



Indiana State  
Department of Health

Commodity Supplemental Food Assistance Program (CSFP)

STATE PLAN 2016

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## **1. ADMINISTRATIVE SUMMARY**

The United States Department of Agriculture (USDA) administers the Commodity Supplemental Food Program (CSFP) to the elderly who are more than 60 years of age. Individuals must meet income eligibility guidelines. The Indiana State Department of Health (ISDH) is the State Agency (SA). The ISDH administers the CSFP in accordance with 7 CFR Part 247 and 7 CFR Part 250. The Indiana CSFP Procedures Manual provides program guidance and is available on the ISDH webpage along with other information for program outreach. <http://www.in.gov/isdh/24779.htm>

## **2. LOCAL AGENCY IDENTIFICATION, in accordance with 247.6(c)(1)**

Indiana participants are served in participating counties through a variety of agencies serving the needs of seniors. The names and addresses of all Local Agencies and sub distributing agencies with which the State agency has entered into an agreement are provided in Exhibit A. ISDH has established grant agreement contracts with local food banks in Indiana, referred to as Local Agencies in this document. See Exhibit B for a copy of the Memorandum of Agreement used for all sub distributing agencies. For a copy of the Duties of the Grantee used for all grant agreements, see Exhibit C.

## **3. CERTIFICATION, in accordance with 247.6(c)(2)**

Eligibility for participation in CSFP is based upon an individual's age and self-declaration of household income. The SA has developed a list of criteria for certification to be used by the Local Agency and any distribution sites. Elderly persons are income eligible if they have household income at or below 130% of Federal Poverty Income Guidelines published annually by the Department of Health and Human Services.

## **4. NUTRITIONAL RISK CRITERIA, in accordance with 247.6(c)(3)**

Nutritional risk criteria are not evaluated in Indiana.

## **5. SERVICE PLAN AND CASELOAD NEEDED, in accordance with 247.6(c)(4)**

Available caseload is allocated to Local Agencies taking into consideration the need in the service area, the request for caseload submitted by the Local Agencies, and the demonstrated ability of the Local Agency to administer the program. The Local Agencies may establish agreements with other public and/or private non-profit agencies to certify applicants and to distribute food packages in accordance with federal regulation and Indiana CSFP procedures manual.

#### **5-A. RESIDENCY REQUIREMENT, in accordance with 247.9(a)**

Persons eligible for Indiana's CSFP must reside in Indiana, and within the service area of the Local Agency. There are no duration or fixed residency requirements. Migrant and seasonal farm workers shall be considered as meeting the residency requirement. Local Agencies are authorized to serve residents from counties outside their normal service area as long as the area served does not overlap another Local Agency's service area. Elderly persons living in nursing homes are not eligible for CSFP benefits. Recent utility bills, driver's license, state identification card, or other documentation will be used as proof of residency. While maintaining the integrity of the CSFP services by following federal and state regulations, it is not considered discrimination to deny CSFP services to individuals that are homeless and/or unable to meet certification requirements.

**It is important to recognize the service needs of homeless or unverifiable individuals. It is the responsibility of CSFP distribution site staff to maintain a referral list of TEFAP food pantries and community feeding sites.**

#### **6. CASELOAD NEED, in accordance with 247.6(c)(4)**

Data obtained from the Census Bureau indicate a significant number of elderly adults live in poverty in the service areas. Exhibit D compares the current caseload to the need in counties served.

#### **7. OUTREACH PLAN, in accordance with 247.6(c)(5)**

Outreach activities are conducted at the Local Agency level. Local Agencies develop outreach flyers. See Exhibit E. Local CSFP agencies are encouraged to work closely with the Area Agencies on Aging in their areas to market the program. Local Agencies use the outreach flyers at social service outlets, medical offices, hospitals, social security offices, senior citizen centers, churches and unemployment offices when caseload is available. A toll free number is provided on the outreach flyers to direct potential participants to the nearest Local Agency.

#### **8. SYSTEM FOR STORING AND DISTRIBUTING COMMODITIES, in accordance with 247.6(c)(6)**

USDA commodities are shipped directly to the Local Agency warehouse from the multi-food warehouse and from commercial food manufacturers under USDA contracts. The SA submits all direct shipment requests into a web-based system and monitors all multi-food shipment requests placed into the web-based system by Local Agencies. Local Agencies are responsible for the receipt and storage of commodities; the preparation and distribution/delivery of the food packages; and the certification of participants. Local Agencies recruit and/or establish food distribution sites. Each site conforms to local, state and federal health standards and enters into an agreement with the Local Agency to assure proper food

handling, storing, and distribution procedures and recording requirements are maintained. Agreements must include, at a minimum, the items required in 247.4.

1. An assurance that each agency will follow 7 CFR 247.
2. Each agency will maintain accurate and complete program records for four years.
3. Agencies are responsible for all commodity losses.
4. Agencies are responsible for misuse of program funds.
5. Specific functions for each entity.
6. Statements specifying:
  - a. Termination from the program with a 30 day written notice.
  - b. Nutrition education for participants.
  - c. Provide outreach beyond the scope of the program.
  - d. Use of approved food package.
  - e. Non-discrimination statement.

Distribution sites, under agreement with the Local Agency, assure that adequate care and security is provided for the food while in their possession. Food packages are stored in adequate and secured areas at each distribution site to safeguard them from spoilage, infestation, fire and other losses. These storage areas may also be used to store The Emergency Food Assistance Program (TEFAP) commodities or other USDA foods for local use and distribution but must be inventoried separately. Inventory and distribution amounts, as well as participant data, are reported monthly.

