who refers clients to specific outlets? __Y__N
Staff Person: _____ Title _____

42. Do outlets provide other services? __Y__N What? 1. _____
2. _____ 3. _____ 4. _____

43. Do outlets serve specific area? __Y__N __Some __All

44. How many outlets serve clients more often than every ___ weekly; ___ 3X every 30 days; ___ 2X every 30 days; ___1X every 30 days?

45. Open a minimum of 2 hours per month? __Y__N

46. .Have you received any complaints concerning product? __ taste __ amount __ packaging __ other **(check all that apply)**

(write comments on last page)

47. Do you keep a log for complaints? __Y__N (Review and initial)__

48. Have there been any Civil Rights complaints filed against the RA? or against any outlet since the time of the last review? __Y__N If yes, how were they handled? _____

III. CLIENT SERVICES

1. Do you accept all products at one site? __Y__N

2. What is the name of your storage facility? _____

3. Do you fax and then mail Bill of Ladings to the State or to Gleaners within 3 days of receipt of product? __Y__N If no, why? _____
_____

4. Do you store product for outlets? __Y__N

5. Do you store USDA food products for longer than 6 months?__Y__N
(USDA product is not to be kept over 6 months)

6. Do you set the Household items by X number in family? __Y__N

7. Do outlets set the Household items by X number in family?__Y__N

8. Do the outlets post the allocation or number of items due each family size? __Y__N

9. How often do outlets send in inventory reports? __ Bi-monthly __ monthly __ never

10. Is this done by __phone __ written __ N/A? If N/A, how do you now how much product is on hand? _____

11. Do you allow outlet to order items? __Y__N Do you plan to use this method? __Y__N

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12. Do you verify that outlets maintain the 50% match by :
    a. Inventorying how much other food sources and non-food items are on hand? __Y __N
    b. Do you ask for pounds? __Y__N __NA
    c. Do you look at receipts?__Y__N__NA
    d. Other _____
    _____

13. Do trustees use food vouchers for the 50% match? __Y__N__NA
    If no, how do they match? _____
    How many trustees participate? _____

14. Are all of your pantries able provide an array of foods and non-food items without USDA food products? __Y__N

15. Do your pantries always integrate like food products? __Y__N
    If no, when will they start? _____

16. Are you assured that all of your pantries are Client Choice? __Y__N

17. Do you ask which type of Client Choice is offered? __Y__N

18. Do you follow-up on complaints that say Client Choice is not offered? __Y__N If No, Why not? _____

19. What efforts are made to service the homebound, elderly and working? _____

20. Are they still meeting the guidelines of being Client Choice? __Y__N
    If not, Why_____
    _____

21. If outlet does not do deliveries, do they use the "Proxy Statement"?
    __Yes __No If No, Why not?
    _____
    (Proxy Statement is in the Manual)

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IV. FISCAL

1. What percent of funding is allocated for food shares?
   _____

2. How many food shares per outlet? _____

3. Total Award: _____

4. Number of pounds submitted for payment: _____
   (At time of review)

5. Balance of Award: $_____

6. Will you claim total award by September 30? __Y __N

7. When do you expect to exhaust funds prior to September 30?
   __Y__N__NA

8. When were funds exhausted? _____

V. Program

1.Do you have any concerns or complaints with the TEFAP?
Program? __Y__N_____
_____
_____

2. Who is your TEFAP Committee representative? _____
_____
What is their title? _____
Who else attends? _____

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3. Number attended? __October __January __April __July

4. Do you have any concerns or any complaints about the product?
__Y__N If yes, what _____
_____

5. Do you encourage your food outlets to have pre applications for Food Stamps available at all outlets and shelters in your service area? __Y __N If no, Why not? _____

VI. COMMENTS

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