

COMMODITIES SUPPLEMENTAL FOOD PROGRAM (CSFP)

ANNUAL TRAINING & REVIEW



FOOD BANK
of ALASKA

WELCOME!



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WHERE ARE YOU FROM?

Let's go around the room and introduce ourselves!



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of **ALASKA**

TODAY'S TRAINING

- CSFP Updates and Review
- Reapplication Process and Dates
- CSFP Application & Eligibility
- Monthly Reports
- Other Forms and Policy Requirements
- Waitlist

CSFP...

- CSFP is a federal program that works to improve the health of low-income seniors by supplementing their diets with nutritious USDA foods.
- CSFP food boxes are not intended to provide a complete diet but are sources of nutrients often lacking in the diets of our clients.
- CSFP food boxes contain food items like rice/pasta, cereal, canned fruits and vegetables, meat, plant-based protein, milk, and cheese.
- Clients are senior citizens over 60 years of age and who are at or below 130% of the Federal Poverty Income Guideline.
- FBA is one of two CSFP grantees in the state.

UPDATES

- The State of Alaska updated the CSFP Application form in May 2021. **The previous version of the application is no longer accepted.**
- We will send out revised Income Guidelines once the PFD has been distributed.
- Some nationwide shortages on certain commodities have resulted in unavoidable changes to the box contents. We appreciate your patience through this and hope it will be resolved soon.

COVID-19

- The COVID-19 Signature Waiver is still in effect BUT clients will need to sign their reapplication.
- Please continue to prioritize the health of your clients, staff, and volunteers in all processes.

FBA'S RESPONSIBILITIES

- Order CSFP commodities from the USDA.
- Design and build the monthly boxes.
- Coordinate delivery of boxes and cheese to each agency.
- Train and monitor partner agencies on all CSFP policies and regulations.
- Ensure the commodities are properly handled, stored, and distributed by our partner agencies.
- Collect and maintain records on all CSFP clients and CSFP partner agencies.
- Audit and consolidate monthly agency reports and report to the State of Alaska.

AGENCY'S RESPONSIBILITIES

- Assist applicants with necessary paperwork.
- Maintain client records and all program paperwork.
- Properly count, record, and store CSFP commodities upon receipt.
- Distribute CSFP boxes and cheeses to eligible clients according to program policies.
- Ensure all staff/volunteers are trained in CSFP policies, Food Safety, and Civil Rights.
- Post the “And Justice for All” poster.
- Submit monthly reports and other necessary documents to FBA in a timely manner

CSFP REAPPLICATION

- Important Dates →
- Reapplication Posters
- Reapplication Forms



Important CSFP Dates - Reapplication

October 1st

Reapplication begins. All active seniors need to complete a new application for CSFP (**active clients are clients whose names appear on your CSFP distribution lists**).

November 30th

Reapplications are due to FBA no later than **5:00 p.m.**

December 1st

All clients without a reapplication on file will be inactivated from the program and must fill out a new application to receive benefits again.

December 6th

Distribution lists will be available.

December 10th

Any discrepancies or changes that need to be made to your distribution list need to be reported to FBA.

REAPPLICATION

- Reapplication use the current CSFP application. If you need a copy, let me know.
- All active CSFP clients need to complete an application to verify and/or correct their information.
- Reapplications need to be filled out, signed, and dated on site – they cannot be sent home with the clients.
- Reapplications need to be submitted to FBA within 10 business days of when they are signed, and no later than 5pm on November 30th.
- No transfers can be done during the reapplication period.

REAPPLICATION (CONTINUED)

- Make any changes or corrections.
- The client must sign the application.
- This is also a great opportunity to verify or update seniors' proxy information.
- Seniors who do not complete Reapplication will be removed from the program.
- Please check your December Distribution Lists to be sure no reapplied seniors were removed in error.
- If a client's eligibility status changes during Reapplication, they must be notified in writing (Eligibility Notification Form).
- If you need the Eligibility Form, let me know.

