

# TEFAP

## THE EMERGENCY FOOD ASSISTANCE PROGRAM



Arkansas Department of Education  
Division of Elementary and Secondary Education  
District Operations  
Food Distribution Unit  
P.O. Box 1437, Slot S 337  
Little Rock, AR 72203  
  
Phone: (501) 371-1400

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 civilrights 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-](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17%20Fax2Mail.pdf)

[28-17 Fax2Mail.pdf](https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17%20Fax2Mail.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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**Definitions**

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**100 Definitions**

**USDA Foods** – Formally known as Commodities are Donated foods or foods available for donation, by the United States Department of Agriculture or Commodity Credit Corporation. The foods sometimes included are peanut butter, canned vegetables, fruits, fruit juices, meats, and dry packaged goods such as rice, pasta, and beans or peas.

**Food Distribution Unit** – The state-distributing agency of USDA donated foods.

**Distribution Site** – The location where TEFAP donated foods are actually distributed to needy persons.

**The Emergency Food Assistance Program (TEFAP)** – A program that makes USDA donated foods available to emergency feeding organizations to provide the foods to needy households to relieve situations of emergency or provide supplemental food assistance.

**Household** – A group of individuals, exclusive of boarders, who are not residents of an institution, but are living as one economic unit, sharing common cooking facilities, and for whom food is customarily purchased in common. It also means a single individual, living alone, who has cooking facilities and prepares food for home consumption. (Foster children or homeless are included as a household unit).

**Income** – Is classified as either earned or unearned. The household must report all income at the time of application and any anticipated income to be received during the certification period. (Section 400).

**Pickup Point** – Any location where donated foods are given to only the elderly or disabled. These households should be on a fixed list. Only the food items needed for distribution to these households should leave your central distribution site. These locations must give applications to anyone and refer applicants who are not elderly or disabled to the nearest distribution site.

**Recipient** – A needy person or household receiving donated foods for their own use.

**Recipient Agency** – A public or nonprofit, Internal Revenue Service tax-exempt organization under agreement with the Arkansas Department of Education, Division of Elementary and Secondary Education, District Operations, Food Distribution Unit to receive donated foods for distribution to eligible recipients in The Emergency Food Assistance Program.

**Subgrantee** – Same as Recipient Agency.

**USDA** – United States Department of Agriculture.

**FNS** – Food and Nutrition Services of the United States Department of Agriculture

**ACDS** – Arkansas Commodity Distribution System

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## 150 USDA Foods

The foods that the USDA donates may vary from time to time depending on which foods products are available. Because of the nutritional needs of participants in the TEFAP program most foods are purchased based on their protein value. Foods presently available are peanut butter, canned vegetables, fruits, fruit juices, meats, and dry packaged goods such as rice, pasta, and beans or peas.

All of the foods purchased by the USDA must be certified by the USDA's inspection services to assure specifications are met. Only high grades of meats, fruits and vegetables are accepted. Specifications for the quality of the foods are constantly updated. Recently revised specifications have reduced the fat, sugar and salt contents of foods purchased. For example, USDA is buying canned meats with less salt and beef with lower fat content.

## 160 Allocations

The Food Distribution Unit allocates TEFAP foods on a quarterly basis utilizing the allocation formula. The formula takes into account each Agency's number of persons living below the national poverty level (60%) and the number of persons unemployed (40%). This formula is revised annually to reflect each agency's current economic status. The Food Distribution Unit may revise the quarterly allocation upon notification of additional shipments of foods or reduce allocations when production or shipping problems occur.

## 170 Food Alerts

This policy establishes food alert system procedures for communicating effectively and quickly with all recipient agencies whenever there is an urgent concern about the safety, wholesomeness, or condition of donated foods.

Food Distribution Unit shall:

1. Designate a person as permanent food alert coordinator and provide the name, address and telephone number to the Regional Director of Special Nutrition Programs, USDA Food & Nutrition, Dallas, Texas.
  2. Immediately notify (within 48 hours) each agency if any food item is found to have a problem.
  3. Immediately upon receipt of a food alert message, notify all other agencies, warehouses, and appropriate employees.
  4. Copies of written information will be forwarded to the Regional Emergency Coordinator at the time of transmittal to recipient agencies.
- Upon receipt of additional information from the Food and Nutrition Service regarding the food alert, steps 3 and 4 above will be repeated.

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## **200    TEFAP RESPONSIBILITIES**

### **210    Food Distribution Unit Responsibilities**

The Food Distribution Unit has the following responsibilities under the program:

1.     Certify eligible recipient agencies.
2.     Place and receive orders for donated foods from USDA.
3.     Accept orders from recipient agencies (RA).
4.     Transport or reimburse reasonable expenses for transporting donated foods to RA.
5.     Provide technical assistance, guidelines and instructions for storage and distribution of donated foods.
6.     Periodically conduct administrative reviews of recipient agencies and distribution sites.
7.     Will adhere to the Civil Rights requirements set forth by USDA.
8.     Annually review the IRS Automatic Revocation of Tax-Exempt Status List to ensure an agency under agreement does not appear on the list prior to the annual agreement being signed.

### **220    Recipient Agency Responsibilities**

Recipient agency responsibilities include:

1.     Placing timely orders (calendar month prior to delivery month).
2.     Properly store in accordance with USDA Regulations and distribute USDA donated foods only to eligible recipients.
3.     Train staff and volunteers.
4.     Ensure guidelines are followed.
5.     Submit reports to the Food Distribution Unit on a timely basis.
6.     Maintain accurate records for reviews and audits.
7.     Report losses of USDA foods to the Food Distribution Unit.
8.     Report any discrepancies in the amounts or condition of the food delivered from the foods listed on the shipping invoice.



9. Report to the Food Distribution Unit on any changes in distribution sites or distribution rates. (Section 840)
10. Recipient agency to perform an annual review of the IRS Automatic Revocation of Tax-Exempt Status for any site distributing USDA foods on their behalf.
11. Conduct annual reviews of storage locations.
12. Will have health inspections conducted by Local or State health department on all food distribution warehouses every 24-36 months.
13. Will adhere to the Civil Rights requirements set forth by USDA, including providing annual Civil Rights training to staff and volunteers.

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### **300    Application Process**

The application process is designed to obtain information from households, which is used to determine their eligibility for program participation. Applications should be handled in a way that minimizes long lines and inconvenience to the applicants. Recipient agencies should give special considerations and accommodations to the elderly and the handicapped. The recipient agency will adhere to the Civil Rights requirements set forth by USDA.

### **307    Distribution Process**

The process can occur prior to, or in conjunction with, the distribution of donated foods. In order to ensure sufficient quantities of food are available, some agencies have established systems that permit application and eligibility determination of households prior to actual distribution periods. In such cases, the recipient agency should advise households of the distribution site where they are to pick up donated foods. This system would allow households that have not received prior approval to show up and apply on the distribution days, but would serve them after those who have been approved.

When conducting a distribution, all agencies must serve recipients on a first-come first-served basis. Usually, this is accomplished by utilizing a number system at the distribution site.

### **310    Eligibility Criteria**

Eligibility to participate in the program is based on household size and income.

Once the application is completed, the recipient agency staff will review the information and determine if the applicant is eligible to receive benefits.

Income eligibility may be determined by meeting one of the following criteria:

1.     The household participation in the SNAP program.
2.     The household meets financial eligibility criteria requirements which compares the household size and income to the state income guidelines. (130% of the poverty level.)
3.     A foster child, or children (only) being automatically eligible.

Providers of foster care may apply as a household, including in family size the number of foster children residing in the home at the time of application. If the foster family is not income eligible, the foster care provider may apply on behalf of the foster children in the household. The foster care provider will be the foster children's authorized representative and the foster children are automatically eligible.

Volunteers are not automatically eligible to receive USDA Foods. They must meet one of the above eligibility criteria. Homeless individuals are eligible to receive USDA Foods if they meet one of the three eligibility criteria. Their address would be listed as homeless to identify their living status.

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## 400 **Income**

Income is one basis for eligibility determination. The applicant's statement or their self-declaration of income will be compared to the current program income guidelines. The income guide is based on 130% of the federal poverty level and is updated **annually July 1**. Incomes are classified as earned and unearned. The information contained in the following sections will be used as a basis in determining the applicant's monthly countable income and for the treatment of earned and unearned incomes declared by the applicant.

### 410 **Earned Income**

All wages and salaries for services performed as an employee are earned income. There are no deductions for earned income and the gross pay should be converted to a monthly amount. To convert declared weekly incomes to monthly amounts, multiply by 4.334 and to convert incomes received every 2 weeks multiply the amount by 2.167.

If a household expects to receive less than a full month's income, the actual amounts anticipated will be computed. Such income will not be converted to monthly income.

For income received only twice a month the total is calculated by adding the two checks received.

### 420 **Self-employment Income**

Self-employment income includes:

- Total gross income from self-employment enterprise plus (+)
- The total gain from the sale of any capital goods or equipment related to the business minus (-)
  - The cost of doing business.

### 430 **Examples of Countable Income**

1. Wages or salary.
2. Social Security benefits (including Medicare premiums).
3. Veteran's benefits.
4. Workmen's compensation benefits.
5. Regular insurance payment.
6. Military allotments.

