

# **COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) OPERATIONS MANUAL**

**Prepared by:**

**Arkansas Department of Education**

**Division of Elementary and Secondary Education**

**District Operations**

**Food Distribution Unit**

**2 Capitol Mall**

**Little Rock, AR 72201**



**This institution is an equal opportunity provider.**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**  
**U.S. Department of Agriculture**  
**Office of the Assistant Secretary for Civil Rights**  
**1400 Independence Avenue, SW**  
**Washington, D.C. 20250-9410; or**
2. **fax:**  
**(833) 256-1665 or (202) 690-7442; or**
3. **email:**  
**[program.intake@usda.gov](mailto:program.intake@usda.gov)**

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## **100     General Information**

The Commodity Supplemental Food Program (CSFP) is administered at the Federal level by the Food Nutrition Service (FNS), an agency of the U.S. Department of Agriculture (USDA). The program is authorized under Section 4 (a) of the Agriculture and Consumer Protection Act of 1973. Federal regulations covering CSFP may be found in 7CFR, Parts 247 and 250.

USDA purchases food and makes it available to CSFP State agencies and Indian Tribal Organizations (ITOs), along with funds for administrative costs. State agencies order the food through USDA and distribute it to public and non-profit private local agencies.

Local agencies determine the eligibility of applicants, distribute the food and provide nutritional education. Local agencies also provide referrals to other welfare, nutrition, and health care programs such as SNAP, Medicaid, and Medicare.

The CSFP in Arkansas works to improve the health of low-income elderly people who are sixty (60) years of age or older by supplementing their diets with nutritious USDA commodity food.

CSFP food packages do not provide a complete diet, but rather are a good source of the nutrients typically lacking in the diets of the target population.

## **110     State and Local Authorization**

The Arkansas Department of Education (ADE) has been designated by the Governor and USDA as the state agency responsible for CSFP. The ADE Division of Elementary and Secondary Education (DESE), District Operations, Food Distribution Unit administers all USDA food distribution programs including: The National School Lunch Program (NSLP), Child and Adult Care Food Program (CACFP), Summer Food Service Program (SFSP), The Emergency Food Assistance Program (TEFAP) and the Commodity Supplemental Food Program (CSFP).

ADE amends the CSFP State Plan to USDA as necessary. A copy of the State Plan is available upon request. Local agencies participating in the program submit agreements through the Food Distribution Unit by the beginning of each Federal fiscal year (October 1). This document specifies the responsibilities of both the local agency and the ADE.

## **200     Recipient Category**

Certification for an individual to participate requires categorical eligibility, a person who is age 60 years and older. Categorical eligibility is established by birth date.

## **210     Income Guidelines**

The income criteria used to determine CSFP eligibility for the elderly is 130% of the Federal Poverty Income Level. The Federal Poverty Income Guidelines are published annually by the

United States Department of Health and Human Services. Current income guidelines are available through the ADE Food Distribution Unit.

## **220     Certification Procedures**

All eligible CSFP applicants must be certified on a first-come, first-served basis by all distributing agencies. Eligibility determinations are conducted at local agencies by authorized certifying personnel. All certification data is recorded on an application form.

- An applicant must provide the following information:
- Name and address.
- Some form of identification proving the name and address of applicant.
- Date of birth and age.
- Household income, except where applicant is determined to be automatically eligible (elderly receiving food stamps/SNAP program participants).
- Household size.

The application form must also include a **non-discrimination statement** that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex (including gender identity and sexual orientation), or disability.

Applicants must also be informed of their **rights and responsibilities** in writing as follows:

- The local agency will provide notification of a decision to deny or terminate CSFP benefits and of an individual's right to appeal this decision by requesting a fair hearing.
- The local agency will make nutrition education available to all participants and caretakers of participants and will encourage them to participate.
- The local agency will provide information on other nutrition, health, or assistance programs, and make referrals as appropriate.
- Improper use or receipt of CSFP benefits as a result of program violations may lead to a claim against the individual to recover the value of the benefits and may lead to disqualification from CSFP.
- Participants must report changes in household income, address, or composition within ten (10) days after the change becomes known to the household.

The following statement must be read by, or to the 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. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes.”

(Please indicate decision by placing a checkmark in the appropriate box.)

Yes [ ]                      No [ ]

Certification forms should also include:

- The signature and title of the person making the eligibility determination.
- Date the application is initiated and the date of certification or denial.

The form may be used for other local agency programs as long as the elements required for CSFP are present and the applicant has the opportunity to allow or refuse the release of information to other organizations administering assistance programs.

Copies of income documentation are not required to be maintained on file as the intake staff's signature certifies income is at or below guidelines.

Certification forms should be available at sites during each distribution for completion by new participants.

## **230     Income Verification**

Income refers to total cash receipts before taxes. Eligibility should be based on current income status, defined as cash receipts for the current month.

For eligibility purposes, the following are counted as income:

- Wages and salaries before deductions.
- Receipts from non-farm and farm self-employment, defined as receipts from a person's own business or farm after deductions for business or farm expenses.
- Regular payments from Social Security, railroad retirement, unemployment compensation, strike benefits, veterans' benefits, public assistance, including Supplemental Security Income (SSI), training stipends, alimony, private pensions, government employee pensions, and regular insurance or annuity payments.
- Income from dividends, interest, rents, royalties, or periodic receipts from estates or trusts.
- Child support payments.

For eligibility purposes, income does **not** include the following:

- Capital Gains.
- Any assets acquired through withdrawals from a bank account or the sale of property, house, or car.
- Tax refunds, gifts, lump-sum inheritance, one-time insurance payments or compensation for injury.
- Medicare Part D deductions.
- Food or rent received in lieu of wages.
- The value of food and fuel produced and consumed on farms, and the imputed value of rent from owner occupied non-farm and farm housing.
- Federally funded student financial assistance.
- Student loans.

## **240    Age Verification**

In the senior program, proof of age may also be established by a driver's license, family records, Social Security or Civil Service award letters, and Medicaid or Medicare cards.

## **250    Residency Requirements**

Clients must live in a county where CSFP services are available to be served. Residency will be determined based on the client's declaration of their present address. Each of the approved partner-sites will serve only residents of the county in which they are located.

### **Special Cases:**

- Homeless Individuals: Local agencies may waive residency requirements for homeless individuals. However, homeless individuals must be able to store, prepare, and consume their food separately from other individuals at their temporary shelter. The homeless individual may not receive food on behalf of a shelter.
- Foreign Nationals: Citizenship is not a prerequisite for participation in CSFP, but an individual must be a legal resident of the United States. Verification of documents is not required.
- Handicapped Individuals: handicapped individuals must meet the same eligibility criteria of all program recipients.

## **260    Civil Rights Notification**

Current "And Justice for All" posters are to be prominently placed in all intake offices and distribution sites. The statement below must be included on all materials regarding USDA household commodity programs that are produced by the local agency for public information, public education, or public distribution.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

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2. **fax:**  
(833) 256-1665 or (202) 690-7442; or
3. **email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov)

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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, ***“This institution is an equal opportunity provider.”***

In conjunction with federal regulation review requirements, the ADE conducts a civil rights review of each CSFP agency. State and local agencies must comply with the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Titles II and III of the Americans with Disabilities Act of 1990.

State and local agencies must also comply with the Department's regulations and nondiscrimination (7CFR Parts 15, 15a, and 15b), and with the provisions of FNS Instruction 113-1, including the collection of racial/ethnic participation data and public notification of the nondiscrimination policy. State and local agencies must ensure that no person shall, on the grounds of race, color, national origin, age, sex (including gender identity and sexual orientation), or disability, be subjected to discrimination under the program.

#### **270     Fair Hearing Notification**

At the time of certification and re-certification, applicants must be informed that they have a right to a fair hearing, and they may appeal any decision made by the local agency regarding denial or termination from the program.

An appeal may be made verbally or in writing at the administering agency headquarters. Participants may arrange for a hearing to be held before the food program director and they have a right to an appeal and hearing before the Executive Director of the agency. Each agency should have a written policy that explains their fair hearing procedure.

#### **280     Provisions for Non-English or Limited-English Speakers**

If a significant portion of the population in an area is comprised of non-English or limited-English speaking persons with a common language, local agencies must ensure that such persons are informed of their rights and responsibilities in the program in an appropriate language. The agency must also provide program information to such persons in the appropriate language.

#### **285     Health and Social Service Referrals**

During the certification procedure, each individual should be given information to obtain specific needed assistance and services. In addition to the personal interview intake procedure, each agency should have printed information about various programs displayed in its offices and/or distribution centers. Information should be made available to all participants about:

(1) Supplemental Security income benefits provided under Title XVI of the Social Security Act (42 U.S.C. 1381 et seq.); (2) Medical assistance provided under Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), including medical assistance provided to a qualified Medicare beneficiary (42 U.S.C. 1395(p) and 1396d (5)); and (3) SNAP (Food Stamp) Program (7 U.S.C. 2011 et seq.).

#### **290     Certification Periods**

Elderly persons shall be certified at not less than one year but no more than three years as long as the following criteria have been met:

- The person's address and continued interest in receiving program benefits are verified.

- The local agency has sufficient reason to believe that the person still meets the income eligibility standards.

The certification period extends to the last day of the month in which eligibility expires. If a participant does not receive USDA foods for three (3) months, that person is to be discontinued from the program. The local agency is to contact the person in writing that they have been discontinued from the program. The local agency will then contact the first person on the waiting list and offer participation in the program.

## **292    Discontinued Participant's**

Should a participant be discontinued from the program, a notification of discontinuance must be sent to the participant within fifteen (15) days from the date of discontinuance. The notification of discontinuance must include the effective date of discontinuance, the reason for the participant's discontinuance, a statement of the individual's right to appeal the discontinuance through the fair hearing process, and a statement that the program standards are applied without discrimination by race, color, national origin, age, sex (including gender identity and sexual orientation), or disability.

## **295    Waiting Lists**

Local agencies are encouraged to keep a waiting list of potential clients, as additional slots may become available. Local agencies may certify individuals for one-month periods to maximize caseload utilization. The ADE Food Distribution Unit has a responsibility to ensure that the State's assigned caseload is fully maximized. Therefore, caseload assignments may be shifted to ensure 100% statewide participation.

## **297    Client Notification of Distribution**

Local agencies must inform clients in writing of the deadline for picking up food packages prior to distributing food packages to clients on the waiting list. You must also convey in writing to waiting list participants that they are receiving the CSFP food package for that month only. For pick-up sites where CSFP foods are not stored, clients are to be given two (2) hours from the end of the distributing time before the agency can utilize the waiting list. For distribution sites where CSFP foods are stored, sites will give clients five (5) working days to pick-up CSFP foods before the waiting list is utilized. Whether the site is a pick-up site or distribution site, the client must be told in writing prior to the month's distribution of the cut-off date and/or time.

For example, when notifying clients in writing of the month's distribution date, add a phrase stating that clients who do not pick-up their CSFP food package by (date and time), will forfeit their food package for the month.

## **299     Dual Participation and Program Violations**

For program violations that involve fraud, the State agency must require local agencies to disqualify the participant from CSFP for a period of up to one year, unless the local agency determines that disqualification would result in a serious health risk. The State agency must require local agencies to permanently disqualify a participant who commits three program violations that involve fraud. For 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.
- (3) Selling CSFP commodities or exchanging them for non-food items.

## **300     Nutrition Education**

The goal of Arkansas' CSFP agencies' nutrition education program is to enable participants to obtain better nutrition status through increased understanding of basic nutrition principles and through effective use of food products. The local agency must make nutrition education available to all adult participants and to parents or caregivers of participants.

Regulations at 7 CFR 247.18(a) provide the following nutrition education evaluation procedures:

- Must include participant input,
- Must be directed by a nutritionist or other qualified professional, and
- May be conducted by the State or local agency or by another agency under agreement with the State or local agency.

Regulations for requiring Nutrition Education are found in the back of this manual. According to 7 CFR 247.18(b), "The local agency must provide nutrition education that can be easily understood by participants and is related to their nutritional needs and household situations. The local agency must provide nutrition education that includes the following information, which should account for specific ethnic and cultural characteristics whenever possible:

- (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) For pregnant and postpartum women, the benefits of breastfeeding.
- (5) The importance of health care, and the role nutrition plays in maintaining good health; and
- (6) The importance of the use of the foods by the participants to whom they are distributed, and not by another person."

### **310     Annual Nutrition Plan**

Each local agency must submit its nutrition education plan for the fiscal year by October 1<sup>st</sup>. A template can be found in the back of this manual. The plan must address the following points:

- The agency's CSFP nutrition education goals for the year.
- The action plan for achieving the goals includes a nutrition topic and recipe for each month.
- A summary of resources which will be used to obtain nutrition information.

Nutrition education must be easily understood by participants and related to their nutritional needs and household situations. It should take into account specific ethnic and cultural characteristics whenever possible.