Example Application

APPLICATION FOR ALASKA COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

CSFP Partner Agency: _____ Date Received ____/____/____

(ONE APPLICATION PER PERSON)

APPLICANT: The Applicant's eligibility for CSFP is based upon the following statements. A separate application is required for each Applicant.

Are you 60 years old or older?

☐ YES ☐ NO

Please print and complete all information.

Name of Applicant: _____ Birth Date ____/____/____
(Last) (First) (Middle) MM DD YYYY

Mailing Address: _____, AK ZIP _____
Street or PO Box Apt # City

Physical Address (if different): _____, AK ZIP _____
Street or PO Box Apt # City

Home Phone _____ Cell Phone _____ Message Phone _____

ID Verification: ☐ Birth Certificate ☐ Driver License ☐ ID Card ☐ Other (Please specify): _____

What is your race? (Please choose one or more) ☐ Alaska Native/American Indian; ☐ Asian;

☐ Black; ☐ Native Hawaiian/Pacific Islander;

☐ White; ☐ Not Hispanic or Latino

Racial and/or ethnic data collected on this form has NO EFFECT ON THE ELIGIBILITY DETERMINATION OF THE HOUSEHOLD.

Primary language: _____ How many people in your household? _____

☐ Please select if you self-declare that you meet the income guidelines to participate in the CSFP Program.

Did anyone in your household receive the latest AK Permanent Fund Dividend? ☐ Yes ☐ No If yes, how many? _____
(Your PFD or other garnished income is considered income even though it is garnished and must be added to your total household income.)

Do you meet the Income Eligibility Guidelines for CSFP? ☐ YES ☐ NO Total Income: _____ ☐ M ☐ Y

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

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) Mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights

QUESTIONS ON REAPPLICATION?



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CSFP ELIGIBILITY

AGE

60 years of age or older

INCOME

Household income at or below 130% of the Federal Poverty Income Guideline.

Income Guidelines are updated each spring and adjusted each fall with the AK PFD amount. Please make sure you have the most current Guidelines available.

CSFP APPLICATION

Applications must be filled out **completely**.
Please also make sure they are **legible**.

- Physical Address cannot be a PO Box.
- Seniors must show a government issued ID when applying .
- We are required to fill out the race and ethnicity section. If the client does not, we must guess.
- If the senior's PFD is included in the Total Income amount entered, please note that next to the income.
- If a senior wants to transfer to a different agency, they must fill out a new application with that agency. Please note "Transfer from ____" at the top.

APPLICATION FOR ALASKA COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

CSFP Partner Agency: _____ Date Received ____/____/____

(ONE APPLICATION PER PERSON)

APPLICANT: The Applicant's eligibility for CSFP is based upon the following statements. A separate application is required for each Applicant.

Are you 60 years old or older? ☐ YES ☐ NO

Please print and complete all information.

Name of Applicant: _____ Birth Date ____/____/____
(Last) (First) (Middle) MM DD YYYY

Mailing Address: _____, AK ZIP _____
Street or PO Box Apt # City

Physical Address (if different): _____, AK ZIP _____
Street or PO Box Apt # City

Home Phone _____ Cell Phone _____ Message Phone _____

ID Verification: ☐ Birth Certificate ☐ Driver License ☐ ID Card ☐ Other (Please specify): _____

What is your race? (Please choose one or more) ☐ Alaska Native/American Indian; ☐ Asian;
☐ Black; ☐ Native Hawaiian/Pacific Islander;
☐ White; ☐ Not Hispanic or Latino

Racial and/or ethnic data collected on this form has NO EFFECT ON THE ELIGIBILITY DETERMINATION OF THE HOUSEHOLD.

Primary language: _____ How many people in your household? _____

☐ Please select if you self-declare that you meet the income guidelines to participate in the CSFP Program.

Did anyone in your household receive the latest AK Permanent Fund Dividend? ☐ Yes ☐ No If yes, how many? _____
(Your PFD or other garnished income is considered income even though it is garnished and must be added to your total household income.)

