



VOLUNTEER

Utah
CSFP

**Distribution Site
Training Manual**

2022 Updates to the 2021 Utah CSFP Distribution Site Training Manual

The Utah CSFP Distribution Site Training Manual is updated every year. The manual provides distribution sites valuable training on the program, its policies and procedures, civil rights training, and several other items. Please keep a copy of the manual at your site. Not just a reference, it should be reviewed regularly.

A number of updates and additions have been made to the 2021 Utah CSFP Distribution Site Training Manual. The complete manual is available at the Utah CSFP website found at utahfoodbank.com/CSFP. Below are the changes found in the 2022 Distribution Site Training Manual.

2. Applications

- 2.1 English
- 2.2 Spanish
- 2.3 Russian
- 2.4 Bosnian

Applications to the program have been updated to reflect current year income guidelines.

6. Marketing Materials

- 6.1 Program brochure

The 2022 program brochure is included which replaces the 2020 brochure. In addition to the current year's income guideline, the brochure has been redesigned.

- 6.4 Impact report

The impact report has been updated to capture current national and local numbers.

9. Policies & Procedures

- 9.1 Policies & Procedures Manual

The following sections of the Policy and Procedures Manual were updated in 2022.

- Section 2.8
Language was updated to allow for multiple ways of communicating with clients that their eligibility is about to expire.
- Section 3.4
Removes requirement that clients and proxies sign for food box.
- Section 5.4
Removes requirement that clients and proxies sign for food box. Simplifies process for proxies to be authorized.
- Section 9.1
Clarified the protected classes of discrimination.
- Section 11.1
Updated to include latest USDA Nondiscrimination Statement.
- Section 13.1
Clarifies that in the event of a fair hearing request, a client shall remain on the program until the hearing is concluded and a decision is reached or the client's certification lapses.

If you have any questions or concerns regarding changes to the Distribution Site Training Manual, please contact Arie Van De Graaff at 801 245-0087 or at avandegraaff@utah.gov.

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Training Manual

1. Distribution Sites Training





Utah CSFP

**FEEDING UTAH'S SENIORS
ONE BOX AT A TIME**

**Distribution Sites
Training**



WHAT IS CSFP?

- Supplemental monthly food box for low income seniors
- Administered in Utah by Utah Department of Health and Utah Food Bank (UFB)
- 100% Federally funded
- Program is governed by Part 7 CFR 247 and Utah CSFP Policy & Procedure manual
- Part 7 CFR 247 is available online
- Utah CSFP Policy & Procedure manual is available from UFB or State office



WHY THE BOX?

1

As we age, eating well can make a difference in our health and how we feel.

2

Healthy foods and beverages can increase our energy levels, improve digestion, and help prevent chronic disease.

3

The CSFP provides a monthly food package tailored for older adults age 60 or above.

4

Help stretch your food dollars and add nutritious foods to your diet for good health.

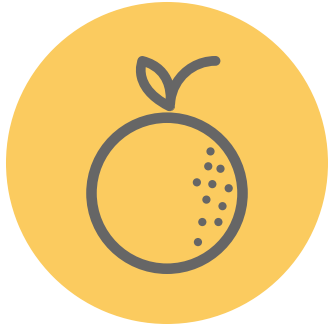
WHAT'S IN THE BOX?

USDA purchased foods from US growers that vary each month.

Box is designed with nutrition in mind. Items reflect USDA nutrition guidelines for fruit, vegetables, dairy, grains and protein.

Items for seniors focus on protein, calcium, iron, vitamins A, C and D and other nutrients that promote health.

FOOD LIST



CANNED FRUITS

unsweetened or
lightly sweetened



VARIETY OF PROTEINS

dry beans, lean meats,
poultry, fish



LOW FAT DAIRY

cheese and shelf
stable milk



CANNED VEGETABLES

low sodium or no salt
added



WHOLE GRAINS

oats, whole grain
noodles and cereals

WHO QUALIFIES?

Eligibility requirements

- Utah resident
- 60+ years old
- 130% of federal income guidelines

Verification requirements

- Proof of identity and residency is required at time of application certification.
 - Proof of ID must show applicant's name, age or date of birth. Examples: state ID, driver's license or birth certificate.
 - Residency examples: utility bill, UT driver's license, or welfare ID card.

Income is self declared and proof is
NOT necessary



INCOME GUIDELINES

Income guidelines are created to measure poverty thresholds.

Guidelines are generally updated in the spring for the current year and sent out by USDA.

For the current, and previous guidelines visit:

<https://www.fns.usda.gov/school-meals/income-eligibility-guidelines>.

APPLICATION

Anyone who is interested in applying for the program must be allowed to do so.

All program participants must submit an application to UFB and be certified before they may receive a box.

Your site will distribute applications and collect them to mail/ email/ fax off to UFB.

Your site can verify identification and residency using the appropriate sections on the application.

- Having your site verify identification and residency helps the applicant so they don't have to mail copies of proof documentation
- While verifying identification and residency double check the application has been completely filled out and that there are signatures for the applicant as well as any proxy.
 - These signatures go on file as the only approved signatures to pick up a box.

DEMOGRAPHIC INFORMATION

Name, address (mailing and physical), contact information, DOB, language, email, sex, and race and ethnicity data.

PROXY INFORMATION

Participant can identify 2 proxies with the authority to pick-up their box.

INCOME VERIFICATION

Self identify total income for the household and how often income is received a month.

CERTIFICATION STATEMENTS

Applicants reads each statement and initials that they understand.

SIGNATURES, PARTICIPANT & PROXY

Read the statement and sign with date. If a signature is not on file with UFB that person does not have the authority to pick-up a box.

CERTIFIER SECTIONS

HOME ADDRESS & IDENTITY VERIFICATION

- If verification is done at your site please check yes and the form of proof that was offered by applicant.

BELOW FOR CERTIFIER USE ONLY

- To be completed by UFB only.

SUBDISTRIBUTION AGENCY USE ONLY

- Only required if your site performs these functions.
- The rights and responsibilities form is now part of the application document. It is required that each participant has a copy, please verify that they do have a copy when you accepted their application. Sign as the distribution official.
- If identification and address were verified by your site sign as the distribution official.

WAIT LIST

- UFB tracks the wait list for the entire state.
- Applicants on the wait list are determined to be qualified for the program, but are not certified.
- The wait list is first come first serve once slots become available.
- UFB will send a letter to the participant notifying them that they have been placed on the wait list, and will send a letter once they are certified.
- All communication from UFB takes place within 10 days of activity.

PREAPPLICATION

- Applicants will only be certified if they meet the eligibility requirements.
- If an applicant meets all eligibility requirements except age and will be turning 60 within 6 months they can submit a preapplication and be approved for the program, but placed on a wait list until their birthday when they will automatically be moved to the certified list and start receiving a box that month.

PARTICIPANT CERTIFICATION

Certification policy

Prior to the issuance of program benefits, trained certifying officials shall verify that each applicant is eligible, determine availability of caseload, make written notifications, and maintain required documentation in accordance with program regulations. See Utah CSFP Policy & Procedure manual (available from either UFB or State office).





HOW MANY BOXES CAN YOU DISTRIBUTE?

Site caseload, or number of available boxes that are available for your area, is assigned by UFB.

Caseload is decided by: requests, demonstrated capabilities, projected CSFP eligible population within service area.

Caseload is assigned by how many boxes your site has each month.

If your site has more people interested than boxes available UFB will start a waiting list for your site. As caseload slots become available they will be opened up to your wait list.



100% CASELOAD

Our monthly goal is 100% of caseload state wide.

Reasons for 100%

- More people fed.
- Streamlines inventory and tracking, ordering and reporting.
- USDA requires 95 -100% to maintain, or increase funding and the number of people we are able to feed. If we come in below 95-100% then funding and caseload are decreased in the following year.

DISTRIBUTION

Boxes can be distributed however works best for your site.

Boxes are prepackaged and ready to distribute.

Floor & fridge space

- 36 boxes come on each pallet
- 36 boxes of individual cheese will be outside the packaged boxes on the pallet and will need to be refrigerated.

Caseload could be determined by how much storage can be accommodated.

SIGNATURE SHEETS

- CSFP is federally regulated and requires a signature for every box that is issued.
- Signatures are very important. Signature collection was set in place to help regulate fraud.
- Since not all participants are able to come for their box in person it is possible for someone other than the certified participant to sign for the box.
- HOWEVER, that person must be on file with UFB prior to signing for a participant's box.
- All approved proxies for a participant are listed with their information on each signature sheet.

SIGNATURE SHEETS

- A list of participants will come when your boxes are delivered.
- Each participant receives 1 box and 1 cheese.
- Have each participant/ proxy sign when they take their box.
- Send completed signature sheets to UFB.
- If any boxes are unclaimed UFB will arrange to pick up them up.
- UFB recycles the boxes, if you collect the boxes UFB will pick them up.

Client #	Name	Signature	Note	Proxy	Proxy
11090	Sally Sample				
3158	Steven Sample				
11578	Susan Sample				
3155	Sven Sample				
3137	Talia Teddy				
3145	Theo Teddy				
13056	Timmy Teddy				

Signature
by person
picking up

Approved
proxy for
signature

SIGNATURE SHEETS



UTAH
FOOD
BANK

Client #: 3928

Name:

Address: 1239 S Glendale Dr Apt

Address2: Glendale Senior Housing

City, State, Zip: Salt Lake City, UT, 84104

Phone:

Signature:

CSFP Delivery Date: 03/20/2017

Complex Proxy: Kennon Cooper/Geraldine Locke

Program Name: Glendale Senior Housing

Shipping Agent: First Floor

Proxy:

Proxy2:

Notes:

Cell Phone:

Date:

Proxy for the individual would be listed here.



UTAH
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BANK

Client #: 3905

Name:

Address: 1239 S Glendale Dr Apt

Address2: Glendale Senior Housing

City, State, Zip: Salt Lake City, UT, 84104

Phone:

Signature:

CSFP Delivery Date: 03/20/2017

Complex Proxy: Kennon Cooper/Geraldine Locke

Program Name: Glendale Senior Housing

Shipping Agent: First Floor

Proxy:

Proxy2:

Notes:

Cell Phone:

Date:

Signature for box should go here.



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BANK

Client #: 3899

Name:

Address: 1239 S Glendale Dr Apt

Address2: Glendale Senior Housing

City, State, Zip: Salt Lake City, UT, 84104

Phone:

Signature:

CSFP Delivery Date: 03/20/2017

Complex Proxy: Kennon Cooper/Geraldine Locke

Program Name: Glendale Senior Housing

Shipping Agent: First Floor

Proxy:

Proxy2:

Notes:

Cell Phone:

Date:



**UTAH
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BANK**

Utah Food Bank
3150 South 900 West
Salt Lake City, UT 84119

AGENCY ORDER

Page: 1

Sold
To: Glendale Senior Housing
801.975.1443
Kennon Cooper Service Coor 801.502.2417
1239 S Glendale Dr
1350 W code *5083
Salt Lake City, UT 84104

Agency Order No: AO-28495
Agency Order Date: 3/16/2017

Ship
To: Glendale Senior Housing
801.975.1443
Kennon Cooper Service Coor
1239 S Glendale Dr
1350 W code *5083
Salt Lake City, UT 84104

Ship Via Nissan Van
Ship Date 3/20/2017
Terms

Agency ID CSFP-0017
P.O. Number
P.O. Date 3/16/2017
SalesPerson

Item No.	Description	Unit	Quantity	Cubic Feet	Unit Price	Total Price	Gross Weight
CSFP 3-17-A	CSFP Box	Case	14				447.1705
CSFP 3-17-A	CSFP Box	Case	15				479.11125
COMP 70402	Bread Run fridge bag	Lbs	29				29
COMP 1507	Eggs-Purchased	Each	29				45.4
CSFPCOMP 100035	CSFP Cheese	Each	29				62.814



**UTAH
FOOD
BANK**

Program: South Lake Villa

Delivery Date: 03/20/2017

CSFP

Name	Address	Home Phone	Cell Phone	Proxy	Proxy2
Sample, Sally	3130 S 200 E Apt 0 Salt Lake City, UT, 84115	8015555555			Susan Sample
Sample, Steven	3130 S 200 E Apt 0 Salt Lake City, UT, 84115	8015555555			Susan Sample
Sample, Sven	3130 S 200 E Apt 0 Salt Lake City, UT, 84115	8015555555			Susan Sample

DELIVERY DOCUMENTS

- Summary of product
- Location drop off
- Poundage
- Participant list



**UTAH
FOOD
BANK**

Order Pallet Summary

Order No.: AO-28495

CSFP-0017

Shipment Date: 3/20/17

Program: Glendale Senior Housing

Address 1239 S Glendale Dr
Salt Lake City, UT 84104

DRY	No. of Pallets	1
FREEZER	No. of Pallets	1
FRIDGE	No. of Pallets	1
Total Pallets		3

Agency Signature Here: _____

Vehicle Number: _____



PARTICIPANT POLICIES

NO SHOW

- Participants who do not pick up their box for 2 consecutive months forfeit their participation on the program.
- Participants are able to reapply for the program, unless they have violated the no show policy 2 times within the same year.

RIGHTS & RESPONSIBILITIES

- Outlines rights & responsibilities of participants to use the program.

SOCIAL SERVICES & FINANCIAL ASSISTANCE REFERRALS

- Other resources available to participants.

NOTICE OF AGENCY ACTION

- Any communication from UFB to participants. Some examples are: certification information, program violations, program updates...
- Participants have the right to appeal all agency action notifications as long as the request is within the specified timeline.
- Communication timelines
 - Application processed with certified/ ineligible/ wait list determination: 10 days after application received by UFB.
 - Change of eligibility during certification period: 15 days before discontinuance.
 - No show violation: 15 days before discontinuance.

CERTIFICATION PERIODS

One six-month interval						Next six-month interval					
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov

- Each participant is certified in 6 months after initial application.
- The month before the certification period ends the participant will receive a RO-BO call to recertify over the phone. Additional paperwork is not required.

SITE VISITS

- Site visits by UFB are required annually, and in some cases biennially.
- Site visits will be scheduled at least 10 days in advance by UFB staff.
- Evaluation will include: food storage and distribution practices, civil rights compliance, and contracts and records.

ANNUAL TRAINING

- Held once a year at UFB in Salt Lake City.
- If your site budget does not allow for travel other arrangements can be made to call in.
- Training generally lasts 1.5- 2 hours.
- Lunch is provided and consists of recipes highlighting the CSFP foods.

CIVIL RIGHTS TRAINING

- All staff involved in CSFP must complete the Civil Rights training EVERY year.
- Exempt staff
 - No contact with participants or applications.
 - Volunteers who do not regularly work with CSFP who don't have contact with participants.
 - Training is offered every year at the annual CSFP Training hosted by UFB in Salt Lake City.

"AND JUSTICE FOR ALL" POSTER

- www.fns.usda.gov/cr/and-justice-all-posters
- Policy for participants whose civil rights have been violated.
- Provided by USDA.



AND JUSTICE FOR ALL

In accordance with Federal law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, disability, and reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.)

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information is available in languages other than English.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or 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:

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

fax:
(202) 890-7442; or

Conforme a las leyes federales y a los derechos civiles, reglamentos y políticas del Departamento de Agricultura de los Estados Unidos (U.S. Department of Agriculture, USDA), se prohíbe a esta institución discriminar por motivo de raza, color, nacionalidad, sexo, edad, discapacidad y reprimir o tomar represalias por actividades realizadas en el pasado relacionadas con los derechos civiles. (No todos los principios de prohibición se aplican a todos los programas).

Las personas discapacitadas que requieran medios alternos para que se les comunique la información de un programa (por ejemplo, braille, letra agrandada, grabación de audio, lenguaje de señas estadounidense, etc.) deberán comunicarse con la agencia estatal o local responsable de administrar el programa o el TARGET Center del USDA al (202) 720-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al (800) 877-8339. La información del programa también está disponible en otros idiomas además del inglés.

Para presentar una queja por alegada discriminación, complete el formulario de quejas por discriminación del programa del USDA, AD-3027, que podrá encontrar en línea en http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf o en cualquier oficina del USDA o escriba una carta dirigida al USDA que incluya toda la información solicitada en el formulario. Para solicitar una copia del formulario de presentación de quejas, comuníquese al (866) 632-9992. Envíe su formulario o carta completos al USDA por

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

REQUIRED POSTINGS

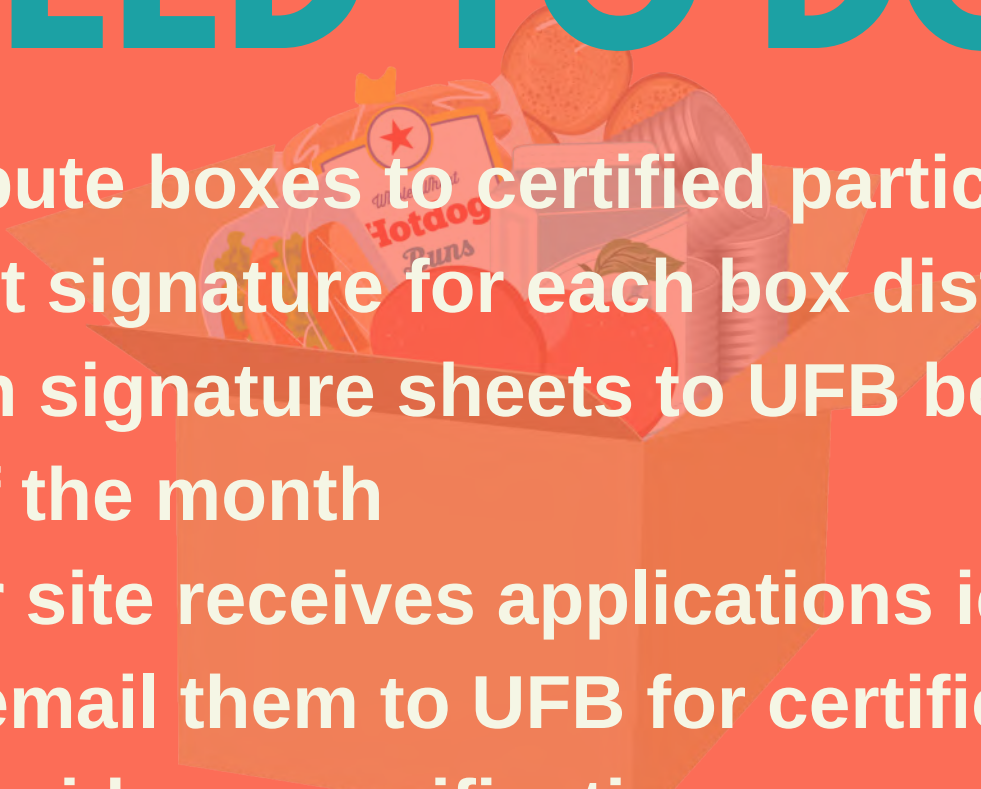
Must be posted in a prominent location where participants can see clearly and read.

- No-show policy
- Appeals procedures policy
- “And Justice for All” poster

All items can be found online
www.utahfoodbank.org/csfp-site-resources

WHAT DO YOU NEED TO DO?

- Distribute boxes to certified participants
- Collect signature for each box distributed
- Return signature sheets to UFB before the end of the month
- If your site receives applications ie: fax/ mail/ email them to UFB for certification
- ID & residency verification



WHAT'S IN IT FOR YOUR SITE?

- Feed more people who are in need
- No administrative paperwork; just collect monthly signatures and send off to UFB for inventory, tracking and crediting
- Adds more poundage to your county
- It's once a month





**THANK YOU
FOR MAKING UTAH
CSFP THE VALUABLE
PROGRAM IT IS TO THE
PARTICIPANTS!**

Applications

1. English
2. Spanish
3. Russian
4. Bosnian
5. Senior Housing Proxy Form
6. Additional Proxy Form





PARTICIPANT APPLICATION

Eligibility Requirements:

☐ Age 60+

☐ Income 130% federal guidelines

Pickup Location:		Date:	
		UFB Received Date:	
TO BE COMPLETED BY APPLICANT — PLEASE PRINT			
Name	Address	Apartment #	
City	State/Zip Code	County	
Home Phone	Cell Phone	Date of Birth / /	
Primary Language	Email	Sex Female <input type="checkbox"/> Male <input type="checkbox"/>	
How did you hear about CSFP? Neighbor/Friend <input type="checkbox"/> SNAP <input type="checkbox"/> Pantry <input type="checkbox"/> Advertisement <input type="checkbox"/> Other <input type="checkbox"/> _____			
HOME ADDRESS VERIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/>		IDENTITY VERIFIED? Yes <input type="checkbox"/> No <input type="checkbox"/> Type _____	
Have you ever been on the Commodity Supplemental Food Program? Yes <input type="checkbox"/> No <input type="checkbox"/>			
PROXY: I authorize the following individuals to pick-up my commodities in the event that I am unable to:		Mailing Address (ONLY IF DIFFERENT FROM RESIDENCE)	
Name: _____	Name: _____	Address: _____ City: _____ Zip: _____	
Relationship: _____	Relationship: _____		
Phone: _____	Phone: _____		
Proxy One Signature:	Date:		
Proxy Two Signature:	Date:		
Race and Ethnic Data This information is for record keeping purposes only. It does not affect your eligibility. Are you Hispanic or Latino? Yes <input type="checkbox"/> No <input type="checkbox"/> What is your race? Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/>			

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

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA.

The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

This institution is an equal opportunity provider.

Income Verification

Seniors (aged 60 years or older) are income-eligible for CSFP if their gross income is at or below 130% of federal poverty thresholds.

Monthly Income

Household Member	Wages	Soc Sec Income/ Retirement/Pension	Public Assistance	Self Employment	Unemployment	Other
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
Number of people living in house:			Total income from all sources: \$.00			

Certification Statements

Both statements must be *read to* or *read by* the applicant:

1. 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 both CSFP and WIC benefits simultaneously, and I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am also 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.

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

1. Yes ☐ No ☐ Initials _____

2. 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 assistance programs and for program outreach purposes.

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

2. Yes ☐ No ☐ Initials _____

As the applicant, or proxy for the applicant, I understand the Rights and Responsibilities of the Commodity Supplemental Food Program and agree. I have received the No Show policy and understand that I need to make arrangements to pick-up my box each month, or make arrangements with the Utah Food Bank. I also understand that certification periods are in 6 month increments, or as otherwise stipulated by the Utah Food Bank, and that I will need to recertify for the program every 6 months when I receive a letter in the mail.

Signature of Applicant or Legal Guardian	Date
--	------

Mail completed application to Utah Food Bank

Utah Food Bank
ATTN: CSFP
3150 South 900 West
Salt Lake City, UT 84119

If you have further questions about the application, please call Utah Food Bank at: 801-887-1275 or visit our website at utahfoodbank.org/csfp/.

BELOW FOR CERTIFIER USE ONLY																					
<p style="text-align: center;"><i>Persons 60 Years and Older</i></p> <p style="text-align: center;">130% of the Federal Poverty Income Guidelines – valid February 2022 until further notice</p>	<p>Referral issued to participant?</p> <p>Yes <input checked="" type="checkbox"/> Web download</p> <p>No Show policy issued to participant?</p> <p>Yes <input checked="" type="checkbox"/> Web download</p> <p>Written information provided (check all given)</p> <p><input type="checkbox"/> Health and Social Services Referral</p> <p><input type="checkbox"/> Nutrition</p> <p><input type="checkbox"/> 2-1-1</p> <p><input type="checkbox"/> SNAP (Food Stamps) (Spanish or English)</p> <p><input type="checkbox"/> Utah Helps (Spanish or English)</p>																				
<p>Maximum income for a household of _____ is: \$_____.00</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Persons in Family or Household Size</th> <th style="text-align: center;">Monthly</th> </tr> </thead> <tbody> <tr><td style="text-align: center;">1</td><td style="text-align: right;">\$1,473</td></tr> <tr><td style="text-align: center;">2</td><td style="text-align: right;">\$1,984</td></tr> <tr><td style="text-align: center;">3</td><td style="text-align: right;">\$2,495</td></tr> <tr><td style="text-align: center;">4</td><td style="text-align: right;">\$3,007</td></tr> <tr><td style="text-align: center;">5</td><td style="text-align: right;">\$3,518</td></tr> <tr><td style="text-align: center;">6</td><td style="text-align: right;">\$4,029</td></tr> <tr><td style="text-align: center;">7</td><td style="text-align: right;">\$4,541</td></tr> <tr><td style="text-align: center;">8</td><td style="text-align: right;">\$5,052</td></tr> <tr><td colspan="2" style="text-align: center;">Each additional member add \$512</td></tr> </tbody> </table>	Persons in Family or Household Size	Monthly	1	\$1,473	2	\$1,984	3	\$2,495	4	\$3,007	5	\$3,518	6	\$4,029	7	\$4,541	8	\$5,052	Each additional member add \$512	
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<p><input type="checkbox"/> Approved <input type="checkbox"/> Wait list <input type="checkbox"/> Pre Application</p> <p>Certification period: _____ to: _____</p> <p>by: _____ Date: _____</p> <p>_____ Signature/Title of Certifier Print Name:</p>	<p><input type="checkbox"/> Not Eligible due to:</p> <p>by: _____ Date: _____</p> <p>_____ Signature/Title of Certifier Print Name:</p>																				

Mail completed application to Utah Food Bank 3150 South 900 West, Salt Lake City, UT 84119



Thank you for your interest in the Commodity Supplemental Food Program (CSFP). Please fill out the following application and checklist. Please mail completed applications to the Utah Food Bank for quicker processing. If you cannot mail the application please contact Utah Food Bank at (801) 887-1275.

- ☐ Print all pages and fill out all the participant information on pages 1- 4.
- ☐ Photocopy or take a photo on a phone of your ID (driver's license or ID card) & address verification (ID card, or utility bill) if mailing, otherwise bring originals for visual verification when you drop off your application.
- ☐ Keep and read: Applicant's Rights & Responsibilities, No-Show Policy, and Social Services Referrals.
- ☐ Mail application pages 1-4 to Utah Food Bank.