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7. Child support payments not under IV-A.
  8. Self-employment income less business expenses.
  9. Regular monthly cash contributions or allowances that help the household meet its usual living expenses.
  10. Payments received to attend a vocational school, college, or university less the amount paid for educational expenses. Payments received based on Title IV of the Higher Education Act are excluded. (Section 440, #12)
  11. Unemployment compensation.
  12. Income from rental property.
  13. Railroad retirement payments.
  14. Strike benefits.
  15. Supplemental Security Income
  16. Other – includes any other income from any source other than work. An example would be interest on savings.

**440 Exclusions from Income**

Sources of income/assistance not considered income are:

1. SNAP benefits.
2. Vendor payments. Payments made directly by one party to another on behalf of the household. Example: a non-household member pays the household's rent directly to the landlord.
3. A loan which the household must repay, and which are not intended for the current support of the household. Payments received by the household on a regular basis will be considered as income. (This is a reference to Section 430, #9)
4. In-kind contributions such as food, clothing, or furniture.
5. Earnings of a child. Payment for services as an employee or from self-employment is made to a child who is under age 18 and residing in the household who is attending high school, vocational school, college or university at least half the time.

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6. Nonrecurring lump sum payments. Payments include, but are not limited to, income tax returns, rebates, or credits; retroactive lump sum Social Security, SSI, AFDC, railroad retirement benefits or other payments; retroactive lump sum insurance settlements; and refunds of security deposits on rental property or utilities.
  7. Self-employment costs. The cost of producing self-employment income. (refer to Section 420)
  8. Vista. Payments to participants in Volunteers in Service to America.
  9. Energy Assistance. Payments or allowances made under any federal, state, or local laws for the purpose of energy assistance.
  10. Child Support payments under IV-D which are not paid to the custodial parent.
  11. Educational Expenses.
  12. Payments received based on Title IV of the Higher Education Act.
  13. Irregular income (less than \$30 in threemonths).
  14. Recoupments.
  15. Reimbursements.
  16. Earned income tax credits.

**500 Participation**

**510 Persons Who May Not Participate**

1. Students living the majority of the time (over 50%) outside the applicant's residence cannot be included in the household. However, the students may qualify on their own and will have to apply for TEFAP.
2. Residents of institutions.
3. Boarders.
4. Individuals who have been disqualified for intentional program violations (See Fraud, Section 1700).

**520 Verification of Household Composition (Separate Household Status)**

Individuals who wish to be a separate household from those with whom they reside will be responsible for providing a statement from the SNAP office indicating their separate household status. This is the only circumstance in which separate household status may be granted.

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**530    Residency**

Participants are required to reside in the State of Arkansas. Also, participants are to be certified in the county in which they reside unless prior arrangements are made and approved by the recipient agency or Subgrantee distributing USDA foods. This procedure is used to assist in preventing duplicate issuance to households. The Food Distribution Unit should be notified when the distribution is monitored.

**600    Identification**

**610    Identification**

For new applications, certifications, and at the distribution of USDA foods the recipient agency personnel should ask to see some form of identification. A driver's license, ID issued by the state, military ID, or other forms of ID would be acceptable showing name and address. If the identification provided agrees with the name on the application form at certifications, the recipient agency will indicate the type of ID seen on the application form. The agency official will check ID to assure foods are issued to the recipient household or to their authorized representative during the distribution of USDA foods.

**700    Certification**

**710    Certification Periods**

The certification period is a designated period of time in which a household will be eligible to receive donated foods. Certification period will be listed as month/year through month/year. The month of application will generally be the first month in the certification period of an initial application. Eligibility for donated foods will cease at the end of each assigned certification period. Certification periods will be assigned in accordance with the following guidelines:

**720    Unstable Households**

Households may be certified for one month when the circumstances do not warrant a longer certification period because of anticipated changes in income or household composition.

Zero income households are considered unstable, and their certification period must not exceed three months.

**730    Stable Households**

Stable households will be certified for up to twelve months if there is little likelihood of changes in income and households status. For example: individuals paid the same amount each pay period.

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**740    Unemployable or Elderly Households**

Households consisting entirely of unemployable or elderly persons with very stable income may be certified for up to twelve months, provided other household circumstances are expected to remain stable. For example: Social Security recipients, SSI recipients and persons who receive pensions or disability payments.

Households should be advised at the time of approval to report changes that may affect their eligibility. Specific changes that should be reported are household size, household income or change of residence.

**750    Authorized Representative**

In instances where the head of the household or the spouse cannot apply for and/or pick up food from the distribution site, an authorized representative may be appointed. Authorized Representatives may or may not be members of the household. However, they should be designated in writing or announced verbally at the application interview by the head of household or spouse. Recipients may also want to utilize staff from other programs, such as “meals on wheels” to take applications and deliver donated foods to persons unable to visit designated distribution sites.

**800    Application Disposition**

**810    Denial**

Applications will be disposed of in the following manner:

If the applicant is ineligible, the agency worker would check the “application denied” block and enter the reason why the application was denied. The personnel would then sign and date the form and inform the applicant of the decision and the reason for denial. If the applicant disagrees with the decision, the applicant should be referred to the manager of the distribution site and advised of the Hearing procedure. (See policy regarding Hearings, Section 1800).

**820    Approval**

If eligible, the agency personnel would check the “application approved” block on the application form and complete the application/issuance card.

**830    Issuance**

After receiving the approved application, the issuance personnel in charge of donated foods will issue the foods according to the “Distribution Guide Rates” provided by the Food Distribution Unit. The issuance personnel should indicate the foods in unit size on the card. **Signatures are no longer required for food pick-up.**

Agencies which need to increase the distribution guide rate must have prior written approval from the Food Distribution Unit.

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## **840    Distribution Guide Rates**

Rates established by the Food Distribution Unit reflect maximum issuance. Households' should be provided with an opportunity to turn down all or part of an allotment of any item they may not need or want. However, they are not required to sign.

When utilizing the distribution rates, you may double the rates or triple the rates for household distribution. Agencies are to determine if the available USDA foods will serve all participating households in the agency's service area and receive approval from the Food Distribution Unit before changing the issuance rate. (Sec. 830)

## **841    Accountability**

The USDA Foods Inventory Report was implemented as a mandatory form to trace the USDA foods within each agency and to increase the accountability of the program. Agencies may develop their office form to replace the USDA Foods Inventory Report so long as the form contains the required program information. The finished form must be submitted to the Food Distribution Unit for approval before usage or the initial supply is printed. Retain the completed forms (USDA Foods Inventory Report or agency program forms) at your central office. Upon their request, the forms must be available for review by the Food Distribution Unit or the United States Department of Agriculture.

## **842    Error Rate(Improperly Completed Applications)**

When applications are reviewed by the Food Distribution Unit and they exceed the 10 percent error rate, a deficiency will be noted. The recipient agency is required to submit a corrective action plan to the Food Distribution Unit for a deficiency found during a review.

## **850    Available Foods**

Each recipient agency will be provided allocation amounts, as foods are available by the Food Distribution Unit. Allocated amounts are subject to change if sufficient quantities of the food items are not available.

## **860    Confidentiality**

The applicant's right to privacy must be protected at all times. All personnel should understand that all information concerning the household must be held in the strictest confidence. Information concerning the household cannot be provided to outside persons or organizations other than authorized representatives of the state agency and USDA.



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## 900 Civil Rights

The recipient agency agrees to comply with all laws, rules and regulations pertaining to prohibiting discrimination on the basis of race, color, national origin, sex (including gender identity and sexual orientation), age, or disability.

Each recipient agency must:

1. Advise the public, including minority and grassroots organizations in the area served in both English and Spanish, of program availability, eligibility standards, site locations, and hours of operation of sites for both pre-registration and food distribution.
2. Include the following nondiscrimination statement in the public notification in both English and Spanish: “Rules for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, sex (including gender identity and sexual orientation), age, or disability.”
3. Post the USDA “...And Justice For All” poster at all distribution sites and appropriate offices dispensing program benefits to participants or potential participants. Be sure that you are using the most recent poster in both English and Spanish.
4. Have the capability of providing the above information in a bilingual manner when the agency is providing services in a language minority area.
5. Conduct annual Civil Rights training and complaint processing training with all local distribution sites **staff and volunteers** (mass distribution, pantry, soup kitchens).
6. Conduct new employee/volunteer training on Civil Rights and the complaint process **before** exposure to the public. This includes agencies and sub agents.
7. The following wording must be used on all printed information including application forms, brochures, flyers, newspaper, social media posts, etc.:

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

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number,

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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.

When you are unable to use the full Civil Rights disclaimer due to space on printed material or for on air announcements, use the following statement:

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

(Spanish)

Esta institución es un proveedor igual de oportunidad.

8. Each site distributing USDA foods to eligible recipients under the TEFAP program must have available a copy of the most recent USDA Program Discrimination Complaint Form, OMB Control Number 0508-0002. A sample of this form is included in this manual.
9. Post-award Civil Rights compliance reviews will be conducted on the agency and sub agency level when reviews are performed. It is the responsibility of the agency to ensure sub agents are in compliance and provide annual Civil Rights training.
10. Nutrition education material to be available at distribution sites specific to client's needs. Many resources are available to assist in meeting these requirements including Federal, State, and local agencies.
11. When providing outreach material to the public, be sure to include a picture(s) depicting diversity as well as the Civil Rights statement. An example of a picture showing diversity can be found in the Exhibits section of this manual.
12. When offering assistance to Limited English Proficiency (LEP) clients, it is the agencies responsibility to have interpreters available to assist those clients. Should you need assistance contacting an interpreter for your agency, contact the Food Distribution Unit. The agency must also provide a written waiver form for LEP clients to sign if they wish to use friends or family instead of an interpreter.
13. For USDA food distribution taking place at a church, or other faith based organization, the Written Notice of Beneficiary Rights, advising prospective program recipients of their right to receive services in an alternate location must be posted in an area visible to the public. A copy of the notice must also be provided to the prospective program participant prior to the time they enroll in the program or receive services from the program.