Nutrition education can include:

- The nutritional value of CSFP foods and their relationship to the overall dietary needs of the population groups served.
- Nutritious ways to use CSFP foods.
- Special nutritional needs of participants and how these needs may be met.
- The importance of health care and the role nutrition plays in maintaining good health.
- The importance of the use of the foods by the participant, and not by another person.

### **320     Evaluation**

Agencies are required by regulation to implement an evaluation procedure to determine the effectiveness of nutrition education. The process must allow for participant input and may be conducted by the agency or by a contracted nutritionist or other professional determined by the State to be qualified to perform the evaluation procedure. Evaluations should be done annually and may be a random sample of the clientele. Keep surveys short if possible and to the point. Use a large font print size for easy reading. An example can be found in the back of this manual.

Agencies are encouraged to work with their local Arkansas Cooperative Extension Service representative to develop materials and presentations meaningful to the agencies clientele.

### **400     USDA Food Distribution Procedures – Food Package Requirements**

USDA foods distributed by CSFP include a variety of cereals, canned meats, fruit juices, vegetables, peanut butter, dry beans, nonfat dry milk, evaporated milk, rice, dehydrated potatoes or pasta, and cheese. 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, i.e., calcium, iron, protein, and vitamins A and C.

## 410 **Tailored Food Packages**

Since CSFP is a supplemental food program, tailoring of the food packages is encouraged. The following are some common situations where tailoring food packages is appropriate. If other situations are encountered where a tailored package may be needed, please contact the ADE Food Distribution Unit.

**Vegetarian:** Individuals choose diets without meat for a variety of reasons including ethical, religious, and health concerns. At this time, a CSFP participant who is a vegetarian may decline the meat but may not receive peanut butter or dry beans instead of meat because these foods are in different categories. He/she may receive the 18oz container of peanut butter or dry beans during the months when these foods are being issued.

**Low Sodium:** Some seniors may request a low sodium food package. Participants may be instructed to lightly rinse all canned vegetables to remove most of the salt.

**Low Sugar or Diabetic:** USDA fruits are packed in light sugar syrup. Participants may be instructed to lightly rinse canned fruits to remove most of the syrup.

**Low Cholesterol or Low Fat:** Cholesterol is only found in foods of animal origin while fat is found in most animal foods as well as in nuts, vegetable oils, and margarine. Some individuals may request a low fat or low cholesterol food package. For these individuals, egg mix may be eliminated, and dry beans substituted for peanut butter. Participants should be advised that most of the fat in the meat products can be removed by refrigerating the canned meat, which will solidify the fat making it easy to skim off.

## 420 **Food Distribution Procedures**

CSFP agencies distribute food to participants on a monthly basis. All food centers must be barrier free and accessible to the handicapped.

Do not facilitate clients' sharing unwanted commodities by providing a collection table. Refused items must be returned to the agency inventory.

Agencies should emphasize to clients that the USDA foods are for their personal use.

Distribution methods include pre-packaged boxes of food which may be distributed:

- Off the back of a truck to each participant after he/she signs for distribution.
- From a senior center or residential building.

#### 430 **Client Pick-up Procedures**

Clients must provide some form of ID at each distribution to verify receipt of their food package. Agencies may use a computer printout listing all eligible participants with a line for an agency to initial when the participant picks up his/her food.

Participants who may have trouble obtaining their USDA foods at normal distribution times may designate a proxy when they are certified. For emergency situations, the participant may send a new proxy with a signed note requesting the pick-up of the USDA foods.

When the food package is picked up by proxy, the proxy shows their ID, and the agency makes a note and initials on the certification form.

#### 440 **Monthly Distribution Rates**

USDA has established guidelines as to the type of food and quantity of each item which is to be packaged for each participant. There can be no adjustment to these guidelines unless done so by USDA. The monthly distribution must contain the following items:

##### **Effective May 1, 2022, until Further Notice**

<b>Food Package Category</b>	<b>Food Item</b>	<b>Amount Each Month</b>
Fruits and Juice	Canned Fruit (15.5 oz) Juice (64 oz) Raisins (15 oz)	<ul style="list-style-type: none"><li>• 1 juice and 3 cans fruit; <b>or</b></li><li>• 2 juices and 2 cans fruit; <b>or</b></li><li>• 1 package raisins, 1 juice, and 2 cans fruit, <b>or</b></li><li>• 1 package raisins, 2 juices and 1 can fruit.</li></ul>
Vegetables	Canned Vegetables or Soup (10.5 to 15.5 oz) Dehydrated Potatoes (1 lb.)	<ul style="list-style-type: none"><li>• <u>8 cans</u> vegetables or soup; <b>or</b></li><li>• <u>6 cans</u> vegetables or soup, <u>and 1 package</u> dehydrated potatoes.</li></ul>
Cheese	Cheese (2 lb.)	<ul style="list-style-type: none"><li>• 1 package cheese.</li></ul>
Milk	UHT Fluid Milk 1% (32 oz) Instant Nonfat Dry Milk (12.8 oz)	<ul style="list-style-type: none"><li>• 2 UHT milks, <b>or</b></li><li>• 1 UHT milk and 1 (12.8 oz) Nonfat Dry Milk</li></ul>
Meat, Poultry, and Fish	Beef, Beef Stew, or Chili* (24 oz) Chicken (10 to 15 oz) Beef Chili with Beans (15 oz) Tuna (12 oz) Salmon (14.75 oz)	<ul style="list-style-type: none"><li>• 1 (24 oz) shelf-stable package meat and 1 (10 to 15 oz) shelf-stable package beef, poultry, or fish; <b>or</b></li><li>• 3 (10 to 15 oz) shelf-stable packages beef, poultry and/or fish of any combination.</li></ul>

Plant-Based Protein	Canned Beans (15.5 oz) Dry Beans or Lentils (1 to 2* lb.) Peanut Butter (16 to 18* oz)	<ul style="list-style-type: none"> <li>• 3 units of any combination of canned beans, (1 lb.) dry beans or lentils, and peanut butter; <b>or</b></li> <li>• 1 (2* lb.) unit dry beans or lentils, and 1 unit of canned beans, peanut butter, or (1 lb.) dry beans or lentils.</li> </ul>
Cereals	Cereal, Dry Ready-to-Eat, (12 to 18 oz) Farina (18 oz) Rolled Oats (18 to 48* oz) Grits (2 to 5* lb.)	<ul style="list-style-type: none"> <li>• 2 units of any combination of cereal, farina, (18 oz) rolled oats, and (2 lb.) grits; <b>or</b></li> <li>• 1 (42* to 48* oz) unit rolled oats; <b>or</b></li> <li>• 1 (5* lb.) unit grits (every other month).</li> </ul>
Pasta and Rice	Pasta (1 lb.) Rice (1 to 2* lb.)	<ul style="list-style-type: none"> <li>• 2 units of any combination of pasta and (1 lb.) rice; <b>or</b></li> <li>• 1 (2* lb.) unit rice</li> </ul>

## 500 **Ordering and Receiving USDA Foods – Food Ordering Overview**

The ADE Food Distribution Unit orders USDA foods utilizing USDA’s web-based ordering system. The system indicates what commodities are available, possible ship dates, and the last date to place an order. USDA food orders will be placed for either direct shipment from the USDA food vendor (1 full truckload or more) or multi-food shipments from the USDA contracted warehouse. USDA foods are ordered quarterly for most direct-ship food items.

Agencies with a caseload of 2,000 or more clients and with ample storage space are encouraged to order their food for direct shipment. Multi-food shipments are available to agencies on a monthly basis. These are geared to agencies with smaller caseloads, operating smaller warehouses and to supplement specific USDA food needs for all agencies. USDA requires that warehouses maintain no more than two and a half (2.5) month’s supply of any one USDA food group.

### 510 **Procedures to Accept Deliveries**

All local agencies should have a copy of the following USDA Handbook available for warehouse personnel:

**Receipting for USDA Foods, Direct Shipment Version, (Shipments to State Facilities), September 2001.**

The booklet describes the responsibilities of the vendor and the receiving warehouse and provides a useful resource for training warehouse staff.

The USDA web-based ordering system generates a USDA food Code Outlay Report or Multi-Food Requisition Report as a reference for placed orders. Agencies receiving USDA foods into their warehouse will receive updated reports from the State Agency.

USDA sends a **Forwarding Notice (KC-269 Notice to Deliver and Vendor Invoice)** to the State which is copied to the Recipient Agency. KC-269s must be kept organized and accessible for the individuals that schedule USDA food delivery appointments.

The KC-269 contains all the pertinent information about the delivery. It also provides the type of USDA food, contact information of the shipper, and the delivery site. Key elements include:

- The ND No., (found in the top right-hand corner), indicates the type of purchase, and identifies the load to USDA. This number is needed for additional reports.
- The Disposition Number, DO No., consists of four (4) parts:
  - The USDA food code.
  - 105 is the numeric code for Arkansas.
  - The letter after the 105 indicates the delivery year (M would be July 1, 2010, through June 30, 2011.
  - The last three (3) digits, e.g., 002, is the order number.

Often a vendor shipment will have two stops and a final drop. It will show the destinations and the Disposition Number for each destination. The KC-269 indicates whether the delivery can be expected during the first half of the month (1st through the 15<sup>th</sup>) or during the second half.

Forwarding Notices are not generated for Multi-Food USDA food deliveries. Agencies must print their Multi-Food Requisition Reports from USDA web-based ordering system to verify those commodity orders.

Delivery appointments for direct shipments are made at least 24 hours in advance by a dispatcher for a trucking firm. Agencies receiving a multi-food load have a preset delivery date with the contracted warehouse.

Warehouses have two (2) hours to unload palletized deliveries and six (6) hours for non-palletized deliveries.

Do not unload a truck unless you are certain the food belongs to your agency.

## **515    FNS Instruction 709-5, Shipment and Receipt of USDA Foods**

FNS Instruction 709-5 (Instruction) establishes the general standards and procedures that the State Distributing Agency, Indian Tribal Organization, or other consignee must follow in receiving shipments of USDA Foods and conveys established responsibilities for entities such as USDA Foods vendors and carriers. USDA FNS and AMS jointly updated the Instruction to reflect Policy Memorandum FD-152, Discontinuance of the High Security Seal Requirement for USDA Foods Deliveries, the new National Multi-Food Warehouse contract, clarify and streamline program requirements, and ultimately ensure the best possible service to program partners.

## **520     Processing Shipping Documents**

While the shipment is being unloaded the warehouse completes the Agency Receiving Report. This must be done as the shipment is unloaded.

The Agency Receiving Report is a legal document. Information must be legible and accurate. A copy of the Agency Receiving Report and any relevant shipping papers (Bill of Lading) must be forwarded to the ADE Food Distribution Unit within 48 hours of receipt and must be retained for three years plus the current year.

Shipments must be carefully checked, and all damage or shortages must be documented.

A FNS-57 Report of Shipment Received Over, Short and/or Damaged must be completed when the load is out of specification or the amounts do not agree with the Forwarding Notice. Adjustments must also be documented on the Bill of Lading before signing by both the warehouse person in charge and the delivery driver before releasing the driver.

After the delivery, a copy of the Agency Receiving Report and the FNS-57 (when applicable) are sent to the ADE Food Distribution Unit within 48 hours of receipt. The agency keeps the originals of the above-mentioned documents, along with the shipping papers received from the delivery driver, and the KC-269. It is a USDA regulation that these documents be kept in a retrievable manner for three (3) years plus the current fiscal year.

## **530     Warehouse Management**

Storage facilities that handle, store, and distribute USDA foods shall obtain all required Federal, State, and/or local health inspections and/or approvals and these must remain current. These health inspections must be conducted every 24-36 months. Facilities must be structurally sound and provide protection from the elements and extremes of temperature.

Storage facilities shall:

- Be sanitary and free from rodent, bird, insect, and other animal infestation, best achieved by contracting with a professional service for effective pest control.
- Have safeguards against theft, spoilage, and other loss.
- Maintain foods at proper storage temperatures.

Recommended temperature levels are:

50-to-70-degree range for dry storage areas.

36-to-40-degree range for refrigerated storage areas.

0 degrees or below range for freezer storage areas.

- Reliable thermometers must be provided to ensure that proper temperatures are maintained. Temperature logs should be maintained on coolers and freezers.
- Proper ventilation is an important factor in protecting foods. Use fans to improve circulation and reduce temperatures if necessary.
- Stack and space USDA foods in a manner that allows easy identification at a distance of 24 inches. This will also facilitate accurate and quick counting.
- Store USDA foods off the floor on pallets and away from any walls to allow for adequate ventilation:
  - USDA foods must be 18 inches from any walls and at least 2 feet from the ceiling.
  - USDA foods must not be stacked to a height that would create unstable pallets, thus damaging product on the bottom, or that would endanger the food handlers.
- Take other protective measures as may be necessary.
- Follow First In, First Out (FIFO) principles and do not exceed two and a half (2.5) month supply of any one USDA food group.