Thank you for submitting your CSFP application. You will be receiving a letter from Utah Food Bank to update you on your application status. If you have any questions about the application or process please call (801) 887-1275.

APPLICANT'S RIGHTS & RESPONSIBILITIES

Failure to comply with the rules below may result in disqualification from participation in the Commodity Supplemental Food Program (CSFP).

Rights

1. Standards for participation in the Program are the same for everyone regardless of race, color, sex, national origin, age or disability.
2. You may appeal any decision made by the local agency regarding your denial or termination from the Program. You have a right to a fair hearing.
3. The local agency will provide notification of a decision to deny or terminate CSFP benefits. The local agency will also provide notice of the individual's right to appeal this decision by requesting a fair hearing.
4. The local agency will make nutrition education available to all adult participants, and to parents or caretakers of infants and child participants, and will encourage them to participate.
5. The local agency will provide information on other nutrition, health or assistance programs, and make referrals as appropriate.
6. Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against the individual to recover the value of the benefits, and may lead to disqualification from CSFP.
7. Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

Responsibilities

1. Do not make false statements orally or in writing in order to obtain benefits to which you or your household would not otherwise be eligible.
2. Do not conceal information in order to obtain benefits for which you are not eligible.
3. Do not alter Program documents for the purpose of receiving increased benefits for which you are not eligible or for the purpose of transferring benefits to unauthorized individuals.
4. Do not use supplemental foods in an unauthorized manner, such as trading or selling the foods.
5. Do not commit dual participation in CSFP (local and/or states).

Ineligibility

I have been advised in writing that I am ineligible to participate in the Commodity Supplemental Food Program and have the right to a fair hearing. I am ineligible to participate based on the following criteria: Income/Home Address/Category.

Right of Appeal/Fair Hearing

If you are dissatisfied with any action or failure to act with regard to your application for the Commodity Supplemental Food Program, or with regard to the food benefits you are now receiving, or because such benefits have been cancelled, you have the right to appeal. (A fair hearing need not be granted, however, when either State or Federal law requires automatic grant adjustments). You may appeal in writing or orally to the local office of the Utah Department of Health, Commodity Supplemental Food Program, P.O. Box 141013, Salt Lake City, UT 84114, 801-273-2915 within 30 calendar days of the date of this notice.

At the fair hearing, your case may be presented by yourself, a household member or representative, such as legal counsel, a relative, a friend or other spokesperson you choose. A fair hearing will be conducted by an impartial official who will render a decision regarding your case. However, there are not provisions whereby the Department can pay the attorney's fee.

If you request a fair hearing because of a reduction of termination of your benefits within 15 calendar days from this notice, your benefits will be continued at the present level at least until the time of the hearing.

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

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

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

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

This institution is an equal opportunity provider.

Utah Department of Health Contact:

Arie Van De Graaff
Program Coordinator
Phone: 801-245-0087

Utah Food Bank Contact:

Denise Nielson
Outreach Coordinator
Phone: 801-887-1275

NO-SHOW POLICY

As part of the Commodity Supplemental Food Program (CSFP) food packages should be collected from the designated locations every month. Each participant shall be given the time and location of their monthly pick-up. If a participant fails to pick-up their box in a month the participant shall be considered a “no-show.” Violation of the “no-show” policy shall result in forfeiture of CSFP benefits.

The CSFP No-Show policy is as follows:

1. Participant’s failure to pick-up food packages for two (2) consecutive months will be removed from enrollment in CSFP.
2. Participants in hospital, out of town, or unable to pick-up the food package due to illness for two (2) consecutive months may remain on the program and will not be removed, as long as they contact the Utah Food Bank, (801)887-1275.
3. Participants who are removed from the program for violation of the “no-show” policy are allowed to re-apply for benefits unless they have violated the “no-show” policy twice previously. If a wait list exists, participants re-applying after violating the “no-show” policy must be treated as if they were applying for the first time, and must be placed on the wait list in the order in which they contacted the Utah Food Bank.
4. Participants who violate the “no-show” policy a third time within a twelve (12) month period must be disqualified from CSFP for a period of up to one year, unless the local agency determines that disqualification would result in a serious health risk.
5. Participants in violation of the “no-show” policy have a right to request a fair hearing by contacting their local CSFP agent at (801) 273-2915. Participants have thirty days (30) from the date of written notice to request a fair hearing.



ADDITIONAL SOCIAL SERVICES

2-1-1	2-1-1
Services: Provides health and human services information and referral to all people of all ages such as housing, food transportation, legal, mental health, addiction, medical, dental, and vision. https://211utah.org	
Adult Protective Services	801-538-3567
Services: Investigation into alleged abuse, neglect, or exploitation of vulnerable adults over the age of 18. Hotline:	
	800-371-7897
Aging and Adult Services Division.....	877-424-4640
Services: Provides home and community-based services of older persons to allow people to remain independent.	
Circuit Breaker Homeowner Abatement	Contact your local county
Services: Provides tax credit for homeowners and mobile homeowners who meet certain income and resident qualifications.	
Circuit Breaker Renters Rebate	801-297-6254
Services: Provides a refund check towards rent for eligible citizens and legal aliens 65+.	
Meals on Wheels	Contact your local Area Agency on Aging
Services: Home delivered meals to homebound seniors age 60+ that lack other meal preparation resources. Provided through your local Area Agencies on Aging and senior center.	
Medicaid	800-662-9651
Services: Medical expenses for eligible limited income households. www.medicaid.gov	
Medicare	800-MEDICARE (633-4227)
Services: Health insurance to persons 65+. www.medicare.gov	
Senior Farmers Market Nutrition Program.....	801-453-3663
Services: \$50 voucher for fresh produce at participating farmers markets. SFMNPUtah.com	
State Utility Assistance Programs	
HEAT	866-205-4357
Services: Provides winter home heating assistance and year-round crisis intervention for eligible low-income households	
Weatherization Program	Visit jobs.utah.gov/housing/scso/wap/how.html for contact info
Services: Help to weatherize homes and to provide emergency repair or replacement of furnaces and air conditioning units.	
UTAP/Lifeline	800-234-9473
Services: Discounts on either landline phone services or internet services.	
Supplemental Nutrition Program (SNAP)	866-435-7414
Services: "Food stamps" for purchasing food or food products with nutritional value. http://jobs.utah.gov/customereducation/services/foodstamps/	
Supplemental Security Income (SSI)	800-772-1213
Services: Monthly benefits for those who are 65+ or who meet other eligibility criteria.	



Formulario de Aplicación del Participante

Requisitos de elegibilidad:

☐ 60+ años

☐ Ingresos 130% pautas federales

Sitio de recolecta: (Pickup Location)		Fecha (Date): UFB Received Date:	
CONTESTADO POR EL APLICANTE — ESCRIBIR CLARAMENTE			
Nombre (Name)		Dirección (Address)	
Ciudad (City)		Departamento # (Apartment #)	
Estado/Código Postal (State/ Zip Code)		Condado (County)	
Teléfono (Phone)		Fecha de Nacimiento (Birthdate) / /	
Idioma Primario		Teléfono Celular (Cell Phone)	
Correro electronic (Email)		Sexo Femenino <input type="checkbox"/> Masculino <input type="checkbox"/>	
¿Cómo se enteró acerca de CSFP? Vecino/amigo <input type="checkbox"/> SNAP <input type="checkbox"/> dispensa <input type="checkbox"/> Anuncio <input type="checkbox"/> Otro <input type="checkbox"/> _____			
¿Dirección de residencia verificada? (Home address verified?)		Sí <input type="checkbox"/> No <input type="checkbox"/>	
¿Identidad verificada? (Tipo _____) (Identity verified? Type)		Sí <input type="checkbox"/> No <input type="checkbox"/>	
¿Ha estado antes en El Programa de Mercancía Suplementaria (CSFP)? (Have you ever been on CSFP?)			Sí <input type="checkbox"/> No <input type="checkbox"/>
APODERADO: Yo autorizo a los sig. individuos para recoger comida en mi nombre en caso de que yo no pueda (I authorize the following individuals to pick-up my commodities in the event that I am unable to):		Dirección postal Si es diferente de la residencia (Mailing address): Address: _____ City: _____ Zip: _____	
Nombre (Name): _____		Nombre (Name): _____	
Relación (Relation): _____		Relación (Relation): _____	
Teléfono (Phone): _____		Teléfono (Phone): _____	
Firma del Apoderado (Proxy Signature)		Fecha	
Firma del Apoderado (Proxy Signature)		Fecha	
Datos de Raza y Etnicidad (Race & ethnic data) Esta información es exclusivamente para nuestros récords. No afecta su elegibilidad. ¿Es usted Hispano o Latino? Sí <input type="checkbox"/> No <input type="checkbox"/> (Are you Hispanic or Latino?) ¿Cuál es su raza? (What is your race?) Asiático (Asian) <input type="checkbox"/> Blanco (White) <input type="checkbox"/> Negro o Africanoamericano (Black or African American) <input type="checkbox"/> Indio Americano o Nativo de Alaska <input type="checkbox"/> Nativo Hawaiano o de las Islas del Pacífico <input type="checkbox"/> (American Indian or Alaskan Native) (Native Hawaiian of Pacific Islander)			

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

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

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/usdaprogram-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

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

El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

Verificación de Ingresos

Personas mayores (de 60 años o más) califican para la caja de comida CSFP si sus ingresos en bruto están por debajo del 130% de los estándares de pobreza federalmente establecidos. (*Seniors (aged 60 years or older) are income-eligible for CSFP if their gross income is at or below 130% of federal poverty thresholds.*)

Miembro Familiar (Household Member)	Ingresos (Wages)	Ingresos de Soc Sec/ Jubilación/Pen sión (Soc Sec Income/ Retirement/ Pension)	Asistencia Pública (Public Assistance)	Trabajo por Cuenta Propia (Self Employment)	Desempleo (Unemployment)	Otro (Other)
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
Número de personas viviendo en el hogar (Number of people living in house):			El total de ingresos de todas las Fuentes (Total income from all sources) :			
			\$.00			

Declaraciones sobre la Certificación

Los aplicantes deben leer ambas declaraciones:

1. Esta aplicación está siendo contestada en conexión con el recibo de ayuda Federal. Los encargados del programa pueden verificar la información en éste formulario. Entiendo que representación falsa proveída intencionalmente podría significar enjuiciamiento bajo leyes estatales y federales aplicables. También entiendo que la información proveída podría ser compartida con otras organizaciones para detectar y prevenir doble participación. Se me ha informado de mis derechos y obligaciones bajo el programa. Certifico que la información que he proveído para determinar mi elegibilidad es correcta a lo mejor de mi conocimiento.

Por favor indique su decisión marcando con un ✓ la caja correspondiente.

1. Sí ☐ No ☐ Iniciales _____

2. Yo autorizo la divulgación de la información proveída en ésta aplicación a otras organizaciones que administran programas de asistencia para utilizar en la determinación de mi elegibilidad para participación en otros programas de asistencia.

Por favor indique su decisión marcando con un ✓ la caja correspondiente.

2. Sí ☐ No ☐ Iniciales _____

Como aplicante, o apoderado del aplicante, entiendo los Derechos y Responsabilidades de El Programa de Mercancía Suplementaria (CSFP) y estoy de acuerdo.

Firma del Apicante (Applicant Signature)	Fecha
--	-------

Envíe por correo de Utah Food Bank

Utah Food Bank
ATTN: CSFP
3150 South 900 West
Salt Lake City, UT 84119

Si tiene preguntas acerca de la aplicación del participante o proceso por favor llame al (801) 887-1275 o visite nuestro sitio web en utahfoodbank.org/csfp/.

BELOW FOR CERTIFIER USE ONLY																											
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<p style="text-align: center;">Entrega a Domicilio (<i>Home delivery</i>) <input type="checkbox"/></p> <p>Se le notificó por: <input type="checkbox"/> Teléfono <input type="checkbox"/> En persona <input type="checkbox"/> Por correo</p> <p style="font-size: small;">(<i>Client notified by Phone In person Mail</i>)</p> <p><input type="checkbox"/> No Calificó porque(<i>Not eligible due to</i>):</p> <p>por: _____ Fecha: _____</p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p style="font-size: small;">Firma/Título del Certificador (<i>Signature/ title of Certifier</i>)</p> <p>Escriba el Nombre (<i>Print</i>):</p>																											

Envíe por correo la solicitud completa a Utah Food Bank 3150 South 900 West, Salt Lake City, UT 84119



Gracias por su interés en el programa de Commodity Supplemental Food (CSFP). Por favor llene la siguiente solicitud y lista de verificación. Envíe por correo las aplicaciones completas al Utah Food Bank.

- ☐ Imprimir todas las páginas y llene toda la información en las páginas 1 - 4.
- ☐ Envíe una fotocopia de su identificación (licencia de conducir o tarjeta de identificación) y verificación de dirección (tarjeta de identificación o factura de servicios públicos)
- ☐ Guardar y leer los siguientes documentos: Derechos y Responsabilidades del Aplicante, "La Política de no Aparece" y "Servicios Sociales y Referencias de Asistencia Financiero".
- ☐ Envíe por correo las páginas 1-4 de aplicación al Utah Food Bank:

Utah Food Bank
 3150 South 900 West
 Salt Lake City, UT 84119
 801-887-1275

Gracias por enviar su solicitud de CSFP. Usted recibirá una carta del Utah Food Bank para informarle sobre el estado de la aplicación. Si tiene preguntas acerca de la aplicación del participante o proceso por favor llame al (801) 887-1275.



DERECHOS Y RESPONSABILIDADES DEL APLICANTE

El no cumplir establecidas, podría resultar en descalificación de la participación en El Programa de comida Suplementaria (CSFP).

Derechos

1. Las reglas para la participación en el programa son los mismos para todos sin importar raza, color sexo, origen, nacionalidad, edad o discapacidad.
2. Usted puede apelar cualquier decisión tomada por su agencia local concerniente a la negación o la terminación del programa. Tiene derecho a una audiencia justa.
3. Su agencia local le vá a proveer notificación de la decisión de negación o terminación de sus beneficios de CSFP. Y de los derechos que cualquier individuo tiene de apelar esa decisión solicitando una audiencia justa.
4. Su agencia local vá a proveer educación de nutrición disponible para todos los adultos participantes y vá a motivar su participación.
5. Su agencia local vá a proveer otra información de programas de nutrición, salud y programas de asistencia y hacer referidos apropiados.
6. El mal uso de los beneficios CSFP como resultado de doble participación u otras violaciones del programa podrían conducir a quejas en contra del individuo para recobrar el valor de dichos beneficios, y podría conducir a la descalificación de programa CSFP.
7. Los participantes deben reportar cambios de ingresos del hogar o número de personas en la familia dentro de 10 días después de que sucedan dichos cambios.

Responsabilidades

1. No haga declaraciones falsas oralmente o por escrito para lograr recibir beneficios para los que usted o su familia no calificarían de otro modo.
2. No se guarde información para lograr recibir beneficios para los que no califica.
3. No altere documentos del programa con el propósito de recibir más beneficios para los que usted no califica o con el propósito de transferir beneficios a individuos no autorizados.
4. No utilice alimentos suplementales de forma no autorizada, como intercambiando o vendiendo la comida.
5. No cometa participación doble en CSFP (local y/o estatal).

Inelegibilidad

Se me ha notificado por escrito que no soy elegible para participar en el programa de la Caja de Comida Suplemental y tengo derecho a una audiencia justa. No soy elegible a participar basado en los siguientes criterios: Ingresos/Domicilio/Categoría.

Derecho a Apelar/Audiencia Justa

Si usted no está de acuerdo con cualquier acción o fallo a actuar sobre su aplicación para El Programa de Mercancía Suplementaria (CSFP), o sobre los beneficios de comida que ahora está recibiendo, o porque tales beneficios han sido cancelados, usted tiene el derecho de apelar. (Sin embargo, una audiencia justa no tiene que ser proveída, cuando ya sea una ley Estatal o Federal require que se hagan

ajustes de subvenciones). Usted puede apelar por escrito o en persona a la oficina local de el Departamento de Salud de Utah, El Programa de Mercancía Suplementaria (CSFP), P.O. Box 141013, Salt Lake City, UT 84114, 801-273-2915 dentro de 30 días de calendario después de ésta notificación.

En la audiencia justa, su caso podría ser representado por usted mismo, o algún miembro de su familia o representante, como algún representante legal, algún familiar, un amigo u algún otro portavoz que usted elija. Una audiencia justa sera conducida por un oficial imparcial quien entregará una decision referente a su caso. Sin embargo, no hay provisiones que estipulen que el Departamento pueda pagar costos de abogados.

Si usted solicita una audiencia justa debido a reducción de terminación de sus beneficios 15 días después de recibir ésta notificación, sus beneficios continuarán al nivel actual por lo menos hasta la fecha de la audiencia.

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

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

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/usdaprogram-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

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

Esta entidad es un proveedor que brinda igualdad de oportunidades.

Contacto con el Departamento de
Salud de Utah:

Arie Van De Graaff
Coordinadora del Programa
Número de Teléfono: 801-245-0087

Contacto con el Banco de Comida de
Utah:

Denise Nielson
Coordinadora de Divulgación
Número de Teléfono: 801-887-1275



LA POLÍTICA de NO APARECE

Como parte del Programa Suplementario de Productos Básicos (CSFP) las cajas de comida deben ser obtenidas de los lugares designados cada mes. A cada participante se le dará la hora y el lugar de recolección. Recuerde que el no recolectar su caja es una violación de la política del programa y esto traerá como consecuencia la pérdida de los beneficios de la CSFP.

La política de CSFP de no presentarse a recolectar su caja es la siguiente:

1. Si el participante no recolecta su caja por dos meses consecutivos será removido del programa.
2. Los participantes que puedan recoger su caja de alimentos por dos meses consecutivos debido a que estén enfermos, hospitalizados, o estén fuera de la ciudad, pueden permanecer en el programa y no será removidos, siempre y cuando se contacten con el Banco de Alimentos de Utah, (801) 887-1275.
3. Los participantes que se retiran del programa debido a ser sancionados por la política de no presentarse a recolectar su caja, se les permite volver a solicitar los beneficios siempre y cuando no haiga sido 2 sanciones consecutivas. En caso de que exista una lista de espera, si usted ha sido sancionado usted será tratado como solicitante primerizo, y será colocado en la lista de espera en el orden en que entro en contacto con el Banco de Alimentos de Utah.
4. Los participantes que violen la política no presentarse a recolectar su caja por tercera vez dentro de un período de doce (12) meses debe ser descalificado de la CSFP por un período de hasta un año, a menos que la agencia local determina que la descalificación daría lugar a una grave para la salud riesgo.
5. Los participantes que sean sancionados por no recolectar su caja tienen derecho a solicitar una audiencia imparcial comunicándose con su agente local de la CSFP al (801) 273-2915. Los participantes dispondrán de treinta días (30) a partir de la fecha de la notificación por escrito para solicitar una audiencia imparcial.

ADICIONAL SERVICIOS SOCIALES

2-1-1	2-1-1
Servicios: Proporciona información sobre salud y servicios humanos y referencias a todas las personas de todas las edades. Como vivienda, transporte de alimentos, legal, salud mental, adicción, médica, dental y de la vista. https://211utah.org	
Servicios de protección para adultos	801-538-3567
Servicios: Investigación sobre supuesto abuso , negligencia o explotación de adultos vulnerables mayores de 18. Línea directa	
	800-371-7897
División de servicios para adultos mayores	877-424-4640
Servicios: Brinda servicios basados en el hogar y en la comunidad de personas mayores para permitir que las personas permanecer independiente.	
Programa “Circuit Breaker Homeowner Abatement”	Contacte a su condado local
Servicios: Proporciona crédito fiscal para propietarios de viviendas y propietarios de casas móviles que cumplen con ciertos ingresos y calificaciones.	
Programa “Circuit Breaker” para renteros	801-297-6254
Servicios: Ofrece un cheque de reembolso para el alquiler o renta de ciudadanos elegibles y residentes legales mayores de 65 años.	
Comidas a domicilio “meals on wheels”	Contacte a su condado local
Servicios: comidas a domicilio para personas mayores en el hogar mayores de 60 años que carecen de otros recursos de preparación de comidas. Proporcionado a través de sus agencias locales de área para personas mayores y de la tercera edad.	
Medicaid	800-662-9651
Servicios: Los gastos médicos para las familias de ingresos limitados que cumplen con la elegibilidad. www.medicaid.gov	
Medicare	800-MEDICARE (633-4227)
Servicios: El seguro de salud para personas mayores de 65 años. www.medicare.gov	
Programa de nutrición del mercado de agricultores para personas de la tercera edad	
Servicios: vale de 50 dólares para productos frescos en los mercados agrícolas participantes. SFMNP Utah.com	
	801-453-3663
Programas estatales de asistencia de servicios públicos	
Programa “HEAT”	866-205-4357
Servicios: Brinda asistencia para calefacción de invierno e intervención de crisis durante todo el año para hogares elegibles de bajos ingresos.	
Programa de climatización	Visite jobs.utah.gov/housing/scso/wap/how.html
Servicios: Ayuda a climatizar hogares y proporcionar reparación de emergencia o reemplazo de hornos y unidades de aire acondicionado.	
UTAP / Lifeline	800-234-9473
Servicios: Descuentos en servicios de telefonía fija o servicios de Internet.	
Programa de nutrición suplementaria (SNAP)	866-435-7414
Servicios: Cupones para la compra de alimentos o productos alimenticios con valor nutricional. http://jobs.utah.gov/customereducation/services/foodstamps/	
Ingreso suplementarios al Seguro Social (SSI)	800-772-1213
Servicios: beneficios mensuales para personas mayores de 65 años o que cumplan con otros criterios de elegibilidad.	

Местная организация: Utah Food Bank		Место доставки:	Дата:
ДЛЯ ЗАПОЛНЕНИЯ ЗАЯВИТЕЛЕМ — ПИШИТЕ РАЗБОРЧИВО			
Ф. И. О.		Адрес	
Город	Штат, почтовый индекс	Округ	
Домашний телефон	Мобильный телефон	Дата рождения / /	
Родной язык	Электронная почта	Пол Женский <input type="checkbox"/> Мужской <input type="checkbox"/>	
Откуда Вы узнали о программе?			
ДОМАШНИЙ АДРЕС ПРОВЕРЕН? Да <input type="checkbox"/> Нет <input type="checkbox"/>		ЛИЧНОСТЬ УСТАНОВЛЕНА? Да <input type="checkbox"/> Нет <input type="checkbox"/> Тип _____	
Вы когда-либо участвовали в программе дополнительной продовольственной помощи Commodity Supplemental Food Program? Да <input type="checkbox"/> Нет <input type="checkbox"/>			
ПРЕДСТАВИТЕЛЬ: я даю нижеуказанным лицам разрешение забирать мои продовольственные товары в случае моей неспособности: Ф. И. О.: _____ Ф. И. О.: _____ Кем приходится: _____ Кем приходится: _____ Телефон: _____ Телефон: _____		Почтовый адрес (ЕСЛИ НЕ СОВПАДАЕТ С АДРЕСОМ ПРОЖИВАНИЯ)	
		Адрес: _____	
		Город: _____	
		Почтовый индекс: _____	
ДЛЯ ПРЕДСТАВИТЕЛЕЙ: ПОСТАВЬТЕ ПОДПИСЬ НА СТРАНИЦЕ 3			
Сведения о расовой и этнической принадлежности Сведения предназначены для учета и не влияют на возможность участия в программе. Вы латиноамериканец? Да <input type="checkbox"/> Нет <input type="checkbox"/> Какова Ваша расовая принадлежность? Азиат <input type="checkbox"/> Белый <input type="checkbox"/> Черный или афро-американец <input type="checkbox"/> Американский индеец или уроженец Аляски <input type="checkbox"/> Уроженец Гавайских островов или островов Тихого океана <input type="checkbox"/>			
В соответствии с федеральным законодательством о гражданских правах, а также нормативными актами и правилами Департамента сельского хозяйства США (далее «Департамент») о гражданских правах, Департамент, его организации, отделения, службы и сотрудники, а также учреждения, проводящие программы Департамента или участвующие в них, обязаны не допускать дискриминации по признаку расы, цвета кожи, национального происхождения, пола, ограниченных возможностей, возраста, ответных действий или мести за прошлую деятельность, связанную с гражданскими правами, в любых программах или деятельности, проводимой или финансируемой Департаментом.			

Лицам с ограниченными возможностями, нуждающимся в альтернативных средствах сообщения для получения сведений о программе (например, шрифт Брайля, крупный шрифт, аудиокассета, американский язык жестов и т. п.), следует обращаться в местную организацию (по штату или территориальной единице), куда они подавали заявку на получение льгот. Лица с нарушениями слуха и речи могут обращаться в Департамент через Федеральную службу коммутируемых сообщений по телефону (800) 877-8339. Сведения о программе также распространяются на других языках.

Для подачи жалобы на дискриминацию заполните [бланк жалобы на дискриминацию в программах Департамента сельского хозяйства США](#) (форма № AD-3027) в Интернете по адресу: http://www.ascr.usda.gov/complaint_filing_cust.html или в отделении Департамента либо отправьте в Департамент письмо с указанием всех запрашиваемых в форме сведений. Для получения бланка звоните по телефону (866) 632-9992. Заполненная форма или письмо подается в Департамент сельского хозяйства США:

- 1) По почте на адрес: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- 2) По факсу: (202) 690-7442
- 3) По электронной почте: program.intake@usda.gov.

Учреждение предоставляет равные возможности.

Проверка дохода

Лица пожилого возраста (от 60 лет и старше) соответствуют доходному критерию участия в программе дополнительной продовольственной помощи CSFP, если общий доход составляет не более 130 % федерального уровня бедности.