## **910    Public Notification**

The public notification should state the date, time and location where the distribution will take place, the eligibility requirements, and the USDA nondiscrimination statement. The notification should be made in the appropriate language(s) to reach potential recipients.

## **1000   Volunteers**

Dedicated volunteers are crucial to the success of TEFAP. Volunteers can stretch resources, lower administrative costs, help use professional time more effectively and increase the quantity and quality of services to recipients. Volunteers also foster community awareness and support of the program that is vital to its success. Policy FD-113 is provided as a reference for Civil Rights Training requirements.

## **1010   Political Activity**

Distribution sites are to refrain from utilizing the distribution of USDA commodities to further various political interests. The definition of political interest encompasses candidates, parties, and political issues such as initiative, referenda, and state constitutional amendments appearing on the ballot.

Activities unrelated to the distribution of TEFAP foods may be conducted at distribution sites as long as: the person(s) conducting the activity makes clear that the activity is not part of TEFAP and is not endorsed by the Department of Agriculture (impermissible activities include information not related to TEFAP placed in or printed on bags, boxes, or other containers in which USDA foods are distributed). Recipes or information about USDA foods, dates of future distribution, hours of operation, or other federal, state, or local government programs or services for the needy may be distributed without clarification that the information is not endorsed by the Department of Agriculture. The person(s) conducting the activity makes clear that cooperation is a condition of the receipt of TEFAP commodities (cooperation includes contributing money, signing petitions, or conversing with the person(s)). Also, the activity must not be conducted in a manner that disrupts the distribution of TEFAP commodities.

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**1100 Financial**

**1110 Allowable Costs**

The following information is provided to assist agencies in determining what may be considered allowable costs for payments with USDA funds.

- Commercial or leased storage space and maintenance of such space for donated foods held by the agency after delivery from the state warehouse until distribution occurs.
- Transportation cost of donated foods from state-contracted warehouse to the agencies and/or any transportation costs incurred transporting the foods within the area from local storage to distribution sites or between sites.
- Cost (rental or purchase) of equipment to load and unload the donated foods.
- Printing and mailing costs associated with vouchers or notices to recipients concerning eligibility, distribution time and distribution sites.
- Costs for monitoring to the extent personnel devote time to monitoring this program.
- Labor hired specifically to handle or distribute the foods.
- Purchase of bags or boxes to carry food for recipients.
- Cost of duplicating fact sheets on foods for recipient use.
- Cost of audits.
- Salaries and fringe.
- Travel expenditures associated with the TEFAP program.
- Telephone and utilities associated with TEFAP.
- Rent of buildings, computer costs and office supplies associated with TEFAP.
- Cost of bookkeeping.
- Cost of administrative procedures required for program participation.

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## 1120 Defining USDA Food Value

Once a shipment is received, your representative must sign an invoice indicating that the listed food items have been received. The invoice may be used to calculate the price of each product delivered. The Food Distribution Unit updates the price changes monthly in ACDS so the price of each food may vary from one delivery to the next. On the right-hand side of the invoice under the column indicated as bonus is the price of each food item. To calculate the case price, use the last column bonus value and divide by the case price that is indicated in column two under quantity. If calculating the value of a food loss, use the bonus value divided by the amount in the weight column to determine the price per pound. If you have any questions regarding the value of the USDA foods, please contact The Food Distribution Unit.

## 1200 Record keeping

The state and recipient agencies are required to keep records that document:

1. The status of donated foods from the time they are received from USDA until they are distributed to eligible recipients. Signatures are required from agency representatives at each location and from each household receiving commodities.
2. The status of funds from the time they are received from USDA until they are expended for allowable costs or returned to USDA. These records must establish an audit trail that would allow someone to trace the foods from the beginning of their cycle at the State Agency level to the end of their cycle at the recipient agency level. These records, along with certification and distribution records on individual households must be maintained for the duration of the fiscal year in which the program is operating and for three years after the end of the fiscal year to which it pertains.

## 1300 Monitoring

The Food Distribution Unit will monitor administratively every Recipient Agency or Subgrantee every four years. For administrative reviews, each agency will be notified in advance that the Food Distribution Unit will monitor them on a specific date. Also, USDA Federal Regulations §251.10(e) requires a minimum of twenty-five percent (25%) of Recipient Agencies and twenty (20) of the distribution sites be monitored annually.

## 1400 Funding

A proposed budget (see Exhibit section of this manual) will be required with your Subgrant Agreement. The Subgrant Agreement must be approved prior to approval of any reimbursement. All costs allocated to this Subgrant must be identified in your budget.

The Statement of Expenditures and Request for Funds and inventory report are to be submitted to the Food Distribution Unit by the 10<sup>th</sup> of the month following the distribution month. Agencies are to claim all eligible expenses for maximum reimbursement. Subsequent claim(s) may be submitted in the second month following the month of distribution for expenses related to the maximum reimbursement was not previously claimed and the expenses were received too late to be listed on the initial Statement of Expenditures and Request for Funds.

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Information for a subsequent claim should include section A completed and section B should list the expenses not initially claimed and a notation of the total initial expenses claimed.

Reimbursement rates are \$ 2.50 for each case of food distributed or the actual cost of the distribution if less. All forms and correspondence are to be returned to the Food Distribution Unit, P. O. Box 1437, Slot S 337, Little Rock, AR, 72203.

#### **1450 Food Transfers**

A transfer of USDA Foods between recipient agencies may be made only with prior approval of the distributing agencies and the Food Distribution Unit. A Donated Food Transfer Record is completed to document food transfers between agencies. After completion, the form is sent to the Food Distribution Unit. The transferring agency and the receiving agency retain a copy of their files.

The recipient agency must complete a Receipt and Transfer Site Report (Food Transfer Report) to document transfers of commodity foods from the shipping invoice destination to the distribution locations.

#### **1500 Storage Facilities and Guidelines**

It is the responsibility of the recipient agency to properly store and handle all donated foods received for the TEFAP program. A recipient agency is ultimately responsible for any USDA donated foods at sites under its jurisdiction and must take prudent and reasonable care of the foods at all times.

Recipient agencies must review each of their storage locations annually. Storage reviews are retained by the recipient agency for review by the Food Distribution Unit or USDA. Corrective Action plans will be documented in cases of non-compliance. Results of the corrective actions must be forwarded to the Food Distribution Unit. Review forms are available from The Food Distribution Unit upon request.

## 1510 Recommended Storage Temperatures

The following temperatures are recommended for perishable products:

The maximum storage life is shown for different temperatures.

<u>CODE</u>	<u>PRODUCT</u>	<u>CONTAINER</u>	Shelf life (listed in months) @ degree Fahrenheit			
			<u>#PER CASE</u>	<u>90°</u>	<u>70°</u>	<u>40°</u>
A059	GREEN BEANS	#300 CAN	24	12	24	48
A119	W/K CORN	#300 CAN	24	18	36	72
A170	POTATOES	#300 CAN	24	15	30	60
A282	APPLE JUICE	46 OZ. CAN	12	9	18	36
A351	APPLESAUCE	#300 CAN	24	12	24	48
A437	PEARS	#300 CAN	24	9	18	36
A562	CHICKEN, BONED	29 OZ. CAN	24	18	36	60
A610	BEEF (w/nj)	29 OZ. CAN	24	18	36	60
A630	PORK (w/nj)	29 OZ. CAN	24	18	36	60
A803	SALMON	14.75 OZ. CAN	24	18	36	72
A910	PEAS, DRY BLACK EYE	2 POUND PKG.	12	9	12	24
A914	BEANS, DRY PINTO	2 POUND BAG	12	9	12	24
B090	MILK, INSTANT, NFD	4 POUND BOX	6	3	12	24
B367	FLOUR MIX	5 POUND BAG	6	3	6	12
B474	PEANUT BUTTER	18 OUNCE CONTAINER	12	9	18	36
B510	RICE**	2 POUND PKG.	24	12	24	48
**(Should be stored where humidity is 55% or less. Refrigeration is recommended for extended storage.)						
B835	SPAGHETTI	2 POUND PKG.	12	18	36	72

Storage life refers to the elapse time between the packing of the product and its immediate consumption. Storage information is helpful in assessing product quantity, but is not an indicator of food product safety, and does not represent an expiration date. The storage periods given are approximate. Products can be expected to show signs of quality loss within 1/5 of the time listed on the above chart depending upon how the product is stored. Therefore, products in storage should be monitored, to the extent possible, for signs of quality loss, and good judgement should be employed in assuring their suitability for use.

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## 1520 Food Ordering

Recipient agencies must order only quantities of food that can be used without waste and have adequate storage facilities for the amount of food requested or accepted. As food is available, your agency will receive an order form indicating your allotment of USDA foods twice a year or quarterly. This is based on your delivery set up. Recipient agencies should complete the form and return it to the Food Distribution Unit within 15 days.