Participants pick up food packages at their designated distribution site once each month during the distribution site's normal hours of operation. Staff or volunteers at the distribution site verify eligibility and identity of recipients prior to distributing the food packages.

#### **9. NUTRITION EDUCATION PLAN, in accordance with 247.6(c)(7)**

Local Agencies are responsible for making nutrition education available to all program participants. At a minimum, Local Agencies distribute nutrition education information with monthly food packages in the form of a flyer, newsletter or handout. The State agency has developed a list of nutrition education resources available on the web and through various state agencies.

#### **10. DETECTION OF DUAL PARTICIPATION, in accordance with 247.6(c)(8)**

Local Agencies are required to establish safeguards against dual participation at more than one CSFP site at the same time by establishing procedures that identify participants who are participating in two different sites or by establishing specific service areas for each distribution site.

#### **11. CLAIMS-DETERMINING COST EFFECTIVE CLAIMS AND PURSUIT OF CLAIMS, in accordance with 247.6(c)(9):**

The ISDH has established the following standard: The pursuit of a claim against a participant to recover the value of CSFP commodities improperly received or used is cost effective when the value exceeds \$100 or 5 months of CSFP benefits. Local Agencies are required to use this standard in determining if a claim is to be pursued and to pursue claims in accordance with 247.30 and ISDH CSFP procedures. FNS may make a claim demanding repayment against the State or Local Agency if fraud, misuse, negligence, theft or embezzlement occurs within the program. The State has the right to contest claims made against the State or Local Agency. The State must ensure the Local Agency makes claims against the participant for repayment when necessary. The state may waive the claim if it determines serious nutritional risks are involved. Collection attempts must include the following;

1. A letter with a statement demanding repayment.
2. Additional collections attempts if necessary.
3. Maintain all records for four years.

#### **12. PROXIES AND SERVING THE HOMEBOUND ELDERLY, in accordance with 247.6(c)(10)**

Local Agencies are required to make arrangements to meet the needs of homebound elderly. They are encouraged to coordinate efforts with the sub-distributing agency and the homebound. Local Agencies work to identify potential homebound participants, and conduct outreach, certification and delivery of food packages. Homebound elderly individuals are given priority over non-homebound elderly when applications exceed the assigned caseload. Local Agencies allow designated proxies to pick up food packages for homebound elderly individuals, see Exhibit F.

#### **13. COPIES OF AGREEMENTS, in accordance with 247.6(c)(11)**

Both Local Agencies and sub distributing agencies are required to keep all agreements and program related materials for three years plus the current year of operation.

#### **14. PROGRAM PARTICIPATION, in accordance with 247.7, 247.8 and 247.9**

Local Agencies must submit an application to the SA in writing requesting caseload. The Local Agency must describe how they will operate the program, and they must be a not-for-profit approved agency. The SA must approve or deny the application based on the minimum requirements. The SA has 60 days to notify the Local Agency of denial, and provide written notice to the Local Agency. Contracted agency staff determines eligibility for potential clients. All certification data is recorded on an application form. The completed application is forwarded to the Local Agency for certification and entry into the computer database, see Exhibit G.

#### **15. CERTIFICATION PERIODS, in accordance with 247.16 and 247.17**

Certification periods for elderly are not to exceed 12 months. The SA can approve an additional 6 months if;

1. The address and interest in receiving benefits remain unchanged.
2. The Local Agency believes income does not change, i.e. participant is on a fixed income.

Eligibility expires on the final day of the last month of certification periods. The issuing agency must provide an expiration date to the participant upon request. Cases can port from one area to another within certification periods. If a waiting list exists, the porting participants will be placed at the head of the waiting list. The Local Agency must notify in writing within 15 days of the participants expiration date, with the civil rights statement. If a participant becomes ineligible during the certification period, the Local Agency will provide in writing with 15 days' notice of discontinuance, with civil rights and appeals statements.

If the Local Agency lacks the resources to continue operating the program they must notify participants in writing within 15 days of discontinuance. The correspondence must include;

1. Program end date.
2. Reason.
3. Appeals and fair hearing process statement.
4. Civil rights statement.

#### **16. CIVIL RIGHTS, in accordance with 247.5(a)(14), 247.8, and 247.37**

Clients are given a copy of their Rights and Responsibility Statement that is printed on the application during the initial visit. Statements are read by or to the applicant or caretaker at the time of certification. When a significant portion of the population served by a Local Agency is composed of non-English or limited English speaking persons who speak the same language, the information shall be provided or translated in the

language common to the population. Requirements outlined in 7 CFR 247.5(a) (14) and Guidance procedures will be followed per all regulations.

- a. Posters** – “And Justice for All” civil rights posters will be displayed in all areas of any facility frequented by clients and applicants.
- b. Training** - Civil rights training will be conducted with the intake training sessions.
- c. Program materials** – All program materials will be updated with the current USDA approved civil rights statement.

#### **17. WAITLIST PROCEDURES, in accordance with 247.11**

Authorized intake workers at the distribution sites will have a maximum caseload, based on the number of slots funded for the program year. When maximum caseload is reached, the Local Agency will establish a waiting list from applications provided by intake workers. Intake workers will continue to accept applications, and will inform applicants that their names are being placed on a waiting list within 10 days in the form of a written notice. Applicants will be notified as soon as there is an opening at a particular site based on date of application, and approval by the Local Agency. Applicants that do not respond to notification that have missed two pickups and applicants not responding to openings that become available on the waitlist will be removed from the program. Once removed the applicant may reapply and will be placed at the bottom of the waitlist.