Месячный доход рассчитывается по формуле: ☐ Недельный доход (x) 4,3 ☐ Доход за половину месяца (2 раза в месяц) (x) 2 ☐ Доход за две недели (x) 2,15 ☐ Месячный доход (1 раз в месяц)

Член семьи	Зараб. плата	Соц. обеспечение, пособие, пенсия	Социал. помощь	Индив. труд. дея-ть	Пособие по безработице	Другое
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
Общий доход из всех источников: ,00 \$			Кол-во членов семьи:			

Заявления о проверке

Оба заявления должны быть прочитаны *заявителю* или *заявителем*.

1. Заявление подается в связи с получением федеральной помощи. Администрация программы вправе проверить достоверность изложенных в форме сведений. Мне известно, что намеренное искажение фактов может привести к преследованию меня по действующим законам штата и государства. Кроме того, мне известно, что я не могу одновременно участвовать в программе CSFP и программе WIC, а также не могу

получать льготы по программе CSFP в нескольких отделениях одновременно. Мне известно, что предоставленные мною сведения могут быть переданы в другие организации в целях выявления и предотвращения двойного участия. Мне были объяснены мои права и обязанности по участию в программе. Я удостоверяю, что предоставленные мною для проверки сведения являются, насколько мне известно, верными.

Отметьте принятое решение галочкой.

1. Да ☐ Нет ☐ Инициалы _____

2. Я разрешаю выдачу предоставленных в настоящей форме сведений в другие организации, проводящие программы помощи, с целью проверки соответствия критериям участия в других программах помощи и уведомления о программах.

Отметьте принятое решение галочкой.

2. Да ☐ Нет ☐ Инициалы _____

Я, заявитель или представитель заявителя, понимаю и принимаю права и обязанности участников программы дополнительной продовольственной помощи. Мне были выданы правила о неявке, и я понимаю, что мне необходимо забирать продовольствие каждый месяц или договориться соответственно с Банком продовольствия штата Юта. Кроме того, я понимаю, что проверка проводится каждые 6 месяцев или через иной срок, предусмотренный Банком продовольствия штата Юта, и что для участия в программе мне необходимо ее проходить каждые 6 месяцев после получения уведомления по почте. Подпись заявителя (официального опекуна)	Дата
Подпись представителя	Дата
Подпись представителя	Дата

Отправьте страницы 1—4 в Банк продовольствия штата Юта.

Utah Food Bank (Банк продовольствия штата Юта)

3150 South 900 West

Salt Lake City, UT 84119

801-887-1275

По всем вопросам о подаче заявления и участии в программе звоните по телефону (801) 887-1275.

ДЛЯ ЗАПОЛНЕНИЯ ВТОРИЧНОЙ РАСПРЕДЕЛИТЕЛЬНОЙ ОРГАНИЗАЦИЕЙ	
Экземпляр «Прав и обязанностей заявителя» предоставлен заявителю при подаче первого заявления.	Администратор _____
Личность и адрес проверены.	Администратор _____

ДЛЯ ЗАПОЛНЕНИЯ ИНСПЕКТОРОМ																			
<p>Лица от 60 лет и старше 130 % федерального уровня помощи — действительно по февраль 2022 г. впредь до дальнейшего указания</p>																			
<p>Максимальный доход на семью из _____ составляет: _____,00 \$</p>	<p>Членов семьи</p> <table border="1"> <thead> <tr> <th>Размер</th> <th>Ежемесячно</th> </tr> </thead> <tbody> <tr><td>1.....</td><td>1,473\$</td></tr> <tr><td>2.....</td><td>1,984\$</td></tr> <tr><td>3.....</td><td>2,495\$</td></tr> <tr><td>4.....</td><td>3,007\$</td></tr> <tr><td>5.....</td><td>3,518\$</td></tr> <tr><td>6.....</td><td>4,029\$</td></tr> <tr><td>7.....</td><td>4,541\$</td></tr> <tr><td>8.....</td><td>5,052\$</td></tr> </tbody> </table> <p>На каждого следующего члена добавить 492 \$</p>	Размер	Ежемесячно	1.....	1,473\$	2.....	1,984\$	3.....	2,495\$	4.....	3,007\$	5.....	3,518\$	6.....	4,029\$	7.....	4,541\$	8.....	5,052\$
Размер	Ежемесячно																		
1.....	1,473\$																		
2.....	1,984\$																		
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4.....	3,007\$																		
5.....	3,518\$																		
6.....	4,029\$																		
7.....	4,541\$																		
8.....	5,052\$																		
<p>Направление выдано участнику? Да <input checked="" type="checkbox"/> Веб-загрузка</p> <p>Правила о неявке выданы участнику? Да <input checked="" type="checkbox"/> Веб-загрузка</p> <p>Выдана информация в письменной форме (отметьте все применимое)</p> <p><input type="checkbox"/> Направление за мед. и соц. помощью <input type="checkbox"/> Питание <input type="checkbox"/> 2-1-1 <input type="checkbox"/> SNAP (прод. талоны) (исп. или англ. яз.) <input type="checkbox"/> Форма Utah Helps (исп. или англ. яз.)</p>	<p>Самовывоз <input type="checkbox"/></p> <p>Доставка на дом <input type="checkbox"/></p>																		
<p>Есть свободное место? Да <input type="checkbox"/> Нет <input type="checkbox"/></p> <p><input type="checkbox"/> Соответствует критериям <input type="checkbox"/> Утвержден <input type="checkbox"/> На очередь <input type="checkbox"/> Предварительная заявка</p> <p>Срок проверки: _____ по _____</p> <p>Ф. И. О.: _____ Дата: _____</p> <p>Подпись и должность инспектора Ф. И. О. (разборчиво): _____</p>	<p>Клиент уведомлен: <input type="checkbox"/> по телефону <input type="checkbox"/> лично <input type="checkbox"/> по почте</p> <p><input type="checkbox"/> Не соответствует критериям причина:</p> <p>Ф. И. О.: _____ Дата: _____</p> <p>Подпись и должность инспектора Ф. И. О. (разборчиво): _____</p>																		

В соответствии с федеральным законодательством о гражданских правах, а также нормативными актами и правилами Департамента сельского хозяйства США (далее «Департамент») о гражданских правах, Департамент, его организации, отделения, службы и сотрудники, а также учреждения, проводящие программы Департамента или участвующие в них, обязаны не допускать дискриминации по признаку расы, цвета кожи, национального происхождения, пола, ограниченных возможностей, возраста, ответных действий или мести за прошлую деятельность, связанную с гражданскими правами, в любых программах или деятельности, проводимой или финансируемой Департаментом.

Лицам с ограниченными возможностями, нуждающимся в альтернативных средствах сообщения для получения сведений о программе (например, шрифт Брайля, крупный шрифт, аудиокассета, американский язык жестов и т. п.), следует обращаться в местную организацию (по штату или территориальной единице), куда они подавали заявку на получение льгот. Лица с нарушениями слуха и речи могут обращаться в Департамент через Федеральную службу коммутируемых сообщений по телефону (800) 877-8339. Сведения о программе также распространяются на других языках.

Департамент здравоохранения штата Юта предоставляет равные возможности.

Russian 2.2022

Для подачи жалобы на дискриминацию заполните [бланк жалобы на дискриминацию в программах Департамента сельского хозяйства США](http://www.ascr.usda.gov/complaint_filing_cust.html) (форма № AD-3027) в Интернете по адресу: http://www.ascr.usda.gov/complaint_filing_cust.html или в отделении Департамента либо отправьте в Департамент письмо с указанием всех запрашиваемых в форме сведений. Для получения бланка звоните по телефону (866) 632-9992. Заполненная форма или письмо подается в Департамент сельского хозяйства США:

- 1) По почте на адрес: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- 2) По факсу: (202) 690-7442
- 3) По электронной почте: program.intake@usda.gov.

Учреждение предоставляет равные возможности.

Благодарим Вас за проявление интереса к участию в программе дополнительной продовольственной помощи (англ. Commodity Supplemental Food Program, сокращенно CSFP). Заполните форму и контрольный перечень. Заполненные формы отправляйте в Банк продовольствия штата Юта по почте для ускоренной обработки. Если Вы не можете отправить заявление по почте, отнесите его в ближайшую организацию из перечисленных далее.

- ☐ Распечатайте все страницы и заполните все сведения об участнике на стр. 1—4.
- ☐ Приложите ксерокопию удостоверения личности (водительских прав или идентификационной карточки) и адреса (идентификационной карточки или счета за коммунальные услуги) в случае отправления по почте, в противном случае принесите оригиналы документов с собой для проверки при подаче заявления в организацию.
- ☐ Прочтите и сохраните: права и обязанности заявителя, правила о неявке и направления за социальной помощью.
- ☐ Отправьте страницы 1—4 в Банк продовольствия штата Юта.

Благодарим за подачу заявления на участие в программе CSFP! Вы получите письмо из Банка продовольствия штата Юта с уведомлением о статусе заявления. По всем вопросам о подаче заявления и участии в программе звоните по телефону (801) 887-1275.

ПРАВА И ОБЯЗАННОСТИ ЗАЯВИТЕЛЯ

Несоблюдение изложенных далее правил может привести к лишению прав на участие в программе дополнительной продовольственной помощи (англ. Commodity Supplemental Food Program, сокращенно CSFP).

Права

1. Критерии участия в программе одинаковы для всех лиц, вне зависимости от расовой принадлежности, цвета кожи, пола, национального происхождения, возраста и наличия ограниченных возможностей.
2. Любое решение об отказе или прекращении участия в программе, принятое местной организацией, можно опротестовать. Вы имеете право на объективное разбирательство.
3. Местная организация уведомит вас о решении отказать или прекратить предоставление льгот по программе CSFP. Местная организация также предоставит сведения о правах лиц на опротестование решения путем подачи запроса об объективном разбирательстве.
4. Местная организация обучает правильному питанию всех взрослых участников, родителей и опекунов младенцев и детей и рекомендует посетить соответствующие курсы.
5. Местная организация предоставляет сведения о других программах по диетологии, медицине и помощи и выдает соответствующие направления.
6. Ненадлежащее использование и незаконное получение льгот по программе CSFP в результате двойного участия или нарушения других правил программы может привести к подаче против лица иска о возмещении стоимости льгот, а также к лишению права на участие в программе CSFP.
7. Участники программы обязаны сообщать об изменениях дохода и состава семьи в течение 10 дней со дня, когда семья узнала об изменении.

Обязанности

1. Запрещается предоставлять ложные сведения в устной и письменной форме с целью получения в действительности неположенных вам или вашей семье льгот.
2. Запрещается утаивать сведения с целью получения неположенных льгот.
3. Запрещается вносить изменения в документы программы с целью увеличения объема льгот, если вы не имеете на него право, либо с целью несанкционированной передачи льгот другим лицам.
4. Запрещается пользоваться дополнительным продовольствием неразрешенным способом, таким как продажа или торговля продуктами питания.
5. Запрещается двойное участие в программе CSFP (местной и (или) в разных штатах).

Отсутствие прав на участие

Меня уведомили в письменной форме о том, что я не имею права на участие в программе дополнительной продовольственной помощи и что у меня есть право на объективное разбирательство. Я не могу участвовать из-за несоответствия следующим критериям: доход/домашний адрес/категория.

Апелляция и право на объективное разбирательство

Если вы не удовлетворены каким-либо действием или бездействием по заявлению на участие в программе дополнительной продовольственной помощи или в отношении продовольственных льгот, получаемых в настоящее время, или из-за их отмены, вы имеете право на подачу апелляции. (Объективное разбирательство не проводится, если согласно федеральному законодательству или законодательству штата изменения в льготах производятся автоматически.) Вы можете подать апелляцию устно или письменно в местное отделение Департамента здравоохранения штата Юта по адресу: Utah Department of Health, Commodity Supplemental Food Program, P.O. Box 141013, Salt Lake City, UT 84114, 801-273-2915, в течение 30 календарных дней с даты настоящего уведомления.

В рамках объективного разбирательства дело можете представлять вы, член или представитель вашей семьи, например адвокат, родственник, друг или иное лицо по вашему выбору. Объективное разбирательство проводит независимый сотрудник, который затем принимает решение по делу. Оплата гонорара адвоката со стороны Департамента не предусмотрена.

В случае если объективное разбирательство запрошено из-за сокращения объема льгот или их прекращения в течение 15 календарных дней с даты настоящего уведомления, льготы будут предоставляться на текущем уровне как минимум до проведения слушания.

В соответствии с федеральным законодательством о гражданских правах, а также нормативными актами и правилами Департамента сельского хозяйства США (далее «Департамент») о гражданских правах, Департамент, его организации, отделения, службы и сотрудники, а также учреждения, проводящие программы Департамента или участвующие в них, обязаны не допускать дискриминации по признаку расы, цвета кожи, национального происхождения, пола, ограниченных возможностей, возраста, ответных действий или мести за прошлую деятельность, связанную с гражданскими правами, в любых программах или деятельности, проводимой или финансируемой Департаментом.

Лицам с ограниченными возможностями, нуждающимся в альтернативных средствах сообщения для получения сведений о программе (например, шрифт Брайля, крупный шрифт, аудиокассета, американский язык жестов и т. п.), следует обращаться в местную организацию (по штату или территориальной единице), куда они подавали заявку на получение льгот. Лица с нарушениями слуха и речи могут обращаться в Департамент через Федеральную службу коммутируемых сообщений по телефону (800) 877-8339. Сведения о программе также распространяются на других языках.

Для подачи жалобы на дискриминацию заполните [бланк жалобы на дискриминацию в программах Департамента сельского хозяйства США](#) (форма № AD-3027) в Интернете по адресу: Департамент здравоохранения штата Юта предоставляет равные возможности.

http://www.ascr.usda.gov/complaint_filing_cust.html или в отделении Департамента либо отправьте в Департамент письмо с указанием всех запрашиваемых в форме сведений. Для получения бланка звоните по телефону (866) 632-9992. Заполненная форма или письмо подается в Департамент сельского хозяйства США:

- 1) По почте на адрес: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- 2) По факсу: (202) 690-7442
- 3) По электронной почте: program.intake@usda.gov.

Учреждение предоставляет равные возможности.

Контактное лицо в Департаменте
здравоохранения штата Юта:

Арие Ван Де Граафф (Arie Van De
Graaff)

Координатор программы

Телефон: 801-245-0087

Контактное лицо в Банке
продовольствия штата Юта:

Дениза Нильсон (Denise Nielson)

Координатор по работе с
населением

Телефон: 801-887-1275

ПРАВИЛА О НЕЯВКЕ

В рамках программы дополнительной продовольственной помощи (англ. Commodity Supplemental Food Program, сокращенно CSFP) упаковки с продовольствием следует забирать по указанным адресам ежемесячно. Каждому участнику сообщают время и место ежемесячного самовывоза продовольствия. Если участник не заберет продовольствие в течение месяца, ему будет засчитана неявка. Нарушение правил о неявке приводит к исключению из программы CSFP.

В программе CSFP приняты и действуют изложенные далее правила о неявке.

1. Если участник не забирает продовольствие в течение 2 (двух) месяцев подряд, его участие в программе CSFP прекращается.
2. В случае пребывания в лечебном учреждении, в отъезде или невозможности забрать продовольствие по болезни в течение 2 (двух) месяцев подряд участники могут продолжить участие в программе, не лишаясь льгот, если позвонят в Банк продовольствия штата Юта по телефону (801) 887-1275.
3. В случае исключения из программы за нарушение правил о неявке участники могут снова подать заявление на участие, если в прошлом не нарушали правила о неявке дважды. При наличии очереди участники, подающие заявление повторно после нарушения правил о неявке, приравниваются к подающим заявление в первый раз и записываются в очередь в порядке обращения в Банк продовольствия штата Юта.
4. Участники, нарушившие правила о неявке трижды за срок в 12 (двенадцать) месяцев, лишаются права на участие в программе CSFP на срок до одного года, если по решению местной организации подобное лишение права не создаст серьезной угрозы здоровью.
5. В случае нарушения правил о неявке участник может запросить объективного расследования, позвонив в местное представительство программы CSFP по телефону (801) 273-2915. Срок запроса объективного разбирательства составляет 30 (тридцать) дней с даты письменного уведомления.

Служба 2-1-1.....	2-1-1
Услуги: информация и направления в случае ЗППП, прививок, алкоголизма и наркомании, полового нападения и изнасилования, насилия в семье, на консультирование и другое.	
Служба защиты взрослых	801-538-3567
Услуги: расследование случаев насилия, небрежения и эксплуатации слабозащищенных взрослых старше 18 лет.	
Горячая линия по вопросам старения	877-424-4640
Помощь с налоговой программой Circuit Breaker	385-468-8300
Услуги: помощь малоимущим пожилым лицам по программе льготного налогообложения Circuit Breaker.	
Горячая линия по вопросам небрежения и жестокого обращения с пожилыми людьми	800-371-7897
Программа доставки пищи Meals on Wheels	385-468-3220
www.aging.slco.org	
Услуги: доставка пищи на дом пожилым лицам от 60 лет и старше с ограниченной возможностью передвижения и отсутствием других источников приготовления пищи.	
Программа Medicaid	800-662-9651
Услуги: оплата медицинских расходов для соответствующих критериям семей с ограниченным доходом.	
Программа Medicare	800-MEDICARE (633-4227)
www.medicare.gov	
Услуги: медицинское страхование для лиц от 65 лет и старше.	
Программа State Energy Assistance Lifeline (SEAL)	
http://jobs.utah.gov/housing/seal/	
HEAT, UMP, EAF	800-331-4341
Услуги: помощь по отоплению в зимний сезон и круглогодичное кризисное вмешательство.	
Программа HELP	801-468-0221
Услуги: скидки с месячных счетов для клиентов компании Rocky Mountain Power.	
Программа UTAP	800-948-7840
Услуги: скидки на оплату домашней стационарной телефонной связи (за исключением мобильных телефонов).	
Программа Supplemental Nutrition Program (SNAP).....	866-435-7414
http://jobs.utah.gov/customereducation/services/foodstamps/	
Услуги: продовольственные талоны на покупку продуктов питания, имеющих пищевую ценность.	
Программа Supplemental Security Income (SSI)	800-772-1213
Услуги: ежемесячные льготы для лиц от 65 лет и старше, а также соответствующих другим критериям.	
Налоговая комиссия штата Юта (скидка для арендаторов по программе Circuit Breaker)	801-297-2200
Услуги: информация и формы заявок для владельцев передвижных домов, программах скидок для арендаторов. Ответы на вопросы о налогообложении.	

Lokalna agencija: Utah Food Bank		Lokacija isporuke:	Datum:
POPUNJAVA OSOBA KOJA SE PRIJAVLJUJE — ŠTAMPANIM SLOVIMA			
Ime i prezime		Adresa	
Grad	Savezna država/Poštanski broj	Okrug	
Kućni telefon	Mobitel	Datum rođenja / /	
Prvi jezik	Adresa e-pošte	Pol Ženski <input type="checkbox"/> Muški <input type="checkbox"/>	
Kako ste saznali za CSFP?			
KUĆNA ADRESA JE POTVRĐENA? Da <input type="checkbox"/> Ne <input type="checkbox"/>		IDENTITET JE POTVRĐEN? Da <input type="checkbox"/> Ne <input type="checkbox"/> Vrsta _____	
Jeste li ikad bili u Programu pomoći dopunskom prehranom? Da <input type="checkbox"/> Ne <input type="checkbox"/>			
ZASTUPNIK: Dajem ovlaštenje sljedećim osobama da preuzmu moje artikle u slučaju da ja to ne mogu učiniti:		Poštanska adresa (SAMO AKO SE RAZLIKUJE OD ADRESE STANOVANJA)	
Ime i prezime: _____ Ime i prezime: _____ Srodstvo: _____ Srodstvo: _____ Telefon: _____ Telefon: _____		Adresa: _____ Grad: _____ Poštanski broj: _____	
NAPOMENA O ZASTUPNIKU: OBAVEZNI SU POTPISI NA 3. STRANICI			
Podaci o rasi i etničkoj pripadnosti Ovi podaci su namijenjeni samo za vođenje evidencije. Ne utječu na vašu kvalificiranost za program. Jeste li Hispanoamerikanac ili Latinoamerikanac? Da <input type="checkbox"/> Ne <input type="checkbox"/>			
Kojoj rasi pripadate?			
Azijska <input type="checkbox"/>		Crnac ili Afro-Amerikanac <input type="checkbox"/>	
Američki Indijanac ili starosjedilac Aljaske <input type="checkbox"/>		Starosjedilac Havaja ili stanovnik pacifičkih otoka <input type="checkbox"/>	

U skladu s Federalnim zakonom o građanskim pravima te pravilima i propisima Ministarstva poljoprivrede SAD (USDA) o građanskim pravima, zabranjuje se USDA-u, njegovim Agencijama, uredima i zaposlenicima, kao i institucijama koje učestvuju u programima USDA ili ih provode, da u bilo kojem programu ili aktivnosti koju provodi ili finansira USDA vrše diskriminiranje na osnovu rase pripadnosti, boje kože, nacionalnog porijekla, pola, onesposobljenja, starosti ili da primjenjuju odmazdu ili osvetu za ranije aktivnosti u oblasti građanskih prava.

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- (3) e-pošta: program.intake@usda.gov.

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Provjera prihoda

Starije osobe (dobi 60 godina i više) kvalificirane su za CSFP na osnovu prihoda ukoliko njihov bruto prihod iznosi 130% od federalnog praga siromaštva ili manje.

Mjesečni prihod utvrđuje se na sljedeći način: ☐ Sedmični prihod (x) 4,3 ☐ Polumjesečni prihod (2 puta mjesečno) (x) 2
☐ Dvosedmični prihod (x) 2,15 ☐ Mjesečni prihod (1 mjesečno)

Član domaćinstva	Plata	Prihod od socijalnog osiguranja/ Mirovina/Penzija	Javna pomoć	Samozaposlenost	Nezaposlenost	Ostalo
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
	\$	\$	\$	\$	\$	\$
Ukupni prihod iz svih izvora: ,00 USD			Broj osoba koje žive u domaćinstvu:			

Izjave o potvrđivanju

Objekti izjave se moraju *pročitati osobi koja se prijavljuje* ili ih ona mora *pročitati sama*:

1. Ova prijava se smatra popunjenom u vezi s primanjem federalne pomoći. Zvaničnici programa mogu potvrditi informacije na ovom obrascu. Svjestan/na sam da u slučaju namjernog iznošenje netačnih podataka mogu biti izložen/a krivičnom gonjenju u skladu s relevantnim federalnim propisima i propisima savezne države. Također sam svjestan/na da ne smijem istovremeno primati beneficije i kroz program CSFP i kroz program WIC te da ne smijem istovremeno primati beneficije iz programa CSFP na više od jedne CSFP lokacije. Pored toga, svjestan/na sam i da se informacije koje saopćim mogu razmjenjivati s drugim organizacijama kako bi se otkrilo i spriječilo dvostruko učestvovanje u programima. Date su mi upute i savjeti o mojim pravima i obavezama u okviru programa. Potvrđujem da su informacije koje sam saopćio/la radi utvrđivanja moje kvalificiranosti za program tačne prema mojim saznanjima.

Navedite odluku označavanjem kvačicom odgovarajućeg polja za potvrdu.

1. Da ☐ Ne ☐ Paraf _____

2. Dajem ovlaštenje za saopćavanje informacija navedenih na ovom obrascu za prijavu drugim organizacijama koje provode programe pomoći radi korištenja prilikom utvrđivanja moje kvalificiranosti za učestvovanje u drugim programima pomoći, kao i u svrhe ostvarivanja maksimalnog obuhvata programa.

Navedite odluku označavanjem kvačicom odgovarajućeg polja za potvrdu.

2. Da ☐ Ne ☐ Paraf _____

Kao osoba koja se prijavljuje za program, ili zastupnik/ca osobe koja se prijavljuje za program, razumijem prava i obaveze u okviru Programa pomoći dopunskom prehranom i saglasan/na sam s njima. Dobio/la sam pravila o nepojavljivanju i razumijem da trebam organizirati preuzimanje svog paketa svakog mjeseca ili da trebam napraviti dogovor s Bankom hrane savezne države Utah. Također razumijem da periodi potvrđivanja važe u koracima od po 6 mjeseci, ili na drugi način koji definira Banka hrane savezne države Utah, te da ću svakih 6 mjeseci trebati opet proći postupak potvrđivanja za učestvovanje u programu nakon što poštom primim pismeno obavještenje.

Potpis osobe koja se prijavljuje ili zakonskog staratelja	Datum
Potpis zastupnika	Datum
Potpis zastupnika	Datum

Poštom pošaljite stranice 2-5 iz prijave na adresu Banke hrane savezne države Utah

Utah Food Bank
ATTN: CSFP
3150 South 900 West
Salt Lake City, UT 84119

Ako imate pitanja o prijavi ili postupku, pozovite (801)887-1275.