## 1525 Transporting USDA Foods

Transportation of USDA foods from the main distribution drops to the outlying distribution sites must be accomplished by utilizing tarpaulins or other waterproof covering when using an open-bed truck. Truck beds should also be clean, dry, and free of debris.

## 1530 Receiving

At delivery, during the unloading of USDA foods, agency personnel must compare the type of food and the amounts delivered to the information on the shipping invoice and the ACDS Agency Delivery Report.

**Discrepancies such as shortages, overages or damaged USDA foods must be noted on the invoice and signed by the driver and agency representative.**

The checks for damages must include inspections for rodent and insect infestation, disfigurations, and discoloration. If any food received by the recipient agency that is found to be out-of-condition must be segregated from other foods. The recipient must:

1. Indicate on the receiving document the status of the out-of-condition food.
2. Contact the local health department to inspect and determine the disposition of the food.
3. Submit the USDA Food Loss Report and appropriate documentation to the Food Distribution Unit to report the loss of donated food. **Any shortage or overage found during the check should be noted on the receiving documents.**

## 1535 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.



### 1540 Central Freezer Checks

Recipient agencies must check coolers/freezers at least every other day even during vacation and holiday periods. The only allowable exception is if a recipient agency is not able to make cooler/freezer checks on weekends. In that case, checks must be made late Friday afternoon and early Monday morning.

A log for each cooler/freezer must be maintained. As a minimum, each log must contain the following information:

1. The exact date and time.
2. The recorded temperatures.
3. The signature and title of person conducting the checks.

### 1550 Insect, Rodent, And Other Controls

Air circulation is important for freezer, cooler and dry storage. USDA foods should be stacked on pallets or shelves with at least four inches wall and floor clearances and two feet ceiling clearances.

USDA foods should be stacked so that the foods with the oldest package dates are in front and used first. USDA commodities, unlike many commercial foods, have the package date or contract number on the case. Note: If food is taken out of the cases, the can/containers should be marked.

Stacks should not be so high as to cause bursting or crushing of the bottom layers. All USDA foods should be cross stacked to keep the stack solid. USDA foods should not be stacked near sources of steam or heat.

Food should be checked regularly for signs of infestation, deterioration, torn sacks and broken cartons. Foods that are in good condition and contained in torn sacks or broken cartons should be repackaged. The Health Department and the Food Distribution Unit should be contacted if questionable foods are found. Any foods determined unfit will be destroyed by the Health Department or recipient agency based on Health Department instructions.

Storage areas and freezer/coolers should be maintained in a clean and orderly manner. Monthly extermination treatments are recommended but should be done more often if necessary. Food should be stored away from pesticides, cleaning supplies and paper products.

Foods should also be used on a first-in-first-out basis.

### 1560 Theft Control

Recipient agencies must supply secure locks on buildings in which USDA foods are stored and should lock all coolers/freezers and other storage areas separately.

**Reporting Losses and Determination of Food Condition and Hold/Recall Procedures**

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**1570 Reporting Losses and Determination of Food Condition**

If the loss is a result of theft, the recipient agency must have the local police investigate and the police report must accompany the USDA Food Loss Report form and a letter of circumstances surrounding the loss to the Food Distribution Unit.

If any recipient agency finds the condition of USDA donated food questionable due to infestation, spoilage or damage, the recipient agency must contact the local Health Department to inspect the foods. If the Health Department determines the foods are unfit for human consumption, they will issue a report on destruction of the food. The destruction report, the USDA Food Loss Report and a letter about circumstances surrounding the loss must be sent to the Food Distribution Unit.

A repair or service bill or other suitable documentation that proves negligence was not involved must accompany a Food Loss Report involving freezer or refrigeration malfunctions. The recipient agency must include with the report a schedule indicating the recipient agency made the regular checks of the unit at least every other day and reported temperatures. (Refer to section 1540)

If it is determined that the loss is due to negligence by the recipient agency, or the loss is not properly documented, the recipient agency will be held liable for the loss.

**1580 Hold and Recall Procedures**

Hold and 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 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 number 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.

## **1600 Claims**

A recipient agency will be notified in writing when losses do not warrant a claim against the recipient agency. A claim is any demand or basis for a demand for payment of loss food. The original amount of a claim is the USDA value of the food at the time of the loss. Claims may be resolved by repayment or establishing a repayment schedule.

Repayment shall be made for all losses that result from a recipient agency's negligence in handling the food items.

### **1610 Processing Claims**

- The Food Distribution Unit will make a claim determination within 30 days of receipt of USDA food losses reported by the recipient agency.
- The Food Distribution Unit shall make, or recommend to recipient agencies, appropriate changes in policies, operating instructions, regulations, or agreements needed to eliminate losses.
- The Food Distribution Unit must pursue claims for losses valued at greater than **\$100** and will pursue claims for lesser amounts that involve violation of federal or state statutes. Additionally, the Food Distribution Unit must transmit to the FNS Regional Office all future claims against a recipient agency whose losses exceed \$2,500 in a fiscal year or any initial loss that exceeds \$2,500.

### **1620 Corrective Action**

Any agency that has a claim for lost USDA foods must take corrective action to prevent future losses simultaneously with the claims action.

### **1630 Penalties**

Federal laws allow fines of up to \$10,000 and prison terms of up to five years for embezzlement, willful misapplication, theft, or fraud in the USDA foods program.

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## **1640 Policy Clarifications**

Policy that needs clarification should be submitted in writing to the Food Distribution Unit. A response will be returned within thirty days.

## **1700 Fraud**

When it is determined that a program recipient intentionally gave false, incorrect, or incomplete information and as a result received an over issuance of USDA foods, the following penalties will be imposed against the household.

1. For each month a household receives donated food under false pretenses the recipient household will be disqualified for one month. The disqualification period will be capped at six months for the first program violation and twelve months for subsequent program violations. For example: John Smith applies and receives food at two distribution sites for five months. Program coordinator determines that Mr. Smith is receiving a double issue of foods. Mr. Smith is disqualified for five months.

AND,

2. When value of the over issuance exceeds \$200, disqualify household under above procedures. The recipient agency should forward a written detailed statement of the occurrence to the Food Distribution Unit for fraud investigation.

The burden of proving fraud is the responsibility of the recipient agency. Each agency must document fraud cases with evidence to clearly indicate that the suspension of the household was warranted.

A separate file should be established and maintained regarding fraud cases. Documentation of fraud should be contained in both regular files and fraud files for inspection upon review of the agency's records.

## **1800 Appeals and Hearings**

### **1810 Filing An Appeal**

An appeal must be made in writing and signed by the applicant or their designated representative indicating that they wish for the opportunity to present their case to a higher authority.

When an applicant or recipient or their designated representative requests a Hearing, the Food Distribution Unit will provide them the information needed to proceed.

Requests for a Hearing returned to the Subgrantee agency are to be dated and forwarded immediately to, Arkansas Department of Education, Division of Elementary and Secondary Education, District Operations – Food Distribution Unit, P. O. Box 1437, Slot 3-337, Little Rock, AR 72203.

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When a request for a Hearing is returned by the household directly to Appeals and Hearings of the Office of General Counsel, the Subgrantee agency serving the claimant's county of residence will be notified that a Hearing has been requested.

**1811 Time Limit on Filing of Appeals**

A claimant whose application for assistance was denied must file a request for a hearing within 30 days from the date of denial.

**1812 Reason For Appeal**

1. The application was denied.
2. Delay of application unless the delay is due to lack of cooperation on the part of the claimant in providing necessary information so that eligibility can be established.
3. Not allowed filing an application.

**1813 Representative During Appeal**

During the appeal process, the claimant may be represented by a friend or other representative or by legal counsel. ADE will not provide legal counsel. However, the Subgrantee agency will make every effort to refer claimants requesting legal counsel to Legal Aid or other resources within the community if the claimant so desires.

**1814 Withdrawal or Abandonment of Appeal**

A request for Hearing may be withdrawn by the claimant by completion of a Hearing Withdrawal or a signed statement indicating the reason for the withdrawal. Withdrawals will be forwarded to the Administrator of Hearings. (Address in Section 1810).

If neither the claimant nor his designated representative appears at the time and place for the hearing, the hearing will be abandoned.

**1815 Preparing for the Hearing**

Within 7 days of being notified by Appeals and Hearings that a hearing has been requested, the Subgrantee will provide the Appeals and Hearings of the Office of General Counsel a copy of the Hearings File. This file will contain documentary evidence to support the Adverse Action the applicant appealed.

The Hearing File will include the following information:

1. A copy of the TEFAP application and any information relating to the issue at hand.
2. Information supplied by the client.

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3. County Statement, Hearing Statement

The County Statement summarizes the basis for the County Office's Action. It will contain the issue, as stated by the claimant and a summary of all facts and evidence supporting the Subgrantee Agency position. All statements will be in simple language. Ambiguous and technical words/phrases will be avoided.

The information contained in the County Statement is not considered as evidence. Documentation must be included in the Hearing File to support the information contained in the County Statement.

Three copies of the County Statement will be prepared. The original will be sent to the claimant, a copy sent to the Appeals and Hearings prior to the date of the hearing, and a copy retained for the case record. The Subgrantee Agency Executive Director or his designated representative will review the County Statement prior to mailing.