### OSHA Regulations

Warehouses must follow the most current Occupational Safety and Health Administration (OSHA) standards for forklift operation as well as other heavy equipment. Employers are required to implement a training program that includes general principles of safe truck operation, site-specific information, and an evaluation of the employee's (operator's) knowledge and performance in operating the forklift. Its purpose is to reduce the number of injuries that occur as a result of inadequate operator training.

### Inventory Controls

Each agency must complete a physical inventory of all USDA foods at the end of each month or after the last day of distribution for that month. Guidelines to produce an accurate monthly inventory and maintain optimal inventory control include:

- Use pallet labels. USDA foods must be labeled with the product name, USDA code, date the product was received, pack date of the product, number of cases on the pallet, and the number of units in each case.
- Follow First In, First Out (FIFO) principles. When planning the monthly distribution menu, use the item in each USDA food group with the oldest pack date first, even if the item was received after items with a later pack date. Pack date takes priority over date received. USDA foods received on multi-food shipments often have an older pack date than direct-ship commodities.
- Organize USDA foods by food group and if possible, arrange in the same order as the FNS-153.

## **540     Food Ordering Procedures**

Agencies control their inventory by following sound ordering procedures. USDA requires that warehouses maintain no more than a two and a half (2.5) month supply of any one USDA food group. USDA orders are placed by the ADE Food Distribution Unit through the USDA web-based ordering system. USDA foods are received as direct shipment, as a multi-food shipment or through a transfer from another agency.

DIRECT SHIPMENTS are deliveries of a single commodity item direct from the vendor. Most commodity orders are placed quarterly. An agency must accept receipt for a minimum of 250 cases. Direct shipments are generally the most cost-effective way to receive commodities.

MULTI-FOOD SHIPMENTS are available when less than a full truck is needed of a particular USDA food. The State agency may place and order monthly on the USDA web-based system to be delivered on its assigned delivery date. State agencies may place and/or revise orders up to six (6) business days prior to their delivery date.

TRANSFERS of USDA foods from one local CSFP agency to another must be requested in writing by e-mail to ADE Food Distribution Unit. Transfers are used when a USDA food is needed to complete the food package before the next scheduled USDA delivery or if a dated product can be distributed more quickly by another agency before the expiration date.

## **550     Theft Prevention**

A well-organized warehouse has fewer propensities for both internal and external theft. Missing items are sighted more easily when a product is stored in an orderly fashion. Warehouses must be secured with reliable lock systems. Electronic alarm systems are preferable.

Consideration should be given to the placement of certain more desirable food items such as peanut butter, canned chicken, and cheese. Do not make it easy for visitors (packers, volunteers, and staff) to walk off with food items.

Agencies must have tracking procedures that document:

- The number of pre-packs sent to each site.
- The number of client signatures indicating receipt of the USDA foods at each site.
- The number of undelivered pre-packs returned to the warehouse.

The number of pre-packs sent to a site should equal the number of signatures plus the number of returned pre-packs. USDA foods in undelivered pre-packs or food items declined by clients must be returned to the inventory.

## **560     Damaged/Mishandled Food**

Product damage discovered during the delivery is to be reported on a FNS-57 as discussed in Procedures to Accept Deliveries.

Product damage hidden until pallets are dismantled or discovered as cases of food are opened must be reported to the ADE Food Distribution Unit. The agency will be directed to complete a Food Loss Report form. The Food Loss Report form may be used to report USDA foods that are damaged, out-of-condition, or have a quality problem. Be as specific and thorough as possible.

Incidental product damage during pre-packing and/or distribution can be avoided and must be an on-going concern to all agencies. Food loss due to carelessness expends valuable resources.

Pre-packing lines must be set up in a secure manner that prevents product damage. Agencies must impress on volunteers and staff the importance of handling the USDA foods with care. The staff assigned to unload trucks and moving inventory in the warehouse need to handle USDA foods responsibly.

## **570     Disposal Authorization**

A Destruction Report must be completed by the agency's local health department prior to the disposal of damaged commodities. Agencies must follow the instructions of the local health department to dispose of damaged USDA foods. USDA FNS Instructions 410-1, Non-Audit Claims – Food Distribution Programs indicates the State must:

- Pursue a claim on any loss in which the value of the food exceeds **\$250**.
- Transmit the claims action to the USDA Regional Office (SWRO), fully documented, after losses from anyone distributing agency, warehouse, carrier, or other entity reach a cumulative total that exceeds \$2,500 during the fiscal year.
- Make on-site reviews where significant or frequent losses occur.

The Instruction prompts states to take action on losses on a regular basis. Food Loss Report forms must also be submitted with the monthly FNS-153 Report.

## **580     Recall Procedures**

Recall procedures are an integral part of communication between the State and the agencies distributing USDA foods. It is important that agencies understand procedures in immediately reporting any food items which may be deemed unsafe. If the State sees the necessity, it will immediately declare a hold on a food item until such time as either the hold is lifted or recall procedures are put into place.

It is important that all staff is familiar with these procedures and should refer to USDA's website on Hold and Recall Procedures located at <https://www.fns.usda.gov/ofs/usda-food-recall-resources>. In the event of a USDA food recall, all parties have important roles and responsibilities for USDA Foods in accordance with 7 CFR Part 250, and FNS regulations and policies.

The Federal Agency:

- The responsible regulatory agency, FDA (Food and Drug Administration) or FSIS (Food Safety

and Inspection Service), investigates a food safety problem and works with the food manufacturer in the recall process. The regulatory agency issues a press release and posts recall information to their respective websites and to the [www.foodsafety.gov/recalls](http://www.foodsafety.gov/recalls) website.

- FSIS or FDA alerts FNS and the appropriate procurement agency (AMS or FSA) when a recall potentially affects USDA Foods.
- The procurement agency (AMS or FSA) determines whether any of the recalled product was purchased by USDA, the amount of product involved, and the delivery date and location of shipments to SDAs. They also work with the manufacturer to decide whether it will pick up the product, or if SDAs and RAs may destroy small quantities on-site. All information is communicated to FNS.
- FNS notifies SDAs about the USDA Foods recall as quickly as possible, usually within a few hours of receiving the recall alert. SDAs are provided with product identification information needed to help track the affected product. Product identification information may include the vendor's name, contract number, sales order number, purchase order number, ship-to city, and quantity.
- FNS contacts processors that received recalled bulk product directly from the USDA and alerts them to the recall.
- FNS, in consultation with the responsible regulatory agency, procurement agency, and vendor, provides general instructions to SDAs on product disposition and the reimbursement process for expenses related to the recall.

#### The State Agency:

- Have recall procedures in place.
- Implement the recall procedures upon notification of a recall of USDA Foods.
- Assign a State Food Safety Coordinator and an alternate.
- Establish a notification system for food safety contacts at each of its RAs. This system should have two contacts per RA and be verified annually.
- Contact RAs as soon as possible, but within 24 hours or less, after receiving a recall notification. To the extent possible, SDAs should confirm receipt of the notification by the RAs to ensure that the message was received and understood. SDAs will provide product identification information needed by RAs to track the product, and instructions on removing and isolating the affected food.
- Provide specific product disposal instructions to RAs. Requirements for solid waste disposal differ among jurisdictions. Information on proper methods of disposal must be obtained from state or local agencies responsible for environmental protection and/or solid waste regulations. State contacts for programs related to solid waste disposal can be obtained at [www.epa.gov/epawaste/wyl/stateprograms.htm](http://www.epa.gov/epawaste/wyl/stateprograms.htm).
- Contact the in-state processors and state-contracted distributors, directing them to isolate the affected USDA Foods and to determine:
  - the amount of recalled product still in storage for the SDA, and
  - the location and amount of products delivered to RAs.

- Compile inventory data from RAs, processors, and distributors, and submit data to FNS on the WBSCM recall response form in accordance with FNS instructions.
- Complete recall reimbursement claims paperwork, including the destruction verification form (see Appendix A) and the FSA-21 public voucher form with a Tax Identification Number (TIN) (<http://www.fns.usda.gov/fdd/forms/FSA-0021.pdf>), and submit paperwork to the FNS Regional Office.

The Recipient Agency:

- Have recall procedures in place.
- Implement the recall procedures upon notification of a recall of USDA Foods.
- Assign a food safety coordinator and alternate, and provide the names, titles, email addresses, and telephone and fax numbers of the coordinator and alternate to the SDA.
- Maintain a contact list for RA serving sites, distributors, and other recipients. This list should have two recall contacts per site and be verified annually.
- Notify all sites about the recall immediately, ideally in 24 hours or less, and ensure that the affected products are isolated and labeled “Do Not Use” to avoid accidental use.
- Identify the locations of the affected products and verify that the products have the correct product identification codes.
- Conduct an inventory assessment, ideally in 48 hours or less, of affected product:
  - Served
  - Remaining in-stock at warehouses, and distribution sites
  - Further distributed to program participants
  - Submit the inventory assessment information to the SDA.
  - Follow applicable destruction/disposal instructions provided by the SDA.

## **600     Reports and Record Keeping**

All records must be retained for a period of three (3) years from the end of the fiscal year to which they pertain, or until all open audits or investigations are closed and permission to destroy is received.

### **610     FNS-153 Report**

The FNS-153 is an inventory and participation report that must be filed with the ADE Food Distribution Unit monthly. The FNS-153 is the primary means of communication among local CSFP agencies, ADE Food Distribution Unit, and USDA. The local agencies’ reports are compiled by the ADE Food Distribution Unit into one monthly FNS-153 report submitted to USDA.

Local agencies are required to submit their FNS-153 to ADE Food Distribution Unit by the **10<sup>th</sup> of the month** after the activity occurred, which allows the ADE Food Distribution Unit time to meet the USDA deadline for submission of the consolidated state report. It documents:

- A summary of participation data by category.
- Receipts and transfers of individual commodities.
- The current inventory.
- Distribution accuracy by tracking of over and under issuance.

Supporting documentation must accompany the FNS-153. This includes:

- Losses and Gains Report. This report indicates USDA foods documented on the Reconciliation columns on the FNS-153 as a positive or negative number.
- Food Loss Report form.
- Transfer Report form.
- Agencies must provide an explanation of Positive or Negative Reconciliation in the Remarks section on page 3.

The fourth page of the FNS-153 is a management tool for agencies. Large numbers in the Over/Under Issuance column should alert program managers to possible problems with pre-packing procedures. The number of distributions in the Inventory on Hand column provides guidance for determining commodity ordering needs.

**The FNS-153 must be reviewed and signed by an agency official other than the one who prepared the report.**

## **620    CSFP Expenditure Report**

The CSFP Expenditure Report is submitted to the ADE Food Distribution Unit monthly and reflects the expenditures associated with the program. The Expenditure Report provides the necessary documentation to assure fiscal integrity and is due to ADE Food Distribution Unit by the **10<sup>th</sup> of the month** after the activity occurred. Administrative funds are used to cover the costs that are necessary to ensure the efficient and effective administration of the program.

Agency finance managers and auditors must be familiar with the federal guidance referenced in Office of Management and Budget (OMB) Circulars A-87 (Cost Principles for State, Local and Tribal Governments) and A-122 (Cost Principles for Non-Profit Organizations), which set out the principles for determining whether specific costs are allowed. All records must be available during normal business hours for representatives of the state agency, USDA, and the General Accounting Office (GAO) to inspect, audit, and copy.

**The CSFP Expenditure Report must be reviewed and signed by an agency official other than the one who prepared the report.**

The state and local agencies' fiscal operations are required to be in accordance with the requirements of the FNS-74 and the OMB Circulars, A-102 and A-110, where applicable. Local agencies should maintain general and subsidiary ledgers. Bank reconciliations should be prepared monthly on all accounts by an employee independent of check-signing, cash recording, and receiving or disbursing functions. All disbursements, aside from minor petty cash purchases,

should be made by check. Petty cash purchases should be validated by receipt. All disbursements must be approved by the Program Director and supported by purchase orders, invoices, or other documents. Checks must be signed by two (2) authorized officials. Voided and spoiled checks should be retained on file in sequence. All deposits should be made by an individual other than the person making the disbursement at the local agency to ensure fiscal control.

Time reports and attendance records must be maintained for hourly employees. Payroll checks must contain details supporting gross pay and deductions. Tax forms relating to payroll for federal, state, and county governments should be filed on a timely basis with the accompanying deposits. Employee time sheets and payroll records are needed to prepare the CSFP Expenditure Report line item. Since CSFP may be one of many projects operated by the local agency, separate financial records must be maintained, and all transactions clearly defined.

### **630     FNS-191 Racial/Ethnic Group Participation Form**

USDA requires State agencies to submit data on the racial/ethnic categories of persons receiving CSFP. Local agencies collect the requested information on the client's application. Data is reported for the distribution occurring in April each year. The forms for reporting data are provided by USDA. The completed form is due to the ADE Food Distribution Unit by June 1<sup>st</sup> annually.