PROSTOR SAMO ZA AGENCIJU KOJA VRŠI PODDISTRIBUCIJU																			
Primjerak dokumenta Obaveze i odgovornosti u okviru prijave dat je osobi koja se prijavljuje u program prilikom prvog prijavljivanja.	Zvaničnik za distribuciju _____																		
Identifikacija i adresa su potvrđeni.	Zvaničnik za distribuciju _____																		
PROSTOR ISPOD JE SAMO ZA OSOBU KOJA VRŠI POTVRĐIVANJE																			
<p>Osobe od 60 godina i starije 130% od federalnih smjernica o pragu siromaštva – važi do februar 2022. Godine do naredne obavijesti</p>	<p>Učesniku je izdato upućivanje?</p> <p>Da <input checked="" type="checkbox"/> Web preuzimanje</p> <p>Učesniku su izdata pravila o nepojavlivanju?</p> <p>Da <input checked="" type="checkbox"/> Web preuzimanje</p> <p>Date su pisane informacije (označite stavke koje vrijede)</p> <p><input type="checkbox"/> Upućivanje za zdravstvene i socijalne usluge</p> <p><input type="checkbox"/> Prehrana</p> <p><input type="checkbox"/> 2-1-1</p> <p><input type="checkbox"/> SNAP (bonovi za hranu) (španski ili engleski)</p> <p><input type="checkbox"/> Utah pomaže (španski ili engleski)</p>																		
<p>Maksimalni prihod za domaćinstvo od _____ člana/ova je: _____,00_ USD</p>	<p>Osobe u porodici ili domaćinstvu</p> <table border="1"> <thead> <tr> <th>Broj</th> <th>Mjesečno</th> </tr> </thead> <tbody> <tr><td>1.....</td><td>\$1,473</td></tr> <tr><td>2.....</td><td>\$1,984</td></tr> <tr><td>3.....</td><td>\$2,495</td></tr> <tr><td>4.....</td><td>\$3,007</td></tr> <tr><td>5.....</td><td>\$3,518</td></tr> <tr><td>6.....</td><td>\$4,029</td></tr> <tr><td>7.....</td><td>\$4,541</td></tr> <tr><td>8.....</td><td>\$5,052</td></tr> </tbody> </table> <p>Za svakog dodatnog člana dodaje se 512 USD</p>	Broj	Mjesečno	1.....	\$1,473	2.....	\$1,984	3.....	\$2,495	4.....	\$3,007	5.....	\$3,518	6.....	\$4,029	7.....	\$4,541	8.....	\$5,052
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1.....	\$1,473																		
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8.....	\$5,052																		
Preuzimanje <input type="checkbox"/>	Dostava kući <input type="checkbox"/>																		
Je li dostupan broj slučajeva koji se mogu obraditi? Da <input type="checkbox"/> Ne <input type="checkbox"/>	Klijent je obavješten: <input type="checkbox"/> Telefonom <input type="checkbox"/> Lično <input type="checkbox"/> Poštom																		
<p><input type="checkbox"/> Kvalificiran/a <input type="checkbox"/> Odobreno <input type="checkbox"/> Na listi čekanja <input type="checkbox"/></p> <p>Predprijava</p> <p>Period potvrđivanja: _____ do: _____</p> <p>Izradio: _____ Datum: _____</p> <p>Potpis/Titula osobe koja vrši provjeru Ime i prezime štampanim slovima:</p>	<p><input type="checkbox"/> Nije kvalificiran/a zbog:</p> <p>Izradio: _____ Datum: _____</p> <p>Potpis/Titula osobe koja vrši provjeru Ime i prezime štampanim slovima:</p>																		

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- (3) e-pošta: program.intake@usda.gov.

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Hvala vam na interesiranju za Program pomoći dopunskom prehranom (CSFP). Popunite sljedeći prijavni obrazac i kontrolnu listu. Popunjene aplikacije pošaljite na adresu Banke hrane savezne države Utah radi brže obrade zahtjeva. Ako ne možete poštom poslati prijavu, predajte je na lokaciji sa spiska ispod koja vam je najbliža.

- ☐ Odštampajte sve stranice i popunite sve informacije o učesniku/ci na stranicama 1- 4.
- ☐ Fotokopija identifikacijskog dokumenta (vozačka dozvola ili lična karta) i potvrda o adresi (lična karta ili plaćeni račun za komunalne usluge) u slučaju slanja poštom; u suprotnom, ponesite originalne dokumente radi vizuelnog potvrđivanja prilikom ličnog predavanja prijave.
- ☐ Zadržite i pročitajte dokumente: Prava i obaveze osobe koja se prijavljuje, Pravila i nepojavljivanju i Upućivanje za socijalne usluge.
- ☐ Poštom pošaljite stranice 1-4 iz prijave na adresu Banke hrane savezne države Utah.

Hvala što ste podnijeli prijavu za CSFP. Od Banke hrane savezne države Utah ćete primiti pismo radi ažuriranja statusa prijavljivanja. Ako imate pitanja o prijavi ili postupku, pozovite (801)887-1275.

PRAVA I OBAVEZE OSOBE KOJA SE PRIJAVLJUJE

Nepoštivanje pravila navedenih ispod može dovesti do diskvalificiranja iz učestvovanja u Programu pomoći dopunskom prehranom (CSFP).

Prava

1. Standardi za učestvovanje u Programu su isti za sve osobe bez obzira na rasu pripadnost, boju kože, pol, nacionalni porijeklo, životnu dob ili onesposobljenje.
2. Imate pravo uložiti žalbu na odluku koju donese lokalna agencija o tome da vam se uskrati ili prekine učestvovanje u Programu. Imate pravo na pravično saslušanje.
3. Lokalna agencija će poslati obavještenje o odluci o uskraćivanju ili prekidanju beneficija iz programa CSFP. Lokalna agencija će također poslati obavještenje o pravu osobe da uloži žalbu na odluku zahtijevanjem pravičnog saslušanja.
4. Lokalna agencija će omogućiti podučavanje o prehrani za sve odrasle učesnike/ce, kao i za roditelje ili njegovatelje dojenčadi i djece koja učestvuju u programu i podsticat će ih da pohađaju podučavanje.
5. Lokalna agencija će saopćavati informacije o drugim programima prehrane, zdravlja ili pomoći i davat će upućivanja po potrebi.
6. Neodgovarajuće korištenje ili primanje beneficija iz programa CSFP uslijed dvostrukog učestvovanja ili drugih kršenja programa može dovesti do iznošenja potraživanja prema datoj osobi da nadoknadi vrijednost primljenih beneficija te može dovesti do diskvalificiranja iz programa CSFP.
7. Učesnici/e moraju prijaviti promjene u iznosu prihoda ili sastava domaćinstva u roku od 10 dana nakon što data promjena stupi na snagu za domaćinstvo.

Obaveze

1. Nemojte davati lažne usmene ili pismene izjave radi ostvarivanja beneficija za koje vi ili vaše domaćinstvo inače ne biste bili kvalificirani.
2. Nemojte sakrivati informacije radi pribavljanja beneficija za koje niste kvalificirani.
3. Nemojte mijenjati dokumente Programa u svrhu primanja većih beneficija za koje niste kvalificirani ili u svrhu prenošenja beneficija na neovlaštene osobe.
4. Nemojte koristiti dopunsku prehranu na neovlašteni način, npr. trgovanjem ili prodavanjem prehrambenih artikala.
5. Ne smijete ostvarivati dvostruko učestvovanje u programu CSFP (na lokalnom nivou i/ili na nivou savezne države).

Nekvalificiranost

Primio/la sam pismeno obavještenje da nisam kvalificiran/a za učestvovanje u Programu pomoći dopunskom prehranom i imam pravo na pravično saslušanje. Nisam kvalificiran/a za učestvovanje na osnovu sljedećih kriterija: Prihod/Kućna adresa/Kategorija.

Pravo na podnošenje žalbe/pravično saslušanje

Ukoliko niste zadovoljni određenim postupanjem ili izostankom postupanja u vezi s vašom prijavom za Program pomoći dopunskom prehranom ili u vezi s beneficijama u hrani koje trenutno primате ili zbog

toga što su vam takve beneficije otkazane, imate pravo uložiti žalbu. (Međutim, pravično saslušanje se ne odobrava u slučaju da se federalnim zakonom ili zakonom savezne države zahtijeva automatsko prilagođavanje donacija). Žalbu možete podnijeti usmeno ili pismenim putem lokalnom uredu Ministarstva zdravlja savezne države Utah za Program pomoći dopunskom prehranom, P.O. Box 141013, Salt Lake City, UT 84114, 801-273-2915 u roku od 30 kalendarskih dana od datuma navedenog na ovom obavještenju.

Na pravičnom saslušanju, svoj slučaj možete iznijeti vi sami ili to može učiniti član domaćinstva ili predstavnik, kao što je pravni zastupnik, član rodbine, prijatelj/ica ili druga osoba po vašem izboru koja može govoriti u vaše ime. Pravični saslušanje će voditi nepristrasni zvaničnik koji će donijeti odluku o vašem slučaju. Međutim, nema odredbi prema kojima Ministarstvo može platiti troškove za pravnog zastupnika.

Ukoliko zatražite pravično saslušanje zbog reduciranja ili ukidanja beneficija u roku od 15 kalendarskih dana od dana ovog obavještenja, nastaviti ćete primati beneficije na trenutnom nivou najmanje do datuma saslušanja.

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Kontakt osoba u Ministarstvu
zdravlja savezne države Utah:

Arie Van De Graaff
Koordinatorica programa
Telefon: 801-245-0087

Kontakt osoba u Banci hrane savezne
države Utah:

Denise Nielson
Koordinatorica za rad na terenu
Telefon: 801-887-1275

PRAVILA O NEPOJAVLJIVANJU

U sklopu Programa pomoći dopunskom prehranom (CSFP) potrebno je svakog mjeseca preuzimati pakete s hranom na određenim lokacijama. Svakom učesniku ili učesnici će biti saopćeno vrijeme i lokacija za mjesečno preuzimanje. Ukoliko učesnik/ca ne preuzme paket za dati mjesec, smatrat će se da se učesnik/ca “nije pojavio/la”. Kršenje pravila o “nepojavljivanju” dovodi do gubitka CSFP beneficija.

Pravila CSFP-a o nepojavljivanju su sljedeća:

1. U slučaju da učesnik/ca ne preuzme pakete s hranom dva (2) mjeseca zaredom, bit će uklonjen/a iz programa CSFP.
2. Učesnici/e u programu koji/e su u bolnici, van grada ili nisu u mogućnosti preuzeti paket s hranom zbog bolesti dva (2) mjeseca zaredom mogu ostati u programu i neće biti uklonjeno ukoliko kontaktiraju Banku hrane savezne države Utah na broj (801)887-1275.
3. Učesnici/e koji/e su uklonjeni/e iz programa zbog kršenja pravila o “nepojavljivanju” mogu se ponovo prijaviti za beneficije izuzev u slučaju da su u ranijem periodu dva puta prekršili/e pravilo o “nepojavljivanju”. Ukoliko postoji lista čekanja, prema učesnicima/ama koji/e se ponovo prijavljuju nakon kršenja pravila o “nepojavljivanju” mora se postupati kao da se prijavljuju po prvi put i moraju biti stavljeni/e na listi čekanja prema redoslijedu kojim su stupili/e u kontakt s Bankom hrane savezne države Utah.
4. Učesnici/e koji/e prekrše pravilo o “nepojavljivanju” po treći puta unutar perioda od dvanaest (12) mjeseci moraju se diskvalificirati iz programa CSFP na period od maksimalno jedne godine, izuzev u slučaju da lokalna agencija utvrdi da bi diskvalificiranje predstavljalo veliki rizik po zdravlje date osobe.
5. Učesnici/e koji/e prekrše pravilo o “nepojavljivanju” imaju pravo zahtijevati pravično saslušanje kontaktiranjem lokalnog agenta za program CSFP na broj (801) 273-2915. Učesnici/e imaju rok od trideset (30) dana od datuma navedenog na pismenom obavještenju da zatraže pravično saslušanje.

UPUĆIVANJA ZA SOCIJALNE USLUGE I FINANSIJSKU POMOĆ

2-1-1.....	2-1-1
Usluge: Informacije i upućivanja o polno prenosivim bolestima, vakcinisanjima, zloupotrebi alkohola i droga, seksualnom zlostavljanju ili silovanju, nasilju u porodici, savjetovanju itd.	
Usluge zaštite odraslih	801-538-3567
Usluge: Istraživanje mogućih slučajeva zlostavljanja, zanemarivanja ili eksploatiranja ugroženih odraslih osoba starijih od 18 godina.	
Telefonski broj za informacije o starenju	877-424-4640
Smanjenje poreza na nekretnine (eng. Circuit Breaker)	385-468-8300
Usluge: Pomoć za starije osobe s niskim prihodima za program smanjenja poreskih davanja na nekretnine.	
Telefonski broj za slučajeve zlostavljanja ili zanemarivanja starijih osoba	800-371-7897
Prehrana za starije osobe ili osobe s onesposobljenjem	385-468-3220
www.aging.slco.org	
Usluge: Dostavljanje obroka kući starijim osobama koje ne mogu napuštati dom starijim od 60 godina i koje nemaju na raspolaganju druge resurse za pripremanje hrane.	
Program socijalne zdravstvene zaštite Medicaid	800-662-9651
Usluge: Troškovi medicinske njege za domaćinstva s ograničenim prihodima koja ispunjavaju kriterije.	
Program socijalnog osiguranja Medicare	800-MEDICARE (633-4227)
www.medicare.gov	
Usluge: Zdravstveno osiguranje za osobe stare 65 godina i više.	
Državni program osnovne pomoći za komunalne usluge (State Energy Assistance Lifeline - SEAL)	
http://jobs.utah.gov/housing/seal/	
HEAT, UMP, EAF	800-331-4341
Usluge: Pomoć s grijanjem preko zime i interveniranje u kriznim situacijama tokom cijele godine.	
Program HELP	801-468-0221
Usluge: Popusti na mjesečne račune za korisnike usluga kompanije Rocky Mountain Power.	
UTAP	800-948-7840
Usluge: Popusti na usluge fiksne telefonije u domaćinstvima (ne za mobilne telefone).	
Program dodatne prehrane (SNAP).....	866-435-7414
http://jobs.utah.gov/customereducation/services/foodstamps/	
Usluge: "Bonovi za hranu" za kupovinu hrane ili prehrambenih proizvoda s nutritivnom vrijednošću.	
Dodatna sigurnost za prihode (SSI)	800-772-1213
Usluge: Mjesečne beneficije za osobe stare 65 godina i više ili koje ispunjavaju druge kriterije kvalificiranosti.	
Poreska komisija savezne države Utah (Smanjenje poreza na nekretnine-Rabat za iznajmljivače) .	801-297-2200
Services: Informacije i obrasci za potraživanje za programe za vlasnike nekretnina za stanovanje i rabate za iznajmljivače. Odgovaranje na pitanja u vezi s porezima.	

SENIOR HOUSING PROXY FORM

This form is being completed in connection with the receipt of the Commodity Supplemental Food Program (CSFP). I agree to serve as proxy for all the residents residing at (Site Name and Address): _____.

Furthermore, I understand and agree to the duties of a proxy to be as follows:

- A proxy can collect and sign for the participant's monthly food package when the participant is unable to do so. The proxy shall then deliver the package directly to the participant.
- Proxy must be acknowledged by the participant with the appropriate form which must contain the proxy's signature. Forms will remain on file at Utah Food Bank. Additional proxies can be added at any time.
- Proxies will be listed on the signature sheet; only the proxies listed on the signature sheet can collect a food package for a participant.

SIGNATURE OF PROXY	DATE
PRINT NAME	TITLE

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases 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 bases 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, 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 main at U.S. Department of Agriculture, Director of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at 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.

ADDITIONAL PROXY FORM

This form is being completed in connection with the receipt of the Commodity Supplemental Food Program (CSFP). I authorize the amendment of my original application to include an additional proxy. Furthermore, I understand and agree to the duties of a proxy to be as follows:

- A proxy can collect and sign for the participant's monthly food package from a distribution site. The proxy shall then deliver the package directly to the participant.
- Proxy must be acknowledged by the participant with the appropriate form which must contain both the participant and proxy's signatures. Forms will remain on file at Utah Food Bank. Additional proxies can be added at any time.
- Proxies will be listed on the signature sheet; only the proxies listed on the signature sheet can collect a food package for a participant.

PLEASE PRINT NAME OF APPLICANT OR LEGAL GUARDIAN	
SIGNATURE OF APPLICANT OR LEGAL GUARDIAN	DATE

PLEASE PRINT NAME OF PROXY	RELATIONSHIP
SIGNATURE OF PROXY	DATE

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Program Policies

1. Client Status Change Policy
2. Appeal Procedure
3. No-show Policy (English/ Spanish)
4. Applicant's Rights & Responsibilities (English/ Spanish)
5. Notice of Agency Action - Approved
6. Notice of Agency Action - No-show violation
7. Notice of Agency Action - Proxy
8. Notice of Agency Action - Recertification required
9. Recall Standard Operating Procedure



CLIENT STATUS CHANGE POLICY

To: ALL DISTRIBUTION SITES
From: Utah CSFP Administration

RE: Client Status Change

Each site that distributes a CSFP benefit food package to a client should notify Utah Food Bank directly as soon as they are able of the following situations:

- Client has passed away
- Client has moved
- Client no longer wishes to receive a CSFP benefit food package

The immediate notification of Utah Food Bank will guarantee that unutilized CSFP packages are not dropped off and sit at a location for up to a month and ensures that every CSFP package that can be utilized each month is serving a person in need.

Please use the following information to update Utah Food Bank:

Denise Nielson
Outreach Specialist
Utah Food Bank
3150 South 900 West
Salt Lake City, UT 84119
Phone: (801) 887-1224
Email: denisen@utahfoodbank.org
Fax: (801) 978-9565

Policy effective April 2016.

All participants of the Commodity Supplemental Food Program (CSFP) are afforded the following rights in the case of the following appealable actions based on CFR 247.33 (a):

- Denial or discontinuance of program benefits.
- Disqualification from the program.
- A claim to repay the value of commodities received as a result of fraud.

Appeal procedures are based on federal regulation 247.33 (b) thru (i) resulting in the following:

- A participant, or a participant's parent or caretaker, may request a fair hearing by making a clear expression, verbal or written, to a State(Utah Department of Health) or local agency (Utah Food Bank) official, that an appeal of the adverse action is desired.
- The request for appeal must be made within 60 days from the date the agency mails or gives the individual the notification of adverse action.
- The state or local agency may deny a request for a fair hearing when: (1) The request is not received within 60 days; (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 with the 15-day advance notification period required under 247.17 and 247.20 must be permitted to continue to receive benefits until a decision on the appeal is made by the hearing official, or until the end of the participant's certification period, whichever occurs first. However, if the hearing decision finds that a participant received program benefits fraudulently, the local agency must include the value of benefits received during the time that the hearing was pending, as well as for any previous period, in its initiation and pursuit of a claim against the participant.
- The State or local agency must provide an individual with at least 10 days' advance written notice of the time and place of the hearing, and must include the rules of procedure for the hearing.
- The individual may (1) examine documents supporting the State or local agency's decision before and during the hearing; (2) be assisted or represented by an attorney or other persons; (3) bring witnesses; (4) present arguments; (5) question or refute testimony or evidence, including an opportunity to confront

and cross-examine others at the hearing; and (6) submit evidence to help establish facts and circumstances.

Appeal decisions are based on federal regulation 247.33 (j) thru (l) resulting in the following:

- The hearing officer must be an impartial official who does not have any personal stake or involvement in the decision and 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 hearing.
- If the 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 the participant, the State or local agency must discontinue benefits as soon as possible, or at a date determined by the hearing official.
- A hearing report shall be available for public inspection and copying but shall assure confidentiality.

If you have any questions, or wish to appeal any finding from the local or state agency, please contact:

Arie Van De Graaff
801.273.2915

NO-SHOW POLICY

As part of the Commodity Supplemental Food Program (CSFP) food packages should be collected from the designated locations every month. Each participant shall be given the time and location of their monthly pick-up. If a participant fails to pick-up their box in a month the participant shall be considered a “no-show.” Violation of the “no-show” policy shall result in forfeiture of CSFP benefits.

The CSFP No-Show policy is as follows:

1. Participant's failure to pick-up food packages for two (2) consecutive months will be removed from enrollment in CSFP.
2. Participants in hospital, out of town, or unable to pick-up the food package due to illness for two (2) consecutive months may remain on the program and will not be removed, as long as they contact the Utah Food Bank, (801)887-1275.
3. Participants who are removed from the program for violation of the “no-show” policy are allowed to re-apply for benefits unless they have violated the “no-show” policy twice previously. If a wait list exists, participants re-applying after violating the “no-show” policy must be treated as if they were applying for the first time, and must be placed on the wait list in the order in which they contacted the Utah Food Bank.
4. Participants who violate the “no-show” policy a third time within a twelve (12) month period must be disqualified from CSFP for a period of up to one year, unless the local agency determines that disqualification would result in a serious health risk.
5. Participants in violation of the “no-show” policy have a right to request a fair hearing by contacting their local CSFP agent at (801)273-2915. Participants have thirty days (30) from the date of written notice to request a fair hearing.

LA POLÍTICA de NO APARECE

Como parte del Programa Suplementario de Productos Básicos (CSFP) cajas de comida debe ser obtenida de los lugares designados cada mes. Cada participante se le dará la hora y el lugar de su mensual de recogida. Si un participante no recogida en su caja en un mes el participante será considerado un no aparece. Violación de la política de no aparece se traducirá en la pérdida de los beneficios de la CSFP.

La política de no aparece de CSFP es la siguiente:

1. Fracaso del participante para recoger los paquetes de alimentos para dos (2) meses consecutivos se eliminará en la CSFP.
2. Los participantes en el hospital, fuera de la ciudad , o que no pueden recoger el paquete de alimentos debido a la enfermedad para dos (2) meses consecutivos pueden permanecer en el programa y no será eliminado , siempre y cuando entran en contacto con el Banco de Alimentos de Utah, (801) 887-1275.
3. Los participantes que se retiran del programa por violación de la política de no aparece se les permite volver a solicitar los beneficios a menos que hayan violado la política de no aparece dos veces anteriormente. Si existe una lista de espera, los participantes vuelven a aplicar después de violar la política de no aparece deben ser tratados como si estuvieran aplicando por primera vez, y deben ser colocados en la lista de espera en el orden en que entraron en contacto con el Banco de Alimentos de Utah.
4. Los participantes que violen la política de no aparece por tercera vez dentro de un período de doce (12) meses debe ser descalificado de la CSFP por un período de hasta un año, a menos que la agencia local determina que la descalificación daría lugar a una grave para la salud riesgo.
5. Los participantes en violación de la política de no aparece tienen derecho a solicitar una audiencia imparcial comunicándose con su agente local de la CSFP al (801) 273-2915. Los participantes dispondrán de treinta días (30) a partir de la fecha de la notificación por escrito para solicitar una audiencia imparcial.

APPLICANT'S RIGHTS & RESPONSIBILITIES

Failure to comply with the rules below may result in disqualification from participation in the Commodity Supplemental Food Program (CSFP).

Rights

1. Standards for participation in the Program are the same for everyone regardless of race, color, sex, national origin, age or disability.
2. You may appeal any decision made by the local agency regarding your denial or termination from the Program. You have a right to a fair hearing.
3. The local agency will provide notification of a decision to deny or terminate CSFP benefits. The local agency will also provide notice of the individual's right to appeal this decision by requesting a fair hearing.
4. The local agency will make nutrition education available to all adult participants, and to parents or caretakers of infants and child participants, and will encourage them to participate.
5. The local agency will provide information on other nutrition, health or assistance programs, and make referrals as appropriate.
6. Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against the individual to recover the value of the benefits, and may lead to disqualification from CSFP.
7. Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

Responsibilities

1. Do not make false statements orally or in writing in order to obtain benefits to which you or your household would not otherwise be eligible.
2. Do not conceal information in order to obtain benefits for which you are not eligible.
3. Do not alter Program documents for the purpose of receiving increased benefits for which you are not eligible or for the purpose of transferring benefits to unauthorized individuals.
4. Do not use supplemental foods in an unauthorized manner, such as trading or selling the foods.
5. Do not commit dual participation in CSFP (local and/or states).
6. For communication and eligibility purposes participants must supply Utah Food Bank (UFB) with their current address. Failure to keep UFB informed after a change will result in discontinuance from the program.

Ineligibility

I have been advised in writing that I am ineligible to participate in the Commodity Supplemental Food Program and have the right to a fair hearing. I am ineligible to participate based on the following criteria: Income/Home Address/Category.

Right of Appeal/Fair Hearing

If you are dissatisfied with any action or failure to act with regard to your application for the Commodity Supplemental Food Program, or with regard to the food benefits you are now receiving, or because such benefits have been cancelled, you have the right to appeal. (A fair hearing need not be granted, however, when either State or Federal law requires automatic grant adjustments). You may appeal in writing or orally to the local office of the Utah Department of Health, Commodity Supplemental Food Program, P.O. Box 141013, Salt Lake City, UT 84114, 801-273-2915 within 30 calendar days of the date of this notice.

At the fair hearing, your case may be presented by yourself, a household member or representative, such as legal counsel, a relative, a friend or other spokesperson you choose. A fair hearing will be conducted by an impartial official who will render a decision regarding your case. However, there are not provisions whereby the Department can pay the attorney's fee.

If you request a fair hearing because of a reduction of termination of your benefits within 15 calendar days from this notice, your benefits will be continued at the present level at least until the time of the hearing.

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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, 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 of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at 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.

Utah Department of Health Contact:

Arie Van De Graaff
Program Coordinator
Phone: 801-273-2915

Utah Food Bank Contact:

Denise Nielson
Outreach Coordinator
Phone: 801-887-1275

DERECHOS Y RESPONSABILIDADES DEL APLICANTE



El no cumplir las reglas aquí debajo podría resultar en descalificación de la participación en El Programa de Mercancía Suplementaria (CSFP).

Derechos

1. Los lineamientos para participación en el programa son los mismos para todos sin importar raza, color sexo, origen, nacionalidad, edad o discapacidad.
2. Usted puede apelar cualquier decision tomada por su agencia local concerniente a la negación o la terminación del programa. Tiene derecho a una audiencia justa.
3. Su agencia local le vá a proveer notificación de la decisión de negación o terminación de sus beneficios de CSFP. Y de los derechos que cualquier individuo tiene de apelar esa decisión solicitando una audiencia justa.
4. Su agencia local vá a proveer educación de nutrición disponible para todos los adultos participantes y vá a motivar su participación.
5. Su agencia local vá a proveer otra información de programas de nutrición, salud y programas de asistencia y hacer referidos apropiados.
6. El recibir inapropiado de beneficios CSFP como resultado de doble participación u otras violaciones del programa podrían conducir a quejas en contra del individuo para recobrar el valor de dichos beneficios, y podría conducir a la descalificación de programa CSFP.
7. Los participantes deben reporter cambios de ingresos del hogar o número de personas en la familia dentro de 10 dias después de que sucedan dichos cambios.