4. List of witnesses to be subpoenaed, on behalf of the Subgrantee, by the ADE General Counsel. Subpoenas should be requested only for those witnesses that will require one to be present at the hearing. Subpoenas may not be necessary for the claimant's friends, relatives, etc., who are willing to attend without a subpoena.

The client and/or representative will be advised that he has ten days from the date of his signature on the certified mail receipt to review the Hearing File, in the Subgrantee's office, and to notify Appeals and Hearings of any individuals he wishes to be subpoenaed on his behalf. This notification will be prepared by the Appeals and Hearings.

Appeals and Hearings will notify the Subgrantee of any witnesses subpoenaed at the request of the claimant. The Subgrantee will notify Appeals and Hearings within five days of receiving the notice, of any additional subpoenas to be issued by ADE General Counsel for rebuttal witnesses.

**1816 Notification of Time and Place of Hearing**

The hearing will normally be held in the Subgrantee office that serves the county in which the claimant resides. It may be held in another Subgrantee office if this is more convenient for the claimant or his family. The hearing may be held in the claimant's house or at any other reasonable location in the county if he requests it.

After the time frame has expired for subpoenaing client witness and county witnesses, the hearing will be scheduled which will advise the appellant of the time, date, place of the hearing and the name of the hearing officer who will conduct the hearing.

**1817 Conduct of the Fair Hearing**

The hearing will be conducted by a hearing official from Appeals and Hearings. No person who had any part in the decision that is being appealed may serve as the hearing officer. The agency must provide language assistance to LEP individuals, but the claimant may waive the right to an interpreter by signing a waiver. The worker, the Executive Director, or his representative without benefit of a subpoena will represent the Subgrantee agency. The subgrantee representative will familiarize himself with the case prior to the hearing.

The hearing officer may not review the case record or other material unless such material is made available to the claimant or his representative.

The hearing will be conducted in an informal but orderly manner. The hearing officer will explain the Hearing procedure to the claimant. The Hearing Statement will be read by the Subgrantee representative. The claimant will then be allowed to present his case. He may do so by himself or with the aid of others. The claimant or his representative will be given the opportunity to have witnesses subpoenaed, advance arguments, offer additional evidence and question or refute any testimony or evidence. The claimant will be allowed to question the Subgrantee representative, confront, and cross-examine any adverse witnesses. If the claimant is unable to present his evidence in a logical manner, the hearing officer will assist him. Testimony must be under oath. The hearing must be recorded, and the decision based on the record. The Subgrantee representative will be given the opportunity to present additional evidence and to question the claimant, his designated representative, or witnesses. Questioning of all parties will be confined to the issue(s).

**1818 Hearing Decision Time Limit**

Definite and final administrative action must be taken within 60 days of the date the appeal was filed unless the hearing was delayed at the request of the claimant.

**1819 Reopening of Hearing**

If there is insufficient evidence upon which a decision can be made, Appeals and Hearings will direct the hearing officer to reopen the hearing. The claimant and the Subgrantee office will be notified of the date and time that the hearing will be reconvened.

**1820 Notice of Decision**

A notice of the decision of Appeals and Hearings will be mailed to the claimant or his representative within seven days after the decision is made. LEP claimants must be provided with notice of decisions of appeals and hearings in their appropriate language. Copies will be mailed to the Subgrantee and the Food Distribution Unit, if applicable. The notice will state the issue(s) and relevant facts brought out at the hearing, pertinent provisions of law and agency policy, and the reasoning that led to the decision. The claimant will be advised of his right to judicial review. The notice will indicate that the claimant or his representative may inspect the complete hearing record on file in the Subgrantee office within thirty days. Other persons may have access to the report at the written request of the claimant.



**1821 Action of Decision**

If the decision directs action to be taken, such action will be taken by the Subgrantee within 30 days of the date of the notice. Any corrective payment ordered will be authorized. If eligibility requirements other than the one(s) at issue, have not been established, the Subgrantee will make an immediate investigation to establish these requirements. The Executive Director or designated representative will notify the Administrator of Appeals and Hearings in writing as soon as the action is completed.

If for any reason the Subgrantee is prevented from complying with the decision, Appeals and Hearings will be given an explanation in writing. A copy of this notice will be sent to the claimant.

**1900 Financials****1902 Single Audits**

The Single Audits Act of 1984, amended in December 2014, requires state and local governments that receive federal funds of \$750,000 or more, during any fiscal year, to conduct a single audit for fiscal years that begin after December 31, 1984. As a result of this requirement, subrecipients or agencies that are provided federal funds of \$25,000 or more in a fiscal year by state agencies, are required to conduct a single audit beginning with fiscal year 1986. Guidelines that contain the mandatory components of these audits will be issued by the Department of Education.

The procedures described in sections 1904 – 1918 are applicable to all TEFAP financial audits conducted prior to the single audit.

**1903 Procedures for Obtaining Payment for TEFAP Single Audit**

The single audit report will be submitted to the Department of Education (ADE) within 90 days following the end of the Subgrantee's fiscal year. The audit report will be submitted to the following address:

Assistant Deputy Director, Audit Section  
Division of Finance  
Arkansas Department Education  
P. O. box 1437  
Little Rock, AR 72203

The following procedures will be utilized in the review and processing of payment for TEFAP single audit costs:

1. Upon receipt of the audit report, the Audit Section will notify all applicable ADE Division/Offices of the receipt. The Audit Section will review the audit report for compliance with established audit requirements.
2. If the audit meets all applicable requirements, the Audit Section will forward a copy of the audit report, along with their recommendation to the Food Distribution Unit.

3. If the audit does not meet all applicable requirements, the Audit Section will notify the Subgrantee and the Food Distribution Unit of non-acceptance of the report as submitted. Until the auditor brings the report into compliance, no audit costs may be charged to any program funded through ADE.
4. The Arkansas Department of Education is required to maintain a copy of each agency's single audit. If your agency has been audited and the findings are in writing, please submit a copy of the audit report and your corrective action response to the department.  
Audit costs should not be charged on the Statement of Expenditures until the Audit Section clears your audit.

#### **1904 Agency Audits**

The Audit/Fiscal Review Section of the Arkansas Department of Education conducts financial audits of Subgrantee's implementation of the TEFAP program. Financial audits are conducted on a random basis after the conclusion of a fiscal year.

Financial audits are retrospective, comprehensive evaluations of program implementation with an emphasis on the financial aspects. The purpose of financial audits is to review TEFAP program costs as to accuracy, allowable, documentation, proper accounting methods and adherence to the TEFAP policy manual and instruction directives (TEFAP memos).

The financial audits will also serve in identifying program weaknesses in policy and procedures and in evaluating effectiveness in meeting program objectives.

The Audit/Fiscal Review Section will contact Subgrantees for the purpose of scheduling financial audit visits. Each Subgrantee has the responsibility to cooperate with the Audit/Fiscal Review Section by providing information and documentation as requested. After the audit is completed an exit conference will be held with the Subgrantee Executive Director or his/her designated representative. During the conference the auditors will advise the Subgrantee representatives of the preliminary findings of the audit and will discuss corrective measures, if applicable.

If the Executive Director disagrees with the findings, and a resolution of the disagreement is not reached during the exit conference, the agency may submit its written comments and documentation during the comment period.

#### **1910 Processing Financial Audit Reports**

After completing the financial audit of the Subgrantee's implementation of the TEFAP program, a draft audit report will be prepared by the Audit/Fiscal Review Section. The Audit/Fiscal Review Section will issue the draft report to the following:

1. Executive Director, Subgrantee.
2. Assistant Director, ADE DESE District Operations
3. Program Administrator, ADE DESE District Operations, Food Distribution Unit.
4. Deputy Director, Division of Finance.

Processing of the report will be completed as follows:

- Each recipient of the draft report has 30 days to make comments about the report. This 30-day comment period will be used to resolve any errors or disagreement with the report.
- Comments concerning the findings of the draft audit report must be submitted in writing to the Audit/Fiscal Section and postmarked by the end of the comment period.
- The Audit/Fiscal Section will incorporate all comments received and its response(s) to the comment into the final audit report. The final audit report will be sent to the following:
  1. Executive Director, Subgrantee.
  2. Assistant Director, ADE DESE District Operations
  3. Program Administrator, ADE DESE District Operations, Food Distribution Unit.
  4. Deputy Director, Division of Finance.
- If the Subgrantee disagrees with the findings of the final audit report, an appeal may be made.
- If the final audit report contains findings that require a corrective action plan by the Subgrantee, the appropriate party of the Division of Finance will send a letter to the Executive Director of the Subgrantee. The letter requests that the Executive Director submit a corrective action plan to the Division of Finance within 30 days. The letter will also request a proposal for settlement of any financial allowances be included in the plan.
- The corrective action plan will specify actions taken, or planned for completion by a specified date, in order to remedy each finding contained in the audit report. Documentation of action already completed should be included as an attachment to the plan.
- Upon receipt of the corrective action plan, the Division of Finance will submit the plan to the Program Administrator, the Food Distribution Unit, and Administrator, Audit/Fiscal Review Section for comments.
- The Program Administrator, the Food Distribution Unit, and the Administrator of the Audit/Fiscal Review Section will have 15 days to submit comments on the plan to the Division of Finance.
- After the comment period, the Division of Finance will make the decision to approve or not approve the corrective action plan. Within 30 days of receipt of the corrective action plan, the Administrator will issue a letter to the Subgrantee Executive Director to advise of approval or disapproval of all or part of the plan. The Division of Finance will provide a copy of the letter to the Program Administrator, the Food Distribution Unit, and the Administrator of the Audit/Fiscal Review Section.