Do you meet the Income Eligibility Guidelines for CSFP? ☐ YES ☐ NO Total Income: _____ ☐ M ☐ Y

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

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at:

CSFP APPLICATION (CONTINUED)

- Must check Yes or No to the release of information statement on Page 2.
- Applicants must sign and date the application (COVID-19 signature waiver does still apply).
- Print the client's name below the signature.
- Seniors may assign a proxy.
- Power of Attorney
- Agency staff/volunteer fills out the highlighted sections in the Status box at the bottom.
 - Certification Date, Eligible Yes/No, Initials
 - Certification Date is the first day of the next month
 - Notification Given: Yes/No and Verbal/Written

Before signing, know your rights and responsibilities under the Commodity Supplemental Food Program (CSFP). By signing below the statements listed below, I am saying that I understand: (Reading help is available.)

- This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.
I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a check mark in the appropriate box.) ☐ yes ☐ no
- The local agency will provide notification of a decision to deny or terminate CSFP benefits within 10 days of applications. If you disagree with the denial or termination of assistance, **you can request a Fair Hearing within sixty (60) days from the date the agency mails or gives the individual notification of adverse action**, by contacting State of Alaska Family Nutrition Programs at 130 Seward Street, Room 508, Juneau, Alaska 99801; or call 907 465-3100. A request for a Fair Hearing shall be personally presented, either orally or in writing. A request for an informal review must include: 1) name, address and contact phone number, 2) the reason for the grievance, 3) the action or relief sought, and 4) signature of applicant or representative. A Hearing Officer will arrange a date, time, and place convenient to both you and Family Nutrition Programs. In preparing for the hearing, you have the right to examine any documents, including records and regulations that are directly relevant to the hearing. You have the right to be represented by counsel or any other person chosen as your representative. You have the right to a private hearing unless you request a public hearing. You have the right to present evidence and arguments in support of your grievance and to controvert evidence. You also have the right to cross-examine all witnesses. The Hearing Officer must render a decision within (14) days of the hearing. The decision of the Hearing Officer will be final.

- I must fill out a new CSFP application once every three years. Once a year, I will need to verify my address, income, and my interest in continuing with the program.
- I will treat all CSFP staff with courtesy and respect. Failure to do so may result in termination of assistance.

APPLICANT OR Guardian/POA Agent: _____
Signature Date

Printed Name of Applicant or Guardian/POA Agent: _____

My Approved Proxy(s) (full name): _____

If you would like to give permission for someone to pick up your CSFP food box or when, in season, your yearly senior farmer's market nutrition program vouchers on your behalf, please name them here.

CSFP Agency Use Only: If an application is signed by someone other than the applicant, CSFP regulations require CSFP agencies to see Power of Attorney paperwork.

Power of Attorney paperwork reviewed by the Certifying Official? ☐ Yes ☐ No Certifying official initials : _____

Status	Date	Eligible	End Date	Initials of Official
Wait List	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	
Temporary/Suspended	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	
1. Certification	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	
2. Recertification	___/___/___	<input type="checkbox"/> Yes <input type="checkbox"/> No	___/___/___	
3. Termination	Reason: _____			
Notification Given	<input type="checkbox"/> Yes <input type="checkbox"/> No		Verbal	Written

Form Updated 4/26/2021

CSFP APPLICATION

(CONTINUED)

- Program policies require that applications be processed, and clients notified of eligibility within 10 days of receipt of the application.
- Therefore, we ask that applications be submitted to FBA within 2 days of receipt.

NOTIFICATION OF ELIGIBILITY

USDA regulations state that the client must be notified of their eligibility within 10 days of signing and dating their application.

- The Eligibility Notification Form is approved by the State of Alaska. Only the agency information and distribution day and time can be altered on this form.
- It is 2 pages (or double-sided) and contains specific wording regarding civil rights that must be included.
- Fill in the client's name, the date, and their eligibility status. You can give it directly to the client or mail it.
- This form is also used to notify clients who become ineligible during reapplication.