#### **18. FAIR HEARINGS, in accordance with 247.33**

The fair hearing process allows a CSFP applicant or participant to appeal an action which may include exclusion from program benefits, or a claim to repay the value of commodities received as a result of fraud. The SA and Local Agencies will ensure that CSFP applicants and participants understand their right to appeal through clear and simple procedures of the fair hearing process. Participants or their caretaker may request a fair hearing by making a verbal or written request to a State or Local Agency official.

The SA or Local Agency must allow an individual at least 60 days from the date the agency mails or gives the individual the notification of an adverse action event to request a fair hearing.

The State or Local Agency may deny a request for a fair hearing when:

- (1) The request is not received within 60 days of written notification from the State or Local Agency.
- (2) The request is withdrawn in writing by the individual requesting the hearing or by an authorized representative of the individual; or
- (3) The individual fails to appear, without good cause, for the scheduled hearing.

Participants who appeal the discontinuance of program benefits within the 15-day advance notification period will be permitted to continue to receive benefits until a decision on the appeal is made, or until the end of the participant's certification period, whichever occurs first. The SA or Local Agency will provide an individual with at least 10 days' advance written notice of the time and place of the hearing, and must include the rules of procedure for the hearing. The fair hearing will be conducted by an impartial official who does not have any personal stake or involvement in the decision and who was not directly involved in the initial adverse action that resulted in the hearing. A hearing decision must be made, and the individual notified of the decision, in writing, within 45 days of the request for the reasons for the decision.

If a hearing decision is in favor of an applicant who was denied CSFP benefits, the receipt of benefits must begin within 45 days from the date that the hearing was requested, if the applicant is still eligible for the program. If the hearing decision is against a participant, the State or Local Agency must discontinue benefits as soon as possible, or at a date determined by the hearing official.

If a hearing decision upholds the State or Local Agency's action, and a State-level review or rehearing process is available, the State or Local Agency must describe to the individual any State-level review or rehearing process. The State or Local Agency must also inform the individual of the right of the individual to pursue judicial review of the decision.

#### **19. CASELOAD MANAGEMENT AND REQUEST, in accordance with 247.21**

Initial caseload assignment is designated by USDA/Food and Nutrition Service (FNS). Caseload is to be maintained at a monthly level of 96-101% of assigned caseload in order to maintain assigned caseload, and have the ability to request caseload increases. Requests for additional caseload slots are made annually. In accordance with federal regulations, any requests for additional caseload slots involve identifying the number of new slots being requested, the primary category of clients, and the geographic area to be served. Caseload is monitored on a monthly basis. The Local Agency, with assistance of its volunteers, actively seeks to follow-up with clients who fail to pick up commodities each month.

#### **20. STORAGE AND COMMODITY INVENTORIES, in accordance with 247.28**

CSFP commodities are shipped directly to the Local Agency monthly, the Local Agency assembles and delivers commodities to the distribution sites. Commodities, individually boxed for each client, are kept in secure storage at distribution sites until delivered to the client. The Local Agency follows industry standards that prevent theft, spoilage, destruction and damage of commodities. Annual inventory reconciliation is required by the Local Agency.

## **21. DISTRIBUTION, in accordance with 247.10**

Commodity boxes are to be distributed monthly, or bi-monthly with a 2 month supply of commodities. The Local Agency and or the distribution site manager are responsible for the receipt of the food boxes until given to the CSFP participant. Food orders, once completed, are shipped with signatures sheets, recertification forms, and any other pertinent information for the monthly distribution. Signed invoices document distribution of product from the Local Agency to each site. Sites are required to perform a physical inventory each month and reconcile it with actual distribution figures. Inventory reports are returned to the Local Agency within seven days of the distribution. The Local Agency keeps an on-going inventory of all products received and distributed. Inventory reports are submitted monthly to ISDH CSFP on the State-provided FNS-153 report form. Depending upon the location of distribution sites and space allowable, the following methods may be used:

1. Prepackaged and picked up by clients;
2. Home delivered or picked up with proxy statement;
3. Self-serve from mobile pantry;
4. Drive through;
5. Self-serve from the distribution site.

## **22. MANAGEMENT EVALUATION AND REVIEW, in accordance with 247.34**

SA CSFP staff, in cooperation with USDA-Food and Nutrition Service (FNS), monitors all aspects of CSFP on a bi-annual basis or when deemed necessary. The review will include administration, certification, nutrition education, civil rights, storage, inventory, financial management, site review, program administration, financial reports, audits, food audits, and other. When deficiencies are found, a record of findings is sent to the Local Agency and kept on file for FNS. SA CSFP staff monitors food inventories on a monthly basis by the submission of shipping notices and documentation of the monthly inventories from the FNS- 153 report.

## **23. FINANCIAL MANAGEMENT, in accordance with 247.27**

State and Local Agencies have financial management systems that provide current, accurate, and complete disclosure of program finances. Management components include:

1. Prompt, accurate payment of allowable costs.
2. Timely disbursement of funds to Local Agencies.
3. Timely and appropriate resolution of claims.
4. Maintenance of records identifying the receipt and use of appropriate funds, claims, income and property.

ISDH operates as a pass through system for the CSFP distribution of funds to the Local Agency. Administrative funds are shared between ISDH and the Local Agency, as available. Local level administration and distribution costs are reimbursed by the SA as agreed upon through the SA and Local Agency grant agreement contract. Claims for reimbursement are submitted by the Local Agency monthly. Requests are reviewed and approved for payment by the ISDH CSFP Director and Finance. Approved requests are then forwarded to fiscal operations for payment within 25 to 30 days. Drawdowns against program funding are made based on the total amount of approved requests on a monthly basis. ISDH maintains account ledgers, implementing computer spreadsheets to reflect reimbursements and balance of available funds.