- If any part of the plan is disapproved, the Division of Finance will specify the part(s) that was disapproved and request an amended plan be submitted within 10 days.
- Upon receipt of the corrective action plan, the Division of Finance will send a copy to the Program Administrator of the Food Distribution Unit and the Administrator of the Audit/Fiscal Review Section for comments. The Program Administrator of the Food Distribution Unit and the Administrator of the Audit/Fiscal Review Section will have 10 days to comment on the amended plan.
- After the 10-day comment period, the Division of Finance will issue a letter of approval or disapproval of the amended plan to the Executive Director of the Subgrantee agency. A copy of the letter will be sent to the Program Administrator, the Food Distribution Unit, and the Administrator of the Audit/Fiscal Review Section. After approval, the Program Administrator of the Food Distribution Unit will be responsible for monitoring the implementation of the plan.

#### **1911 Appeal of Audit Findings**

Subgrantees who disagree with part, or all of the findings of a financial audit report may appeal.

#### **1912 Time Limit on Filing Appeals**

Subgrantees who disagree with the audit report must file a request for an appeal within 30 days from the date that the final audit report was issued.

#### **1913 Request For Appeal**

The request for appeal must be in writing by the Executive Director or his/her designated representative, to the Office of General Counsel, Appeals and Fair Hearings, Arkansas Department of Education.

The request for appeal must be postmarked within 30 days of the date of issuance of the final audit report and must identify the findings, with which the Subgrantee disagrees. It will explain fully the Subgrantee's position with respect to those issues. All related information and documentation to substantiate the Subgrantee's position must be attached to the request.

Information and documentation not previously submitted by the Subgrantee will be accepted only if a "good faith" effort was previously made to provide such information, or if the additional information was discovered by the Subgrantee after the audit was completed.

#### **1914 Acknowledgement of Appeal**

Upon receipt of the request for appeal, the Office of General Counsel, Appeals and Hearings will send a letter to the Subgrantee acknowledging the request. A copy of the appeal request and the letter of acknowledgement will be sent to:

1. Program Administrator, ADE DESE District Operations, Food Distribution Unit.
2. Deputy Director, Division of Finance.
3. Assistant Director, ADE DESE District Operations.

Upon receipt of the appeal request and the letter of acknowledgement, the above sections may submit comments and/or information relevant to the appeal to the Office of General Counsel, Appeals and Hearings.

### **1915 Processing Appeals**

The Office of General Counsel, Hearings Administrator, or his designee, will conduct Subgrantee Hearings. No person who had any part in the decision that is being appealed, may serve as the hearing officer. The Subgrantee has the right to a representative of his choice. The worker who reviewed the Subgrantee's Audit will represent the Audit/Fiscal Review Section.

The hearing officer may not review the case record or other material unless such material is made available to the Subgrantee representative.

The hearing will be conducted in an informal but orderly manner. The hearing officer will explain the Hearing procedure to the Subgrantee representative. The Hearing statement will be read by the Audit/Fiscal Review representative. The Subgrantee will then be allowed to present his case. He may do so by himself or with the aid of others. The Subgrantee representative will be given the opportunity to have witnesses, advance arguments, other additional evidence and to question or refute any testimony or evidence. The Subgrantee representative will be allowed to cross-examine any witnesses. If the Subgrantee representative is unable to present his evidence in a logical manner, the hearing officer will assist him. Testimony must be under oath. The hearing must be recorded, and the decision based on the record. The Audit/Fiscal representative will be given the opportunity to present additional evidence and to question the Subgrantee representative or witnesses. Questioning of all parties will be confined to the issue(s).

### **1916 Time Limit on Appeal Decision**

The decision on the appeal will be made in writing on each issue with the findings of fact or points of law outlined as the basis for each aspect of the appeal decision. The decision will be made and postmarked within 30 days of the date the appeal was filed unless the hearing was delayed at the request of the Subgrantee.

A copy of the decision will be sent to:

1. Program Administrator, ADE DESE District Operations, Food Distribution Unit
2. Deputy Director, Division of Finance.

Upon receipt of the appeal, the Division of Finance will initiate resolution of the audit based on the decision.

**1917 Withdrawal of Appeal**

Withdrawal of the appeal may be requested by the Subgrantee at any time during the appeal process. The request for withdrawal must be in writing by the Executive Director or his designated representative to the Administrator, Appeals and Hearings. The Administrator, Appeals and Hearings will send a copy of the request for withdrawal to the Program Administrator, the Food Distribution Unit, and Division of Finance.

Upon receipt of the request for withdrawal, the Division of Finance will initiate resolution of the financial audit report.

**1918 Appeal to Circuit Court**

Arkansas Statutes Section 5-713 provides Subgrantees with the right to appeal the appeal decision to the circuit court of any county in which the Subgrantee is located or does business or to the circuit court of Pulaski County. In order to request judicial review of the appeal decision, the Subgrantee must file a petition in the proper court within 30 days of receipt of the appeal.

**2000 Program Termination**

If a recipient agency ceases participation in the TEFAP program, it should notify the Food Distribution Unit and conduct an inventory of all USDA foods in its possession. The Food Distribution Unit will instruct the recipient agency on transferring the USDA foods. The cost of transfers must be borne by the recipient agency.

# **Exhibits**

# **Income Eligibility Guidelines**



## INCOME ELIGIBILITY GUIDELINE

### THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)

**Effective July 01, 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>\$ 26,572</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.

July 1, 2024

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

# **Monthly Inventory Reports**

## **Entitlement & Bonus**



THE EMERGENCY FOOD ASSISTANCE PROGRAM		
	MONTHLY INVENTORY REPORT	

DCO-1841 (Rev. 08/23)

**ENTITLEMENT:**

NAME OF ORGANIZATION:

DATE:

PROGRAM COORDINATOR:

COUNTY:

PHONE NUMBER:

REPORT MONTH:

(Full cases to be counted for inventory)

					BEGINNING	PRODUCT	TOTAL	PRODUCT	*FOOD	ENDING
CODE#	USDA DONATED FOOD NAME				BALANCE	RECEIVED	A & B	ISSUED	LOSS	BALANCE
					0		0			0
					0		0			0
					0		0			0
					0		0			0
					0	0	0	0		0
	TOTAL				0	0	0	0	0	0

FOOD LOSS: ATTACH COPY OF FOOD LOSS REPORT TO INVENTORY

FOOD PANTRIES/MASS DISTRIBUTION:

Total Households Served

Total Persons Served	
----------------------	--

## SOUP KITCHENS

Total Individuals Served

The above information is complete and correct to the best of my knowledge and is in compliance with the agreement for program requirements.

**Signature, Program Coordinator:**

Date:

Complete this form on or after the last day of the month and submit the report to Food Distribution Unit no later than the 25th of the following month. Mail to: Food Distribution Unit, P.O. Box 1437, Slot S-337, Little Rock, Arkansas 72203-1437 or email your program specialist.



THE EMERGENCY FOOD ASSISTANCE PROGRAM		
	MONTHLY INVENTORY REPORT	

DCO-1841 (Rev. 08/23)

## BONUS:

NAME OF ORGANIZATION:

DATE:

PROGRAM COORDINATOR:

COUNTY:

PHONE NUMBER:

REPORT MONTH:

(Full cases to be counted for inventory)

[illegible]

FOOD LOSS: ATTACH COPY OF FOOD LOSS REPORT TO INVENTORY

FOOD PANTRIES/MASS DISTRIBUTION:

Total Households Served

Total Persons Served	
----------------------	--

## SOUP KITCHENS

Total Individuals Served

The above information is complete and correct to the best of my knowledge and is in compliance with the agreement for program requirements.

**Signature, Program Coordinator:**

Date:

Complete this form on or after the last day of the month and submit the report to Food Distribution Unit no later than the 25th of the following month. Mail to: Food Distribution Unit, P.O. Box 1437, Slot S-337, Little Rock, Arkansas 72203-1437 or email your program specialist.