### **640     Contract/Agreement**

The Contract/Agreement is renewed each fiscal year between the ADE Food Distribution Unit and the agencies. Agencies will indicate the sites providing client certification, food distribution, and food storage. Agencies may also include their Nutrition Education Plan for the new fiscal year with the agreement or separately.

### **650     Other Reports**

Agency Delivery Reports for each agency are currently available on the ADE Food Distribution Units, Arkansas Commodity Distribution System (ACDS). These reports detail the USDA foods delivered by USDA code number, name, cases delivered, weight and value of USDA foods received.

### **Unusual Incidents**

It is recommended that agencies record all unusual incidents involving clients, volunteers, or program staff so that adequate documentation will be available in the event of controversy or litigation. No matter how small an incident may seem, put the particulars of the event in writing, sign and date. If feasible, have both parties involved in the incident and a witness, date and sign the document.

## **700     Outreach and Use of Volunteers – Outreach Activities**

Every attempt should be made to provide information about CSFP to all segments of the eligible population. Referrals should be solicited from other service agencies which are also in contact with low-income elderly individuals. Building participation through a network of existing service groups also helps to ensure that program beneficiaries receive food in combination with other forms of assistance.

An important part of outreach is keeping community leaders informed about the agency's activities. This should include elected representatives on the local, state, and federal levels. Congressional representatives and their aides should be invited to visit agency distribution sites and be kept informed on how many of their constituents benefit from the program. Congress provides the funding for CSFP.

The agency name and "Commodity Supplemental Food Program" should appear on all printed materials and signs promoting the program. Federal regulations require that all printed materials regarding USDA household commodity programs produced by the local agency for the public also include one of the civil rights statements. **It is very important that clients know what agency is serving them and the name of the program.**

## **710     Recruiting Volunteers**

Outreach activities can be an effective way of locating volunteers. Volunteers provide critical support for the operation of the CSFP. Recruiting, training, and retaining volunteers are ongoing challenges.

There are a variety of sources where recruiting may be successful, including: corporate/business volunteers, client volunteers, the Salvation Army, juvenile detention centers, word-of-mouth, high school, and college student groups looking for community service projects, churches, and community groups such as Lions Club and Kiwanis. Agencies might also contact the county sheriff's office or the county judge. They may refer individuals with community service obligations to the agency.

## **720     Training Volunteers**

Volunteer services may be used in a variety of ways. The type and length of training depends on the activity they will perform. It is recommended that local agencies have a procedures handbook to guide the orientation of volunteers. All volunteers should be given a brief overview of CSFP. Relay to volunteers the value of their contribution to the success of the program in their community. Training must include an annual, documented session on Civil Rights responsibilities.

## Volunteer Training Notes for Specific Tasks

Pre-packers should be trained on:

- Who the product is for (people like their grandparents).
- Why it is important that all of the required items must be included in the pack (good nutrition helps maintain good health).
- The importance of careful food handling (it is NOT free food).

Assistants at the site distributions must wear a smile and treat clients with dignity (just as they would want to be treated).

Intake workers must only be the most experienced and trusted volunteers. Confidentiality must be maintained as client information is not part of the public domain.

### **730    Volunteer Appreciation**

CSFP volunteers may not receive CSFP foods unless they are eligible. Some volunteers might feel that they deserve some of the food as a way of thanking them for their hard work and loyalty.

All of the following acts of appreciation are allowable CSFP costs:

- Provide volunteers breakfast or lunch at the distribution.
- Have a dinner or special luncheon honoring the volunteers.
- Present award certificates.
- Thank them after every distribution.
- Put posters up at the sites stating the community's appreciation of their help.

CSFP volunteers may not take-home USDA food, unless they are eligible.

### **800    Reviews and Technical Assistance – Management Reviews**

The ADE Food Distribution Unit conducts a review of each agency's program at least once a year. The review includes an on-site visit during distribution, a warehouse inspection, and a program management evaluation. Agencies are required to correct any deficiencies within a reasonable amount of time.

The ADE Food Distribution Unit monitors food inventories through the monthly FNS-153 and the food ordering procedure. Assistance is available upon request to agencies with new program personnel or when help is needed for problem solving or implementing a new system.

USDA conducts a Management Evaluation (ME) of the state operation approximately every three (3) years. Part of the ME review includes visits to local agencies.

## **810    Local Agency Review of Sites**

Local Agency CSFP managers are required to monitor their own operations by reviewing each of their distribution and certification sites at a minimum of once every other year. Aspects that should be evaluated include:

- Certification procedures
- Distribution methods
- Effectiveness of site in meeting the needs of the service area
- Civil rights compliance
- Food safety

The ADE Food Distribution Unit is also available to train local agency's sites, staff members and volunteers who work with the CSFP program.

# **Forms**

# **Civil Rights Review**

# Civil Rights Review

## CIVIL RIGHTS TRAINING CHECKLIST FOR WORKERS AND VOLUNTEERS WHO ASSIST WITH USDA FNS PROGRAMS

☐

Goals of civil rights – fairness and equality of treatment and benefit delivery.

☐

Legal prohibitions – discrimination is prohibited on the basis of race, color, national origin, age, sex (gender identity or sexual orientation), and disability in special nutrition programs funded by the USDA, Food and Nutrition Service.

☐

Types of discrimination – Disparate treatment (intentional), disparate impact (neutral rule impacts disproportionately on a group), reprisal/retaliation against complainant or his/her family, associates or others involved complaint process or exercising civil rights.

☐

Exceptions – Congress can establish a program that is intended for certain groups of people, and it is not discrimination to exclude those who do not meet eligibility requirements. For example, Congress can set age limits, and this is not age discrimination or disability discrimination for those who do not meet the age limits.

☐

When do civil rights rules apply – Civil rights rules apply any time there is any federal financial assistance. Federal financial assistance is receiving anything of value from the federal government – not just cash. It can include commodities, training, equipment, and other goods and services.

☐

Special circumstances

☐

Make sure people with disabilities are accommodated. Sites should be accessible to people with all types of disabilities (e.g., mobility, sight, hearing, other) or alternate means of service delivery should be advertised and provided.

☐

Provide other language assistance to persons with limited English proficiency who could not gain meaningful access to the program without other language assistance. Assistance must always be provided to LEP households, but the level or type of assistance can vary based on circumstances.

☐

#### Other requirements

☐

Treat all people with dignity and respect.

☐

Display the USDA “And Justice for All...” non-discriminating poster in a place where it can be seen by all who visit the premises.

☐

Include the USDA non-discrimination statement on all materials that mention USDA funded programs and make sure the statement is also on web sites that mention USDA funded programs.

☐

Conduct outreach to ensure that potentially eligible persons and households are aware of the program and have information on how to apply. Provide suggestions about how to make more people aware of the program and how to receive benefits.

☐

Maintain confidentiality. It is not appropriate to talk about who is receiving benefits and to make remarks about them. Never share information with others regardless of an expression of good intentions. Refer all requests for information to managers. What happens at the site stays at the site. The exception is any illegal or inappropriate behavior that should be reported to state or federal officials.

☐

Collect racial/ethnic data in CSFP and use it to target outreach and to assess participation. Make sure individual data are kept confidential.

☐

Cooperate with State and Federal reviewers. They are required to conduct periodic compliance reviews to help ensure that program and civil rights rules are being obeyed.

☐

If there is a non-compliance, correction of problems and voluntary compliance is sought. Failure to abide by civil rights rules can lead to the loss of Federal financial assistance.

☐

Sexual harassment is prohibited. Do not engage in or tolerate unwanted or unwelcome sexual behavior including jokes, touching, requests for sexual favors, etc. Report violations to management or to state or federal officials.

☐

Advise people who allege discrimination about how to file a complaint. They may write to: USDA, Director, Office of Civil

Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY).

☐

If conflicts occur, remain calm. Call for assistance immediately if you feel threatened. Consider mediation or a third party to help resolve the situation.

☐

Treat people the way you would like to be treated.

Signature\_\_\_\_\_

Date\_\_\_\_\_

Print Name\_\_\_\_\_

# **INCOME ELIGIBILITY GUIDELINES**

# INCOME ELIGIBILITY GUIDELINE

## Commodity Supplemental Food Program (CSFP)

**Effective February 6, 2024 to June 30, 2025**

<b>FAMILY SIZE</b>	<b>WEEK</b>	<b>MONTH</b>	<b>YEAR</b>
<b>1</b>	<b>\$ 377</b>	<b>\$ 1,632</b>	<b>\$ 19,578</b>
<b>2</b>	<b>\$ 511</b>	<b>\$ 2,215</b>	<b>\$ 25,820</b>
<b>3</b>	<b>\$ 646</b>	<b>\$ 2,798</b>	<b>\$ 33,566</b>
<b>4</b>	<b>\$ 780</b>	<b>\$ 3,380</b>	<b>\$ 40,560</b>
<b>5</b>	<b>\$ 915</b>	<b>\$ 3,963</b>	<b>\$ 47,554</b>
<b>6</b>	<b>\$ 1,049</b>	<b>\$ 4,546</b>	<b>\$ 54,548</b>
<b>7</b>	<b>\$ 1,184</b>	<b>\$ 5,129</b>	<b>\$ 61,542</b>
<b>8</b>	<b>\$ 1,318</b>	<b>\$ 5,712</b>	<b>\$ 68,536</b>
<b>Each additional family member</b>	<b>+ \$ 135</b>	<b>+ \$ 583</b>	<b>+ \$ 6,994</b>

The above income guidelines are based on 130% of the Federal Poverty Guidelines.

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**February 6, 2024**

The Arkansas Department of Education is in compliance with Titles VI and VII of the Civil Rights Act.

# **CLIENT APPLICATION FORM**

**Commodity Distribution Unit (CDU)**  
**Commodity Supplemental Food Program (CSFP) Certification Form**

Agency \_\_\_\_\_

Distribution Site \_\_\_\_\_

APPLICANT INFORMATION (Initial application)				PLEASE PRINT	
<b>Date:</b>	( mm/dd/yyyy)				
<b>Applicant Name:</b>	Last	First	Middle Initial		
<b>Address:</b>	Street Address or Box Number	City, State	County	Zip Code	
<b>Telephone:</b>	(      )	<b>Household Size</b>	<b>Income</b>		
<b>Date of Birth:</b>		<b>Sex:</b> <input type="checkbox"/> Male <input type="checkbox"/> Female	<b>Handicap:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>IDENTIFICATION VIEWED:</b> <input type="checkbox"/> Photo ID/type: _____ <input type="checkbox"/> Award Letter <input type="checkbox"/> Medicare/Medicaid letter <input type="checkbox"/> Lease/utility bill <input type="checkbox"/> Other: _____		<b>Race</b> <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Other: _____ <input type="checkbox"/> Hawaiian or Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> <b>Ethnicity</b> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino			
<b>Proxy Information:</b>	In the event that I am unable to pick up my commodity food box from the distribution site, I authorize the following to pick up my commodity food box and sign the receipt log for me. I understand that I accept full responsibility for the actions of my proxy and will inform him/her of the proper procedure for commodity pick up.				
<b>Proxy:</b>	Name	Phone (      )	Date: _____	<input type="checkbox"/>	
	Name	Phone (      )	Date: _____	<input type="checkbox"/>	
	Name	Phone (      )	Date: _____	<input type="checkbox"/>	
<b>Please read the following statement carefully, then sign the form and write in today's date.</b> This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes.					
(Please indicate understanding by placing a checkmark in the appropriate box.) YES <input type="checkbox"/> NO <input type="checkbox"/>					
<b>Signature:</b> _____			<b>Date:</b> _____		
<b>Are You Currently Receiving SNAP Assistance? If Yes, How Much?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No \$ _____ <b>If "No", do you want information about SNAP Assistance in addition to CSFP?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

TO BE COMPLETED BY PROGRAM STAFF – Initial Certification Continued		
Date of application:		Date certified/denied:
Category:	<input type="checkbox"/> Elderly <input type="checkbox"/> Elderly/Disable <input type="checkbox"/> Other:	
Eligibility Verification:	<input type="checkbox"/> Income <input type="checkbox"/> Residency	
Determination:	<input type="checkbox"/> Eligible <input type="checkbox"/> Not Eligible <input type="checkbox"/> Waiting List	
I hereby certify that this assessment was made in compliance with federal and state program guidelines. All eligibility criteria were applied as defined by the ARDHS.		
Agency Signature:	Title:	Date:
RECERTIFICATION – At 12 Months		
Date of Recertification:		
Eligibility Verification:	<input type="checkbox"/> Income <input type="checkbox"/> Residency	
Determination:	<input type="checkbox"/> Continue/12months <input type="checkbox"/> Terminate <input type="checkbox"/> Waiting List	
Changes/Reason for Termination:		
I hereby certify that this assessment was made in compliance with federal and state program guidelines. All eligibility criteria were applied as defined by the ARDHSCD.		
Agency Signature:	Title:	Date:
RECERTIFICATION – At 24 Months		
Date of Recertification:		
Eligibility Verification:	<input type="checkbox"/> Income <input type="checkbox"/> Residency	
Determination:	<input type="checkbox"/> Continue/12months <input type="checkbox"/> Terminate <input type="checkbox"/> Waiting List	
Changes/Reason for Termination:		
I hereby certify that this assessment was made in compliance with federal and state program guidelines. All eligibility criteria were applied as defined by the ARDHSCD.		
Agency Signature:	Title:	Date:

### SIGNATURES AT PICK-UP OR DELIVERY

[illegible]

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

**1. mail:**

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

**2. fax:**

(833) 256-1665 or (202) 690-7442; or

**3. email:**

[Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

#### APPLICANT AGREEMENT

1. I certify that the information I have provided for eligibility determination is correct to the best of my knowledge.
2. Program benefits are provided in connection with the receipt of Federal assistance.
3. Program officials may verify information on this form.
4. I understand that deliberate misrepresentation may subject me to civil or criminal prosecution under State and Federal law.
5. I may appeal any decision by the local agency regarding my eligibility for the CSFP. A request for a fair hearing can be submitted to the local agency.
6. The local agency will make health service and nutrition education materials available to me and I am encouraged to participate in these services.
7. I understand that participating in the Special Supplemental Food Program for Women, Infants and Children (WIC) and the Commodity Supplemental Food Program (CSFP) at the same time or participating in more than one WIC or CSFP program at the same time is not allowed and will result in being removed from at least one program.
8. I have been advised on my rights and obligations under the CSFP.
9. If participating in CSFP, I will pick up food as directed. **Failure to pick up food as directed may result in being dropped from the program.**
10. I understand that the foods provided by CSFP are intended for the participant for whom they are prescribed.
11. I understand CSFP is a supplemental rather than a total food program.
12. I consent to the release of information by program staff to the Arkansas Department of Education/ Food Distribution Unit and Contractors/Representatives of said Agency and Officials of USDA.

#### AGENCY AGREES

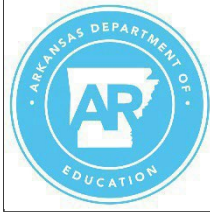
1. Notification of a decision to deny or terminate CSFP benefits and of an individual's right to appeal this decision by requesting a fair hearing in accordance with & CFR 247.33 (a).
2. To make nutrition education available to all adult participants and if applicable to parents or care takers and will encourage them to participate.
3. Will provide information on other nutrition, health, or assistance programs, and make referrals as appropriate.
4. Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against the individual to recover the value of the benefits and may lead to disqualification from CSFP.
5. Participants must report changes in the household income or composition within 10 days after the change becomes known to the household.

#### REQUESTING A FAIR HEARING

**If I am dissatisfied with any decisions made regarding the eligibility or receipt of benefits, the following procedure may be followed:**

13. I may talk with the CSFP workers at this distribution site, contact the local CSFP program director, or the CSFP State Program Coordinator and or Administrator at the Arkansas Department of Education Food Distribution Unit to have my case reviewed.
14. If I am not satisfied with the explanation of the workers or the local program director, I may request a fair hearing by mail, verbally, or present a written request in person to the local program director. My request should be made within 60 calendar days from the date the local agency mailed or gave me notice of denial or termination of benefits.
15. I will be contacted by the State Program Coordinator or Administrator or his/her designated representative within a week after my request is received. At this time a date will be set for the hearing. I will be notified at least 10 calendar days before the hearing. The hearing will be held within 21 calendar days of receipt of the request for a fair hearing.
16. I may present my position personally or select a representative to do so. If my representative or I cannot appear at the scheduled time and place, I may request the hearing officer to change it. I will be provided with one opportunity to reschedule the hearing date upon written request submitted to the CSFP Local Office. If my representative or I do not appear for the hearing or if I request the hearing to be terminated without written notice.
17. The local program director and I will be sent a written decision concerning the hearing within 45 calendar days after the hearing was requested.
18. The CSFP must follow the decision. I must follow the decision also.
19. If I do not agree with the decision made at the local hearing, I may ask for an appeal by contacting the state agency as follows: CSFP- at the Arkansas Department of Education; Food Distribution Unit ; Post Office Box 1437; Slot S337; Little Rock AR 72203-1437.
20. If I desire an appeal, a request for a rehearing must be filed within 10 calendar days after the receipt of the fair hearing decision.  
The detailed Fair Hearing Procedures are on file with the local agency CSFP director. A copy is available upon request.

**NUTRITION EDUCATION PLAN**  
**AND**  
**NUTRITION EDUCATION ANNUAL PLAN**  
**TEMPLATE**



**Arkansas Department of Education**  
**Division of Elementary and Secondary Education**  
**District Operations**  
**Food Distribution Unit**

**Commodity Supplemental Food Program (CSFP)**  
**Nutrition Education Plan**

**PURPOSE**

To establish an overall nutrition education plan and ensure that Eligible Recipient Agencies (ERA's) provide nutrition education and evaluation in accordance with the plan.

**POLICY**

In accordance with federal regulations, 7 CFR Part 247.18, ERA's must provide nutrition education that can be easily understood by participants and is related to their nutritional needs and household situations. The ERA's must make nutrition education available to all adult participants. The nutrition education must include the following information, which should account for specific ethnic and cultural characteristics whenever possible:

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.

**GOALS**

The goal of the nutrition education component of CSFP is to provide both immediate and long-term improvement in the health status of participants. Nutrition education should be thoroughly integrated into program operations and has the dual purpose of ensuring CSFP foods are properly used and emphasizing the relationship of proper nutrition to the total concept of good health.

## PROCEDURE

Each ERA is responsible for planning, implementing, and evaluating nutrition education for the CSFP.

### A. Planning Nutrition Education

1. As part of the application process, ERAs must annually describe their plans to integrate nutrition education into their CSFP operations. The ERAs can use the template provided in their contract packets or come up with one on their own.

### B. Implementing Nutrition Education

1. Nutrition education materials used by the local agency shall:
  - i. cover the five topics listed above [7 CFR Part 247.18 (b)].
  - ii. be accurate, current, and relevant in content.
  - iii. be based on sound, established and scientific evidence.
  - iv. account for specific ethnic and cultural characteristics whenever possible; and
  - v. be tailored to meet any limitations experienced by participants, such as lack of running water, lack of electricity, and limited cooking or refrigeration.
2. Examples of nutrition education include:
  - i. cooking demonstrations.
  - ii. nutrition handouts or newsletters.
  - iii. written information on health issues.
  - iv. introduction to online resources such as USDA website and MyPlate.
  - v. recipes incorporating CSFP foods; and/or
  - vi. nutrition classes.

### C. Evaluating Nutrition Education

ERAs must annually evaluate the effectiveness of their nutrition education programs. This shall be accomplished by using FDU's guidance outlined below. Homebound elderly should also be included in the evaluation process. Evaluation responses shall be considered in formulating future goals and objectives for the ERA's nutrition education plan. Copies of evaluation results must be kept on file by the ERA and made available to FDU staff during administrative reviews.

## EVALUATION PROCESS

The evaluation of the ERA's Nutrition Education must include participant input and must be directed by program staff (i.e., nutrition educator, dietitian, CSFP coordinator, etc.).

- A. The following questions must be included in the evaluation of nutrition education (CEs may include additional questions if needed):
  - a. Did the nutrition information you received help you understand how the foods in your package help meet your dietary needs?
  - b. Did the information you received help you use the foods in your monthly food package?
  - c. Did nutritional information help you understand the importance of a healthy diet?
- B. Each participant must be given the opportunity to evaluate the nutrition education provided at least one time during a program year (October 1st through September 30).
- C. The ERA personnel conducting the evaluation should explain to each participant receiving a survey that the information provided will be kept strictly confidential and will be used to improve the quality and effectiveness of the ERA's nutrition education efforts. Explain to participants that the survey is voluntary and if they choose not to complete the survey, it will not affect their participation in CSFP.
- D. For participants unable to complete a survey on their own, site personnel should offer assistance with completing the survey.
- E. In September, the ERA should develop a written summary of the results of the evaluations. The summary should mention how the completed evaluations helped formulate plans, goals, and objectives for the ERA's nutrition education plan. Also, the ERA should identify what changes, if any, resulted from participant feedback.



**Arkansas Department of Education**  
**Division of Elementary and Secondary Education**  
**District Operations**  
**Food Distribution Unit**

**Commodity Supplemental Food Program**  
**Nutrition Education Annual Plan**

Month	Means of Information Example: Newsletter, cooking demonstration, etc.	Accommodations if limitations are experienced by participants
October		
November		
December		
January		

February		
March		
April		
May		
June		
July		

August		
September		

§ 247.18 Nutrition education.

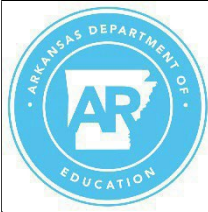
(a) *What are the State agency's responsibilities in ensuring that nutritional education is provided?*

The State agency must establish an overall nutrition education plan and must ensure that local agencies provide nutrition education to participants in accordance with the plan. The State agency may allow local agencies to share personnel and educational resources with other programs in order to provide the best nutrition education possible to participants. The State agency must establish an evaluation procedure to ensure that the nutrition education provided is effective. The evaluation procedure must include participant input and must be directed by a nutritionist or other qualified professional. The evaluation may be conducted by the State or local agency, or by another agency under agreement with the State or local agency.

(b) *What type of nutrition education must the local agency provide?* The local agency must provide nutrition education that can be easily understood by participants and is related to their nutritional needs and household situations. The local agency must provide nutrition education that includes the following information, which should account for specific ethnic and cultural characteristics whenever possible:

- (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.

**EXAMPLE**  
**OF**  
**NUTRITION EDUCATION SURVEY**



**Arkansas Department of Education**  
**Division of Elementary and Secondary Education**  
**District Operations**  
**Food Distribution Unit**

**Commodity Supplemental Food Program**  
**Nutrition Education Survey**

Questions	Yes	Somewhat	No
The nutrition information I receive helps me understand how the foods in my monthly food package help meet my dietary needs.			
The recipes I receive help me use the foods in my monthly food package.			
The nutrition handouts I receive in my monthly food package are easy to read and understand			
The nutrition information I receive helps me understand the importance of a healthy diet.			

Comments:

The purpose of this survey is to evaluate the effectiveness of the Nutrition Education provided to you. Please complete and submit the survey to the agency representative at the distribution site. If you have any questions about this survey or filling it out, please ask an agency representative. This survey is voluntary, and it will not affect your participation in the CSFP if you choose not to complete it.



**Arkansas Department of Education**  
**Division of Elementary and Secondary Education**  
**District Operations**  
**Food Distribution Unit**

**Commodity Supplemental Food Program (CSFP)**

**Administrative Review Form**

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

**A. Agency Contact Information:**

Agency Name:	Address:
City, State, Zip:	Program Coordinator's Name:
Telephone Number:	Email Address:
Emergency Number	Alternate Contact:
Date of Review:	Reviewer's Name:

**B. General Information:**

Yes	No	N/A	U	
				1. Authorized Number of Clients:
				2. Number of Clients Certified:
				3. Participation during most recent month:
				4. Number of deliveries to clients:
				5. Number of distribution sites:
				6.Counties of distribution sites:
				7. Is there a current signed agreement on file between the Food Distribution Unit and Agency?

**C. Training**

Yes	No	N/A	U	
				1. Date of the most recent agency conducted training for staff/volunteers:
				2. Is training documented?
				3. Topics covered during most recent training:
				4. Additional training topics covered in the past 12 months:
				5. Are Written procedures/policy manual available and followed?
				6. Does each distribution site have a copy of the manual?
				7. Describe how new volunteers and program staff are trained:

**D. Reviews**

Yes	No	N/A	U	
				1. What is the date of the previous Administrative Review:
				2. How often are sites reviewed by the program coordinator?
				3. Is a copy of the agency's review form available?
				4. Are agency reviews available for inspection?
				5. List sites reviewed along with any noted deficiencies:

**E. Records and Record Keeping:**

Yes	No	N/A	U	
				1. Are all records for the current and previous three years on file and in an organized manner? (Records should include but not limited to the following: Agency Agreement, Monthly FNS153 form, Annual FNS 191 Racial/Ethnic Report, Food Loss Reports, Commodity Receipts, Participation Certification Documents, Participation Signature sheets, Site Agreements, Request for Reimbursements, Denial Notices, Waiting list)
				2. If no, explain:
				3. Indicate any reports that need assistance to complete correctly:
				4. Is the Request for Reimbursements form properly completed?
				5. Do expenses listed in Section B of the Statement match actual expenses to the program?
				6. Are required reports submitted by the required due dates?