## **EXHIBITS**

Exhibit A – Names and Addresses of Local Agencies and Sub Distributing Agencies

Exhibit B – Memorandum of Agreement for Sub Distributing Agencies

Exhibit C – CSFP Duties of the Grantee

Exhibit D – Comparison of Current Caseload to Need

Exhibit E – Outreach Examples

Exhibit F – Proxy Form

Exhibit G – Participant Application

<b>LOCAL AGENCY</b>	<b>SUB DISTRIBUTING AGENCIES</b>
<b>HOOSIER HILLS</b> 2333 W. Industrial Park Drive Bloomington, IN 47404	Crawford County Fairgrounds 1095 Indiana 66, Milltown, IN 47145 Life Care Medical Solutions 25 Artist Drive, Nashville, IN 47448 Shoals Baptist Church 13 Miller Street, Shoals, IN 47581 Orleans First Baptist Church 751 E. Washington Street, Orleans, IN 47452 Paoli Christian Church 1700 W. Hospital Road, Paoli, IN 47454 Springs Stadium 4 Theatre 573 Arnold F. Habig Boulevard, French Lick, 47432 Hoosier Hills Food Bank 2333 W. Industrial Park Drive, Bloomington, IN 47404 Community Baptist Fellowship Church 508 Fellowship Drive, Bedford, IN 47421 Lincoln Hills Church 1598 Highway 64, English, IN 47140
<b>CICOA</b> 4755 Kingsway Drive, #200 Indianapolis, IN 46205	Boner Center 1030 N. Beville, Indianapolis, IN 46201 Gleaners Community Cupboard 3737 Waldemere Ave, Indianapolis, IN 46241 C.A.F.E. 8902 E. 38 <sup>th</sup> Street, Indianapolis, IN 46226 Gardens of Greenbrier 1344 Viburnum Drive, Indianapolis, IN 46260 Salvation Army Fountain Square 1337 Shelby Street, Indianapolis, IN 46203 John Barton Annex 501 N. East Street, Indianapolis, IN 46204 Edna Martin Christian Center 1970 Caroline Avenue, Indianapolis, IN 46218 New Life Worship Community Outreach Center 246 W. 34 <sup>th</sup> Street, Indianapolis, IN 46208 Eagle Creek Salvation Army 4400 N. High School Road, Indianapolis, IN 46254
<b>NORTHWEST INDIANA</b> 2248 W. 35 <sup>th</sup> Street Gary, IN 46408	St. Edward's 216 S. Nichols Street, Lowell, IN 46356 The Church of Jesus Christ 791 Juniper Road, Valparaiso, IN 46385 St. Monica & Luke 645 Rhode Island, Gary, IN 46403 Gospel Truth 5829 W. 15 <sup>th</sup> Avenue, Gary, IN 46406

New Strength  
 5929 Stone Avenue, Portage, IN 46368  
 St. Andrew  
 749 Chase Street, Gary, IN 46404  
 Miller First Baptist  
 5601 E. 4<sup>th</sup> Avenue, Gary, IN 46403  
 Salem United Methodist  
 756 W. 350 S., Hebron, IN 46341  
 St. Mark AME Zion  
 4200 Alder Street, East Chicago, IN 46312  
 Greater Destiny  
 1920 E. Columbus Drive, East Chicago, IN 46312  
 West Calumet Housing  
 4925 Gladiola Street, East Chicago, IN 46312  
 Nicosia Senior Building  
 4720 Railroad Avenue, East Chicago, IN 46312  
 James Hunter Building  
 3625 Pulaski Street, East Chicago, IN 46312  
 Genesis Tower  
 578 Broadway, Gary, IN 46402  
 Al Thomas High-Rise  
 100 W. 11<sup>th</sup> Avenue, Gary, IN 46402  
 Caroly Mosby High-Rise  
 650 Jackson Street, Gary, IN 46402  
 Glen Park High-Rise  
 3280 Pierce Street, Gary, IN 46408  
 Gardens on Carolina  
 521 Caroline Street, Gary, IN 46402  
 Northtown Village Apartments  
 2320 Broadway, East Chicago, IN 46312  
 First AME  
 2005 Massachusetts Street, Gary, IN 46407  
 Linden House  
 1500 Washington, Gary, IN 46402

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**NORTHERN INDIANA**

702 S. Chapin Street  
 South Bend, IN 46601

The Window  
 223 S Main, Goshen, IN 46526  
 Salvation Army La Porte  
 3240 Monroe, La Porte, IN 46350  
 Community Food Pantry of St Joe County  
 702 Chapin, South Bend, IN 46601

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**COMMUNITY HARVEST**

999 E. Tillman Road  
 Fort Wayne, IN 46855

None-home delivery only

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**TRI-STATE**

801 E. Michigan Street  
 Evansville, IN 47711

Nativity Eastside Food Pantry / Lakeside Manor  
 3201 N. Green River Road, Evansville, IN 47715

St. Matthews Food Pantry  
3007 First Avenue, Evansville, IN 47710  
St. Vincent DePaul  
809 N. Lafayette, Evansville, IN 47711  
St. Pauls United Church of Christ  
8701 Cynthiana Road, Evansville, IN 47720  
West Side Food Pantry  
2201 W Illinois, Evansville, IN 47112

Commodity Supplemental Food Program (CSFP)