Responsabilidades

1. No haga declaraciones falsas oralmente o por escrito para lograr recibir beneficios para los que usted o su familia no calificarían de otro modo.
2. No se guarde información para lograr recibir beneficios para los que no califica.
3. No altere documentos del programa con el propósito de recibir más beneficios para los que usted no califica o con el propósito de transferir beneficios a individuos no autorizados.
4. No utilice alimentos suplementales de forma no autorizada, como intercambiando o vendiendo la comida.
5. No cometa participación doble en CSFP (local y/o estatal).

Inelegibilidad

Se me ha notificado por escrito que no soy elegible para participar en el programa de la Caja de Comida Suplemental y tengo derecho a una audiencia justa. No soy elegible a participar basado en los siguientes criterios: Ingresos/Domicilio/Categoría.

Derecho a Apelar/Audiencia Justa

Si usted no está de acuerdo con cualquier acción o fallo a actuar sobre su aplicación para El Programa de Mercancía Suplementaria (CSFP), o sobre los beneficios de comida que ahora está recibiendo, o porque tales beneficios han sido cancelados, usted tiene el derecho de apelar. (Sin embargo, una audiencia justa no tiene que ser proveída, cuando ya sea una ley Estatal o Federal requiere que se hagan ajustes de subvenciones). Usted puede apelar por escrito o por boca a la oficina local de el Departamento de Salud de Utah, El Programa de Mercancía Suplementaria (CSFP), P.O. Box 141013, Salt Lake City, UT 84114, 801-273-2915 dentro de 30 días de calendario después de ésta notificación.

En la audiencia justa, su caso podría ser representado por usted mismo, o algún miembro de su familia o representante, como algún representante legal, algún familiar, un amigo u algún otro portavoz que usted elija. Una audiencia justa sera conducida por un oficial imparcial quien entregará una decision referente a su caso. Sin embargo, no hay provisiones que estipulen que el Departamento pueda pagar costos de abogados.

Si usted solicita una audiencia justa debido a reducción de terminación de sus beneficios 15 días después de recibir ésta notificación, sus beneficios continuarán al nivel actual por lo menos hasta la fecha de la audiencia.

El Departamento de Agricultura de los Estados Unidos (por sus siglas en inglés “USDA”) prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, según corresponda, convicciones políticas, estado civil, estado familiar o paternal, orientación sexual, o si los ingresos de una persona provienen en su totalidad o en parte de un programa de asistencia pública, o información genética protegida de empleo o de cualquier programa o actividad realizada o financiada por el Departamento. (No todos los criterios prohibidos se aplicarán a todos los programas y/o actividades laborales).

Si desea presentar una queja por discriminación del programa de Derechos Civiles, complete el [USDA Program Discrimination Complaint Form](#) (formulario de quejas por discriminación del programa del USDA), que puede encontrar en internet en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta con toda la información solicitada en el formulario. Envíenos su formulario de queja completo o carta por correo postal a U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, por fax al (202) 690-7442 o por correo electrónico a program.intake@usda.gov.

Las personas sordas, con dificultades auditivas, o con discapacidad del habla pueden contactar al USDA por medio del Federal Relay Service (Servicio federal de transmisión) al (800) 877-8339 o (800) 845-6136 (en español).

El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.

Contacto con el Departamento de
Salud de Utah:

Arie Van De Graaff
Coordinadora del Programa
Número de Teléfono: 801-273-2915

Contacto con el Banco de Comida de
Utah:

Denise Nielson
Coordinadora de Divulgación
Número de Teléfono: 801-887-1275



**Commodity Supplemental Food Program
Notice of Agency Action**

Name:
Address:
City:
State:
Zip:

Date:

Dear _____ :

This to inform you of that the following action will be taken regarding your participation in CSFP: **Your application has been approved.** You will receive benefits during the month(s) beginning 04/01/2014 through 09/28/2014. Following are the dates, times (please note dates and times are subject to change) and location of the food distribution:

Date
Time
Location

Please report changes in income and/or household composition to the Utah Food Bank, 801-978-2452.

Fair Hearing

If you disagree with any of the above action(s) you have a right to request a fair hearing. To request a fair hearing, contact your local CSFP agent at (801) 538-6026. You have thirty days (30) from the date of this notice to request a fair hearing. If your benefits are to be terminated or reduced, you can continue to receive benefits at your current rate if you appeal the decision within fifteen days (15) of the receipt of the Notice of Agency Action. You will continue to receive program benefits until the hearing official reaches a decision or until the certification period ends, whichever occurs first.

Sincerely,
Denise Nielson
Outreach Member

See Reverse for Your Civil Rights ➡

Participant Civil Rights

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases 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 bases will apply to all programs and/ or employment activities.)

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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.



Name:
Address:
City:
State:
Zip:

Date:

Dear _____ :

Thank you for your participation in Utah CSFP. Due to violation of the No-Show Policy your participation in the CSFP has been terminated. The No-Show policy states that if you do not pick-up your box for two (2) months in a row your participation in the program is forfeit. If you are still interested in the program and can commit to picking up your box monthly please contact us before the date your benefits are scheduled to expire. If you are unable to pick-up your box please contact Utah Food Bank, 801-978-2452, and have your box placed on hold until you are able to resume your regular pick-up.

Your benefits will end on: XX/XX/XXXX.

Sincerely,
Denise Nielson

Denise Nielson
Outreach Specialist
Utah Food Bank
3150 South 900 West
Salt Lake City, UT 84119
Phone: (801) 887-1224
Email: denisen@utahfoodbank.org
Fax: (801) 978-9565
www.utahfoodbank.org/CSFP



Fair Hearing

If you disagree with any of the above action(s) you have a right to request a fair hearing. To request a fair hearing, contact your local CSFP agent at (801) 273-2915. You have thirty days (30) from the date of this notice to request a fair hearing. If your benefits are to be terminated or reduced, you can continue to receive benefits at your current rate if you appeal the decision within fifteen days (15) of the receipt of the Notice of Agency Action. You will continue to receive program benefits until the hearing official reaches a decision or until the certification period ends, whichever occurs first.

Participant Civil Rights

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 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
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



Name:
Address:
City:
State:
Zip:

Date:

Dear _____ :

This notice is to serve as a reminder. In order for anyone other than you to pick-up, and sign for your monthly CSFP food box provided by Utah Food Bank, that person must be on record as a proxy with Utah Food Bank. Enclosed is an additional proxy form. Please fill out and return with both your proxy's and your signature within 30 days to remain on the CSFP food box program. Please mail the form to Denise Nielson at:

Utah Food Bank
3150 South 900 West
Salt Lake City, UT 84119

If you have any questions or need additional forms feel free to call me at 801-887-1224.

Sincerely,
Denise Nielson

Denise Nielson
Outreach Specialist
Utah Food Bank
3150 South 900 West
Salt Lake City, UT 84119
Phone: (801) 887-1224
Email: denisen@utahfoodbank.org
Fax: (801) 978-9565
www.utahfoodbank.org/CSFP



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- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.



Name:
Address:
City:
State:
Zip:

Date:

Dear :

This is to inform you that your current six (6) month certification period for participation in the CSFP will expire XX/XX/XXXX. As stated in the program application you must recertify every six (6) months to continue receiving your food box. If you would like to continue to participate in the program you will need to contact the certification office to be recertified 801-978-2452.

Please report changes in address, income and/or household composition to the Utah Food Bank, 801-978-2452.

Sincerely,

Denise Nielson

Denise Nielson
Outreach Specialist
Utah Food Bank
3150 South 900 West
Salt Lake City, UT 84119
Phone: (801) 887-1224
Email: denisen@utahfoodbank.org
Fax: (801) 978-9565
www.utahfoodbank.org/CSFP

Outreach Department
3150 South 900 West | Salt Lake City | Utah 84119
P: 801.887.1275 | F: 801.978.9565



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This institution is an equal opportunity provider.

RECALL STANDARD OPERATING PROCEDURE

Purpose: To prevent food borne illness or injury by quickly indentifying and containing products in the event of a food recall.

Procedure:

1. Ensure SOP had been developed and implemented to prepare for a food recall that includes training on the SOP and proper food disposal methods.
2. Any food recall notices shall be sent from USDA to the state agency. Upon receipt, Utah Department of Health (UDOH) shall review the food recall notice and specific instructions identified within. UDOH shall then notify Utah Food Bank (UFB) and subsequent distribution sites about the notice. All locations shall confirm to their notifying agency that the notice has been received and understood.
 - a. Distribution sites shall be notified of the recall via Robo call or SENS (free mass communication service available through USDA). Whichever system is utilized a receipt of the information must be received by the notifying agency from each site.
3. Based on inventory counts and records UFB shall identify the quantity and location of the recalled product in the warehouse, box production, distribution sites and or in individual participant homes.
4. Affected product shall be destroyed based on instruction from USDA. Possible destruction methods could be one of the following:
 - a. In bulk, under 25 qty by distribution site or UFB
 - b. In bulk, over 25 qty by distribution site or UFB
 - c. Individually by participant in a residential system
 - i. Visit <http://www.hazardouswaste.utah.gov/> for more information on local sanctions.
5. If affected product is required to be destroyed in bulk the product shall be collected, isolated and marked as "Do Not Use" and "Do Not Discard." All unconsumed product should be collected no matter what state it is in.
6. If affected product is in participant homes each participant will be notified with Robo Call. The phone call will also include instructions on how to destroy the affected product if the affected product is required to be destroyed directly by the participant. An official letter in the mail will follow the phone call the next day.
7. If affected product is requested to be returned for destruction participants shall return affected product to their distribution site. The distribution sites shall either destroy or hold items for UFB to collect. If items are destroyed the destruction must be witnessed by two (2) witnesses, one being in a position of authority, on a statement with images that shall be sent to the UFB and UDOH.
8. The affected product shall be inventoried; recording the amount of affected product collected to ensure the entire quantity is accounted for.
9. Reports and updates on the progress shall be given to UDOH and the regional office as requested.
10. Completed paperwork and documentation shall be submitted to UDOH, UFB and regional office upon recall completion. Paperwork shall be retained for three (3) years.
11. To recover costs of affected products the UDOH shall fill the Public Voucher - Commodity Programs form, <http://www.fns.usda.gov/sites/default/files/FSA-0021.pdf> and submit to the regional office. The types of costs that are possible to recover are specific to each recall, but shall be limited to: storage, transportation, processing and distribution.

12. UFB and distribution sites shall submit invoices and original receipts for any reimbursable cost incurred. UDOH shall submit for reimbursement from USDA. Upon receipt of funds UDOH shall reimburse the submitted invoices.

State Agency Responsibilities

1. Have recall procedures in place and implement when required.
2. Assign State Food Coordinator and alternate. Names, titles, email addresses and telephone of each shall be supplied to FNS through WBSCM. After hours contact information shall also be required.
3. Contact local agency as soon as notified by USDA. Confirm receipt of the notification by the local agency to ensure that the message was received and understood.
4. Provide specific product disposal instructions to local agencies.
5. Compile inventory data from local agencies and distribution sites and submit data to FNS through WBSCM recall response form in accordance with FNS instructions.
6. Complete recall reimbursement claims paperwork, including the destruction verification form and the FSA-21 public voucher form and a Tax Identification number (TIN) <http://www.fns.usda.gov/sites/default/files/FSA-0021.pdf>, and submit paperwork to the FNS Regional Office.

Local Agency Responsibilities

1. Have recall procedures in place and implement when required.
2. Assign food safety coordinator and alternate, provide names and alternate to UDOH including after hours contact option. Food safety coordinator shall complete the Food Recall Form.
3. Maintain list of distribution sites and notify all sites about the recall immediately, or within 24 hours of recall receipt.
4. Conduct inventory assessment to identify quantity and location of affected product. If affected product is in participant homes a list of affected participants should be included in the inventory assessment. Submit inventory assessment to UDOH.
5. Ensure that affected products that are returned for destruction are marked "Do Not Use" and "Do Not Discard."

Distribution Site Responsibilities

1. Upon receipt of recall notice send confirmation to UFB stating that the notice has been received and understood.
2. Isolate the product, including any open containers, leftover product, and food items in current production that contain the recalled product.
3. Mark all affected products returned for destruction as "Do Not Use" and "Do Not Discard." Inform the entire staff not to use the product.
4. Inventory and record the amount of affected product received by your clients. Compare what you receive to the information provided by UFB. Determine if any participants have not returned the recalled product.
5. Do not destroy product, unless instructed to do so by the Utah Department of Health, or UFB. If instructed to destroy product, do so only as instructed. The destruction of product will require two (2) signatures of witnesses, one of which must be a person with authority to verify that the product was indeed destroyed and the manner in which it was destroyed.

Product Replacement

1. The affected product shall not be replaced for any distributed food boxes. Any completed food boxes ready for distribution, either at UFB or a distribution site shall not be distributed to participants. Boxes that do not have the affected product shall be issued for distribution from UFB. Manufacturer shall replace quantity of affected product.

UFB

Agreement

1. Agreement, instructions & FAQ
2. Signature page





Utah Food Bank (UFB) is pleased to have your agency participating in the Utah Commodity Supplemental Food Program (Utah CSFP), a federal program of the United States Department of Agriculture (USDA) as defined in CFR Part 247 and 250. The Utah CSFP strives to increase food security within Utah's hunger population by supplying a monthly supplemental food package of USDA food to seniors who fit program eligibility. Each senior interested in receiving a CSFP box must fill out an application and be at least 60 years old and fall within 130% of the poverty level.

Utah CSFP Food Boxes

In order to facilitate distribution, delivery/pick-up, as well as to ensure accountability please review the following roles & responsibilities as well as frequently asked questions.

Distribution

The Utah CSFP is given a monthly caseload by USDA, which it cannot exceed. UFB divides the caseload amongst the different distribution agencies throughout the state. Caseload can fluctuate based on need and participation. Program regulations require all participants to be certified to receive a box as well as to sign for receipt of the box each month.

Role of UFB:

- Certify each participant
- Build food packages and ship to distribution sites

Role of distribution site:

- Receive completed food packages
- Store packages per USDA regulations until picked up by participants. See storage section below.
- Only distribute packages to certified participants listed on the signature sheet
- Obtain signatures for each box that gets picked up
- Return completed signature sheet to UFB
- If an applicant's situation merits a change to the policy, you must obtain permission from an authorized UFB representative (see contact info below) prior to distributing the food package.

Signatures

The information sheet lists each current participant and their designated proxy, if applicable. The only individual who may sign for the food package is the participant or designated proxy. Distribution sites should have proxy forms on hand for participants to add proxies to their account.

Role of UFB

- Supply distribution site with a comprehensive list of participants for each month
- Supply Utah Department of Health a list of participants that picked up their food package each month

Role of distribution site

- Verify participant identity, through participant's ID or until identity is known by distribution site, and obtain a signature for each food package distributed.
- If a proxy is signing, they should **sign their own name**, not the participant's name.
- Food boxes or cheese should not be given to anyone not listed on the signature sheet.

Storage

The distribution site is responsible for each package until it is picked-up by either the participant or their proxies collect them. All packages should be kept within the federal specification. Once packages are released to proxies it is the responsibility of the proxy to secure food packages until delivery to participant is made.

Role of the distribution site

- Storage of food boxes should be in a cool, dry area.
- Storage of blocks of cheese in a refrigerated unit (40° F or lower).
- If the proxy chooses an insecure method of storage or delivery and, as a result, the food becomes spoiled or stolen UFB is not responsible for such loss.

Delivery

Delivery of food packages occur once a month. Delivery dates will be determined when distribution site agreements are initially completed. Please contact UFB if delivery dates need to be adjusted.

Role of UFB

- Provide signature sheets that list: participant address, phone number, and proxy name (if applicable) for your reference.

Role of distribution site

- **Agency Invoice** – Verify that the quantity of food boxes and cheese you receive matches the quantity stated on the agency invoice. Sign one invoice copy and give to the driver for UFB; keep one copy for your records.
 - Immediately notify the driver for UFB if the number of food boxes or blocks of cheese listed on the invoice does not match the physical product delivered. Note the difference on the invoice returned to UFB driver; driver must initial acknowledgement of difference. Please contact the inventory contact at UFB and report the overage/shortage that same day.
- **Signature Sheets** – Obtain each participant's, or participant proxy's signature when delivering their food package. The signature sheet lists each participant for your location. Please use the 'Note' section to record details regarding individual participants (such as when they will arrive for pick-up, time of contact, etc.)
- DO NOT release a box to anyone who is not on the information sheet either as the participant or as a proxy.

Pick-Up

UFB will pick-up uncollected food packages, cheese and signature sheets each month for inventory and reporting. Pick-up dates are defined below.

Role of UFB

- To pick-up remaining food boxes, cheese and signature sheets each month for accurate inventory and reporting to the Utah Department of Health.

Role of distribution site

- Return all collected signatures for food packages. If you prefer to email or fax the signature sheets please send to emilys@utahfoodbank.org, 801.978.9565.
- Return all uncollected food packages and cheese.

Pick-up Times

If your agency is an Emergency Food Pantry:

- The day you receive your monthly CSFP delivery, UFB will pick-up the food boxes and cheese from the previous month.

If your agency is NOT an Emergency Food Pantry:

- The day after your monthly delivery date UFB will pick-up the food boxes, cheese, and any empty boxes which may have been stored from the previous month.

Outreach

The Utah CSFP is always accepting participant applications; however, the program is limited to serving a maximum caseload, which is assigned by USDA each year. Once applications are received and certified new applicants are notified via mail and will start to receive a food package the month after they have been certified by UFB. If caseload is at maximum capacity applicants will be placed on a wait list until caseload becomes available.

Role of UFB

- Marketing of program for additional participants.
- Administration and certification of participant applications.
- Recertifying participants every 12 months.

Role of distribution site

- Supply applications and proxy forms to interested participants.
- Send completed applications and proxy forms to UFB for certification.

Contact Information

For any questions please contact the appropriate office listed below.

Denise Neilson – Outreach
801-887-1224
denisen@utahfoodbank.org

Emily Roncancio – Inventory
801-887-1280
emilys@utahfoodbank.org

Utah Food Bank – Main Line
801-978-2452

Civil Rights Training

Food and Nutrition Service (FNS) requires civil rights training for people involved in all levels of the administration of programs that receive Federal financial assistance. Civil rights training requirements for volunteers or staff should be approached in the following manner:

- Frontline volunteers, such as individuals who regularly interact with program applicants and participants or determine eligibility must receive full civil rights training on an annual basis, as outlined in FNS Instruction 113-1, Section XI. Any volunteer who handles personal information must receive this training as well. Training should first occur during each individual's orientation to the program(s).
- Volunteers who do not handle personal information and who may infrequently interact with program applicants, participants, or frontline staff must receive, at a minimum, limited civil rights training that covers customer service and any other subject matter applicable to the roles and responsibilities of each volunteer. This training may be less time intensive than the full training provided to frontline volunteers. Consistent with above, it must first occur during volunteers' orientation to the program(s) and through refresher training as needed.
- Volunteers who do not interact in any way with program applicants and participants, and who do not handle personal information, do not need civil rights training.

If there is a concern that any particular volunteer cannot understand and/or abide by the training and civil rights requirements, then that individual should not interact in any way with program applicants and participants or handle personal information.

- Sites must also have the “And Justice for All” poster posted in a visible location.

Product Date Information

Dates listed on the products supplied in the Utah CSFP food boxes come in a variety of different forms. The USDA feels it is important that participants make informed decisions about using the product they are receiving. Please inform each participant that the product contained in the food box is fresh and purchased by the U.S. Government. As such, the product is subject to strict monitoring of dates at the State and Federal level to ensure it is fresh and provided in a safe manner to keep the consumer free of risk. The following offers quick reference guides to what specific dates mean. Additional information is available from the USDA website, <http://www.fns.usda.gov/sites/default/files/hhp-biubguide.pdf>

Best If Used By Date

- The "Best If Used By" (BIUB) date is a target date for how long a product is likely to retain best flavor and quality. It is not a safety date.
- BIUB dates are a tool—not a rule! Products kept past their BIUB date are not expired, spoiled, or out of condition.
- Kept under proper conditions, they should be wholesome and safe long after the BIUB has passed.

Sell By and Pack Dates

- A "Sell-By" date is the day the manufacturer recommends that a store sell the food product. This date is not necessarily a reliable indicator of how long it may retain its wholesomeness or nutritional value.
- A "Pack Date" or “Date of Manufacture” indicates when the product was packaged or processed. While it may help to determine the age of the product, it does not necessarily provide useful information on its wholesomeness or nutritional value.

Expiration and Use-by Dates

- Generally, "Expiration" date and "Use-By" date is the last day the manufacturer *recommends* consuming the food item to ensure peak quality and nutrient retention. However, there is no federal regulation to require manufacturers mark product with such dates.

Resources

You can find agency resources online at www.utahfoodbank.org. Such as:

- Delivery calendars
- Applications
- Proxy forms
- Civil rights training
- Recipe pages
- Civil rights poster (Must be posted on site)
- No Show Policy (Must be posted on site)
- Appeals Process (Must be posted on site)

FAQ

1. **Who can get a box?**
Any senior who is 60 years or older and falls within 130% of the federal poverty level that has filled out an application and is certified by UFB.
2. **Does each person who receives a box need to fill out an application?**
Yes, each person needs to be certified through UFB to become eligible to receive a box. Each person needs to re-certify every 6 months to continue receiving benefits. UFB contacts participants via mail to re-certify.
3. **What exactly is in the food packages?**
One box contains 10 days worth of canned food including: fruits, vegetables, meats, pasta or rice as well a block of cheese.
4. **I am a proxy for multiple participants. Can I just sign once?**
No. You must sign for each participant separately.
5. **What if someone has been receiving a package, but their name isn't on the list?**
Likely their names have been removed due to not recertifying or not picking up their box for more than 2 months. Contact UFB regarding the discrepancy.
6. **Can the participant get a replacement box if improper storage spoils the food?**
No.
7. **What if the product is damaged when it arrives?**
Report it to UFB as soon as possible.

**SITE AGREEMENT
COMMODITY SUPPLEMENTAL FOOD PROGRAM**



The _____ located in _____ County hereby agrees to partner with Utah Food Bank as a distribution site for the Utah Commodity Supplemental Food Program (Utah CSFP) under the following agreement assurances for one year from the date of the signed contract. The assurances are as follows:

- Coordinators of the program shall accommodate site visits by UFB and/or State representatives. Site visits shall be conducted with reasonable notice and during regular business hours. UFB and/or the State reserves the right to conduct unannounced site visits at any time and for any reason.
- Civil rights training will be adhered to as outlined in the Distribution Site Agreement & Instructions document. If personnel changes occur in the Manager or Site Coordinator position a new site visit for CSFP operations and civil rights training is required.
- Where a driver has not been designated to deliver door-to-door, distribution sites must have a responsible, trained coordinator to oversee the distribution of CSFP boxes and its accompanying obligations
- UFB must be notified immediately of changes in contact information.
- Perishable products shall be delivered to clients as product becomes available. Perishable items are not an official part of the Utah CSFP food package. If a distribution site has surplus of perishable products please distribute to anyone in need, perishable product does not need to be returned and is inventoried separately from USDA foods.
- The distribution site assures that the Program will be administered in accordance with the provisions of CFR Part 247 and with provision of Part 250, unless they are inconsistent, in which case Part 247 supersedes Part 250.
- Distribution sites shall adhere to the Utah CSFP Policies & Procedures manual.
- Distribution sites shall retain their nonprofit status.
- All parties shall maintain accurate and complete records for a minimum of 4 years, or longer if they are related to unresolved claims actions, audits, or investigations; as outlined in the Utah CSFP Policies & Procedures manual.
- Each agency is responsible for any loss resulting from improper distribution, improper storage, and care of handling of commodities.
- Each agency will adhere to the roles and responsibilities outlined in the Distribution Site Agreement & Instructions document.
- A signed copy of the agreement shall be on file with both parties for the duration of the time outlined within the agreement.
- Either party may terminate the agreement by written notice to the other with the required minimum days advance notice. The advance notification period must be at least 30 days.

If you have any questions regarding the information provided, please contact your Utah Food Bank representative.

UFB reserves the right to postpone or deny CSFP partnership to agencies. Failure to comply with any of these requirements may result in suspension or termination of CSFP service by Utah Food Bank (UFB). By providing the signatures below, the site hereby acknowledges that it understands and agrees to the terms of this Agreement. Please provide the signatures of those who are in any way involved with CSFP program, either as manager, coordinator, distributors, etc. By signing each individual agrees to the terms herewith outlined in the agreement and that they have read, understand and will adhere to the procedures as outlined in the CSFP program instructions.