Alaska Commodities Supplemental Food Program (CSFP) Notification of Eligibility Determination

APPLICANT'S NAME _____ DATE: _____

LOCATION: [AGENCY NAME]
[Agency Address]
[Agency Phone Number]

DATE & TIME OF DISTRIBUTION:
Monday – Thursday 9am-1pm

Thank you for applying for the **Commodity Supplemental Food Program (CSFP)**. Please see below for your eligibility determination and status.

ELIGIBILITY DETERMINATION

_____ You are **eligible** to receive CSFP benefits. Your name will automatically be added to the above mentioned site's CSFP distribution list next month.

After you have been added to the CSFP active list and you begin to receive your CSFP benefits, you must fill out a new CSFP application every 3 years and sign your recertification form verifying your address and income during the recertification period every October or November in order to stay active. If you miss two consecutive months of picking up or receiving your CSFP box, you can be inactivated from the program.

WAIT LIST NOTIFICATION

_____ You are **eligible** to receive CSFP; however, we are at maximum caseload and your name will be placed on a waiting list. FBA will contact you when slots become available.

INELIGIBILITY DETERMINATION

You are **not eligible** to receive CSFP benefit due to one of the following:

_____ **Income:** Your income exceeds the maximum allowable income. You may reapply anytime your financial situation changes.

_____ **Age:** You are under the age of 60. Once you have reached the age of 60, you may apply again for CSFP.

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

QUESTIONS ON THE APPLICATION OR ELIGIBILITY NOTIFICATION?



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OTHER CSFP POLICY NOTES

- Transfers –
 - Seniors wishing to transfer to a new agency must fill out a new application with that agency.
- Reapplication and Recertification –
 - All clients must reapply every 3 years.
 - All clients must recertify every year (except in reapplication years).
- Address and Phone Number Changes –
 - Please update us if a client's contact information changes.
- Storing Files –
 - We are all required to keep any/all CSFP files for the past 3 federal fiscal years, plus the current.
 - Federal fiscal years run from October through September.
 - As of Friday, October 1, 2022, we are required to maintain paperwork and files from FFY20 through the current.

END OF MONTH REPORTS

- The reports below are due to FBA as soon as possible after your distribution and **no later than the 5th of the month** following your distribution:
 - Completed Distribution List with client signatures (or COVID signatures)
 - Completed Monthly Inventory Report (MIR)
 - Copies of any AORs (invoices) for CSFP product received that month
- Once these are received, FBA will send out your new month's Distribution List within 2 business days (but not earlier than the first business day of the month).

DISTRIBUTION LIST

(EXAMPLE)

Agency Name

CSFP Distribution List for September, 2021

*CSFP Certification of Eligibility and Receipt of USDA
Commodities*

I certify, under penalty of perjury, that my household income and size for the past 30 days, does not exceed CSFP guidelines and that my household has not previously received a CSFP box for this month.

Signature	Name	Dob	Address	City	Phone	Last Pkp	Warn	Last Appl
_____	C Doe, John	06/19/43	3300 Old Seward Highway, #104	Anchorage	(907) 111-2222	8/21		02/21
_____	C Doe, Jane	06/12/45	3300 Old Seward Highway, #104	Anchorage	(907) 111-2222	8/21		11/19
_____	C Smith, Mary	03/03/38	2121 Spar Road #1	Anchorage	(907) 222-3333	8/21		11/19

Due to FBA by the 5th of the following month.

MONTHLY INVENTORY REPORT (MIR)

- Please use this new updated form.
- It's important that this gets filled out completely and accurately every month –
 - For FBA's internal inventory tracking
 - For FBA's inventory reporting to the state and USDA
 - For your own records
 - To ensure we send an appropriate number of boxes and cheeses each month
- First In First Out
 - Make sure you are FIFO-ing (rotating) your inventory!

CSFP Monthly Inventory Report (MIR)

Due by the 5th day of each new month

Reporting Agency: _____

This report is for the month of: _____ Agency Number: _____

Instructions:

Box code is the labeled code on each box (e.g., CS0805A). Please each code on a separate line.