**Agreement Between Local Agency and Sub-Distributing Agency**

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

**Agreement**

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

**Rights and Responsibilities of the Local Agency**

**The Local Agency agrees to:**

1. Train the SDA according to CSFP requirements and offer training sessions and technical assistance at a time and place that is convenient to the SDA.
2. Provide CSFP record keeping forms to the SDA without charge.
3. Provide CSFP services to the SDA without charge.
4. Ensure that all USDA foods are distributed to eligible participants without regard to race, color, national origin, sex, age or disability.
5. Ensure that all USDA food packages comply with CSFP requirements.
6. Monitor the SDA's distribution of USDA foods according to CSFP requirements and do so during the SDA's normal hours of operation.
7. Notify the SDA in writing when terminating this agreement to participate in the CSFP. The Local Agency will provide 30 days notice, in writing, when terminating this agreement without mutual consent except that, if the health or safety of a CSFP participant is at risk, the Local Agency may terminate the agreement without prior notice.
8. Ensure that the SDA meets all local and state health and sanitary code requirements applicable to food storage, transportation and distribution.
9. Notify the SDA of their right to appeal any adverse action, in accordance with CSFP requirements.

Commodity Supplemental Food Program (CSFP)

**Agreement Between Local Agency and Sub-Distributing Agency**

10. Respond to SDA inquiries promptly, in accordance with CSFP requirements.
11. Maintain accurate and complete records for a period of three year from the close of the fiscal year to which they pertain, or longer if records are related to unresolved claims actions, audits, or investigations.

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

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

1. Comply with all requirements for receiving, handling, transporting and storing USDA foods as provided in the CSFP State Plan and Manual, amendments and addenda, ISDH policy, and USDA regulations and instructions.
2. Comply with all local and state health and sanitary code requirements applicable to food storage, transportation and delivery.
3. Notify the Local Agency immediately if a participant fails to visit a distribution site for two consecutive months.
4. Distribute the appropriate USDA foods package to a CSFP participant based on their categorical eligibility.
5. Ensure that all USDA foods are distributed to eligible participants without regard to race, color, national origin, sex, age or disability.
6. Certify the eligibility of applicants who apply for USDA foods, as applicable.
7. Maintain the confidentiality of household information.
8. Notify CSFP applicants and participants of their right to a fair hearing, as applicable.
9. Prohibit certain activities, such as requiring participants to join an organization or participate in religious activities, at distribution sites that are unrelated to the distribution of USDA foods.
10. Allow representatives of the Local Agency, ISDH, and the United States Department of Agriculture to review its site operations and records.
11. Maintain program information as required by the Local Agency and the CSFP State Plan and Manual for a period of three years from the close of the fiscal year to which they pertain, or longer if records are related to unresolved claims actions, audits, or investigations.
12. Attend training sessions required by ISDH and the Local Agency.
13. Notify the Local Agency, in writing, with 30 days notice if terminating this agreement to participate in the CSFP.

**Certification**

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

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

Name of Sub-Distributing Agency Official (type or

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

print)	
Title of Sub-Distributing Agency Official	Signature – Sub-Distributing Agency Official _____ Date _____

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

**For ISDH Use Only**

<input type="checkbox"/>	Approved
<input type="checkbox"/>	Denied

If denied, provide justification:

--

Name of ISDH Representative	
Name of ISDH Representative	
Title of ISDH Representative	Signature – ISDH Representative _____ Date _____

## **ATTACHMENT A DUTIES OF THE GRANTEE**

The Commodity Supplemental Food Programs (CSFP) is a federally funded program, which works to improve the health of elderly people 60 years of age and older by supplementing their diets with nutritious USDA commodity foods. The funds received by Grantee shall be used for the storage, delivery & distribution of boxes of commodity foods in Allen County.

- A. Grantee agrees to operate the Commodity Supplemental Food Program in counties assigned by the State of Indiana, at an issuance rate of not less than 96%, or greater than 101% of each counties assigned caseload per month. Counties are assigned by the State of Indiana based on service needs of its residents 60 years of age and older, living at or below 130% of the poverty level, as determined by the Department of Health and Human Services. Grantee agrees to provide the State of Indiana thirty day written notice of any service change requests. All changes in service areas must be approved by the State of Indiana.
- B. Grantee agrees to comply with the "State of Indiana State Plan for the Operation and Administration of the Commodity Supplemental Food Program" (State Plan) and any additions to the State Plan, all statements, assurances, and provisions set forth in any proposal, program narrative, plan, budget, or other document submitted by Grantee and approved by the State of Indiana for the purpose of obtaining funding through this agreement, all of which are herein incorporated by reference.
- C. Grantee shall not enter into Sub-Grant Agreements, for any services provided through this agreement, without prior written approval of the State. If Grantee receives State approval to enter into a Sub-Grant Agreement, the Grantee shall set forth the Sub-Grantee's responsibilities in writing, and shall require any such Sub-Grantee to comply with the provisions set forth in this agreement. Further, Grantee shall remain responsible to the State of Indiana for the performance of any Sub-Grantee, and shall monitor the performance of any Sub-Grantee. Sub-Grantee's written agreement shall be on file at the offices of both the State of Indiana and Grantee. Grantee further agrees to notify the State of a breach of these provisions by a Sub-Grantee, and to discontinue any agreement with the specified Sub-Grantee in the event of such a breach.
- D. The unit rate by which Grantee shall be reimbursed shall be used for the direct costs of program operation including those costs identified in 7 C.F.R. § 247.11(b)(1)-(9). Further, Grantee shall seek prior approval from the State and FNS for those costs identified in 7 C.F.R. § 247.11(c)(1)-(5).
- E. Grantee acknowledges and agrees that funds provided through this agreement shall not be used for the following: costs incurred for rearrangement and alteration of facilities not required specifically for CSFP; actual losses which could have been covered by permissible insurance; and any other unallowable costs identified under 7 C.F.R. § 247.11(d).
- F. Grantee shall safeguard supplemental foods from theft, spoilage, and other damage or destruction, or loss by maintaining food storage areas:

- (1) secure from unauthorized access;
  - (2) free of rodent, bird, insect, and other animal infestation;
  - (3) clean and free from litter or debris and otherwise maintained in sanitary conditions;
  - (4) with pallets to store food off the floor to allow for adequate ventilation;
  - (5) Grantee shall provide State-approved dry, cold, or frozen storage of commodities necessary to preserve the commodities prior to and until distribution by Grantee, in accordance with the standards set forth in 7 C.F.R. Parts 251 and 250 Grantee shall be solely responsible for loss, damage to, or destruction of the USDA commodities due to its negligence, or the negligence of its subcontractors, including the failure to properly store the products.
  - (6) that are stocked and spaced in a manner to allow detection of rodents, insects, and other pests, and to allow ready identification of USDA-donated foods;
  - (7) to assure distribution of food using the first-in-first-out system;
  - (8) to seclude all spoiled products in an area separate from safe products; and
  - (9) by taking other protective measures as necessary.
- G. Grantee shall provide nutrition education services to all participants or guardians in compliance with State program guidelines, 7 C.F.R. § 247.8 and FNS guidelines and instructions, and any amendments thereto; and shall advise participants of the importance of health care, and where low-income persons can obtain such care.
- H. Grantee shall be responsible to the State for any losses resulting from improper or negligent issuance by Grantee of prescriptions for supplemental foods. Grantee shall be responsible to the State for any losses caused by other agencies that have entered into sub Grant agreements with the Grantee.
- I. In the event of loss due to theft of or damage to supplemental foods as a consequence of Grantee's negligence, or the negligence of its sub Grantees, Grantee shall reimburse the State of Indiana for the value of the lost supplemental foods or replace the supplemental foods with product equivalent to the lost or damaged product, as approved by the State and/or the USDA.
- J. Grantee further agrees to abide by the State of Indiana policies regarding participant eligibility for the CSFP. Grantee agrees to establish safeguards to ensure supplemental food distribution only to eligible households, and shall act to prevent simultaneous participation in the CSFP, pursuant to 7 C.F.R. § 247.7(j). Grantee and its sub Grantees shall prepare and maintain records showing the data and method used to determine the number of eligible households served, in accordance with 7 C.F.R. § 247.13.

- K. Grantee agrees to provide the State with required reports as follows:
- (1) CSFP Food Inventory and Distribution Report (FNS-153)—submit monthly on or before the 25th day following month end.
  - (2) CSFP Participant by County Report and Racial/Ethnic Report (FNS-191)—submit for the month of April on or before the last business day of July.
  - (3) CSFP Warehouse Report (FNS-155)—submits every six months in January and July.
- L. Grantee agrees to notify the State and withhold from distribution any supplemental foods which are observed to be unfit for distribution, and shall withhold from distribution any supplemental foods which are deemed unfit for distribution by the State, USDA, or federal, state, or local health officials. Such products may not be destroyed without the consent of the State.
- M. Grantee acknowledges and agrees that no supplemental foods provided through this agreement may be disposed of in commercial channels in any form.
- N. Grantee may distribute supplemental foods provided through this agreement only in quantities that can be consumed by participants without waste.
- O. In making any procurement or entering into any contract that requires the expenditure of funds provided pursuant to this agreement, Grantee shall adhere to the provisions of applicable federal regulations, Office of Management and Budget Circulars A-110 or "The Common Rule," and state policies regarding procurement.
- P. Grantee acknowledges that it may not purchase food or food vouchers with any funds provided through this agreement. Additionally, any food demonstrations using supplemental foods shall be conducted solely in conjunction with nutrition education and primarily for the CSFP participants. Supplemental foods may not be used for outreach, refreshments for participants, or any other purpose. Supplemental foods may only be provided to other community agencies or facilities that have entered into a written agreement with the State or Grantee to provide nutrition education services under the CSFP.
- Q. CSFP funding is based on caseload allocation. Current funding is set by USDA at \$72.24 per participant slot. During the year the state reserves the right to adjust caseload and grant award based on the RA's ability to maintain caseload.
- R. Grantee agrees to bill the State of Indiana monthly for contract reimbursement. The budget template must be attached to your invoice, which includes the breakdown of expenditures.

- S. Grantee agrees to operate the program in accordance with the requirements of 7 CFR 247 and, as applicable, 7 CFR 250.
  
- T. In the event a Grantee receives a Termination Notice pursuant to Paragraph 18 or 19 of this Grant Agreement, Grantee shall contribute input and appropriate language for a transition plan in conjunction with the new grantee selected by the State to assume control of the project, territory, or county. Current Grantee and new Grantee shall complete a Transition Plan draft and submit to the State for review and approval. Once approved by the State, both parties must execute the Transition Plan by including signatures of authorized representatives of each party and submit an executed copy to the State. Parties will then proceed with appropriate transition activities as outlined in the Transition Plan.

