General Housekeeping Guidelines

- Turn off cell phones or turn them to vibrate
- If you have to take an emergency call, please leave the training room
- Bathrooms
- Exits in case of an emergency
TEFAP Training Agenda

Why We Are Here

Using PantryTrak & Maintaining Compliance

The TEFAP Form
- Activity: Find the Errors
- Correctly Completing the TEFAP Form
- Sharing Best Intake Practices

Civil Rights Training

New 2016-2017 JFS 04221 / JFS 04224
• If your food pantry did not have access to fresh produce, canned fruits & vegetables, and canned & frozen meats, how would this impact your program?
Why We Are Here

Food Sources

- 31% LOCAL
- 25% STATE
- 18% NATIONAL
- 14% USDA
- 10% PURCHASED
- 1% FOOD DRIVES
- 1% OTHER FOOD BANKS

Rev 6.17.16
Why We Are Here

2015 Total Distribution

27.2 Million Pounds
Why We Are Here

2015 Total Distribution
10.7 Million Pounds in USDA & State

Rev 6.17.16
Why We Are Here

16.5 Million Pounds ≈

2008 Total Distribution
Why We Are Here

State (OFP & OACP)
- Applesauce
- Beef Stew
- Cereal
- Eggs
- Macaroni & cheese
- Soup
- Spaghetti & Sauce
- Fresh Apples, Cabbage, Corn, Potatoes & Zucchini

USDA
- Canned Apricots, Peaches, Pears & Mixed Fruit Cocktail
- Canned Carrots, Corn, Green Beans & Sweet Peas
- Frozen Ground Beef, Chicken, Pork & Turkey
- Orange, Grape & Grapefruit Juice
- Wide Variety of Frozen Fruits & Vegetables

Rev 6.17.16
Why We Are Here

Each state signs an agreement with the USDA to distribute TEFAP products within their borders

• The State of Ohio has designated ODJFS as the state agency responsible for the administration of the agreement

• ODJFS is required to submit a statewide distribution plan that includes criteria on how to screen potential clients for eligibility
The TEFAP Form

- “Eligibility To Take Food Home” form
- JFS 04221
- Official State of Ohio document that determines eligibility for USDA & state funded commodities
- Must be completed correctly per state guidelines
1. Will sign and abide by both the Akron-Canton Regional Foodbank’s current Partnership & Liability Agreement.

2. Will provide an emergency food assistance program a minimum of once per month, and will not deny any eligible client access to this program on a monthly basis.

3. Will maintain a copy of the Ohio Food Programs Manual and abide by these guidelines as well as with the requirements of Title 7 of the Code of Federal Regulations (CFR) parts 247, 250 and 251 where applicable.
   • New version late 2016. Current version can be emailed to you or downloaded from our website. Electronic or paper version must be on-site during distributions and during your annual site visit.

Rev 6.17.16
4. Will NOT refuse service to a client with Limited English Proficiency (LEP). LEP refers to individuals who do not speak English as their primary language and who have a limited ability to read, speak, write or understand English.

5. Will display prominently for all clients to be able to read the “And Justice For All” poster and current Income Eligibility Guidelines.

6. Will include in all public announcements and advertising for the food program a statement explaining that clients receiving food assistance must be income eligible based on current federal poverty guidelines.
7. Agrees to accept and incorporate any changes to existing or new guidelines/policies that may be announced or published by the Ohio Department of Job & Family Services or the Foodbank.

8. Understands that this agreement can be terminated by either the agency or the Foodbank with a 30 day written notice.

In addition, if operating a Food Pantry Program
9. Will use the “Eligibility To Take Food Home” form, hereinafter referred to as Eligibility form, in the format determined by the Ohio Department of Job and Family Services and will not modify the format in any way. This form will be provided to your agency by the Akron-Canton Regional Foodbank.

10. Will require asking to see a photo ID to verify the client’s personal information on the Eligibility form.

11. Will **NOT** collect, track or write any additional information on the client’s Eligibility form, front or back and will not attach any other document to the form.
12. Will have clients sign and date an Eligibility form each time they receive food from the pantry.

13. Will change to the most current Eligibility form each year by the established deadline which is typically July 1 of each year.