Manager Name _____	Signature _____	Date _____
Site Coordinator _____	Signature _____	Date _____
Resident Coordinator _____	Signature _____	Date _____
UFB Representative _____	Signature _____	Date _____

Signature Sheets

1. Driver's sheet
2. Invoice
3. Signature sheet A
4. Signature sheet B
5. Information sheet





UTAH
FOOD
BANK

Order Pallet Summary

Order No.: AO-28495

CSFP-0017

Shipment Date: 3/20/17

Program: Glendale Senior Housing

Address 1239 S Glendale Dr
Salt Lake City, UT 84104

DRY

No. of Pallets 1

FREEZER

No. of Pallets 1

FRIDGE

No. of Pallets 1

Total Pallets 3

Agency Signature Here: _____

Vehicle Number: _____



UTAH FOOD BANK

Utah Food Bank
3150 South 900 West
Salt Lake City, UT 84119

AGENCY ORDER

Page: 1

Agency Order No: AO-28495
Agency Order Date: 3/16/2017

Ship

To: Glendale Senior Housing
801.975.1443
Kennon Cooper Service Coor
1239 S Glendale Dr
1350 W code *5083
Salt Lake City, UT 84104

Sold

To: Glendale Senior Housing
801.975.1443
Kennon Cooper Service Coor 801.502.2417
1239 S Glendale Dr
1350 W code *5083
Salt Lake City, UT 84104

Ship Via Nissan Van
Ship Date 3/20/2017
Terms

Agency ID CSFP-0017
P.O. Number
P.O. Date 3/16/2017
SalesPerson

Item No.	Description	Unit	Quantity	Cubic Feet	Unit Price	Total Price	Gross Weight
CSFP 3-17-A	CSFP Box	Case	14				447.1705
CSFP 3-17-A	CSFP Box	Case	15				479.11125
COMP 70402	Bread Run fridge bag	Lbs	29				29
COMP 1907	Eggs-Purchased	Each	29				46.4
CSFPCOMP 100035	CSFP Cheese	Each	29				62.814

Amount Subject to Sales Tax 0
Amount Exempt from Sales Tax 0.00

Subtotal: 0.00 1,064.49575
Invoice Discount: 0.00
Tax: 0.00

Total: 0.00



UTAH
FOOD
BANK

CSFP

Program: South Lake Villa

Delivery Date: 03/20/2017

Complex Proxy: Tussy King/Judy McCallister

Client #	Name	Signature	Note	Proxy	Proxy
----------	------	-----------	------	-------	-------

11090

3168

11578

3155

3137

3145

13056

3157

3158

12548

11186

12174

3163

11185

11576

13097

3132

12423

10264

3170



UTAH
FOOD
BANK

Client #: 3928

Name:

Address: 1239 S Glendale Dr Apt

Address2: Glendale Senior Housing

City, State, Zip: Salt Lake City, UT, 84104

Phone

Signature:

CSFP Delivery Date: 03/20/2017

Complex Proxy: Kennon Cooper/Geraldine Locke

Program Name: Glendale Senior Housing

Shipping Agent: First Floor

Proxy:

Proxy2:

Notes:

Cell Phone:

Date:



UTAH
FOOD
BANK

Client #: 3905

Name:

Address: 1239 S Glendale Dr Apt

Address2: Glendale Senior Housing

City, State, Zip: Salt Lake City, UT, 84104

Phone

Signature:

CSFP Delivery Date: 03/20/2017

Complex Proxy: Kennon Cooper/Geraldine Locke

Program Name: Glendale Senior Housing

Shipping Agent: First Floor

Proxy:

Proxy2:

Notes:

Cell Phone:

Date:



UTAH
FOOD
BANK

Client #: 3899

Name:

Address: 1239 S Glendale Dr Apt

Address2: Glendale Senior Housing

City, State, Zip: Salt Lake City, UT, 84104

Phone

Signature:

CSFP Delivery Date: 03/20/2017

Complex Proxy: Kennon Cooper/Geraldine Locke

Program Name: Glendale Senior Housing

Shipping Agent: First Floor

Proxy:

Proxy2:

Notes:

Cell Phone:

Date:



UTAH
FOOD
BANK

CSFP

Program: South Lake Villa

Delivery Date: 03/20/2017

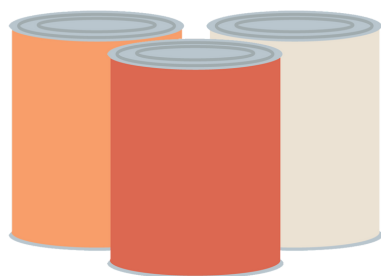
Name	Address	Home Phone	Cell Phone	Proxy	Proxy2
------	---------	------------	------------	-------	--------

Marketing Materials

1. Program brochure
2. Program flyer
3. Program flyer
4. Program flyer
5. Box pick-up reminder (English/ Spanish)



Living on a fixed income can be difficult. Some months you may feel the need to choose between paying your bills or buying food. The Utah CSFP exists to assist income eligible seniors age 60+ with an opportunity to supplement their diets, maintain their health, and decrease the burden of grocery bills. Stop worrying about where your next meal is going to come from and sign up for CSFP today.



Utah CSFP Offers:

- A free monthly food box containing 10 days' worth of USDA purchased food worth up to \$55
- Nutrient rich foods specific to seniors to maintain a healthy diet
- Foods that comply with special dietary needs
- Nutrition education
- Delicious recipes to help you get the most out of each box

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 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
1400 Independence Avenue, SW
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

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UDOH 3/2022



UTAH  **CSFP**
Commodity Supplemental
Food Program



www.utahfoodbank.org/csfp

Commodity Supplemental Food Program (CSFP)

What is CSFP?

CSFP is a free monthly food box program for low-income seniors. The program is run by the Utah Department of Health in partnership with Utah Food Bank. All food items are purchased by USDA from U.S. based growers.

Eligibility

CSFP participants must:

- Live in Utah
- Be 60 years or older
- Self-declare monthly income less than \$1,473 for a household of 1 or \$1,984 for a household of 2 (proof of income not required)
- Once certified respond to a recertification phone call every 12 months

What's in the Box?

All the food in the box comes from U.S. farms through USDA. Food boxes include foods rich in vitamin A and C, calcium and iron and lower in sodium, fat, and sugar. Some foods you will find in the box are:

- Canned meats
- Peanut butter
- Cheese
- Fruits
- Beans
- Vegetables
- Nonfat milk
- Chili
- Rice
- Breakfast cereal
- Pasta
- Juice

No Show Policy

Participants must pick up their box each month. If the box is not picked up for 2 months in a row, it is a program violation that could result in forfeiting your participation in the program.

If you cannot pick up your box for a month or more you can call the food bank and put your box on hold until your circumstances change and you are able to pick up your box again.

Proxy

You can designate a proxy to pick up your box when you apply so you won't have to worry about missing a month.

Delivery or Pick-up

Packages must be picked up each month at your designated pick-up or delivery site.

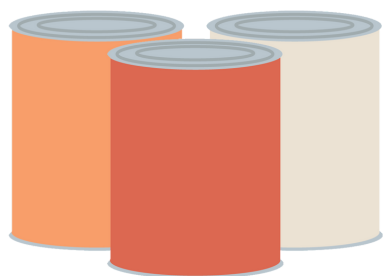
Sign Up

Utah Food Bank provides enrollment and delivery services for CSFP.

Call **801 887-1275** for an application and to find the Distribution Site nearest you. *Spanish and other languages are available upon request.*



Vivir con ingresos fijos o limitados puede ser difícil. Algunos meses puede sentir la necesidad de elegir entre pagar sus facturas o comprar alimentos. El CSFP de Utah existe para ayudar a las personas mayores de 60 años con ingresos elegibles, a complementar sus dietas alimenticias, mantener su salud y disminuir la las facturas de comida. Deje de preocuparse de dónde vendrá su próxima comida y regístrese hoy en CSFP.



El programa de Utah CSFP le ofrece:

- Una caja de comida mensual gratuita que contiene 10 días de alimentos comprados por el USDA con un valor de hasta \$ 55
- Alimentos ricos en nutrientes específicos para personas mayores para mantener una dieta saludable
- Alimentos que cumplen con las necesidades dietéticas especiales
- Educación nutricional
- Deliciosas recetas para ayudarle a aprovechar al máximo cada caja

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: How to File a Complaint. y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

- (1) correo: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
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Esta institución es un proveedor que ofrece igualdad de oportunidades.

UDOH 3/2022



UTAH  **CSFP**
Commodity Supplemental
Food Program



www.utahfoodbank.org/csfp

El Programa de Mercancía Suplementaria (CSFP)

¿Qué es CSFP?

CSFP es un programa mensual gratuito de cajas de alimentos para personas mayores de bajos ingresos. El programa está dirigido por el Departamento de Salud de Utah en asociación con el Banco de Alimentos de Utah. El USDA compra todos los alimentos a los productores estadounidenses.

Eligibilidad

Los participantes de CSFP deben:

- Vivir en Utah
- Tener 60 años o más
- Declarar ingresos mensuales de menos de \$ 1,473 para un hogar de 1 o \$ 1,984 para un hogar de 2 (no se requiere comprobante de ingresos)
- Una vez certificado, responda a una llamada telefónica de recertificación cada 12 meses

¿Qué hay en la caja?

Toda la comida en la caja proviene de granjas estadounidenses a través del USDA. Las cajas de alimentos incluyen alimentos ricos en vitamina A y C, calcio y hierro y bajos en sodio, grasa y azúcar. Algunos alimentos que encontrara en la caja son:

- | | |
|----------------------------|-------------------|
| • Carnes enlatadas | • Vegetales |
| • Mantequilla de cacahuete | • Leche sin grasa |
| • Queso | • Chile con carne |
| • Fruta | • Arroz |
| • Frijoles | • Cereal |
| | • Pasta |
| | • Jugo |

Política de no Presentación

Los participantes deben recoger su caja cada mes. Si la caja no se recoge por 2 meses consecutivos, es una violación del programa que podría resultar en perder su participación en el programa.

Si no puede recoger su caja durante un mes o más, puede llamar al banco de comida y poner su caja en espera hasta que sus circunstancias cambien y pueda volver a recoger su caja.

Apoderado/a

Usted Puede asignar un apoderado/ cuando presente la solicitud para que recoja su caja. DE este modo no tendrá que preocuparse por perder un mes.

Entrega a domicilio o usted la puede recoger

Los paquetes deben recogerse cada mes en su lugar designad o entrega a domicilio.

Regístrese

Utah Food Bank proporciona servicios de inscripción y entrega para CSFP.

Llame al **801 887-1275** para obtener una solicitud y encontrar el sitio de distribución más cercano a usted. Otros idiomas están disponibles si así lo requiere.



Eat Healthy Over 60

Seniors aged 60 and older on a limited income can qualify to receive a monthly food box worth \$45 to \$55. The box includes canned fruits, vegetables, and meat as well as cereal and grain products and cheese and milk.

Eligibility Qualifications

- Age 60 or older
- Income at or below \$1,473 a month

How to Sign UP

- Proof of address (utility bill)
- State issued ID (driver's license or birth certificate)

Renew Every Year

- Accept a phone call every year to renew your participation

To sign up, contact the Utah Food Bank at
801-887-1224 or by email at
denisen@utahfoodbank.org



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Coma saludable después de los 60

Las personas mayores de 60 años y con un ingreso limitado pueden calificar para recibir una caja de comida mensual con un valor de \$ 45 a \$ 55. La caja incluye frutas, verduras y carne enlatadas, así como productos de cereales, granos, queso y leche.

Elegibilidad

- 60 años o más
- Ingresos igual o menores de \$1,473 mensuales

Cómo registrarse

- Comprobante de domicilio
- Identificación emitida por el estado

Renueve cada año

- Acepte una llamada cada año para renovar su participación.

Para inscribirse, comuníquese con el Banco de Alimentos de Utah al 801-887-1224 o por correo electrónico denisen@utahfoodbank.org



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REMINDER

As a participant on CSFP, the monthly food box from Utah Food Bank, it is your responsibility to pick-up your box. Unfortunately, we do not have delivery service at your site. If you do not pick-up your box during the time set aside by your site your box will be returned to Utah Food Bank.

If you are no longer able to pick-up your box, or have any questions please call Utah Food Bank (801) 887-1275.



REMINDER

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If you are no longer able to pick-up your box, or have any questions please call Utah Food Bank (801) 887-1275.



RECORDAR

Como participante en la Utah CSFP, la caja de comida mensual del Utah Food Bank, es su responsabilidad para recoger su caja. Por desgracia, no tenemos servicio de entrega en su sitio. Si no recoger a su cuadro durante el tiempo destinado por su sitio su caja será devuelto a Utah Food Bank.

Si ya no es capaz de recoger a su caja, o tiene alguna pregunta por favor llame a Utah Food Bank (801) 887-1275.



RECORDAR

Como participante en la Utah CSFP, la caja de comida mensual del Utah Food Bank, es su responsabilidad para recoger su caja. Por desgracia, no tenemos servicio de entrega en su sitio. Si no recoger a su cuadro durante el tiempo destinado por su sitio su caja será devuelto a Utah Food Bank.

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Impact Report

2022

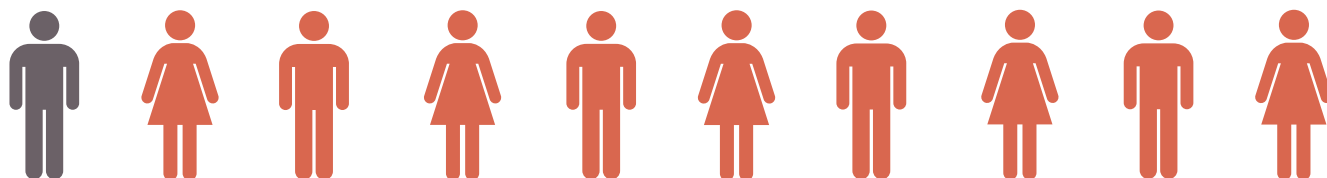
Administered by Utah Food Bank, the Commodity Supplemental Food Program (CSFP) was created by the U.S. Department of Agriculture to improve the health of low-income individuals at least 60 years of age, by supplementing their diets with nutritious foods.

“
I appreciate so much that a volunteer brings me my box since I don't drive.
”

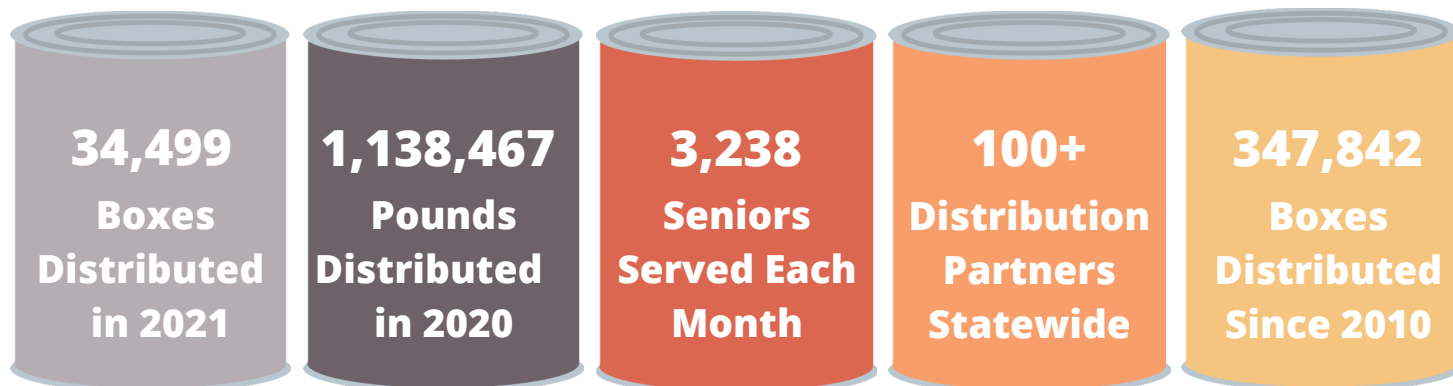
“
I believe you all are doing an incredible service, outstanding job, and my thanks for maintaining quality in my life and others.
”

“
These people are helping many people like me and I appreciate this service 100%. Very helpful and kind and very useful.
”

“
Your service is wonderful. The people are so kind and caring.
”



Nationally, roughly 1 in 10 seniors struggle with hunger. Utah CSFP provides a monthly food box including a variety of healthy food such as canned fruits and vegetables, whole grains, beans, milk, cheese, and packaged meat.



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State Data

County	Population	Population over 65	Seniors in Poverty	CSFP Caseload	% Covered by CSFP	State Rank
Beaver	7,249	1,124	87	34	39.3	2
Box Elder	59,688	7,700	524	54	10.3	16
Cache	137,417	13,604	1,252	57	4.6	22
Carbon	20,372	3,789	485	74	15.3	11
Daggett	976	252	16	8	48.9	1
Davis	367,285	39,299	1,965	66	3.4	23
Duchesne	19,967	2,553	271	106	39.2	3
Emery	9,967	1,794	167	38	22.8	5
Garfield	5,129	1,221	118	10	8.4	19
Grand	9,663	1,962	204	32	15.7	9
Iron	60,519	8,231	1,128	72	6.4	21
Juab	12,155	1,422	110	17	15.5	10
Kane	7,992	1,886	170	20	11.8	14
Millard	13,164	2,304	246	7	2.8	24
Morgan	12,657	1,557	58	0	0.0	29
Piute	1,487	416	64	9	14.1	13
Rich	2,597	506	43	3	7.1	20
Salt Lake	1,186,421	137,625	9,634	1,779	18.5	8
San Juan	14,489	2,159	402	43	10.7	15
Sanpete	29,106	4,308	607	55	9.1	18
Sevier	21,906	3,746	375	86	23.0	4
Summit	42,093	6,188	278	1	0.4	28
Tooele	76,649	7,052	402	80	19.9	6
Uintah	36,204	4,334	469	69	14.7	12
Utah	684,986	54,114	4,221	86	2.0	26
Wasatch	36,173	4,666	219	2	0.9	27
Washington	191,226	42,261	2,916	75	2.6	25
Wayne	2,558	586	66	13	19.8	7
Weber	267,066	32,315	2,359	225	9.5	17

*Population and poverty data from the U.S. Census Bureau. Seniors in poverty estimated.

**Please note that these figures are for seniors 65+ at poverty level and therefore do not capture the total need within each county.

Program Overview

The Commodity Supplemental Food Program (CSFP) serves just over 3,200 low-income seniors throughout Utah each month. The program is designed to meet the unique nutritional needs of participants, supplementing diets with a monthly package of healthy, nutritious USDA commodities. With one in six seniors struggling with hunger nationwide, CSFP prevents vulnerable seniors from having to choose between food and other basic needs.

Who Qualifies

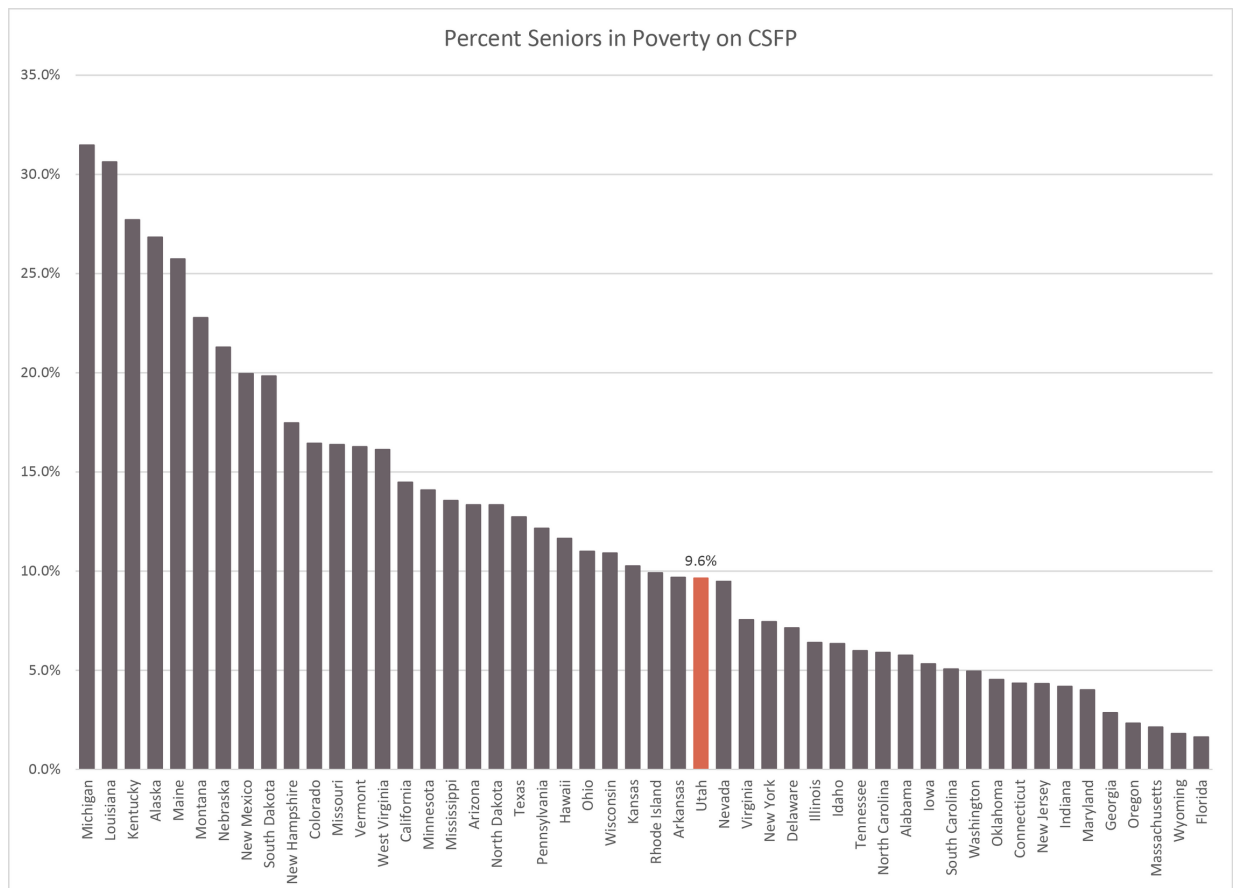
CSFP has eligibility requirements for both income and age. CSFP services individuals age 60 and over with incomes of less than 130% of the Federal Poverty Guideline (\$17,667 for a senior living alone in 2021).

Targets Vulnerable Seniors

Unlike home-delivered meals and congregate feeding programs in senior centers, CSFP is focused specifically on the low-income senior population.

Nationwide Reach

CSFP is available in all 50 states. Utah ranks 28th out of 50 states in providing service to at-need seniors.



Nutritional Benefits

While CSFP is not expected to provide a complete diet, it is designed to provide nutrients typically lacking in senior's diets. A 2012 USDA study rates CSFP's senior food package at 76.6 on the Healthy Eating Index (HEI), significantly higher than the average American diet (at 57.5 HEI).

Food Package Contents

The CSFP food package includes commodities from each of the five recommended USDA food categories:

- Canned fruits - unsweetened or lightly sweetened
- Canned vegetables - low sodium or no salt added
- Low fat dairy - cheese and shelf stable milk
- Whole grains - oats, whole grain noodles, brown rice, and cereals
- Variety of proteins - dry and canned beans, lean meats, poultry, and fish

And with over 70 food items available to choose from, participants are promised a new combination of food items every month.

Purchased not Donated Food

CSFP commodities are 100% American-grown USDA Foods purchased from U.S. farmers and ranchers. Since all products contained in the food box are purchased fresh by the U.S. Government, participants can rest assured that each product goes through strict monitoring at the State and Federal level to keep them free of risk. Participants also appreciate the fact that CSFP commodities are delivered to them well before any expiration date.



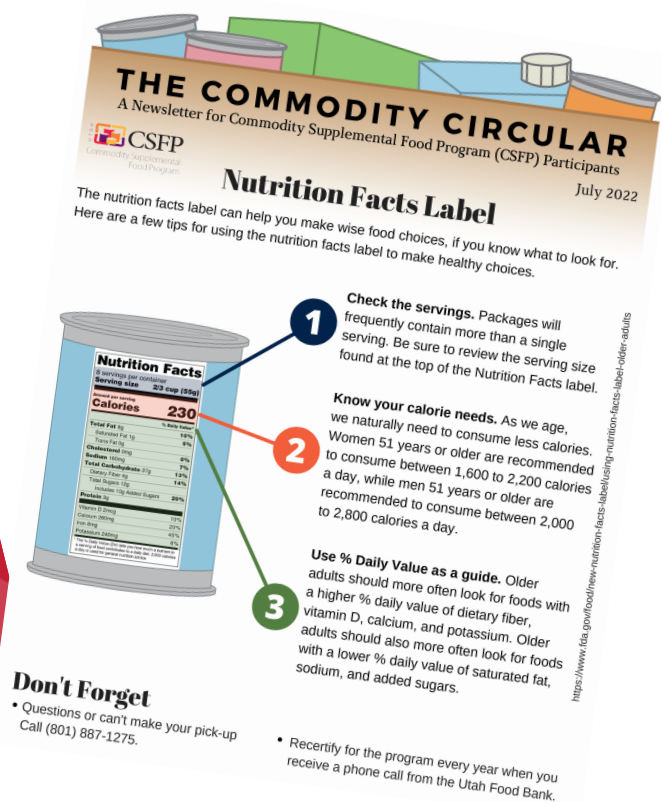
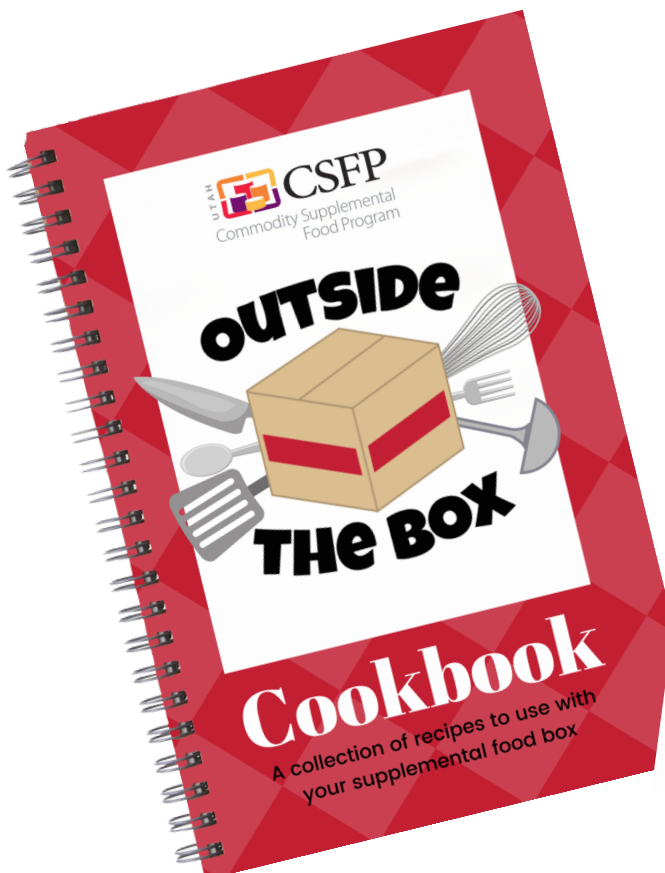
Education Component

Utah CSFP takes the USDA charge to offer nutrition education to our clients seriously. Through handouts, special projects, and social media; we are working to improve the habits of the seniors on the program.

Every month a nutrition education handout is included in each and every food box that is distributed throughout the state. Each handout is prepared locally and focuses on issues identified in a comprehensive client survey administered every other year.