**F. Nutrition Education/Outreach:**

Yes	No	N/A	U	
				1. List the Nutrition Education Materials available to sites and/or to the client. Attach examples.
				2. Is there an agency demonstration during distribution?
				3. Does the nutrition topic match the nutrition plan?
				4. What outreach information is available to the client:
				5. Has the agency provided a Nutrition Education Plan for the current year?
				6. Has the agency properly reported the results of the Nutrition Education Survey?

**G. Civil Rights**

Yes	No	N/A	U	
				1. Are services and facilities used by all persons without regard to race, color, sex, age, disability, or national origin?
				2. Is there segregation of the protected classes?
				3. Do program materials include the non-discrimination statement?
				4. Do materials include a provision that complaints may be filed directly to the Secretary of Agriculture?
				5. Is the Civil Rights poster "And Justice for All" properly displayed?
				6. Does the agency provide bilingual personnel/materials as necessary?
				7. What means of communication is used to inform clients of monthly CSFP distributions?
				7. Provide the date of the last Civil Rights training the agency has provided.
				8. Have there been any complaints?
				9. Has the agency reported all complaints to the state agency?

**H. Food Storage Practices:**

Yes	No	N/A	U	
				1. Are commodities stored in a warehouse? If yes, complete a warehouse review form.
				2. For Direct Shipments, is commodity receiving reports processed and filed properly?
				3. Are Receiving Reports transmitted to the state agency within 48 hours?
				4. Is the agency properly reporting any food losses?
				5. Does the agency have insurance to cover food losses?
				6. What is done with excess commodities not distributed?
				7. Is a physical inventory completed at the end of each month?
				Additional Comments:

**I. Certification Process:**

Yes	No	N/A	U	
				1. Review the agency's certification form to ensure that all required information is requested. List any deficiencies below:
				2. Are written procedures available and followed?
				3. Are proper records maintained on certified clients along with signatures of distribution?

**J. Additional Comments**


Corrective Action Letter Required? Yes ☐ No ☐

Date Corrective Action Letter Due: \_\_\_\_\_

\_\_\_\_\_  
Signature of Reviewer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Site Representative

\_\_\_\_\_  
Date

## **CSFP Site Review Form**

**\*\*This review form may be used for the reviews that are conducted on each facility. If this form is used, update the letterhead from the Arkansas Department of Education to your agency's letterhead.\*\***



**Arkansas Department of Education**  
**Division of Elementary and Secondary Education**  
**District Operations**  
**Food Distribution Unit**  
**Site Review -CSFP**

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

<b><u>A. Distribution Site Contact Information:</u></b>	
Outlet Name:	Address:
City, State, Zip:	Site Coordinator's Name:
Telephone Number:	Email Address:
Emergency Number:	Alternate Contact:
Date of Review:	Reviewer's Name:

**B. General Information:**

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

**C. Certification:**

Yes	No	N/A	U	
				1. Does the site certify clients on the day of distribution?
				2. If yes, describe method:
				3. Are written procedures/policy manual available and followed?
				4. Are the correct income guidelines followed?
				5. Are applicants certified in a timely manner?
				6. Is a waiting list utilized?
				7. If so, are clients notified in writing of temporary status?

Yes	No	N/A	U	
				8. Is the certification statement read to the clients or by the clients?
				9. Are clients informed of illegality of dual participation in CSFP?
				10. How are clients informed of illegality of dual participation?

**D. Distribution:**

Yes	No	N/A	U	
				1. Describe food delivery system, including shipments to site, product security, handling of leftover commodities:
				2. Do all recipients show their proof of identity and sign for products?
				3. Can a client authorize someone to pick-up commodities for them?
				4. How is a person checked for their authority to pick up commodities for a client?
				5. What measures taken to ensure clients receive commodities from the authorized representative?
				6. List of products and issuance rate during current distribution:
				7. Is the correct amount being issued?
				8. What accommodations are made for the disabled?
				9. What is the alternate plan if the site does not have enough food/food packages to distribute?
				10. Are appropriate signatures obtained from home delivery recipients?
				11. Are staff and volunteers pleasant and respectful to clients?
				12. What is done with damaged or non-consumable commodities?
				13. What is done with any leftover commodities?
				14. How is the distribution information (new clients, signature sheets, reports) transferred to the main office?

**E. Nutrition Education/Outreach:**

Yes	No	N/A	U	
				1. List the Nutrition Education Materials available at the site and/or to the client. Attach examples:
				Is the correct CSFP –specific protected class information included?
				2. Is there an agency demonstration during distribution?
				3. Does the nutrition topic match the nutrition plan?
				4. What outreach information is available to the client:
				5. Has the site distributed a Nutrition Education Survey to all of your clients at least once per year?

**F. Civil Rights:**

Yes	No	N/A	U	
				1. Are services and facilities used by all persons without regard to race, color, sex, age, disability, or national origin?
				2. Is there segregation of the protected classes?
				3. Do program materials include the non-discrimination statement?
				4. Do materials include a provision that complaints may be filed directly to the Secretary of Agriculture?
				5. Is the Civil Rights Poster “And Justice for All” properly displayed?
				6. Does the site provide bilingual personnel/materials as necessary?
				7. What means of communication is used to inform clients of monthly CSFP distributions?
				8. Provide the date of the last Civil Rights training:
				<b>For Faith Based and/or Religious Organizations only:</b>
				9. Individual Written Notice of Beneficiary Rights provided to all CSFP program applicants at certification/recertification?
				10. Beneficiary Referral Request provided to any CSFP program applicant who requested service at alternate location?

**G. Additional Comments:**


Corrective Action Letter Required?      Yes ☐      No ☐

Date Corrective Action Letter Due:

# **REQUEST FOR REIMBURSEMENT**



Bill To: ADE Food Distribution Unit , PO Box 1437, Slot S-337, Little Rock, AR 72203-1433

		Number of Units of USDA Commodities On Hand/Distributed		
--	--	---	--	--

				Caseload Amount	Units Distributed
Total				0	0

[illegible]

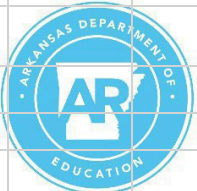
Return with Monthly FNS-153 and Client's served report to: Food Distribution Unit, PO Box 1437, Slot S337, Little Rock, Arkansas 72203

For State Use Only:								
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Signature of State Agency:						Date:	
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Maximum to be paid:							(Revised 08/2023)
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# **REPORTING OF PROGRAM EXPENSES**

<div style="text-align: center;"> <b>FOOD DISTRIBUTION UNIT</b>  <b>Commodity Supplemental Food Program (CSFP)</b>  <b>Reporting of Program Expenses</b> </div>											
Agency Name:						Vendor #:					
Address:						County:					
City, State, Zip Code:						Phone:					
Claim Month/Year:				Revised?		Clients Served:					
The following expenses were incurred by the agency during the claim month indicated:											
<div style="margin-left: 40px;">           1. Storage Expense/Rent: _____            2. Transportation between Agencies: _____            3. Salaries: _____            4. Supplies: _____            5. Other: _____            _____            _____         </div>											
<b>Total Direct Costs:</b>						\$ -					
I certify to the best of my knowledge and belief this report is true and correct in all respects. Records are available to support this report in accordance with the terms of existing Agreement(s). This agency recognizes it will be fully responsible for any excess amounts that may result from erroneous or neglectful reporting.											
Signature of Agency Director:						Date:					
Return with Monthly FNS-153 and Client's served report to: Food Distribution Unit, PO Box 1437, Slot S337, Little Rock, Arkansas 72203											
For State Use Only:											
Expenses Current Month:						Expenses Year-to-Date:					
Amount Reimbursed:						Reimbursed Year-to-Date					
(Revised 08/2023)											

## **FNS – 153 FORMS**

UNITED STATES DEPARTMENT OF AGRICULTURE - FOOD AND CONSUMER SERVICE															
MONTHLY REPORT OF THE COMMODITY SUPPLEMENTAL FOOD PROGRAM AND QUARTERLY ADMINISTRATIVE FINANCIAL															
STATUS REPORT															
3. TYPE OF SUBMISSION  (A) _X_ INITIAL (B) _L_ LATEST REV. (C) CLOSEOUT INVENTORY			4. NUMBER OF PARTICIPANTS								5. REPORTING MEASUREMENTS				
			INFANTS (0-3) MONTHS (A)	INFANTS (4-12) MONTHS (B)	CHILDREN (1-6) YEARS (C)	PREGNANT/BREAST FEEDING WOMEN (D)	POST PARTUM WOMEN (E)	TOTAL NO. PART. (4A + B + C + D + E = 4F) (F)	TOTAL NO. OF ELDERLY PART. (G)	(A) CASES	(B) UNITS				
2A. ST AGENCY NAME AR DEPT OF Education															
2B. Name/Month/Year :															
STATE AND LOCAL DATA															
6. COMMODITY NAME	6A. CODE	6B. PACK SIZE	7. STATE AND LOCAL BEGINNING INVENTORY	8. RECEIPTS	9. REDONATIONS IN	10. TOTAL INVENTORY AVAILABLE (7 + 8 + 9 = 10)	11. COMMODITY ISSUANCE		12. COMMODITY ACTIVITY			13. TOTAL ACTIVITY (12A + B + C + D = 13)	14. ADJUSTMENTS		15. STATE AND LOCAL ENDING INVENTORY (10 + 13) +/- 14A & B = 15
							TOTAL NUMBER ISSUED TO:	TOTAL NUMBER ISSUED (11A + B = 12) (A)	REDONATIONS OUT (B)	FOOD LOSS (C)	AMT USED FORNUTED (D)		POSITIVE (A)	NEGATIVE (B)	
CHEESE BLEND AMER SKM LVS-12/2 LB	100035	LVS-2 LB													
MILK 1% MILKFAT UHT 1500 BOX-12/32 FL OZ	100050	BOX 32 OZ													
MILK INSTANT NDM PKG-24/12.8	111006	PKG-12.8													
CHICKEN BONED CAN-48/12.5 OZ	110940	CAN-12.5 OZ													
CHICKEN BONED POUCH - 36/10OZ	110477	PCH- 10 OZ													
TUNA CHUNK LIGHT CAN-24/12 OZ	100194	CAN-12 OZ													
SALMON PINK CAN, 24/14.75OZ	100198	CAN- 24/14.75													
BEEF STEW CAN-24/24 OZ	100526	CAN-24 OZ													
BEEF CHILI W/O BEANS CAN-24/24 OZ	100138	CAN-24 OZ													
BEEF CAN-24/24 OZ	100127	CAN-24 OZ													
MIXED FRUIT CAN-24/300	100211	CAN-#300													
PEACHES CLING SLICES CAN-24/300	100218	CAN-#300													
PEARS CAN-24/300	100223	CAN-#300													
RAISINS 24/15OZ	100295	PKG-15 OZ													
APPLESAUCE CAN - 24/300	100207	CAN-#300													
APRICOTS CAN 24/300	100210	CAN-#300													
APPLE JUICE PLST BTL-8/64 FL OZ	100893	BOTTLE-64 OZ													
GRAPE CONCORD JUICE PLST BTL-8/64 FL OZ	100895	BOTTLE-64 OZ													
CRANBERRYAPPLE JUICE PLST BTL-8/64 FL OZ	100899	BOTTLE-64 OZ													
SPINACH 24/300	100323	CAN-#300													
TOMATOES DICED CAN, 24/#300	100328	CAN-#300													
VEG MIX CAN-24/300	100320	CAN-#300													
SPAGHETTI SAUCE CAN - 24/300	100335	CAN-#300													
CARROTS CAN 24/300	100300	CAN-#300													
CORN WHOLE KERNAL 24/300	100311	CAN-#300													
VEGETABLE SOUP CAN 24/300	100321	CAN-#300													
GREEN BEANS CAN 24/300	100306	CAN-#300													
POTATOES WHITE SLICED 24/300	100331	CAN-#300													
PEAS CAN 24/300	100314	CAN-#300													
SWEET POTATOES CAN 24/300	100316	CAN-#300													
POTATOES DEHYDRATED FLAKES 12/L LB PKG	100337	PKG - 16 OZ													
FORM FNS-153 (5-00) FPRS Electronic Version															
SBU															
Updated on 08/4/2023 Page 1 of 2															
FORM APPROVED OMB NO. 0548-0293															
MONTHLY REPORT OF COMMODITY SUPPLEMENTAL FOOD PROGRAM STATE AND LOCAL INVENTORY						REPORTING MONTH AND YEAR:		STATE AGENCY NAME: AR DEPT OF EDUCATION			REPORTING MEASUREMENT: CASES ( ) OR UNITS ( X )				
						STATE AND LOCAL DATA									