14. Will retain completed Eligibility forms on site for a period of five (5) years and will have all of the forms available for audit review and yearly inspections as requested by government representatives, donors and the Akron-Canton Regional Foodbank.
15. Understands that the agency may be asked to reimburse the State full cost of the USDA and state food received from the Akron-Canton Regional Foodbank if we fail to maintain Eligibility forms for a period of five (5) years*. (*Effective January 1, 2016)

16. Understands that if a records retention discrepancy is discovered during an audit review, the agency will be prohibited from receiving any federal or state funded food until the discrepancy is addressed and compliance is maintained for a period of six (6) months.

17. Will contact the Akron-Canton Regional Foodbank to arrange storage of all Eligibility forms in the event the agency/program closes, is discontinued or other circumstances prohibit on-site storage of records.
Using PantryTrak

& MAINTAINING COMPLIANCE
PantryTrak

- Replacement for paper TEFAP Forms
- "Cloud"/ Internet based
- Provides better tracking of clients and automated reporting

Rev 6.17.16
Client Record

- Same information as TEFAP form
- Date of birth
- Gender
- Total # in household by age group

Rev 6.17.16
• Double – check that the information is correct

• Verify that the client falls within gross income limits

• Client **MUST HAVE** visibility to this screen

• Can change household position

• Client must type initials **AND** click “I Agree” button
E-Signature Audit

- Link to report is on your home page
- Accessing the report is similar to the monthly reports tab
E-Signature Audit Report

- Click on the month you would like to audit
Reading e-Signature Audit Report

- Top of the page will show all of your e-signature records.
- Clients served will be listed in alphabetical order.
- Report is submitted to the state if your agency is audited.
Bottom of the page will show records that do not have an e-Signature. This can include signed paper forms or records that need attention.

Can help troubleshoot problems such as ensuring that Signed Paper Forms are marked correctly.
For every record marked “Signed Paper Form” you must have a completed paper form that is retained for 5 years.

All paper forms are subject to review and audit by the Foodbank & the state.
Letter of Proxy

• Allows a client to establish a proxy who can sign for them and pick-up their food

• Form must be updated a minimum of once a year

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Letter of Proxy*

Date

(First and Last Name of Client)
(Client’s Address)
(Client’s City) (Client’s State) (Client’s Zip)
(Client’s Phone Number)

Number of People in Household by age:
Age 60+: _____ Age 18 – 59: _____ Age birth – 17: _____ Total: _____

To: (Name of Agency)
From: (First and Last Name of Client)

This letter is to certify that my household meets the current income guidelines for food assistance according to the “Federal and State Funded Food Programs Eligibility to Take Food Home Form.” I am not able to appear in person due to health issues or scheduling conflicts to obtain the food. Therefore, I hereby give permission to the person(s) listed below to sign my Ohio Department of Job and Family Services FEDERAL AND STATE FUNDED FOOD PROGRAMS ELIGIBILITY TO TAKE FOOD HOME (TEFAP) Form in my absence:

(Proxy Name)
(Proxy Complete Address)

If you have any questions or concerns regarding my eligibility or any of the information provided above, you may contact me at the phone number listed. Thank you for your assistance.

Sincerely,

(Signature of Client)
(Date Signed)

*MUST BE UPDATE ANNUALLY AND/OR IF HOUSEHOLD COMPOSITION CHANGES
Serving A Proxy

- Proxy’s full name is added to the client record **AFTER** the letter is received.
- **Best Practice:** Add date received after proxy’s name.
Serving A Proxy

- Double –check that the information is correct
- Proxy **MUST HAVE** visibility to this screen
- Change household position to Proxy
- Proxy must type HIS/HER initials **AND** click “I Agree” button

Rev 6.17.16
The TEFAP Form

HOW TO COMPLETE THE TEFAP FORM
Desk Guide to Completing The
Ohio Department of Job and Family Services
FEDERAL AND STATE FUNDED FOOD PROGRAMS ELIGIBILITY TO TAKE FOOD HOME

On the color-coded example form below, areas 1 & 2 must be completed with client information and areas 3 & 4 will be signed and dated by the client. FORMS MUST BE COMPLETED IN INK. NO MARKS, NUMBERS, ADDITIONAL WORDS, SENTENCES, DISCLAIMERS OR NOTATIONS OF ANY KIND ARE ACCEPTABLE ANYWHERE ON THE FORM, FRONT OR BACK. FORMS CAN NOT BE STAPLED TO OTHER FORMS.