## Comparison of Current Caseload to Need, FY2015 (data 11/26/2014)

Food Banks By County	County	Rank	Top 10	Top 20	Top 30	Gleaners	Hoosier Hills	East Central
Food Finders	Marion	1	1078	768	639			
N.W. Indiana	Lake	2	635	488	406	1465		
S. Bend	St. Joseph	3	346	246	205			
Community Harvest	Allen	4	336	239	199			
Tri-State	Vanderburgh	5	270	193	160			
S. Bend	Elkhart	6	211	150	125			
E. Central	Madison	7	180	128	106			164
E. Central	Delaware	8	163	116	97			413
S. Bend	LaPorte	9	161	114	95			
N.W. Indiana	Porter	10	150	107	89			
? D2C	Clark	11		104	87			
Catholic Charities	Vigo	12		104	86			
E. Central	Wayne	13		97	81	140		
? D2C	Johnson	14		96	80			
Food Finders	Hendricks	15		91	76			
E. Central	Grant	16		86	72			
Hoosier Hills	Monroe	17		83	69		190	
? D2C	Howard	18*		79	66			
Food Finders	Tippecanoe	18*		79	66			
? D2C	Hamilton	19*		71	59			
Hoosier Hills	Lawrence	19*		71	59			
S. Bend	Kosciusko	20		67	56			
E. Central	Henry	21			54			
? D2C	Floyd	22			52			
S. Bend	Marshall	23			51			
Catholic Charities	Knox	24			48			
? D2C	Bartholomew	25			47	25		
? D2C	Harrison	26			41			
E. Central	Randolph	27			39			88
? Freestore	Dearborn	28*			39			
E. Central	Huntington	28*			39			
Hoosier Hills	Dubois	29*			39			
Catholic Charities	Greene	29*			39			
Hoosier Hills	Morgan	29*			39			
? E. Central	Hancock	30*			38	30		
? D2C	Jackson	30*			38	95		
	Orange	31*					317	
	Shelby	31*				60		
	Wabash	32						104
	Cass	33						
	Noble	34						
	Boone	35*						
	Ripley	35*						
	Jefferson	36*						
	Miami	36*						
	Gibson	37						
	Warrick	38						
	Fayette	39				30		
	Montgomery	40						
	LaGrange	41*						
	Washington	41*						
	DeKalb	42						
	Davless	43*						
	Fulton	43*						
	Jay	44						
	Steuben	47						
	Putnam	48				80		
	Clay	50						
	Decatur	51				50		
	Fountain	53						
	White	56						
	Parke	58						
	Brown	59					68	
	Blackford	60						114
	Newton	61						
	Switzerland	64						
	Ohio	65						
	Benton	66						
	Clinton	45*						
	Franklin	45*				30		
	Adams	46*						
	Perry	46*						
	Scott	46*				80		
	Starke	46*						
	Sullivan	46*						
	Carroll	49*						
	Owen	49*						
	Whitley	49*						
	Spencer	52*						
	Vermillion	52*						
	Crawford	54*					217	
	Jennings	54*				35		
	Pulaski	54*						
	Jasper	55*						
	Posey	55*						
	Wells	55*						
	Pike	57*						
	Rush	57*						
	Tipton	62*						
	Warran	62*						
	Martin	63*					100	
	Union	63*						

***DID YOU KNOW...***

One CSFP box normally consists of...

- 4 different cans of veggies, 2 different cans of fruit ,2 cartons of milk , 2 different kinds of juice, 2 different kinds of cereal, 1 can of beef stew, 1 jar of peanut butter, 2 bags of rotini, 1 2 lb block of cheese

Studies show that senior population is deficient in some vitamins and minerals such as Folic Acid, Fiber, Vitamin B12, Vitamin C, Vitamin D, and Calcium.

Whole grains are provided in durum wheat rotini and fortified cereals. These grains are nutrient dense with B vitamins, iron, protein, fiber, minerals, and folic acid. The juices provide 100% Vitamin C and the canned fruits provide dietary fiber and other vitamins. There is low fat milk which is fortified with vitamin D and has a great source of calcium and protein. Calcium and protein is provided in the cheese. The beef stew is a complete meal with a great source of protein, iron, and bioavailable B12 vitamin. The peanut butter is a great source of vitamin E, folic acid, iron, protein, and niacin. The canned vegetables contain fiber, iron and vitamins A and C. Each of these foods are catered towards seniors to decrease hunger

**THIRD FRIDAY OF EACH MONTH 10am- 12 pm**

**If you know people who might qualify, have them call...**

- Hoosier Hills Food Bank, Director of Programs, Casey Steury, 812-334-8374

Commodity Supplemental Food Program

**Commodity Supplemental  
Food Program**

**HOOSIER HILLS**

**FOOD**



**BANK**

*Monroe County*

Hoosier Hills Food Bank 2333 West  
Industrial Park Drive

PO Box 697

Bloomington, IN 47402

*Serving South Central Indiana since 1982*

**Welcome to the CSFP program:**

- The Commodity Supplemental Food Program is a commodity feeding program through the USDA, United States Department of Agriculture.
- It is a program specifically for Seniors age 60 and over with incomes under 130% of the National Poverty Level.

**Certification Process (5 Steps):**

- If a senior is interested in enrolling in the program, they should contact HHFB at 812-334-8374
- HHFB will then send senior an application for the program.
- Senior will then need to fill out the application and mail it to HHFB.
- When HHFB receives completed application, they will contact senior and schedule an appointment with HHFB to verify income and residency.
- Seniors need to bring the following items with them to the appointment:
  - Proof of monthly income (social security statement or bank statement)
  - Proof of residency (mail, ID)
  - Identification

**Eligibility Requirements (maximum):**

- 1 person in household - \$1,265 per month
- 2 person household - \$1,705 combined
- 3 person household - \$2,144
- 4 person household - \$2,584
- 5 person household - \$3,024
- 6 person household - \$3,464
- Each additional household member - Add \$440

**Pick up process:**

- Distribution day is the 3rd Friday of every month
- Distribution is 10am-12pm
- Seniors in the program will need to come to HHFB between 10am-12pm on the distribution day
- Seniors will sign their name and receive a box of food and cheese
- If a senior doesn't come during distribution time, their box will be given to a senior on our waiting list
- If a senior misses 3 months in a row, they will be removed from the program
- The first distribution will be Friday, June 20th, from 10am-12pm