# **Clients Served Report**

## THE EMERGENCY FOOD ASSISTANCE PROGRAM MONTHLY COMMODITY CLIENTS SERVED REPORT

**AGENCY NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_ **City, State, ZIP** \_\_\_\_\_

**Contact Person** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**MONTH AND YEAR** \_\_\_\_\_

[illegible]

This report is to be filed with the Monthly Inventory Report and Must be Included with Expenditure Request for Funds Report. If you serve more counties then available space, use multiple sheets.  
(07/07)

# **Statement of Expenditures**

**THE EMERGENCY FOOD ASSISTANCE PROGRAM**

**STATEMENT OF EXPENDITURES AND REQUEST FOR FUNDS**

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

Agency Name:	Vendor #:
Address (Street or PO):	County:
City State Zip Code:	Telephone:
Claim Month/YR:	Invoice Date:
Revised:	Yes: No:
Number of Households/Persons served:	Invoice #:

**SECTION A NUMBER OF CASES OF USDA COMMODITIES (LIST WHOLE CASES)**

**BONUS CASES**

1 Beginning Commodity Inventory:	Bonus Beginning:
2 Commodities Received This Month:	Bonus Received:
3 Inventory Adjustment (Explain):	Bonus Available:
4 Comm Available for Distribution (total lines 1 2 3):	Bonus Distributed:
5 Ending Commodity Inventory:	Bonus Ending:
6 Comm Distributed to the Public (Do not include BONUS):	
7 Maximum Reimbursement equal to line 6 x \$2 50:	
8 Printing of USDA Application Cards:	
9 Total of lines 7 and 8:	\$0.00

**SECTION B REIMBURSABLE DIRECT AND INDIRECT COST OF DISTRIBUTION**

1 Storage Expense (Utility etc):	\$0.00
2 Rent (Building equipment)	
3 Transportation (foods between Agency sites):	\$0.00
4 Salaries fringe contract labor:	
5 Travel (mileage reimbursement):	
6 Equipment (over \$5 000)	\$0.00
7 Supplies:	
8 Other (must List):	\$0.00
Audit	
Admin	
Accounting	\$0.00
9 Transporting USDA foods from State Receiving point to Agency (documentation Required):	
10 Printing of USDA Application Cards (documentation required):	
11 Total Direct Costs of Storage & Distribution (lines 1 through 10):	\$0.00

Annual Agency Budget:	Less: Reimbursements:	(=)	Remaining Budget:	\$0.00
-----------------------	-----------------------	-----	-------------------	--------

I certify to the best of my knowledge and belief that this claim is true and correct in all aspects Records are available to support this claim in accordance with the terms of existing Agreement(s) Payment for this portion of the distribution has not been received 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 Inventory and Clients Served to:	Food Distribution Unit
	PO Box 1437 Slot S-337 Little Rock Arkansas 72203-1437

**For State Use Only**

Signature of State Agency:	Date:
Maximum to be paid:	Revised: 08/23



# **Client Application Form(English)**

Name: \_\_\_\_\_ Spouse: \_\_\_\_\_

(last name, first, middle int.) (first name)

Street Address: \_\_\_\_\_ Phone number: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_

Sources of income include earnings from work, TEA, Social Security, SSI, General Assistance, VA, Unemployment, Worker’s Compensation, Child Support, Alimony, and Donations. I understand misrepresentation of need, and the sale, exchange or misuse of commodities is prohibited and could result in a fine, imprisonment or both. I am aware my application may be selected for verification. I will cooperate should my application be selected. **I am not receiving USDA foods from another source.**

Person must provide a statement from HH if providing info. I certify all information provided is true and correct. [Signature of Household (HH) or Authorized Rep. (AR)]	House hold Size	Monthly Income	I.D. Viewed	Begin & Ending dates of Cert. Month & Year	Today's Date Mo./day/Yr.	Agency Initial
A.						
B.						
C.						
D.						
E.						
F.						

1. I authorize \_\_\_\_\_ to pick up my USDA commodities. (Date) \_\_\_\_\_ (Agency doc.) \_\_\_\_\_

2. I authorize \_\_\_\_\_ to pick up my USDA commodities. (Date) \_\_\_\_\_ (Agency doc.) \_\_\_\_\_

Sources of income include earnings from work, TEA, Social Security, SSI, General Assistance, VA, Unemployment, Worker’s Compensation, Child Support, Alimony, and Donations. I understand misrepresentation of need, and the sale, exchange or misuse of commodities is prohibited and could result in a fine, imprisonment or both. I am aware my application may be selected for verification. I will cooperate should my application be selected. **I am not receiving USDA foods from another source.**

	Agency Documentation	I.D. viewed	USDA Food issuance Date Month/Day/Year	Agency Initial
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

**This is an equal opportunity program.** In accordance with Federal Law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. If you believe you have been discriminated against because of race, color, national origin, sex (including gender identity and sexual orientation), age, or disability, write to USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Ave., SW, Washington, D.C. 20250

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

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

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

mail: U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights 1400  
Independence Avenue, SW Washington, D.C.  
20250-9410; or  
fax: (833) 256-1665 or (202) 690-7442; or  
email: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)  
  
This institution is an equal opportunity provider.

# **Client Application Form (Spanish)**

Solicitud Aprobada: Yes or No Si la respuesta es no, motivo de la denegacion: \_\_\_\_\_

Aplicacion para los alimentos donados USDA

Nombre: \_\_\_\_\_  
(last name, first, middle int.)

Esposo: \_\_\_\_\_  
(first name)

Direction: \_\_\_\_\_

Numero de telefono: \_\_\_\_\_

Ciudad: \_\_\_\_\_

Condado: \_\_\_\_\_

Revelacion de mi numero de suguro social, es voluntario y es para indentificasion es el proposito solamente. SSN: \_\_\_\_\_ Yo entiendo la revelacion de la siguiente informacion es voluntaria y no es necesariamente un requerimineto para recibir USDA alimentos. La informacion sera usada solamente para recibir USDA alimentos. La informacion sera usada solamente para orientar resultados administracion de resposabilidad (ROMA) requerimientos de la comunidad. Sevicions de program a de bloque. (CSBG)

Vivienda: Propia \_\_\_\_\_ Renta \_\_\_\_\_ Otra \_\_\_\_\_ Fuente de ingresos \_\_\_\_\_  
Tipo de familia Soltero/a \_\_\_\_\_ Casado/a \_\_\_\_\_ Los dos padres \_\_\_\_\_ Dos adultos/no ninos \_\_\_\_\_

Fuente de ingresos incluye ganacias del trabajo, TEA, suguro social, asistencia general, VA, desempleado, compensacion del trabajo, ayuda economica, pension, y donaciones, yo entiendo la falcificacion de necesidad y de vender cambiar y dar mal use de la Mercancia es provido y puede resultar en una multa, y puede ir a prison o las dos. Yo estoy consiente que mi aplicacion posiblemente sera seleccionada. Para verificacion yo prometon colaborar con que mi aplicacion sera seleccionada, no estoy recibiendo USDA alimentos. De algotro ingreso.

Persona debe proporcionar un adeclaracion para HH si proporciona information. Yo certifico que toda la informacion proporcionada es verdadera y corecto. (firma del jefe de las casa (HH) o representante outhorizado)	Numero de familia	Ingresos mensuales	I.D. panorama	Comienzo y final dia de certification Mes y ano	Feche de hoy Mes-dia-ano	Agencia Inicial
A.						
B.						
C.						
D.						
E.						
F.						

Yo autorizo \_\_\_\_\_ a recoger mi USDA product. (Fecha) \_\_\_\_\_ (Agencia doc.) \_\_\_\_\_

Yo autorizo \_\_\_\_\_ a recoger mi USDA product. (Fecha) \_\_\_\_\_ (Agencia doc.) \_\_\_\_\_

Fuente de ingresos incluye ganacias del trabajo, TEA, suguro social, asistencia general, VA, desempleado, compensacion del trabajo, ayuda economica, pension, y donaciones, yo entiendo la falcificacion de necesidad y de vender cambiar y dar mal use de la Mercancia es provido y puede resultar en una multa, y puede ir a prison o las dos. Yo estoy consiente que mi aplicacion posiblemente sera seleccionada. Para verificacion yo prometon colaborar con que mi aplicacion sera seleccionada, no estoy recibiendo USDA alimentos. De algotro ingreso.

	Documentacion de Agencia	Identificacion	USDA Alimentos Dias Mes/Dia/Ano	Agencia Inicial
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				

De acuerdo con la ley federal de derechos civiles y las normas y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta entidad está prohibida de discriminar por motivos de raza, color, origen nacional, sexo (incluyendo identidad de género y orientación sexual), discapacidad, edad, o represalia o retorsión por actividades previas de derechos civiles.

La información sobre el programa puede estar disponible en otros idiomas que no sean el inglés. Las personas con discapacidades que requieren medios alternos de comunicación para obtener la información del programa (por ejemplo, Braille, letra grande, cinta de audio, lenguaje de señas americano (ASL), etc.) deben comunicarse con la agencia local o estatal responsable de administrar el programa o con el Centro TARGET del USDA al (202) 720-2600 (voz y TTY) o comuníquese con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.usda.gov/sites/default/files/documents/ad-3027s.pdf>, de cualquier oficina de

USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

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

Esta institución es un proveedor que ofrece igualdad de oportunidades.

# **Food Loss Report**

**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.

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

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

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 completed form to your program specialist.**

## **Example of Diversity Picture**



# **USDA Discrimination 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	<input type="radio"/>	Food and Nutrition Service:	<input type="radio"/>
Rural Development	<input type="radio"/>	Natural Resource Conservation Service	<input type="radio"/>
Forest Service	<input type="radio"/>	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.

# **TEFAP Admin Review Form**



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

**The Emergency Food Assistance Program (TEFAP)**

**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, Food Loss Reports, Commodity Receipts, Participation Certification Documents, Participation Signature sheets, Site Agreements, Request for Reimbursements)
				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. What outreach information is available to the client:

**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. 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 the required information is requested. List any deficiencies below:
				2. Are written procedures available and followed? If yes, please explain.

**J. Additional Comments**


Corrective Action Letter Required? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

## **TEFAP 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 Program**

**The Emergency Food Assistance Program (TEFAP)**

☐ **Pantry Review**      ☐ **Soup Kitchen Review**      ☐ **Distribution Site**

**Use of form:** This form will be used to determine compliance with established program and food storage guidelines and the adequacy of physical storage to protect the quality and safety of commodities.

Instructions: Check the appropriate box to the left of each question; "Yes", "No". "NA" (Not applicable) or "U" (Unable to determine compliance).