Beginning inventory is any CSFP left over from the previous month before receiving anything new from FBA.

Subtotal = Beginning Inventory + # Received

Ending Inventory = Subtotal - # Distributed

The Physical Inventory Count must be the exact number of boxes present at your agency on the last working day of the month and must correspond to the Box Code in the first column. This is a physical count of the boxes on site.

Blocks of cheese:

Beginning Inventory	# Blocks Received	Subtotal	# Blocks Distributed	Ending Inventory	Physical Inventory Count	Difference

Senior Boxes:

BOX CODE	Beginning Inventory	# Boxes Received	Subtotal	# Boxes Distributed	Ending Inventory	Physical Inventory Count	Difference
Totals:							

Notes:

Send this Monthly Inventory Report (MIR), the Signature List(s), and a copy of all invoices (AORs) for CSFP product received this month to FBA by the 5th of the following month.

For questions or additional information, contact:

FBA Program Coordinator - Seniors

Sarah Deuling

2192 Viking Drive

Anchorage, Alaska 99501

Direct 907-222-3125

Fax: 907-277-7388

sdeuling@foodbankofalaska.org

csfp@foodbankofalaska.org

Web Page: www.foodbankofalaska.org

Agency Representative

Thank You!

Due to FBA by the 5th of the following month.

MIR

(CONTINUED)

- **Beginning Inventory** should always match the **Physical Inventory Count** from the month prior.
- **# Received** is the number of blocks of cheese received this month. This should match your AOR.
- **Subtotal = Beginning Inventory + # Received**
- **# Distributed** – how many distributed this month.
- **Ending Inventory = Sub-total – # Distributed**
- **Physical Inventory Count** is the actual number of blocks counted on site after your distribution. It is a physical count – not the same as the **Ending Inventory**.
- **Difference = Physical Inventory – Ending Inventory**
 - Lost or damaged product would show up here.

Filling out the MIR - Cheese

Blocks of cheese:

Beginning Inventory	# Blocks Received	Subtotal	# Blocks Distributed	Ending Inventory	Physical Inventory Count	Difference
13	68	81	69	12	12	0

Example AOR (invoice)

Item No.	Description	Unit	Shipped	0
C100035	CSFP Cheese, reduced fat - each	Each	68	
CS0621C	CSFP SR 0621C	Case	36	
CS0621B	CSFP SR 0621B	Case	32	

MIR

(CONTINUED)

- All CSFP boxes have a **Box Code**. Be sure to list all **Box Codes** on a separate line and count them separately.
- Follow the same steps as with the cheese.
- **Beginning Inventory** should match the previous month's **Physical Inventory Count**.
- **Subtotal = Beginning Inventory + # Received**
- **Ending Inventory = Subtotal - # Distributed**
- **Physical Inventory Count** is the actual number of boxes counted on site after distribution. It may not be the same as your **Ending Inventory**.
- **Difference = Physical Inventory – Ending Inventory**
 - Lost or damaged product will show up here.

Filling out the MIR - Boxes

Senior Boxes:

BOX CODE	Beginning Inventory	# Boxes Received	Subtotal	# Boxes Distributed	Ending Inventory	Physical Inventory Count	Difference
CS 0521E	8	—	8	8	0	0	0
CS 0621C	—	36	36	36	0	0	0
CS 0621B	—	32	32	25	7	6	-1
Totals:				69		6	

Notes:

1 box was distributed in error.

Example AOR (invoice)

Item No.	Description	Unit	Shipped
C100035	CSFP Cheese, reduced fat - each	Each	68
CS0621C	CSFP SR 0621C	Case	36
CS0621B	CSFP SR 0621B	Case	32

INVOICE ("AOR")

- With each order you will receive and sign off on an AOR (Agency Order Receipt) or invoice.
- Please verify that the information on the AOR matches what you receive:
 - Box Codes
 - Number of boxes and cheeses
- If there are any discrepancies, inform your delivery driver and let us know as soon as possible.
- With your end of the month reports, please include a copy of any AOR(s) for CSFP product received that month.