6 .  COMMODITY NAME	6A .  CODE	6B .  PACK SIZE	7 .  STATE AND LOCAL BEGINNING INVENTORY	8 .  RECEIPTS	9 .  REDONA- TIONS IN	10 .  TOTAL INVENTORY AVAILABLE (7 + 8 + 9 = 10)	11 .  COMMODITY ISSUANCE		12 .  COMMODITY ACTIVITY				13 .  TOTAL ACTIVITY (12A + B + C + D = 13)	14 .  ADJUSTMENTS		15 .  STATE AND LOCAL ENDING INVENTORY (10 + 13) +/- 14A & B = 15g
							TOTAL NUMBER ISSUED TO:		TOTAL NUMBER ISSUED (11A + B = 12) (A)	REDONA- TIONS OUT (B)	FOOD LOSS (C)	AMT USED FORNUTED (D)		POSITIVE (A)	NEGATIVE (B)	
							W+C (A)	ELDERLY (B)								
CEREAL CORN SQUARES 1344 PKG-14/14 OZ	100446	PKG-14 OZ														
CEREAL CORN FLKS 1080 PKG-12/18 OZ	100449	PKG-18 OZ														
CEREAL CORN RICE BISC 1296 PKG-14/12 OZ	110265	PKG-12 OZ														
CEREAL RICE CRISP 1008 PKG-16/12 OZ	100457	PKG-12 OZ														
GRITS CORN WHITE PKG 12/2LB	111082	PKG- 2 LB														
FARINAWHEAT PKG 12/18OZ	110880	PKG-18 OZ														
OATS ROLLED PKG 12/18 OZ	111074	PKG-18 OZ														
CEREAL BRAN FLAKES 2160 PKG - 12/16 OZ	111022	PKG - 16 OZ														
CEREAL BRAN FLAKES 1440 PKG - 14/17.3 OZ	100462	PKG - 17.3 OZ														
BEANS VEGETARIAN CAN-24/300	100363	CAN-#300														
BEANS GREAT NORTHERN DRY PKG 24/1LB	111067	PKG -LB														
BEANS PINTO DRY PKG 24/1LB	111063	PKG -LB														
BEANS RED KIDNEY CAN 24/300	100372	CAN-#300														
PEANUT BUTTER JAR 12/16OZ	111081	JAR - 16 OZ														
PASTAMACARONI BOX20/1LB	110511	BOX - 16 OZ														
PASTA SPAGHETTI BOX 20/1LB	110450	BOX - 16 OZ														
RICE PKG - 24/1 LB	111075	PKG - 16 OZ														
RICE BROWN PKG - 24/1LB	111083	PKG - 16 OZ														
16. REMARKS (Provide Explanation as requested by Instruction.) (Attach Additional Sheets as Deemed Necessary.) Inventory Adjustment																
17. SIGNATURE:			18. TITLE:		19. DATE:		20 .		OUTLAYS (A)		UNLIQ. OBLIGATION (B)		TOTAL (C)		UNLIQ. BAL. OF ADVANCES (D)	
STAMP/CERTIFY DATE:					LAST UPDATED ON:		CSFP ADMINISTRATION									

FORM FNS-153 (5-00)  
FPRS Electronic Version

Updated on 08/4/2023  
Page 2 of 2

# **FAIR HEARING GUIDELINES**

## **Fair Hearing Guidelines**

A fair hearing process allows a CSFP applicant or participant to appeal an adverse action, which may include denial or discontinuance of program benefits.

A fair Hearing Policy for CSFP must include at a minimum, the following provisions:

- Provide written notification to a CSFP applicant or participant of their right to a fair hearing along with notification of the adverse action.
- Allow at least 60 days from the date the agency mails or gives the individual the notification of adverse action to request a fair hearing.
- The 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.
- The agency must allow the individual the opportunity to:
  - Examine documents supporting the agency's decision before and during the hearing, as well as submit evidence to help establish facts and circumstances.
  - Be assisted or represented by an attorney or other persons.
  - Bring witnesses and present arguments.
  - Question or refute testimony, evidence, or others at the hearing.
- An agency may deny a request for a fair hearing when:
  - The request is not received within the time limit established in the agency policy.
  - The request is withdrawn in writing by the individual requesting the hearing or by an authorized individual.
  - The individual fails to appear, without good cause, for the scheduled hearing.

### **Specific Responsibilities for Conducting a fair Hearing**

- The hearing must be conducted by an impartial official who does not have any stake or personal involvement in the decision.
- The hearing official is responsible for:
  - Administering oaths or affirmations.
  - Ensuring that all relevant issues are considered including all necessary evidence needed to make a decision.
  - Conducting the hearing in an orderly fashion.
  - Making a hearing decision that complies with federal laws and regulations.
- A decision must be made and given to the individual in writing within 45 days.

# **AGENCY RECEIVING REPORT**

**ADE FOOD DISTRIBUTION UNIT**  
**AGENCY RECEIVING REPORT FOR USDA DIRECT SHIPMENT**

Agency Name: \_\_\_\_\_ RA#: \_\_\_\_\_ Sales Order #: \_\_\_\_\_  
(Ex: 500012345)

Commodity Name: \_\_\_\_\_ USDA Code: \_\_\_\_\_  
(Ex: Applesauce) (Ex: 100208)

Date Shipment Received: \_\_\_\_\_

Is this a Co-Op with other districts? ☐

The receiving agency **MUST** complete all applicable entries, attach all receiving documents, and email your program specialist within the Food Distribution Unit on **the day the shipment is unloaded.**

Carrier Name: \_\_\_\_\_ Temp: Ref. \_\_\_\_\_ Dry: \_\_\_\_\_

Seal Number: \_\_\_\_\_ Seal Intact ☐ Missing ☐ Broken ☐

*Note: If the seal is broken or missing, contact the Commodity Distribution Office **prior** to unloading the shipment.*

Total Cases Ordered: \_\_\_\_\_ Total Cases Received: \_\_\_\_\_

# Cases Short: \_\_\_\_\_ # Cases Over: \_\_\_\_\_ # Cases Damaged: \_\_\_\_\_

Pack Date: \_\_\_\_\_ Best if Used by Date: \_\_\_\_\_

The shipment of USDA donated food described in this report has been received in good order, exceptions noted. If cases were damaged, note if damaged was discovered:

Before Unloading ☐ During Unloading ☐ After Unloading ☐

Nature of Damage (Be Specific): \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR FOOD DISTRIBUTION USE**

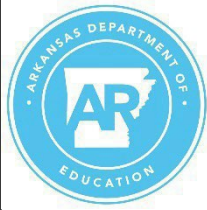
Net Dollar Value: \_\_\_\_\_ Confirmed ACDS: \_\_\_\_\_

Average Cost/Lb.: \_\_\_\_\_ Confirmed ACDS: \_\_\_\_\_

Commodity Code: \_\_\_\_\_ Date Receipted in ACDS: \_\_\_\_\_

Date Allocation Completed: \_\_\_\_\_ Date Receipted in WBSCM: \_\_\_\_\_

**PROPERTY PURCHASED**  
**WITH FNS FUNDS**




**Arkansas Department of Education**  
**Division of Elementary and Secondary Education**  
**District Operations**  
**Food Distribution Unit**

Property Purchased with Partially or Entirely with FNS Funds

1. Description of item:
2. Acquisition Date: <span style="float: right;">Price:</span>
3. Source of the item:
4. Percentage of FNS Funds used to purchase item:
5. Serial Number/Identification Number:
6. Location, use, and condition of items:
7. Ultimate disposition date/sales price/method used to determine current fair market value:
8. Trade-in-value if applicable:

**§ 200.313 Equipment.**

(d) **Management requirements.** Procedures for managing equipment (including replacement equipment), whether acquired in whole or in part under a Federal award, until disposition takes place will, as a minimum, meet the following requirements:

- (1) Property records must be maintained that include a description of the property, a serial number or other identification number, the source of funding for the property (including the FAIN), who holds title, the acquisition date, and cost of the property, percentage of Federal participation in the project costs for the Federal award under which the property was acquired, the location, use and condition of the property, and any ultimate disposition data including the date of disposal and sale price of the property.
- (2) A physical inventory of the property must be taken, and the results reconciled with the property records at least once every two years.
- (3) A control system must be developed to ensure adequate safeguards to prevent loss, damage, or the  of the property. Any loss, damage, or theft must be investigated.
- (4) Adequate maintenance procedures must be developed to keep the property in good condition.
- (5) If the non-Federal entity is authorized or required to sell the property, proper sales procedures must be established to ensure the highest possible return.

# **FOOD LOSS REPORT FORM**

**ARKANSAS DEPARTMENT OF EDUCATION**  
**DIVISION OF ELEMENTARY AND SECONDARY EDUCATION**  
**DISTRICT OPERATIONS**  
**FOOD DISTRIBUTION UNIT**  
**USDA FOOD LOSS REPORT**

Program Name: \_\_\_\_\_

Recipient Agency: \_\_\_\_\_ RA#: \_\_\_\_\_

Address of Loss Site: \_\_\_\_\_

County: \_\_\_\_\_ Date/Time of Loss: \_\_\_\_\_

USDA Code	USDA Food Item Name	Number of Cases	Unit Size	Package Date	Date Received

Reason for Loss: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Attach the following documentation:**

- ☐ Health Department Destruction Report
- ☐ Letter of Circumstances (must be submitted on all claims)
  - Circumstances surrounding the loss
    1. Condition of the foods upon receipt
    2. Temperature of the foods upon receipt
    3. Description of storage (shelves, pallets, away from wall, adequate space allowed, storage temperatures within range as specified by USDA, locked)
- ☐ Repair Invoice (if equipment failure)
- ☐ Temperature Logs
- ☐ Police Report (If theft)
- ☐ Insect & Rodent Control Records

Signature/Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Date: \_\_\_\_\_

## INSTRUCTIONS

**THIS FORM IS TO BE USED FOR REPORTING ALL LOSSES OF USDA DONATED FOODS. FORMS MUST BE COMPLETE. INCOMPLETE FORMS MAY RESULT IN REQUEST FOR PAYMENT.**

Complete: Name of the Program the foods are funded through, name of your facility, county, name and address of loss site, date, and time of loss, and agency telephone number.

**CODE:** The code number of the USDA Donated Food lost.  
**FOOD ITEM:** Name of USDA Donated Food lost.  
**UNIT SIZE:** Packaging size for each unit (Example: 6/5#, 6/10#, 30#, 12/3#)  
**POUNDS:** Enter number of pounds lost for this food item.  
**PACKAGE DATE:** Package date stamped on case or baler by USDA.  
**CONTRACT NUMBER:** Four-to-seven-digit number stamped on case or baler.  
**INVOICE NUMBER and DATE:** Can be found in the upper right-hand corner of invoice,  
**DATE FOOD REC> AT LOSS SITE:** Date of pickup or delivery to the storage or loss site.  
**REASON FOR LOSS:** Infestation, equipment malfunction, theft, etc.

## DOCUMENTATION

**DIVISION OF HEALTH DESTRUCTION REPORT:** Must be submitted including all losses except theft.

**LETTER OF CIRCUMSTANCES:** Must be submitted including ALL LOSSES giving details of loss and planned protective measures to prevent further loss.

**REPAIR INVOICE:** Copy of repair invoice if loss is due to equipment malfunction.

**TEMPERATURE LOG:** A copy of the current months up to date log and prior 3 months logs must be submitted on all losses involving freezer or cooler losses.

**POLICE REPORT:** Copy of police report if loss involves theft.

**INSECT AND RODENT CONTROL RECORDS:** Copy of service call or treatment schedule invoice from the pest control company utilized by your facility if loss is due to infestation.

**SIGNATURE AND TITLE OF PERSON COMPLETING THIS FORM:**

\_\_\_\_\_  
**DATE**

For assistance with this form, call our office at 501.371.1400 or contact your Commodity Distribution Unit Program Eligibility Specialist. Return completed form within 10 days of a food loss to:

**Arkansas Department of Education  
Division of Elementary and Secondary Education  
District Operations - Food Distribution Unit  
PO Box 1437, Slot S-337  
Little Rock, AR 712203**

# **FOOD TRANSFER FORM**

ARKANSAS DEPARTMENT OF EDUCATION  
DIVISION OF ELEMENTARY AND SECONDARY EDUCATION  
DISTRICT OPERATIONS  
FOOD DISTRIBUTION UNIT  
FOOD TRANSFER FORM

Program: \_\_\_\_\_

Transferring Recipient Agency:

Receiving Recipient Agency:

Date Transferred:

Date Received:

\_\_\_\_\_  
Superintendent Signature

**USDA Foods Transferred**

USDA Food Code/Name	Best if Use by Date:	Pack Size	Cases Transferred	Value of USDA Foods

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_  
Transferring Agency Receiving Agency

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Authorizing Agency – Food Distribution Unit

The Arkansas Department of Education Food Distribution Unit requires **pre-approval** to transfer commodities from one agency to another. A copy of the transfer must be on file by both the Transferring and Receiving Agency's files for auditing purposes.