1. Section 1: Name, Address and Phone Section
   First and last names are required. Complete street address with apartment, unit or lot numbers. City names must be spelled out, not abbreviated. If client does not know their zip code, place a zero (0) or N/A. If client states they are homeless, write “HOMELESS” on the address lines. Phone number must include an area code. If client does not have a phone, write “no phone” or N/A in that field.

2. Section 2: Number of People by Age Group
   All age fields must be completed and the “total” field must be completed. If there is no one in the household for a particular age range, place a zero (0) or a dash (–) in that field. Zeros or dashes are acceptable. Do not use checkmarks.

3. Section 3: Signature & Date
   Client (or proxy) enters signature and date the first time they receive food from your pantry. If the client cannot write his or her name, place an “X” in the signature field and the pantry worker or volunteer initials that the client cannot sign their name.

4. Section 4: Returning Visits
   Client (or proxy) must sign and date form every time they receive food.

5. Section 5: Optional Section
   This box is OPTIONAL for completion by the pantry to aid in calculating service totals for their Monthly Reports.

Please remember: If your agency requires any additional information from your clients for programs other than the food pantry, that information must be kept on a separate form and cannot be attached to or stored with this form.

Effective January 1, 2016 completed forms must be kept for a minimum of five (5) years and are subject to audit at any time by representatives of the Akron-Canton Regional Foodbank, the Ohio Association of Foodbanks and/or the Ohio Department of Job and Family Services.
**Activity #1: Find the Errors**

### Ohio Department of Job and Family Services
**FEDERAL AND STATE FUNDED FOOD PROGRAMS**
**ELIGIBILITY TO TAKE FOOD HOME**

- **Name:** DAN DRUFF
- **Address:** 987 SHAMPOO ST.
- **City:** LAKEVILLE
- **State:** OH
- **Zip:**
- **Number of people in household by age:**
  - Age 60+:
  - Age 18-59:
  - Age 0-17:
  - Total:

This table shows yearly gross income for each family size. If your household income is at or below the income limit for the number of people in your household, you are eligible to receive food. This certification form is being completed in connection with the distribution of food from the state funded program and/or Federal assistance through The Emergency Food Assistance Program.

<table>
<thead>
<tr>
<th>Household Size</th>
<th>Family Income</th>
<th>Monthly Income</th>
<th>Weekly Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$82,979</td>
<td>$6,894</td>
<td>$976</td>
</tr>
<tr>
<td>2</td>
<td>$55,189</td>
<td>$4,596</td>
<td>$656</td>
</tr>
<tr>
<td>3</td>
<td>$51,127</td>
<td>$4,262</td>
<td>$609</td>
</tr>
<tr>
<td>4</td>
<td>$51,019</td>
<td>$4,254</td>
<td>$607</td>
</tr>
<tr>
<td>5</td>
<td>$51,127</td>
<td>$4,262</td>
<td>$609</td>
</tr>
<tr>
<td>6</td>
<td>$51,019</td>
<td>$4,254</td>
<td>$607</td>
</tr>
<tr>
<td>7</td>
<td>$51,127</td>
<td>$4,262</td>
<td>$609</td>
</tr>
<tr>
<td>8</td>
<td>$51,019</td>
<td>$4,254</td>
<td>$607</td>
</tr>
</tbody>
</table>

For each additional person:
- $8,040
- $670
- $155

I certify that my current gross household income is at or below the income limit on this form for households with the same number of people as my household. I also certify that, as of today, my household lives in the area served by this agency. Program officials may verify what I have certified to be true. I understand that making a false certification may result in being to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

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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 derived from any public assistance program. (Not all prohibited bases apply to all applications.) This form is optional for local agencies. Check one:

- **Full Service**
- **Partial Service**
- **Signature**
- **Date**

Deadline: July 1, 19XX

JFS 04221 (Rev. 7/09/19)
Activity #2: The TEFAP Form

• Gomez Addams is married to Morticia Addams and lives at 101 Mockingbird Lane, Akron, OH 44310. His phone number is (234) 123-4567.

• Gomez is 49 years old; Mortica is 48 years old.

• They have 3 children ages 4, 6, and 10.
Activity #2: The TEFAP Form

• Gomez Addams is married to Morticia Addams and lives at 101 Mockingbird Lane, Akron, OH 44310. His phone number is (234) 123-4567.

• Gomez is 49 years old; Mortica is 48 years old.