SHIPMENT

Page: 1

Shipment Number: AOR-24295-15
Shipment Date: 7/15/2021

Bill
To: [REDACTED]
Anchorage, AK 99504

Ship
To: [REDACTED]
Anchorage, AK 99504

Ship Via

Agency No. 9069A
P.O. Number
P.O. Date 7/6/2021
Our Order No. AOR-24295
SalesPerson

Item No.	Description	Unit	Shipped	Ordered	Back Ordered	Gross Weight
C100035	CSFP Cheese, reduced fat - each	Each	68	68		136
CS0621C	CSFP SR 0621C	Case	36	36		1141.2
CS0621B	CSFP SR 0621B	Case	32	32		1014.4

END OF MONTH REPORTS

- Due after your distribution and no later than the 5th of the next month:
 - Distribution List with client signatures (or COVID signatures)
 - Monthly Inventory Report (MIR)
 - AORs for CSFP product received
- We cannot send your new distribution list until we have received and processed the previous month's reports.
- We will send your new distribution list within 2 business days of receiving your previous month's reports, but **not earlier than** the first business day of the new month.

OTHER POTENTIAL REPORTS

- Proxy Form –
 - If a senior wants to assign a friend/relative to pick up their box for them, they can fill out a Proxy Form.
- Commodity Loss Report –
 - Any loss of CSFP commodities greater than the amounts below must be reported to FBA immediately and a Commodity Loss Report filled out and submitted as soon as possible.
 - 1 case or more of cheese (12 blocks or more)
 - 6 CSFP boxes or more
- CSFP Incident Report –
 - Please fill out and submit an Incident Report to FBA, whenever there is an issue with a client.

QUESTIONS ON REPORTS OR FORMS?



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FOOD SAFETY

Food Safety Training & Certification

- FBA requires that all partner agencies participate in food safety training.
- FBA provides a food safety course and test for your convenience.
 - Available for free online – at 3:00pm on the 2nd Tuesday of each month.
 - We can send the registration link on request.
- Always be sure to check the requirements in your municipality or jurisdiction as other certifications may also be required.

Food Storage & Handling

- Please refer to your CSFP Policy and Procedure Manual or Food Safety Training for proper storage and handling of CSFP boxes and cheese.



CIVIL RIGHTS

- All staff and volunteers must have Civil Rights training.
- Review the PowerPoint and sign the completion form.
- Display the “And Justice for All” poster.
- Any flyers or informational posters or handouts must include the Nondiscrimination Statement (NDS).

Religious or Faith-based Organizations

- All clients at religious or faith-based organizations must read and sign the Written Notice of Beneficiary Rights.
- Religious or faith-based organizations must make a reasonable effort to refer a client to other agencies if the client objects to the religious nature of that organization.

CLIENT COMPLAINTS

- **Commodity Complaints**

- A client or agency may contact the CSFP Program Coordinator or the Director of Programs at FBA.

- **Civil Rights Complaints**

- If a senior would like to file a complaint of discrimination, they can complete the USDA Program Discrimination Complaint Form. Details can be found on the CSFP Application, Eligibility Notification Form, and in the P&P Manual.

- **Denial or Termination of Assistance Complaints**

- If a senior disagrees with the denial or termination of assistance, they can request a Fair Hearing within 60 days. That process is described on the CSFP Application, the Eligibility Notification Form, and in the P&P Manual.

QUESTIONS?



Please contact us any time with questions or concerns:

Chelsea Donohue

Program Coordinator – Seniors

907.222.3125

cdonohue@foodbankofalaska.org

CSFP email: csfp@foodbankofalaska.org

Anthony Reinert

Director of Programs

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areinert@foodbankofalaska.org

Rebecca Guyer

Program & Agency Relations Lead

907.222.3100

rguyer@foodbankofalaska.org

FBA Fax: 907-277-7368 or 1-888-797-0095