**Please email the completed form to your program specialist.**

# **WAREHOUSE REVIEW FORM**



# Arkansas Department of Education

## Division of Elementary and Secondary Education

### District Operations Food Distribution Unit

## WAREHOUSE REVIEW

Name of Warehouse:		Date:	
Address:		Reviewer:	
		Person Contacted:	

A.	Operated By:	Commercial		State			(4)	Are foods stacked in an orderly manner to
B.	Fireproof		Semi-Fireproof					to allow inventory?
	Frame						(5)	Are high piled (stacked foods) “tied in” or
C.	Fire Protection:							“locked-in” for safe handling?
	City		County					
	Hose		Alarm				(6)	Are stacks (palletized) of high-piled foods
	Fire Extinguisher:							stable?
	Sprinkler System:						(7)	Are adequate aisles maintained for fire lanes
D.	Building Structure:							and material handling equipment?
	Ceiling:		Floor:				(8)	Are proper temperatures maintained in
E.	Rodent & Insect Control:							USDA foods storage areas?
	(1)	Is building rodent-proofed?					(9)	Are temperature logs maintained on coolers,
	(2)	Warehouse maintain rodent / insect						freezers and dry storage?
		prevention?					(10)	Temperature, day of review:
	(3)	Commercial / In-house?				I.	Warehouse Records:	
F.	Sanitation & Cleanliness:						(1)	Are all shipments received examined for
	(1)	Floors						damage and other evidence of poor
	(2)	Walls						handling and for insect infestation?
G.	First-In, First-Out Method (Describe)							
							(2)	Are all USDA foods received checked
								for quantity?
							(3)	Are adequate records maintained on
H.	Warehousing of USDA Foods:							USDA foods in storage received and
	(1)	Actual storage capacity (less aisle space):						distributed / shipped?
							(4)	Is unloading documentation transmitted
	(2)	Are USDA foods stored with non-foods or						to State agency within 24 hours?
		Cleaning equipment?					(5)	Are proper steps taken to salvage out-of-
	(3)	Are railcar / truck loading / unloading docks						condition or damaged foods?
		available?						

	(6)	Are there any out-of-condition foods?		(7)	Have there been any food losses this year?
		If yes, list by type and number of cases:			If yes, how many?
	(8)	Date of last health inspection?			
		Findings during inspection:			

Reviewer(s) Comments or Deficiencies:

**USDA PROGRAMDISCRIMINATION**  
**COMPLAINT FORM**

## **UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)**

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### **USDA Program Discrimination Complaint Form Instructions**

(The complaint form is below the instructions)

**PURPOSE:** This form may be used if you believe you have been subjected to discrimination in any USDA program or activity and you wish to file a complaint of discrimination. The form can be used to file a complaint of discrimination based on race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from public assistance program and political beliefs. If you need assistance filling out the form, you may call any of the telephone numbers listed at the bottom of the complaint form. You are not required to use the complaint form. You may write a letter instead. If you write a letter it must contain all of the information requested on the form and be signed by you or your authorized representative.

You may also send a complaint by FAX or United States Postal Service Mail. We must have a signed copy of your complaint. Incomplete information or an unsigned form will delay the processing of your complaint.

**FILING DEADLINE:** A program discrimination complaint must be filed not later than 180 days of the date you knew or should have known of the alleged discrimination unless the time for filing is extended by USDA. Complaints sent by mail are considered filed on the date the complaint was signed, unless the date on the complaint letter differs by seven days or more from the postmark date, in which case the postmark date will be used as the filing date. Complaint documentation or Complaint Forms sent by fax or mail will be considered filed on the day the complaint is faxed or mailed. Complaints filed after the 180-day deadline must include a 'good cause' explanation for the delay. For example, if:

1. You could not reasonably have been expected to know of the discriminatory act within the 180-day period.
2. You were seriously ill or incapacitated.
3. The same complaint was filed with another Federal, state, or local agency and that agency failed to act on your complaint.

**USDA POLICY:** Federal law and policy prohibit discrimination against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, sexual orientation, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs).

USDA will determine if it has jurisdiction under the law to process the complaint on the basis identified in the complaint and in the programs indicated in the complaint. Reprisal that is based on prior civil rights activity is prohibited.

**PROPERTY ADDRESS:** If this complaint involves a farm or other real estate property that is not your current address, write in the address for that farm or real estate property. Otherwise, this part of the form can be left blank.

**PLEASE READ IMPORTANT LEGAL INFORMATION BELOW  
CONSENT**

This USDA Program Discrimination Complaint Form is provided in accordance with the Privacy Act of 1974, 5 U.S.C. §552a, and is used to provide the information to which this notice is attached. The United States Department of Agriculture's Office of the Assistant Secretary for Civil Rights (USDA) requests this information pursuant to 7 CFR Part 15.

If the completed form is accepted as a complaint case, the information collected during the investigation will be used to process your program discrimination complaint.

**REPRISAL (RETALIATION) PROHIBITED:**

No Agency, officer, employee, or agent of the USDA, including persons representing the USDA and its programs, shall intimidate, threaten, harass, coerce, discriminate against, or otherwise retaliate against anyone who has filed a complaint of alleged discrimination or who participates in any manner in an investigation or other proceeding raising claims of discrimination.



UNITED STATES DEPARTMENT OF AGRICULTURE (USDA)  
Program Discrimination Complaint Form

First Name:

Middle Initial:

Last Name:

Provide Your Full Mailing Address

Number and Street, PO Box, Road, or Route:

Apartment Number (if applicable):

City, State and Zip Code:

Email Address:

Telephone Number (with area code):

Alternate Telephone (with area code):

Best Way to Reach You (select one)

Mail: ☐

Phone: ☐

E-mail: ☐

Other: ☐

Do you have a representative (lawyer or other advocate) for this complaint?

Yes: ☐

No: ☐

If Yes is selected, please provide the following information about your representative:

Representative First Name:

Last Name:

Number and Street, PO Box, Road, or Route:

Apartment Number:

City, State and Zip Code:

Telephone:

Email:

1. Who do you believe discriminated against you? Use additional pages, if necessary.  
Name(s) of person(s) involved in the alleged discrimination (if known):

Please name the program you applied for (if known/if applicable):

Please select the USDA Agency below that conducts the program or provides Federal financial assistance for the program (if known):

Farm Service Agency ☐

Rural Development ☐

Forest Service ☐

Food and Nutrition Service: ☐

Natural Resource Conservation Service ☐

Other: \_\_\_\_\_

2. What happened to you? State the date when the alleged discrimination occurred and then describe what happened. If the alleged discrimination occurred more than once, please provide the other dates, and describe what happened. Use additional pages, if necessary, and please include any supporting documents that would help show what happened.

\_\_\_\_\_

3. Where did the discrimination occur?

Address of location where incident occurred:

\_\_\_\_\_  
Number, Street, PO Box, Road, Route

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

4. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs) Reprisal is prohibited based on prior civil rights activity.

I believe I was discriminated against based on my

5. Remedies: How would you like to see this complaint resolved?

6. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court?

Yes: ☐ No: ☐

If yes, with what agency or court did you file? \_\_\_\_\_

When did you file? \_\_\_\_\_  
Month Day Year

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Mail Completed Form To:**  
USDA

Office of the Assistant Secretary for Civil  
Rights  
1400 Independence Ave, SW, Stop 9410  
Washington, D.C. 20250-9410  
\_\_\_\_\_

**Telephone Numbers:**

Local area: (202) 260-1026  
Toll-free: (866) 632-9992  
Local or Federal relay: (800) 877-8339  
Spanish relay: (800) 845-6136  
Fax: 1-833-256-1665

## **PAPERWORK REDUCTION ACT AND PUBLIC BURDEN STATEMENTS:**

The Paperwork Reduction Act of 1995 (44 U.S.C. 3501 et seq.) requires us to inform you that this information is being collected to ensure that your complaint contains all the information required to file a complaint. The Office of the Assistant Secretary for Civil Rights will use the information to process your complaint of program discrimination.

Response to this request is voluntary. The information you provide on this form will only be shared with persons who have an official need to know and will be protected from public disclosure pursuant to the provisions of the Privacy Act, 5 U.S.C. § 552a(b).

The estimated time required to complete this form is 60 minutes. You may send comments regarding the accuracy of this estimate and any suggestions for reducing the time for completion of the form to USDA, Office of the Assistant Secretary for Civil Rights, 1400 Independence Ave, SW, Washington, DC 20250-9410.

An Agency may not conduct or sponsor, nor is a person required to respond to, a collection of information unless it displays a currently valid OMB Control Number. The OMB Control Number for this form is 0508-0002.

# **Report of a Food Complaint Form**



# Division of Elementary and Secondary Education

District Operations

Food Distribution Unit

P.O. Box 1437, Slot S337 · Little Rock, AR 72203-1437  
Phone 501-371-1400

## Report of a Food Complaint

### Directions:

- 1) Provide complete information regarding incident.
- 2) Photograph foreign object or any other visible concerns; attach with complaint.
- 3) Label food "USDA Hold, Do Not Use this product" & store in secure location until further directed.

### Description of Incident

Type of Program \_\_\_\_\_

Date of Incident \_\_\_\_\_ Physical Location of Incident \_\_\_\_\_

Name of District/Agency \_\_\_\_\_ RA# \_\_\_\_\_

Child Nutrition/Agency Director \_\_\_\_\_ CEO/Superintendent \_\_\_\_\_

CND/Agency Director Office Phone number \_\_\_\_\_

CND/Agency Director Cell Phone number \_\_\_\_\_

Description of food complaint (describe appearance, size, shape, color, smell, etc.).

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Description of how the incident occurred or was discovered. \_\_\_\_\_

---

---

Description of the Vendor \_\_\_\_\_

---

---

Who has been contacted regarding this incident (name/title/entity, date, time)?

---

---

### Product Information

USDA Food \_\_\_\_\_ Commodity Code \_\_\_\_\_

Manufacturer Name \_\_\_\_\_ Plant Address \_ Pack \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Lot # \_\_\_\_\_ Best or Use by date: \_\_\_\_\_

Date Product Received \_\_\_\_\_ # Cases Received \_\_\_\_\_ # Cases Remaining \_\_\_\_\_

When the product was delivered to you, where was it stored? \_\_\_\_\_

If originally frozen, how long has it been refrigerated? \_\_\_\_\_

### Injured Person(s)

Was anyone injured due to the food complaint? \_\_\_\_\_

If yes, list gender, age of persons? \_\_\_\_\_

Describe the effects \_\_\_\_\_

Was injured person seen by a medical professional/facility or hospitalized? \_\_\_\_\_

\*\*\*\*\*FOR FOOD DISTRIBUTION UNIT USE\*\*\*\*\*

Report received by \_\_\_\_\_ Date/Time report received \_\_\_\_\_

Sales Order Number \_\_\_\_\_ Item Number \_\_\_\_\_ Commodity Code \_\_\_\_\_

Date Entered into WBSCM \_\_\_\_\_ Photos attached \_\_\_\_\_

# **Written Notice of Beneficiary Rights**



**Arkansas Department of Education  
Division of Elementary and Secondary Education  
Office of Early Childhood  
Food Distribution Unit**

**The Emergency Food Assistance Program  
(TEFAP) – Written Notice of Beneficiary Rights**

Name of Organization:

Contact Information for Program Staff (name, phone number, and email address, if appropriate):

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

- We may not discriminate against you on the basis of religion or religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
- We may not require you to attend or participate in any explicitly religious activities that are offered by us, and any participation by you in these activities must be purely voluntary;
- We must separate in time or location any privately funded explicitly religious activities from activities supported with USDA direct assistance;
- If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available; and
- You may report violations of these protections (including denials of services or benefits) by an organization to the State agency (<http://www.fns.usda.gov/fdd/food-distribution-contacts>). The State agency will respond to the complaint and report the alleged violations to their respective USDA FNS Regional Office (<http://www.fns.usda.gov/fns-regional-offices>).

We must provide you with this written notice before you enroll in our program or receive services from the program, as required by 7 CFR part 16.

This Institution is an Equal Opportunity Provider

# **Beneficiary Referral Request**



**Arkansas Department of Education**  
**Division of Elementary and Secondary Education**  
**Office of Early Childhood**  
**Food Distribution Unit**

**The Emergency Food Assistance Program  
(TEFAP) and  
Commodity Supplemental Food Program  
(CSFP) – Beneficiary Referral Request**

Name of Organization:

Contact information for program staff (name, phone number, and email address, if appropriate):

If you object to receiving services from us based on the religious character of our organization, please complete this form and return it to the program contact identified above. Your use of this form is voluntary.

If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available.

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Please check if you want to be referred to another service provider.

Please provide the following information:

Your name:

Best way to reach you (phone/address/email):

**FOR STAFF USE ONLY**

1. Date of objection:

2. Referral (check one):

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Individual was referred to (name of alternate provider and contact information):

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Individual was given State agency-provided referral information (i.e. a website, hotline, or list of other service providers funded by the State agency)

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Individual left without a referral

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No alternate service provider is available—summarize below what efforts you made to identify an alternate provider (including reaching out to State agency or local or eligible recipient agency):