<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. Does the outlet have a current signed agreement with an EFO? Which one?
				2. Is a copy on file at the outlet?
				3. How long has the outlet been in operation?
				4. How long has the outlet received commodities?
				5. How long have you been the Coordinator?
				6. Are there paid staff?
				7. How many volunteers are involved in your food program each month?
				8. Has the EFO provided training on the standards for participation in TEFAP?
				9. What was the date of the most recent EFO training? What was the date of the most recent on-site review?
				10. Is a copy of the review on file?
				11. If corrective action was required, have all issues been resolved?      If "No" explain:
				12. Does the outlet submit reports to the EFO in a timely fashion?
				13. What is the outlets service area? (Specify zip codes, school district, municipality, or county as appropriate)
				14. Do you serve clients outside your service area?      If "Yes" about how many each month?
				15. What is the average number of households served each month?
				16. What are the outlets hours of operation?
				17. Are the days and hours of operation posted outside of the facility?
				18. Are telephone numbers or procedures posted to help clients get services during an after-hour emergency?

**C Outreach:**

Yes	No	N/A	U	
				1. Describe outreach and networking efforts to make the public aware of services. How do households with limited English comprehension? (LEP) learn of the agency's services?

**D. Eligibility Procedures (Pantries and Mass Distribution only)**

Yes	No	N/A	U	
				1. Are the clients required to complete an Application for USDA donated foods to determine initial eligibility?
				2. Are current Income Eligibility Guidelines either included or available at the time application is being completed?
				3. Are these forms kept on file for three years?
				4. Where are the forms stored? On site <input type="checkbox"/> EFO <input type="checkbox"/> Other <input type="checkbox"/>
				5. Are forms kept in a secure, locked cabinet or locked room?
				6. Does the outlet require clients to obtain a referral from an outside agency to receive commodities?
				7. Does the outlet require clients to show ID if they are unknown to outlet workers?
				8. Check the documents that workers use to verify an applicant's address. Valid Driver's License <input type="checkbox"/> Tax Forms <input type="checkbox"/> State ID Card <input type="checkbox"/> Utility Bills <input type="checkbox"/> Passport <input type="checkbox"/> Photo ID <input type="checkbox"/> Other <input type="checkbox"/>
				9. Does the client self-declare income to determine eligibility for receipt?
				10. Does the outlet have a system in place to serve the homebound and the elderly and working poor?
				11. Describe the process used to serve homebound clients:
				12. Does the homebound client complete and/or sign an Application for USDA donated foods?
				13. If "No", does the proxy complete and/or sign the application for the homebound client?
				14. Do workers or volunteers receive commodities?
				15. Do workers/volunteers complete an Application for USDA donated foods?
				16. Do workers/volunteers receive commodities if they do not meet the income eligibility guidelines?
				17. Do any workers/volunteers receive an amount that exceeds that issued to other participants?

**E. Operational Integrity/Civil Rights Compliance**

Yes	No	N/A	U	
				1. Are fees/donations/memberships required for the clients?
				2. Do all distribution activities appear to be appropriate?
				3. Is the intake process conducted in a polite, culturally sensitive, and confidential manner that assures the client dignity?
				4. Is there sufficient space between interview and waiting areas to allow for confidentiality?
				5. What ethnic or non-English speaking populations does the outlet serve: (Best estimate)
				6. Does the outlet have essential materials in languages for non-English speaking clients?
				7. Has the outlet made provisions for an interpreter if needed or requested? Explain:
				8. Is the USDA Title VI nondiscrimination "And Justice for All" poster displayed and visible to clients?
				9. Has there been any discrimination complaints filed against the outlet in the last year?

Yes	No	N/A	U	
				10. If so, were they forwarded to the EFO?
				11. What is the name and phone number of your EFO contact? Name: Phone:

#### **F. Food Receipt**

Yes	No	N/A	U	
				1. TEFAP Commodities are: <input type="checkbox"/> Delivered by EFO <input type="checkbox"/> Picked up by the Outlet <input type="checkbox"/> Other
				2. What was the date of the last pick up or delivery? Date:
				3. How many times per month is the food picked up or delivered?
				4. Have any commodities been received that were spoiled or out of condition? If "Yes" explain:
				5. Have losses been reported to the EFO in a timely manner using the correct forms and procedures?

#### **G. Food Distribution**

Yes	No	N/A	U	
				1. Can households be served at least once every 30 days?
				2. How often can clients receive food?
				3. Can clients with exceptional needs receive extra food in their packages or get food packages more often than once a month?
				4. Are food packages adjusted for family size?
				5. Does the pantry give ALL eligible clients both TEFAP and donated foods?
				6. If "No" explain how they distribute TEFAP?
				7. What is the approximate percentage of TEFAP to privately donated food issued?

#### **H. Food Storage**

Yes	No	N/A	U	
				1. Are commodities kept 6" off the floor and stored on pallets, platforms, or shelves?
				2. Are commodities stored at least 4" away from walls to allow proper ventilation and permit good air circulation and sufficient working aisles?
				3. Are storage areas free of uninsulated steam and hot water pipes, water heaters, refrigeration condensing units or other heat producing devices?
				4. Are non-food items kept separated from commodities?
				5. Are toxic items (soap, bleach, cleaning supplies) stored away from commodities?
				6. Are floors, pallets, and shelving clean?
				7. Are commodity storage areas clean and odor free?
				8. Is there a regular cleaning schedule established and maintained?

Yes	No	N/A	U	
				9. Are commodities checked regularly for signs of spoilage or damage and are the dates of the inspection logged?
				10. Are doors, windows, and roofs well sealed to prevent pest entry and/or water damage?
				11. Do the storage areas have adequate safeguard to prevent theft, spoilage, or other loss: i.e., locks on doors, windows, limited access?
				12. Is a good pest control system maintained by a qualified person on staff or does the EFO contract with a licensed form to manage pest control?  Contractor: _____ Date of last inspection: _____
				13. Is the equipment well maintained?
				14. Does the outlet monitor temperature control?
				15. Are there working thermometers in all storage areas (dry, refrigerated, freezer)?
				16. Is a temperature log maintained?
				17. Are dry, refrigerated, and frozen items stored at proper temperatures?  Actual reading (dry storage) _____  Actual reading (refrigerated) _____  Actual reading (frozen storage) _____
				18. Are controls in place that assures a first in, first out inventory flow?
				19. Are there any TEFAP commodities currently in storage that were received more than six months prior to the date of this review?
				20. Is the inventory in storage appropriate considering the size of the EFO service area, its distribution activities, and its physical facilities?

#### I. Inventory

Yes	No	N/A	U	
				1. Does the outlet repackage or process TEFAP Commodities?
				2. How many (Full) cases of commodities are currently in inventory?

Yes	No	N/A	U	
				3. Is there an excessive number of cases of any item?  If "Yes" describe:
				4. Please describe the system used to keep accurate count of monthly inventory?

**I. Current Physical Inventory (Full cases only)**

Commodity Name and #	Cases	Comments: Age/Condition/ETC.	Temperature Status


**K. Comments/Trends – Outlet Staff**


**L. Describe the outlets’ exemplary activities and best practices for food security.**




**M. Compliance Concerns/Notes**

[illegible]

## APPLICATION WORKSHEET

Incomplete \_\_\_\_\_ / (divided by) Total Reviewed \_\_\_\_\_ = \_\_\_\_\_ % Error rate

Certification Errors Total: \_\_\_\_\_

1. Failed to obtain applicants' signature. \_\_\_\_\_

2. Official failed to sign. \_\_\_\_\_

3. Both 1 and 2. \_\_\_\_\_

4. Certified -0- income HH beyond 3-month limit. \_\_\_\_\_

5. Certified HH beyond 12-month max limit. \_\_\_\_\_

6. Official failed to list certification information. \_\_\_\_\_

7. Income exceeds. \_\_\_\_\_

8. Official failed to list one or more of the following. \_\_\_\_\_

Certification Period \_\_\_\_\_ HH Size \_\_\_\_\_ Income \_\_\_\_\_ Source of Income \_\_\_\_\_

Type of ID \_\_\_\_\_ Disposition \_\_\_\_\_ Name of AR \_\_\_\_\_ Doc for AR \_\_\_\_\_

ISSUANCE ERROR TOTALS: \_\_\_\_\_

1. Issued to household after certification expired.
2. Officials failed to obtain signatures.
3. Officials failed to initial and date.
4. Failed to indicate # and type of food items issued.
5. The person picking up commodities for HH was not AR.
6. Agency official over issued commodities to HH.
7. Agency official under issued commodities to HH.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Reviewers Comments and Notes**


Corrective Action Letter Required? Yes\_\_\_\_\_No\_\_\_\_\_

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

# **Report of 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**  
**District Operations**  
**Food Distribution Unit**

**The Emergency Food Assistance Program  
(TEFAP) and CSFP (Commodity Food Supplemental Program) –  
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—

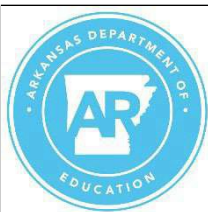
- We may not discriminate against you on the basis of religion or religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
- We may not require you to attend or participate in any explicitly religious activities that are offered by us, and 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**  
**District Operations**  
**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.

☐ 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):

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

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

☐ Individual left without a referral

☐ 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):