• They have 3 children ages 4, 6, and 10.
Activity #3

• Time to complete your own TEFAP forms
  – Use the Desk Guide for reference

• Check your neighbor’s work after each scenario
Activity #3

Scenario #1: Rita Tallulu

Allergic to tree nuts
Activity #3

• Time to complete your own TEFAP forms
  – Use the Desk Guide for reference

• Check your neighbor’s work after each scenario
Scenario #2: Ruth Jones

Please allow my son John Jones to pick up for me. I am 60 years old and live by myself. You can reach me at (216)745-9800.

Thank you,
Ruth Jones
4561 Proxy Way Ave #7
Barberton, OH 44203
Best Intake Practices

• How would you teach new intake staff this material?

• How do you currently ensure accuracy on TEFAP forms?
Best Intake Practices

• What do I do if Jane is picking up for her brother Joe in a different household?

• What if they are living in the same household?

• If my cousin Jake comes to the food pantry, does he need to bring his photo ID?
Best Intake Practices

• How long do I need to keep TEFAP forms on file?

• What is a way you’ve found to conveniently store forms?

• What should I do with blank 2015 forms starting July 1, 2016?
Best Intake Practices

• Are you doing SNAP Referrals during your client intake?
  – A simple way to make a greater impact during client intake

• http://www.akroncantonfoodbank.org/need-food
  – Schedule an appointment to apply for benefits over the phone
Authority provided through

- Title VI of the Civil Rights Act 1964
- Americans with Disability Act
- Title IX of the Education Amendments of 1972
- Section 504 of the Rehabilitation Act of 1973
- Age Discrimination Act of 1975
- The Personal Responsibility and Work Opportunity Reconciliation Act of 1996
- Food Stamp Act of 1977
- Executive Order 13166
- USDA Departmental Regulation 4330-2
- 7CFR Part 16, Equal Opportunity for Religious Organizations
Civil Rights Oversight

USDA

ODJFS

Foodbanks

Partner Agencies

Staff/Volunteers

Rev 6.17.16
Purpose of Civil Rights training:

- Provide guidance and direction to Federal financial recipients and their clients
- Explain compliance and enforcement of non-discrimination policies
- Promote fairness and equality of treatment
Legal Prohibitions

Discrimination Is **Prohibited** On The Basis Of:

- Race
- Color
- National Origin
- Sex
- Age
- Disability
- Religious Creed
- Political Beliefs
Types of Discrimination

Disparate Treatment
Discriminating behavior of an individual or class of people based on a particular belief

Disparate Impact
Rules, policies or guidelines not intended to cause discrimination but exclude a particular class of people

Retaliation
Deliberate discrimination as a response or revenge
Exceptions

Congress can establish a *government* program that is intended for certain groups of people and it is not discrimination to exclude those who do not meet eligibility requirements.

Examples: WIC, senior programs, children’s programs, etc. (Medicare, Summer Food Service Program, National Breakfast and Lunch Program)
When Do Civil Rights Rules Apply?

Any time there is any Federal financial assistance

- USDA/TEFAP commodities
- State commodities
- Any training, equipment and other goods and services supported or assisted through Federal assistance
Special Circumstances

• Accommodate people with disabilities
  – Physical or mental impairment that substantially limits one or more major life activities. Disabilities are not specifically named under the ADA but include things like mobility, sight, hearing, etc.

• Provide language assistance to persons with Limited English Proficiency. (LEP)
Other Requirements

1. Treat all people with dignity and respect

2. Display the USDA “And Justice for All . . .” non-discrimination poster where it can be seen by ALL visitors
Other Requirements

3. Include USDA non-discrimination statement on all materials and websites that mention USDA funded programs

4. Provide public notification including:
   • Posted hours of operation
   • Program eligibility guidelines
   • Non-discrimination policy
   • Procedures to file a complaint
5. Maintain confidentiality
   - No social security numbers
   - Do not discuss a person’s situation

6. Collect data when appropriate
   - USDA/TEFAP Eligibility Form – Form can not be modified or other items attached
   - Monthly Reporting Form
Other Requirements

7. Cooperate with State and Federal reviewers

8. Correct any non-compliance issues
   - Failure to comply with civil rights rules can lead to loss of Federal financial assistance
   - Agencies may have to pay back value of the food

9. Sexual harassment is prohibited
Other Requirements

10. Advise people on how to file a complaint:

- Toll Free: 1.800.795.3272 or 202.720.6382 (TTY)
- Regional Director, Civil Rights/EEO
- 77 W. Jackson Blvd, FL 20 Chicago IL 60604-3591 312.353.3353
Equal Opportunity For Religious Organizations:

1. Prohibits discrimination on the basis of religion, religious belief, or religious character in the administration of Federal funds.