**Run by Hoosier Hills Food Bank:**

In Indiana, CSFP is administered by the Indiana State Department of Health (ISDH), which has contracted with Hoosier Hills Food Bank to run the program in this area. HHFB is based in Bloomington, but serves eight counties. Contact Casey Steury, Director of Programs, with any questions or to request more information. 812-334-8374 or USDA@hhfoodbank.org



**Sponsored by ISDH/USDA:**

"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. (Not all prohibited bases apply to all programs.) To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410

## Commodity Supplemental Food Program (CSFP)

CSFP is a commodity feeding program through the United States Department of Agriculture which targets senior citizens age 60 and above with incomes under 130% of the federal poverty level.

CSFP provides a monthly box of food which includes 4 cans of vegetables, 2 cans of fruit, 2 cartons of shelf-stable milk, 2 kinds of juice, 2 kinds of cereal, 1 can of beef stew, 1 jar of peanut butter, 2 bags of pasta and one 2-lb. block of cheese.

In Indiana, CSFP is administered by the Indiana State Department of Health (ISDH), which contracts with Hoosier Hills Food Bank (HHFB) to run the program in this area. HHFB is now making the program available in Monroe County.

### Requirements to qualify:

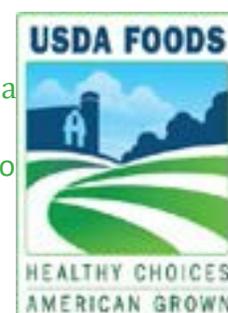
- Age 60 or over, living in Monroe County.
- Combined monthly household income cannot be more than:
  - o 1 person in household: \$1,265 per month
  - o 2 person household: \$1,705 combined per month
  - o 3 person household: \$2,144
  - o 4 person household: \$2,584
  - o 5 person household: \$3,024
  - o 6 person household: \$3,464
  - o Each additional household member add \$440
  - o Proof of income will be required
- Be able to pick up food box on the 3rd Friday of each month, 10am-12pm



### Certification Process:

If you are interested and think you may qualify:

- Call HHFB at 812-334-8374 to request an application, which will be mailed to you
- Or, visit [www.hhfoodbank.org](http://www.hhfoodbank.org) and print off an application
- Complete and sign the application and send it back by mail
- Once your completed application is received, you will be called to schedule a verification appointment and will need to bring:
  - o Proof of monthly income (social security statement or bank statement) or
  - o Proof of residency (mail or ID)
  - o Identification



In accordance with federal law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. Not all prohibited bases apply to all programs. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Rm 326-W, Whitten Bldg., 1400 Independence Ave SW, Washington DC 20250-9410. HHFB is an equal opportunity employer and provider and approximately 13% of our funding comes from federal government sources and approximately 83% of total funding comes from non-governmental sources.

**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)**

**Receipt of USDA Products  
PROXY STATEMENT**

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

**CSFP Applicant (please print)**

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

Address: \_\_\_\_\_

\_\_\_\_\_ Household Size: \_\_\_\_\_

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

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

**Proxy Who Will Be Picking Food Up (please print)**

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

Address: \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_ Daytime Phone \_\_\_\_\_

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

Signature: \_\_\_\_\_ Verified By: \_\_\_\_\_

CSFP Applicant \_\_\_\_\_ Site Personnel \_\_\_\_\_

Signature: \_\_\_\_\_ Verified By: \_\_\_\_\_

Proxy \_\_\_\_\_ Site Personnel \_\_\_\_\_

One-Time Only  Permanent

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

USDA is an equal opportunity provider and employer.

**Household Information** – To be completed by Applicant/Household Member/Authorized Representative or Recipient Agency that is determining eligibility. **PLEASE PRINT**

Name of Applicant (Last, First, Middle Initial)	Site Name	Date of Birth / /
Address (Street, City, State, ZIP Code)	Area Code and Telephone No. - -	Gender (Circle One) Male Female
Have you ever received food from the Commodity Supplemental Food Program? If yes, where? _____ Date applicant last received food from the CSFP: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No

Total Number of Household Members	Total Gross Income (before deductions) of all Household Members \$ Weekly Monthly Yearly	<b>Note:</b> SNAP benefits do not count as income.
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Race: Black or African American <input type="checkbox"/> Black or African American and White <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> American Indian or Alaska Native and Black or African American <input type="checkbox"/>	Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Alaska Native and White <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Asian and White <input type="checkbox"/>
--	---

Ethnicity: Hispanic or Latino <input type="checkbox"/>	Not Hispanic or Latino <input type="checkbox"/>
--	---

**Certification:** This form is completed in connection with the receipt of federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes. I have been advised of my rights and obligations under the Program, including the right to appeal any decision made by the local agency regarding my denial or termination from the Program. I understand that the local agency will make nutrition education available to me and I am encouraged to participate. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

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

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

Signature-Individual Making Determination	Title-Individual Making Determination
---	---------------------------------------

**Recertification – To be completed by program staff only**

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

**Participant Acknowledgement**

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

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

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

**Fair Hearing**

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

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

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

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

**Certification (MUST BE READ TO APPLICANT BEFORE SIGNING):** This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation. I have been advised of my rights and obligations under the program, including the right to appeal any decision made by the local agency regarding my denial or termination from the Program. I understand that the local agency will make nutrition education available to me and I am encouraged to participate. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

I authorized the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.)

YES [  ]      NO [  ]

Signature – Applicant

Date

Name of Proxy – Optional (print or type)

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