Once a year, Utah CSFP undertakes a special educational project. In years past the program has shared a large calendar, a cookbook that included dozens of recipes with commodities included in the program's food box, and an adult coloring book with fun artwork and a some nutrition education on every page.

Additionally, Utah CSFP continues to educate through social media. Included in this effort is a recent initiative to produce short explainer videos on senior health issues, including a video on how to avoid food poisoning.



Utah CSFP Performance

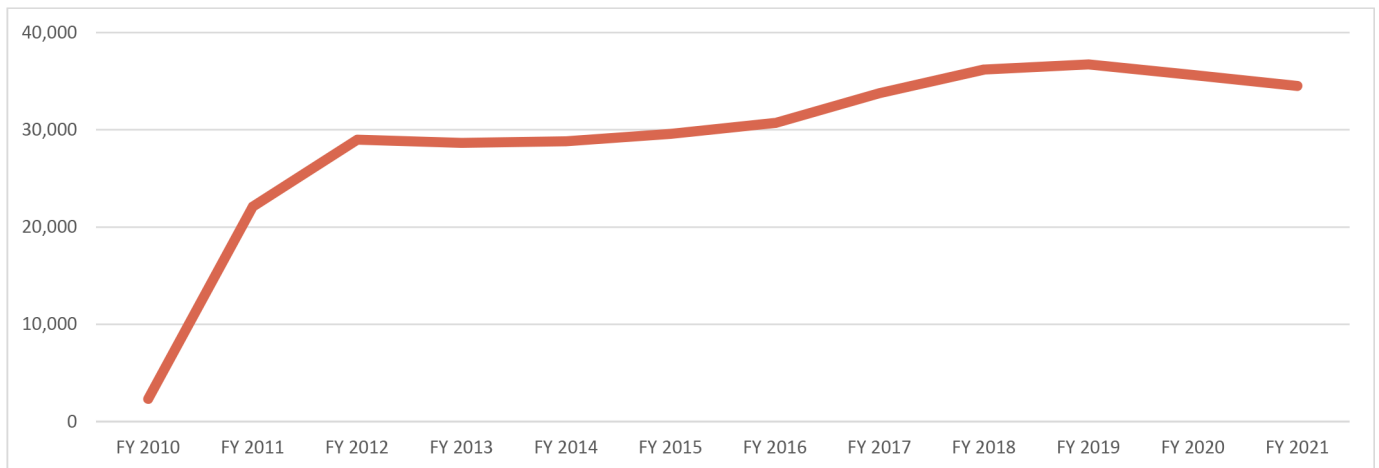
Since its introduction into Utah in 2010, CSFP has continually grown both in caseload and in its reach into counties throughout Utah.

Today Utah CSFP is available in all of Utah's 29 counties. Our federally assigned caseload for FY 2022 is 3,238 clients.

In order to qualify for additional caseload, a state must reach the threshold of 95 percent distribution of caseload. Outside some growing pains in the initial years of the program and recently due to client hesitancy during COVID, Utah CSFP has consistently reached that threshold and has thus seen caseload grow steadily over time.

Thanks to the incredible efforts of Utah Food Bank, the Utah CSFP is in a strong position to continue to grow. Together we can reach more at-risk seniors throughout all 29 counties in the state.

Yearly Number of Boxes Delivered in Utah



Utah Food Bank stores, packages, and delivers over 30,000 boxes each year. Our goal is to continue to grow to meet the needs of a growing number of food insecure seniors in Utah.

Your Responsibility

Most of the administration of CSFP is covered by Utah Food Bank. The allocation of caseload, the purchasing of commodities, the shipping of food boxes, and the processing of applications are all handled by Utah Food Bank. But as a distribution site, you still are responsible in a number of ways to ensure the program is a success.

Identify Potential Clients

As you serve the needs of the at-risk population in your community, pay special attention to those clients 60 years or older who may qualify for CSFP. You can leverage CSFP to free up other resources in your pantry to assist more families in your community.

Assist in the Application Process

Seniors interested in participating in CSFP must first fill out an application form. Your site can verify identification and residency to expedite the process. You should also double check the application has been completely filled out and that there are signatures for the applicant as well as any proxy. Level of income is self-declared.

Once an application is completed, your site will mail, email, or fax the application to Utah Food Bank for certification.

Set a Distribution Schedule

As a distribution site you set the time and means for the distribution of the food boxes to your clientele. When deciding your distribution schedule, please remember the demographics of the CSFP clientele. Our goal is to ensure that our clientele has every opportunity to receive its food box—so please plan your distribution schedule accordingly.

Collect a Signature for Each Box Delivered

For each box distributed, a signature is required. This is an important federal requirement that protects the program from charges of fraud. If a participant is unable to pick up her own box, she is welcome to enlist a proxy to pick up the box for her; but any proxy must be on file as such with Food Bank prior to signing for a participant's box.

Utah Food Bank will provide you with signature sheets you can use while distributing boxes. It is critical for the success of the program that you collect signatures monthly and then return those signature sheets to the food bank before the end of the month.

Ensure Civil Rights

As CSFP is a federal program, you are required to ensure the civil liberties of each client is met. All staff involved in CSFP is required to participate in Civil Rights training available on Utah Food Bank CSFP website every year. Additionally, your site is required to post USDA's "And Justice for All" poster in a prominent location where participants can see and clearly read it.

Program Marketing

With a limited budget, Utah CSFP needs to be strategic in its marketing. We have partnered with direct mailing newspapers in Davis, Salt Lake, and Utah Counties in an effort to share our message with the public. We've also partnered with the County Seat public access television show and PBS Utah's Contact with Mary Dickson to market the program. We have recently begun using targeted postcards to great success.

In Salt Lake County, we have advertised with City Journals throughout the county over the from 2018 to 2020. The City Journal is delivered to nearly 200,000 homes and businesses each month. In Utah County, Serve Daily is published an ad monthly from March 2018 to February 2019. Serve Daily has a overall reach of 13,000 households. In 2020, an ad was run in the Value Pages mailer in Utah and Davis Counties, reaching a total of 154,500 households.

In 2018, the Utah CSFP also arranged with ABC 4's The County Seat to film and air a segment outlining the program. In 2019, the Utah CSFP was featured on PBS Utah's Contact with Mary Dickson community information program.

Finally, in 2021 and 2022, we have been able to send targeted postcards to households with qualifying seniors. These efforts have resulted in hundreds of new applications.

FREE SENIOR FOOD BOX

CSFP
Commodity Supplemental Food Program

Seniors 60 years or older with a monthly income at or below \$1,316 qualify for a monthly senior food box distributed by the Utah Food Bank.

To sign up, contact the Utah Food Bank at 801-887-1224

UTAH FOOD BANK

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EACH FOOD BOX CONSISTS OF QUALITY USDA FOODS INCLUDING CANNED FRUITS AND VEGETABLES; DRIED RICE, PASTA, AND BEANS; MEATS; AND DAIRY PRODUCTS.

COUNTY SEAT Wendy Cox & Laura Mccaskill
Utah Food Bank Volunteers



Contact Utah CSFP for more information:

Denise Nielson, Outreach - 801 887-1224

Emily Roncancio, Inventory - 801 887-1280

Arie Van De Graaff, State Representative - 801 245-0087

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Civil Rights

1. Civil rights training slides
2. Civil rights training post test





CIVIL RIGHTS



Annual Training

Revised 7/2015

Training Goals

- Understand **policy & recognition** of civil rights.
- Know system structure **precautions** to avoid civil rights violations.
- Understand the purpose of civil rights **awareness and training** for all program staff & federal **tracking** of program populations.
- Identify steps for regulation **adherence**.
- Know how to **process** a civil rights complaint.

1

POLICY & CIVIL RIGHTS RECOGNITION

What are Civil Rights?

Of the people

By the people

& For the people

What are Civil Rights?



“The nonpolitical rights of a citizen; the rights of personal liberty guaranteed to U.S. citizens by the 13th & 14th

Amendments to the U.S. Constitution and by acts of Congress.”

Authority

- Title VI of the Civil Rights Act of 1964
 - Protected class: **race, color, national origin**
- Title IX of the Education Amendments of 1972
 - Protected class: **sex**
- Section 504 of the Rehabilitation Act of 1973
 - Protected class: **disability**
- Age Discrimination Act of 1975
 - Protected class: **age**
- Titles II and III Americans with Disabilities Act (ADA) of 1990
 - Protected class: **disability**
- FNS 113-1
 - Federal Civil Rights instructions; Office of Civil Rights
- Title 7 Code of Federal Regulations, Part 247 & 250
 - Regulations that guide CSFP
- Agricultural Act of 2014 (Farm Bill)
 - CSFP Regulation adjustment; no women or children
- Congressional Legislation Precedence
 - CSFP is restricted to those who are **60 years of age** or older and fall within **130% of the federal poverty** guidelines (as outlined in federal regulations), and therefore take precedent over certain protected bases



Civil Rights Policy

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. PARTICIPANT APPLICATION 2 UDOH This institution is an equal opportunity provider. Revised for website 11/2015 To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (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:

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- (2) fax: (202) 690-7442; or
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Participants shall not be...

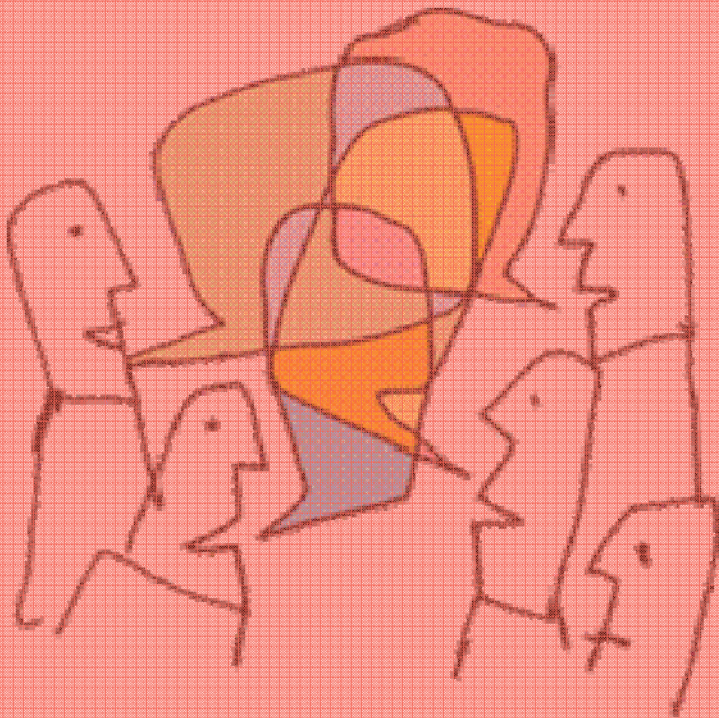
- **Discriminated** against
 - The act of distinguishing one person or group of persons from another, either intentionally, by neglect, or by the effect of actions or lack of actions based on their protected classes
- **Denied benefits** or services provided by CSFP
- Provided **services in different manner** than others
- Segregated or **given separate treatment** in any matter related to receipt of services
- **Restricted** from any advantages or privileges within CSFP
- **Treated differently** than others on program



Religious Institutions

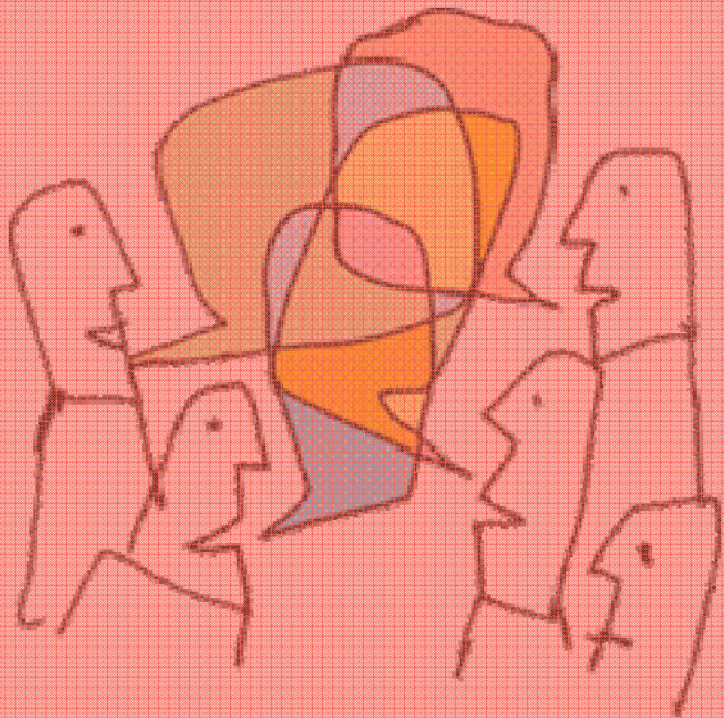
- The fact that institutions are faith-based or community-based shall not be taken into consideration when determining if the location has the **interest** and **structure to support** the actions of a distribution site
- Faith-based organizations do not need to strip symbols of their faith in areas where USDA foods are being stored and or disseminated
- Sites **shall not separate** CSFP from their other food assistance program
- Participants cannot be asked give or do anything in order to collect their box from the faith-based organization
 - Attend church
 - Pray
 - Profess faith
 - Participate in religious worship
 - Give confession





Scenario 1: Belligerent senior calls. He has received an ineligible notification, does not give his name or phone number and demands a fair hearing. What is your course of action?

- Upon application review he is 11 months too young to participate in CSFP. What are your next steps?
- Have any civil rights been violated?



Scenario 2: A female participant receives a letter in the mail informing her she is no longer able to participate on the program. She contacts you insisting that her removal is for being single white and female.

- What do you do?
- Have any civil rights been violated?

2

VIOLATION PRECAUTIONS

Site Requirements

- Participate in annual Civil Rights training
- Provide fair and equal treatment of participants and benefit delivery to all interested in CSFP
- Treat all people with dignity and respect
- Post "And Justice for All" poster in visible location



Public Notifications

- The public is given multiple opportunities to be aware of their Civil Rights. Some of the public notifications for our program are:
 - Program availability
 - Anyone interested in the program must be made aware of the program and eligibility requirements. Anyone interested must be given the opportunity to apply to participate.
 - Rights & Responsibilities
 - Given to participants at application. It is the responsibility of the applicant to adhere to their Rights & Responsibilities. It is our responsibility to make participants aware of the Rights & Responsibilities in a language they understand.
 - Submitting a complaint
 - Gives instructions on how to submit a complaint. The information is printed on the application in the nondiscrimination statement as well as in the Rights & Responsibilities.
 - Nondiscrimination statement
 - Variation of this statement will be on all printed materials. If you are creating program materials please contact the state for further instructions on placement.
 - "And Justice for All" poster
 - This is the nondiscrimination statement from USDA that shall be posted in a visible area at all sites, it is the responsibility of the participant to read.

Americans with Disabilities Act (ADA)

- Protected class: **disability**
- The Americans with Disabilities Act (ADA) requires reasonable accommodations to be provided to persons with disabilities to give them access to Program benefits
- What does this mean for you?
 - Accessibility
 - Providing services in alternate locations
 - Provide parking spaces
 - Sign language interpreters



Limited English Proficiency (LEP)

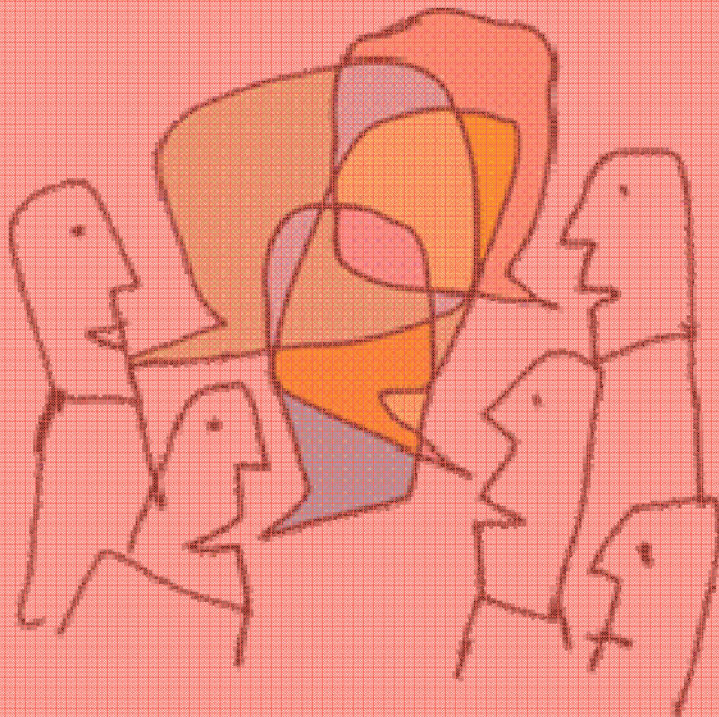
- Protected class: **national origin**
- Definition: Individuals who do not speak English as their primary language and have a limited ability to read, speak, write or understand English
- All agencies must provide “meaningful” access to CSFP in regards to LEP based on:
 - The number or proportion of LEP persons
 - The frequency of LEP interactions
- Can participants provide their own interpreter?
 - Yes; however, they are not required to do so and cannot be required to do so



Limited English Proficiency (LEP)

- What are you required to do?
 - Use bilingual staff
 - Contract with interpreting services
 - Translate documents and forms
 - Train staff in the use of resources available to serve LEP individuals
 - Use technology and internet tools
 - Providing materials in large print





Scenario 3: Your area services a large population of Spanish speakers. Your pantry creates a “Spanish Day” for all Spanish speakers to come and collect their boxes.

- Is “Spanish Day” a civil rights violation?
- What do you do at your pantry to serve LEP participants?

3

STAFF TRAINING & DATA TRACKING

Civil Rights Training

- Provide a clear understanding of civil rights related **laws, regulations, procedures** and **directives**
- Who needs it
 - All paid staff who work on the program
 - All volunteer staff who regularly work with participants, especially during the application process



Data Tracking

- All states track who is participating in which programs for national demographic information
- Data for Utah CSFP is requested during the application process. If the participant chooses not to self identify it is your obligation to guess based on visual cues
- Data is retained by UFB for 4 years. The required categories are:
 - Race
 - Hispanic or Latino
 - Not Hispanic or Latino
 - Ethnicity
 - American Indian or Alaskan Native
 - Asian
 - Black or African American
 - Native Hawaiian or other Pacific Islander
 - White



4

REGULATION ADHERENCE

Compliance Reviews

```
graph TD; USDA[USDA] --> UDOH[UDOH]; UDOH --> UFB[UFB]; UFB --> Site[Site];
```

USDA



UDOH



UFB



Site

- Occurs every year at all levels, unless otherwise specified and revolves around the following topics:
 - Equal opportunity for participation
 - Office displays nondiscrimination poster in a conspicuous location
 - Nondiscrimination statement on all printed program materials
 - Program information is made available to potential participants
 - Civil rights complaints are being handled in accordance to training
 - Annual civil rights training conducted for staff

Noncompliance

- Noncompliance: a factual finding that any civil right requirement, as provided by law, regulation, policy, instruction, or guidelines, is **not being adhered to** by a contracted site
- Should multiple concerns arise a **Special Compliance Review** will be conducted
- What happens when you receive a finding?
 - Findings are identified in a **written report** submitted to the reviewed site by the reviewer
 - The site can either choose to voluntarily adjust as outlined in the **corrective action plan** so they are in compliance, or they can choose to terminate the Program at their location

Assurances

- Sites agree to operate in compliance with all nondiscrimination laws, regulations, instructions, policies and guidelines
- All options are outlined in the Site Agreement with UFB

5

COMPLAINT PROCESSING

Receiving a Complaint

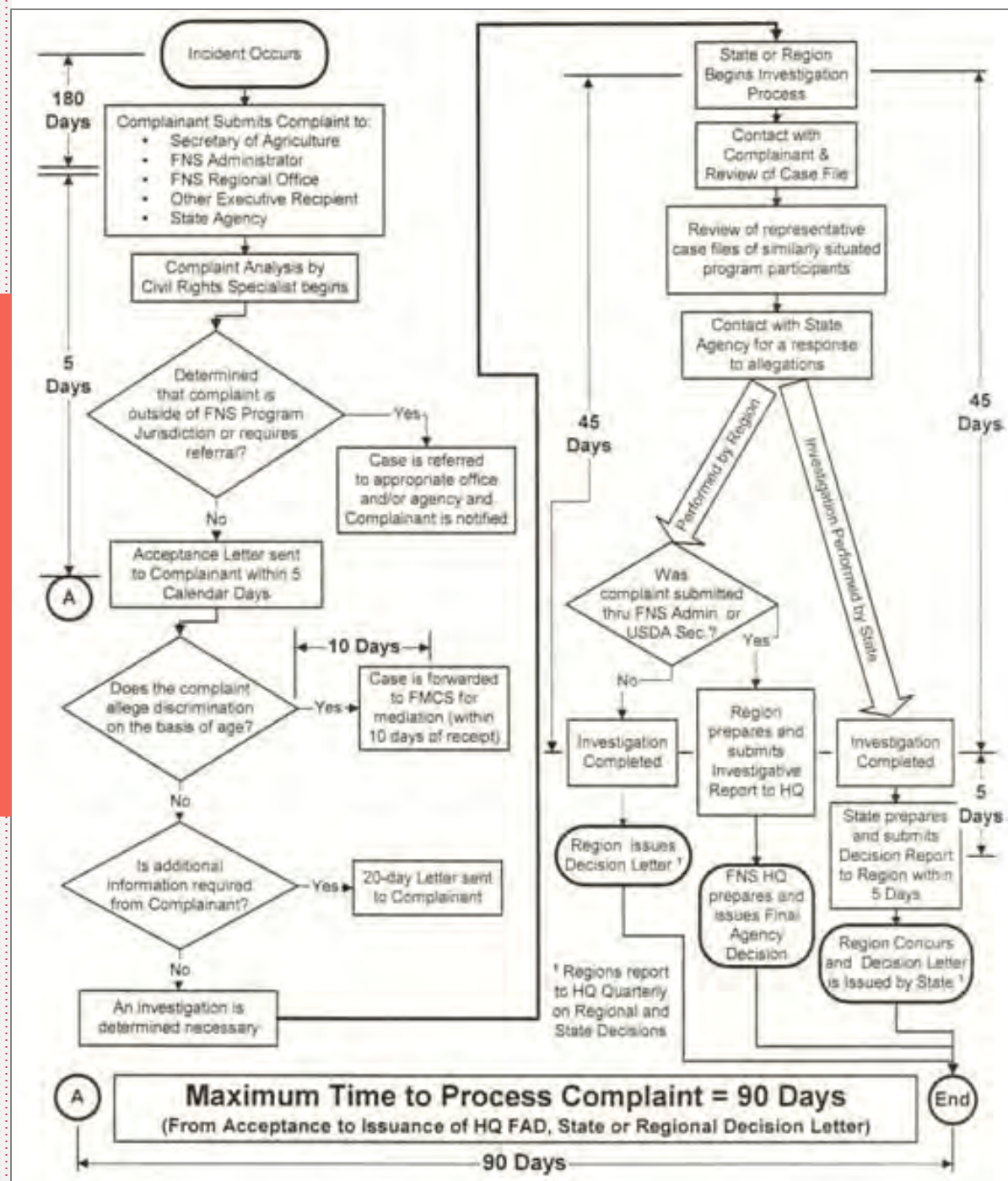
- All complaints alleging discrimination on the basis of **race, color, national origin, age, sex, or disability**, either written or verbal, must be processed within the time frames established by Departmental regulations and agreements
- **Any person** or representative alleging discrimination based on the identified bases **has the right** to file a complaint **within 180 days** of the alleged incident
- If you receive a complaint submit it to the Utah Department of Health ASAP. The state shall submit it to the Office of Civil Rights within 5 days of receipt. All complaints must be processed within **90 days of receipt**

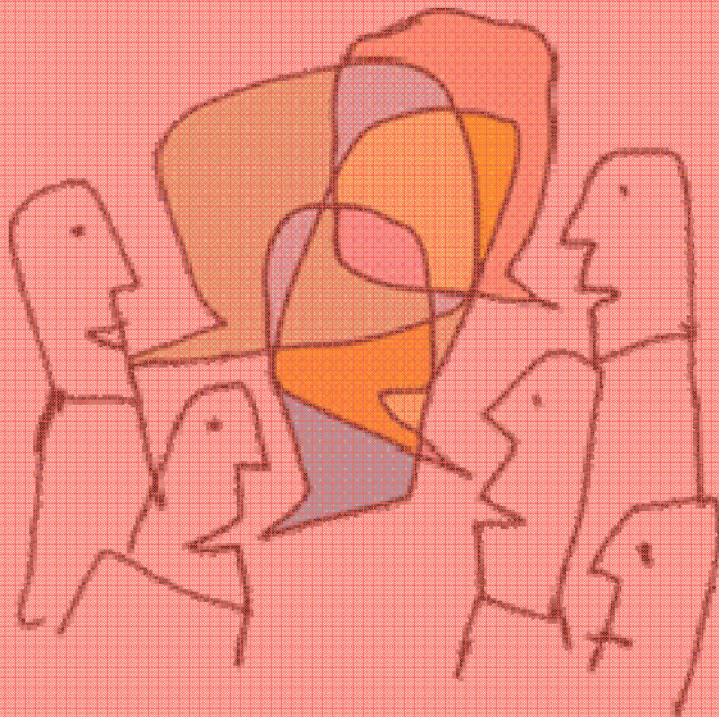
Forms of Complaints

- If you receive a verbal complaint document as much information as possible and all their contact information. **Who, what, where, when, why, how...**
- Complaints may be received in many forms
 - Written
 - Verbal
 - Phone
 - Letter
 - Email
 - Fax
 - Anonymously



FNS 113 Complaint Processing Procedures & Timeline





Scenario 4: What steps should you take if someone comes to you and is upset about an interaction they had 6 months ago that included a protected class?