2. Provided that direct USDA funds do not support any inherently religious activities such as worship or religious instruction.
Equal Opportunity For Religious Organizations:

3. Religious organizations do NOT have to remove religious art, icons, scriptures or other religious symbols.

4. NO organization that receives direct financial assistance from the USDA can discriminate against a program beneficiary on the basis of religion or religious belief.
Reminders

When conflicts occur . . . remain calm

Treat people the way they would like to be treated -

_The Platinum Rule_
Final Steps

Complete and Sign the Checklist with Your Name and Agency Name

• Turn it in now

Agencies are responsible for training of their paid staff and/or volunteers

• Use the 2nd Checklist provided
• Complete every year for all staff
• Retain each Checklist for 5 years
New 2016-2017 Forms

JFS 04221 (TEFAP FORM) & JFS 04224 (HOUSEHOLD INCOME GUIDELINES)
New 2016 – 2017 Forms

2016-2017 JFS 04221

One Department of Job and Family Services
FEDERAL AND STATE FUNDED FOOD PROGRAMS
ELIGIBILITY TO TAKE FOOD HOME

This form is optional for local agency use, state use.
If household size is at or below the income limit, the number of people in your household may apply for benefits. Individuals who have been determined by the Ohio Department of Jobs and Family Services as being eligible for benefits, and who have not elected to apply for benefits, may request their case be reviewed by a local agency. Local agencies are responsible for determining eligibility under the Federal Food Program. Visit your local agency for application and further information.

<table>
<thead>
<tr>
<th>Households</th>
<th>Income</th>
<th>Year</th>
<th>Month</th>
<th>Week</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$23,759</td>
<td>$1,070</td>
<td>$455</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>$32,039</td>
<td>$2,689</td>
<td>$616</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>$40,190</td>
<td>$3,363</td>
<td>$775</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>$46,189</td>
<td>$4,049</td>
<td>$934</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>$55,879</td>
<td>$4,736</td>
<td>$1,080</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>$65,159</td>
<td>$5,426</td>
<td>$1,253</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>$73,459</td>
<td>$6,121</td>
<td>$1,412</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>$81,779</td>
<td>$6,814</td>
<td>$1,572</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>$90,069</td>
<td>$7,506</td>
<td>$1,732</td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>$99,419</td>
<td>$8,201</td>
<td>$1,892</td>
<td></td>
</tr>
</tbody>
</table>

Clients certify that their current gross household income is at or below the income limits on this form for households with the same number of people in the household. Clients also certify that, as of today, the household members in the area served by this agency. This information is provided in connection with the receipt of Federal assistance through The Emergency Food Assistance Program and/or the state funded food program.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its agencies, offices, and employees, and contractors who receive funding from USDA, are prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, or family status. (Not all programs receive all of these services. Contact your agency for further information.)

USDA is an equal opportunity provider and employer.

Program guidelines were obtained by multiplying the Federal income poverty guidelines by 2, and subtracting $1.00 and by rounding down to the next whole dollar. Weekly and monthly guidelines were computed by dividing annual income by 52 and 12, respectively, and by rounding down to the next whole dollar.

JFS 4221 (Rev. 10/2016)
New 2016 – 2017 Forms

• Effective July 1, 2016

• 2016-2017 JFS 04224 (Household Income Guidelines) must be posted where clients can see the form

• Spanish and Somali versions of the forms will be available on our website before July 1, 2016.

• All completed forms from July 1, 2015 – June 30, 2016 must be removed from circulation and stored for 5 years
Reminders

- Blank July 2015 forms must be destroyed
- TEFAP forms must be completed correctly
  - No staples, use paper clips
  - No back-to-back copies
  - No additional writing
  - Do not accidentally copy the form leaving off the date on the bottom
- When in doubt; ask your Team. Team Apple and Team Bread can be found on the back of your agenda
Reminders

• Share this information with all of your intake workers
• This presentation will be available on our website AFTER June 28, 2016
• Partnership Planning Meetings
Thank you for coming!

Gary G. Green, Senior Manager, Partner Services
Amber Levesque, Partnership Field Advisor
Linda Steinhebel, Partnership Field Advisor