Customer Service

- Treat all participants with **dignity and respect**
- Recognize that participants have **varied needs** and (sometimes) **few resources**
- **Don't talk or joke about people**, regardless of whether they can hear, or understand you



“

DO UNTO OTHERS AS
YOU WOULD HAVE
OTHERS DO UNTO YOU.

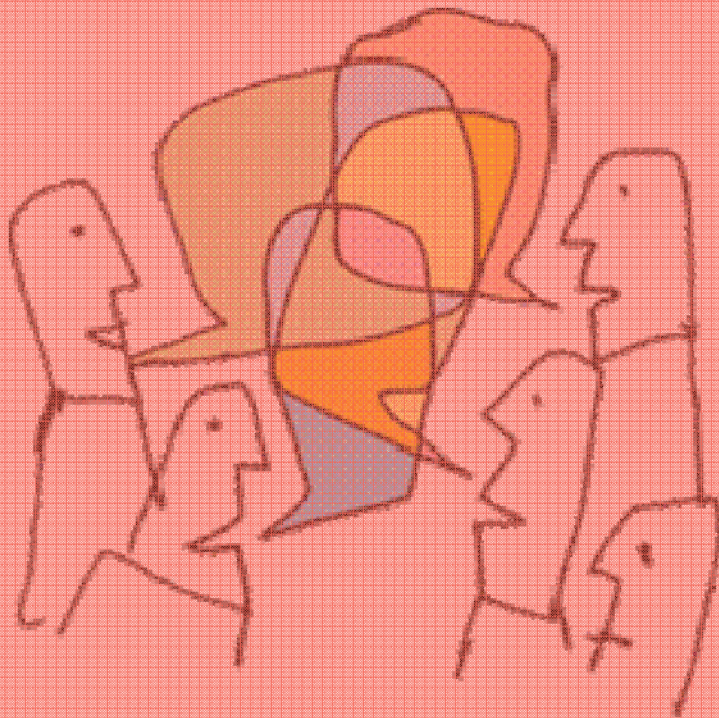
”

Follow the Golden Rule to avoid any semblance of
discrimination or Civil Rights violation.

Conflict Resolution

- Respond to questions in a non threatening **manner** and **voice** tone
- Develop good **listening skills** and make **eye contact**
- Don't take anything personally, **avoid arguing**
- **Document** everything





Scenario 5: A nicely dressed man in a nice, fairly new, car arrives to pick up his and his wife's monthly CSFP box. A few volunteers begin talking amongst themselves questioning his participation & need for help with food within his earshot.

- What do you do?
- How can this be avoided in the future?

Thank you for attending.
Please take a moment to
complete and return the
POST TEST.

Questions?

Contact

amandadouglas@utah.gov

801.273.2915



CIVIL RIGHTS TRAINING POST TEST

Name: _____ Date: _____

Organization & Title: _____

How did you participate? ☐ Online ☐ In person (group) ☐ State presented ☐ UFB presented

The goals of Civil Rights are to provide fair and equal treatment of participants and benefit delivery to all interested in CSFP. Please answer each question below; you may refer to the PowerPoint if necessary. You may complete the crossword in lieu of this test. Thank you for always serving the public in a fair, friendly and non-discriminatory manner.

1. As part of the contractual agreement with UFB each site assures that it will operate in compliance with all nondiscrimination laws, regulations, instructions, policies and guidelines.
True _____ False _____
2. Good customer service and conflict resolution skills may assist in preventing allegations of Civil Rights discrimination.
True _____ False _____
3. Which of the following are potential Civil Rights concerns?
 - a. Pattern of discrimination complaints
 - b. Racial group not participating in the program
 - c. Allegations by advocacy groups
 - d. All of the above
4. CSFP participants who do not speak English are required to bring an interpreter when they come to pick-up their box.
True _____ False _____
5. Allegations of discrimination should be put in writing by the complainant or by the staff receiving the complaint. If it is taken by site staff the State CSFP Office must be notified and will assist in forwarding the complaint.
True _____ False _____
6. Which of the following are tactics of conflict resolution?

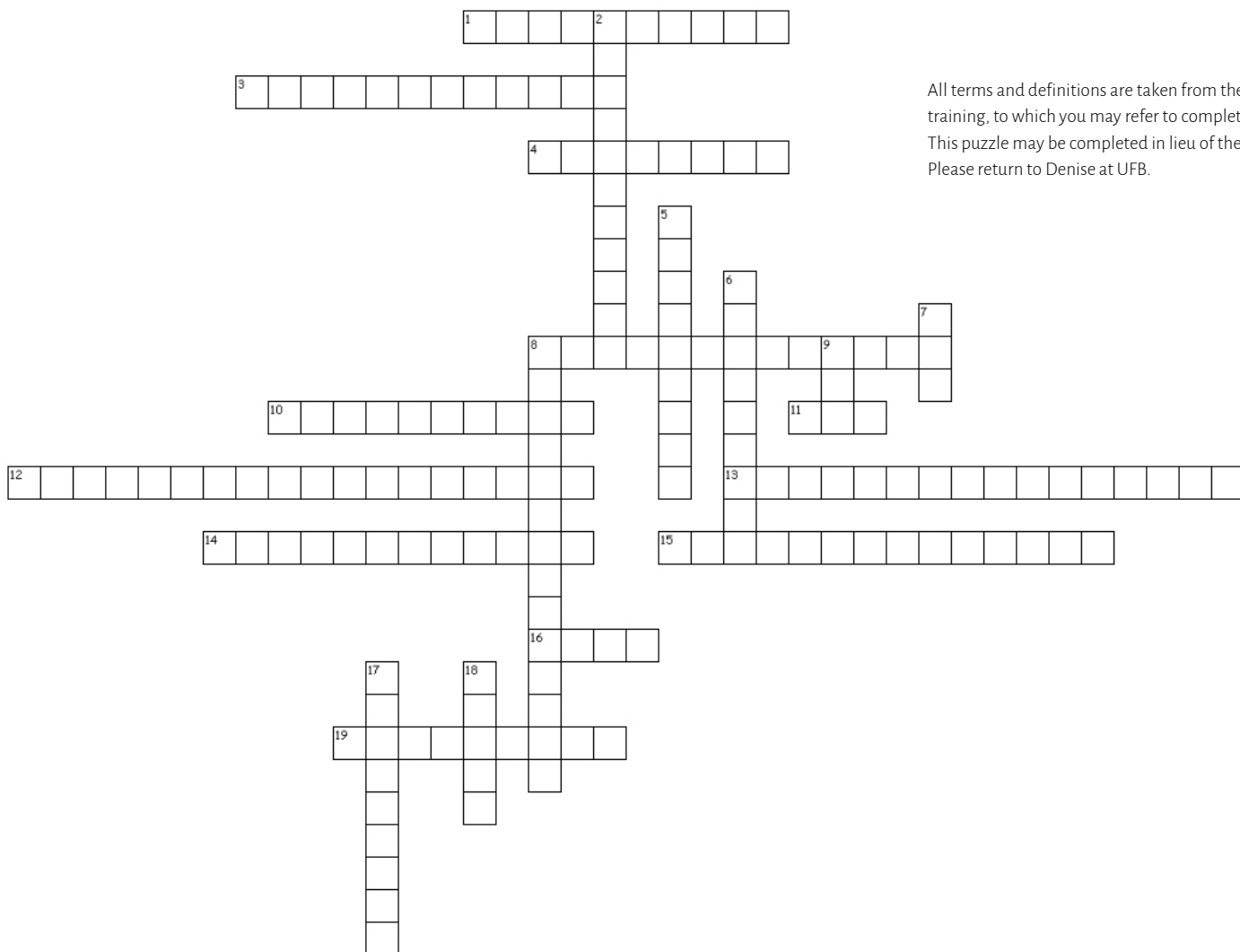
<ol style="list-style-type: none"> a. Make eye contact b. Use good listening skills c. Use non-threatening body movements 	<ol style="list-style-type: none"> d. Use normal voice tone and avoid arguing e. All of the above
--	---
7. Where can a participant find instructions on how to submit a complaint based on a protected class?

<ol style="list-style-type: none"> a. Non-discrimination statement b. Program application c. Rights & Responsibilities 	<ol style="list-style-type: none"> d. www.utahfoodbank.org/csfp e. All of the above
---	--

Comments or questions about the training can be sent to the Utah Department of Health amandadouglas@utah.gov, or 801.273.2915.

PLEASE RETURN ALL TESTS TO DENISE AT UFB.
TESTS WILL BE KEPT ON FILE.

Civil Rights Crossword Puzzle



All terms and definitions are taken from the PowerPoint training, to which you may refer to complete the puzzle. This puzzle may be completed in lieu of the Post Test. Please return to Denise at UFB.

ACROSS

1. _____ review occurs every year for all agencies to ensure that civil rights precautions and regulations are being complied with
3. Collection of ethnicity and race to ensure all populations are being served
4. Providing excellent _____ service will prevent civil rights violations
8. Factual finding when a contracted site is not adhering to Civil Rights laws and regulations
10. Protected class from Section 504 of the Rehabilitation Act of 1973
11. Individuals who do not speak English as their primary language (Acronym)
12. Good listening skills, eye contact, voice and manner are tactics of this
13. Name of public poster notification that is required to be visible at all locations operating USDA programs
14. _____ rights are guaranteed to U.S. citizens by the 13th and 14th amendments
15. Distinguishing someone apart either intentionally or by neglect
16. Protected class from Title VI of the Civil Rights Act of 1964
19. If a person feels that one of their protected Civil Rights has been violated they have the right to submit a _____

DOWN

1. Congressional _____ is a program regulation that succeeds protected bases
5. Acts, amendments, regulations, legislation outline the _____ for program governance
6. New protected class covers individuals against _____ or retaliation for prior civil rights activity in any program or activity conducted of funded by USDA
7. Protected class from Title IX of Education Amendments of 1972
8. Protected class from Title VI of the Civil Rights Act of 1964 (2 words)
9. Protected class from Age Discrimination Act of 1975
17. A finding in the annual compliance review
18. Protected class from Title VI of the Civil Rights Act of 1964

Name: _____ Date: _____

Organization & Title: _____

State Plan

1. State Plan





State Plan
Commodity Supplemental Food Program (CSFP)
Division of Family Health and Preparedness
Bureau of Maternal and Child Health
Utah Department of Health

Contents

1. Local Agency Identification	1
2. Income Eligibility	1
3. Certification Periods	1
4. Nutritional Risk Criteria	2
5. Service Plan and Caseload Needed	2
6. Outreach	3
7. System for Storing and Distributing Commodities	3
8. Nutrition Education Plan	4
9. Dual Participation Detection	3
10. Claim Pursuit Standards	5
11. Homebound Elderly Needs	5
12. Emergency Plan.....	5
13. State Agreements	4

The Utah Department of Health, Division of Family Health and Preparedness, Bureau of Maternal and Child Health (UDOH) administers the Commodity Supplemental Food Program (CSFP) in Utah, known as Utah CSFP, in accordance with the provisions of 7 CFR Part 247 and with the provisions of 7 CFR Part 250, as applicable. The Utah CSFP Policy and Procedures Manual provides details how the program is implemented and is available for use by the local agency and all distribution sites.

1. Local Agency Identification, in accordance with 247.6(1):

The State agency has entered into an agreement with a local agency, Utah Food Bank, 3150 South 900 West, Salt Lake City, UT 84119. Utah Food Bank (UFB) establishes agreements with subdistributing agencies as needed.

2. Income Eligibility, in accordance with 247.6(2):

Seniors (60 years or older) are income eligible if the income for the household is within 130% of the Federal Poverty Income Guidelines published annually by the U.S. Department of Health & Human Services.

Income and income exclusions are defined in accordance with 7 CFR 247.9(e). Utah CSFP chooses to exclude all sources of income allowed to be excluded in 7 CFR 247.9(e)(2) and excludes those required to be excluded in 7 CFR 247.9(e)(3). When warranted, the local agency shall consider the household's average income during the previous 12 months, and current household income to determine which more accurately reflects the household's status per 7 CFR 247.9(e)(4).

3. Certification Period, in accordance with 247.10 and 247.16:

Utah CSFP participants must recertify every three years through formal review by reviewing and amending the information contained in their original CSFP application, providing proof of identification and a signature in conjunction to their formal review. Additionally, the formal review must include a description of participants' rights and responsibilities, the program's no-show policy, and a list of helpful social services.

Furthermore, Utah CSFP clients must be certified annually between their three-year recertification through a less formal review by verifying 1) their household income status remains at or below 130% of the Federal Poverty Income Guideline, 2) their home address, and 3) their continued interest in participating in the program.

Applicants on the Utah CSFP wait list can be certified for a one-month period in order to maximize caseload use when regular program participants miss scheduled distribution.

4. Nutritional Risk Criteria, in accordance with 247.6(3):

Nutritional risk status shall be calculated by the local agency based on the following two factors. 1. A participant's possession of food; including their current supply on hand and future food supply in conjunction with the financial ability to purchase food long-term. 2. A

participant's access to grocery stores, public transportation or ability to travel to grocery stores, and access to another individual (not necessarily family) that can provide assistance in obtaining food.

5. Service Plan and Caseload Needs, in accordance with 247.6(4):

Available caseload is allocated by the State and local agencies to subdistributing agencies taking into consideration the need in the service area, the request for caseload submitted by the subdistributing agency and the demonstrated ability of the subdistributing agency to administer the program. The local agency may establish agreements with other public and/or private non-profit agencies to distribute food packages in accordance with federal regulation and the Utah CSFP Policies and Procedures, however, all certification of participants shall be done through the local agency.

Population Eligibility:

Individuals must fall into the eligible population group as defined in 7 CFR 247.9(a) and subsequent 2014 Agricultural Act (Farm Bill).

Residency Requirement:

Persons eligible for Utah's CSFP must reside in Utah. There is no duration or fixed residency requirement. Migrant and seasonal farm workers shall be considered as meeting the residency requirement. The local agency is authorized to serve residents from counties outside their normal service area but who live within the state of Utah. Seniors who reside in nursing homes that provide food as part of their care do not qualify for program benefits.

Caseload Needed:

Utah CSFP FY2020 caseload is 3,238. Moving forward, Utah CSFP continues to look to expand into additional counties and continue to grow the caseload within the existing 25 counties currently being served. To achieve this goal, Utah CSFP needs additional caseload to grow and maintain current service throughout the state.

6. Outreach, in accordance with 247.6(5):

Outreach activities are conducted at both the State and local agency level. Brochures and flyers (English and Spanish) developed by the State are available at the Utah CSFP office to promote and advertise CSFP in the general population and seniors. Utah CSFP will send information to other programs, such as senior centers and food pantries or other places where eligible individuals receive other services.

The local agency shall be required to do outreach activities. A consistent outreach message will be used statewide and provided to the local agency by the State for the senior population. The local agency is encouraged to work with Aging Services, and physicians around the state to market the program and encourage referrals.

7. System for Storing and Distributing Commodities, in accordance with 247.6(6):

USDA commodities are shipped directly from the USDA contracted warehouse to the local agency warehouse. The State monitors all multi-food and direct shipment requests for commodities. Local agency is responsible for the ordering, receipt and storage of commodities; the preparation and distribution/delivery of the food packages; and the certification of participants.

The local agency shall assure that adequate care and security is provided for the food while in their possession. Food packages are stored and secured in 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 CSFP commodities will be inventoried separately.

CSFP participants will receive prepared benefit packages at a designated drop site during normal hours of operation on a monthly or bi-monthly schedule where inclement weather is a transportation inhibitor for the local agency. Staff or volunteers at the distribution site verify eligibility and identity of recipients prior to distributing benefit packages. The local agency shall provide home delivery of prepared benefit packages to homebound elderly.

8. Nutrition Education Plan, in accordance with 247.6(7):

The local agency is responsible for making nutrition education available to all participants. At a minimum, the local agency shall distribute nutrition education information with monthly food packages in the form of a flyer or newsletter. The State agency has developed a list of nutrition education resources available through various Utah state departments.

CSFP staff at the State and local agency are encouraged to attend the National CSFP Association annual meeting. This meeting provides information to staff pertaining to nutrition knowledge, client needs, wellness, and current program management information.

A survey developed to evaluate the effectiveness of nutrition education efforts and to obtain participant input, shall be collected biennially or as needed from participants. Survey results help the local agency focus the nutrition information provided to meet the needs of participants.

9. Dual Participation Detection, in accordance with 247.6(8):

The CSFP application process shall be run through the local agency's database system. The database system shall automatically detect and protect against duplicate applications and will not allow for dual participation in multiple counties and or pick-up from multiple subdistributing agencies. The database shall generate a list of participants for each subdistributing agency and shall assign each participant to a local subdistributing agency and shall not allow for a participant to be assigned to multiple subdistributing agencies.

10. Claim Pursuit Standards, in accordance with 247.6(9):

The State agency has established the following cost effective claim pursuit 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 \$250 or 5 months of CSFP benefits. The local agency is required to use this standard in determining if a claim is to be pursued and to pursue claims in accordance with 247.30 and Utah CSFP Policies and Procedures.

11. Homebound Elderly Needs, in accordance with 247.6(10):

The State agency requires the local agency to make arrangements to meet the needs of homebound seniors. Homebound seniors and participants with disabilities will be certified by local agency staff in their homes, or through an application mailed into the local agency. Volunteers will be allowed to interview homebound senior applicants and collect eligibility information, but the actual certification will be done by local agency staff. Homebound seniors are given priority over non-homebound seniors when applications exceed the assigned caseload level. The local agency shall allow designated proxies to pick up food packages for homebound elderly individuals.

Local agency policy prohibits delivery to hotel and temporary housing facilities. If a homebound participant finds themselves in such a situation they shall utilize a proxy to pick-up their monthly benefit package or make other arrangements directly with the local agency.

12. Emergency Plan:

During times of pandemic or disaster, the requirement that clients provide signatures to receive food boxes may be temporarily suspended in order to foster social distancing for the safety of the clients and distribution site staff. Routine procedures will resume once the disaster or pandemic has ended.

13. State Agreements, in accordance with 247.6(11):

See Attachment 1; Copy of the local agency award letter.

Policies & Procedures

1. Policies & Procedures Manual*

*The manual is reviewed annually for accuracy and relevance to the program policies and regulations as outlined by USDA regulations, memos and Federal Farm Bills. Updates are only added to the manual to align Utah CSFP policies and procedures with Federal regulations and program practices.





UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Program Administration	Chapter: 1
	Section: 1.1
REFERENCES: 7 CFR 247 and 7 CFR 250	Page: 1 of 1
	Revised: 06-2021

PURPOSE: To outline the regulatory and procedural guidelines for administering the Utah Commodity Supplemental Food Program (CSFP).

POLICY: The Utah CSFP shall be administered in accordance with federal regulations, the State Plan, the contract Scope of Work (SOW) and the Policy and Procedures Manual.

PROCEDURES:

- A. The CSFP is defined in Title 7 – Agriculture, Code of Federal Regulations Chapter II – Food and Nutrition Service (FNS), Department of Agriculture, Parts 247 and 250 referred to here after as 7 CFR 247 and 7 CFR 250. The State and local agency shall comply with all applicable parts of this and related federal regulations.
- B. Food Distribution National Policy Memoranda issued about the CSFP serve to clarify the regulation and provide guidelines. The local agency shall comply with all Food Distribution National Policy Memoranda.
- C. The Utah State Plan, here after referred to as the Plan, describes how the Utah Department of Health, Bureau of Family Health and Preparedness administer the CSFP. The Plan is permanent and has been approved by the FNS of the Department of Agriculture. The local agency shall be familiar and comply with the Plan, available at the Utah Department of Health. See Policy and Procedures Section 7.1 State Planning.
- D. The contract SOW is the written agreement between the State and the local agency detailing the responsibilities of both parties.

This reference, Commodity Supplemental Food Program Policy and Procedures Manual, interprets and defines federal regulations, policy memoranda and the Plan providing for consistency of implementation of the Utah CSFP. Attachment 1.1 describes the Utah CSFP.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Definitions	Chapter: 1
	Section: 1.2
REFERENCES: 7 CFR 247.1	Page: 1 of 3
	Revised: 12-2014

PURPOSE: To provide standard definition for terms used in the administration of the Utah CSFP.

POLICY: The definitions in the federal regulation and herein shall be used when administering the Utah CSFP.

PROCEDURES:

Applicant: any person who applies to receive program benefits. Applicants include program participants applying for recertification.

Caseload: the number of persons the State agency may serve on an average monthly basis over the course of the caseload cycle.

Caseload cycle: the period from October 1 through the following September 30.

Certification: the use of procedures to determine an applicant's eligibility for the program.

Certification period: the period of time that a participant may continue to receive program benefits without a review of his or her eligibility.

Commodities: nutritious foods purchased by USDA to supplement the diets of CSFP participants.

CSFP: the Commodity Supplemental Food Program. See Attachment 1.1.

Department: the U. S. Department of Agriculture.

Disqualification: the act of ending Program participation of the participant as a punitive sanction.

Dual participation: simultaneous participation by an individual in CSFP and the WIC Program, or in CSFP at more than one subdistributing agency.

Elderly persons: persons at least 60 years of age.

Fiscal year: the period from October 1 through the following September 30.

FNS: the Food and Nutrition Service of the U. S. Department of Agriculture.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Definitions	Chapter: 1
	Section: 1.2
REFERENCES: 7 CFR 247.1	Page: 2 of 3
	Revised: 12-2014

Food banks: Utah Department of Health enters into a single source contractual agreement with Utah Food Bank in Salt Lake City to serve as local and subdistributing agencies of CSFP.

Homebound elderly persons: persons who are, in the judgment of the local agency, unable to obtain monthly food packages without assistance provided by or through the local agency.

Local agency: a public or private nonprofit agency, which enters into an agreement with the State agency to administer CSFP at the local level.

No-show participants: enrolled persons who fail to pick-up food during a month.

Nonprofit agency: a private agency or organization with tax-exempt status under the Internal Revenue Code, or that has applied for tax-exempt status with the Internal Revenue Service.

Proxy: any person designated by a participant, or by the participant's adult parent or caretaker, to obtain supplemental food on behalf of the participant.

7 CFR part 250: the Department's regulations pertaining to the donation of foods for use in USDA food distribution programs.

7 CFR part 3016: the Department's regulations pertaining to administrative requirements for grants and cooperative agreements with State, local, and Indian tribal governments.

7 CFR part 3019: the Department's regulations pertaining to administrative requirements for grants and cooperative agreements with nonprofit organizations.

7 CFR part 3052: the Department's regulations pertaining to audits of States, local governments, and nonprofit organizations.

State: any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Trust Territory of the Pacific Islands, and the Northern Mariana Islands.

State agency: the Utah Department of Health (UDOH), the agency designated by the State to administer CSFP at the State level.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Definitions	Chapter: 1
	Section: 1.2
REFERENCES: 7 CFR 247.1	Page: 3 of 3
	Revised: 12-2014

State Plan: the document that describes the manner in which the State agency intends to administer the program in the State.

Subdistributing agency: an agency or organization that has entered into an agreement with the local agency to perform functions normally performed by the local agency; such as making arrangements for the storage and delivery of such commodities on behalf of eligible recipients.

UDOH: Utah Department of Health.

USDA: United States Department of Agriculture.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Acronyms	Chapter: 1
	Section: 1.3
REFERENCES: 7 CFR 247	Page: 1 of 1
	Revised: 09-2019

PURPOSE: To define common acronyms relating to the administration of the CSFP.

POLICY: The acronyms herein will be used throughout this manual and in connection with administering the Utah CSFP. Acronyms not defined herein must be defined at least the first time it appears in any document.

PROCEDURES:

The following acronyms will be used throughout this manual:

CSFP: Commodity Supplemental Food Program

FNS: Food and Nutrition Service of the United States Department of Agriculture

LA: Local Agency

SWRO: Southwest Regional Office

SA: State Agency

SOW: Scope of Work

UDOH: Utah Department of Health

UFB: Utah Food Bank

USDA: United States Department of Agriculture or U.S. Department of Agriculture



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Certification	Chapter: 2
	Section: 2.1
REFERENCES: 7 CFR 247.8 through 247.17	Page: 1 of 5
	Revised: 06-2021

PURPOSE: To provide guidance for the certification process and completion of the CSFP Participant Application, Attachment 2.1.

POLICY: Prior to the issuance of program benefits the trained certifying officials shall verify that each applicant is eligible; determine if caseload benefit is available; make written notifications based on approval, ineligibility, or wait list; and maintain required documentation in accordance with program regulations.

PROCEDURES:

- A. Utah Food Bank, the local agency, shall assure certifying officials are trained and demonstrate understanding of the requirements of the certification process.
- B. All certification data for each applicant shall be recorded where applicable on the CSFP Participant Application. Applications shall be documented. All certification data will be transcribed from the hard copy into, and tracked through the electronic database
 1. Any individual requesting to apply shall be allowed to complete the CSFP Participant Application.
 2. If caseload is not available, eligible applicants shall be placed on the waiting list. See Section 2.6.
 3. All CSFP Participant Applications received by certifying officials shall be retained for a period of four years. After four years hard copies shall be purged. Electronic data will always be available, but marked inactive if participant is no longer receiving benefits.
- C. All qualifying household members must have their own CSFP Participant Application.
- D. To be eligible for CSFP, the certifying official must determine that the applicant meets the following criteria:
 1. Can be classified as an elderly person. See Section 2.2.
 2. Meets residency requirements. See Section 2.3.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Certification	Chapter: 2
	Section: 2.1
REFERENCES: 7 CFR 247.8 through 247.17	Page: 2 of 5
	Revised: 06-2021

3. Meets the income eligibility determined by the Federal Poverty Income Guidelines, which is updated annually and disseminated by FNS. See Sections 2.2, 2.4 and 2.5 and Attachment 2.2, Income Guidelines.
 - a. Elderly persons are income eligible if they have household income at or below 130% of Federal Poverty Income Guidelines.
 4. Due to the Agricultural Act of 2014 (the 2014 Farm Bill) women and children are no longer eligible to apply for CSFP benefits, thus applications for women and children will no longer be accepted by certifying officials.
- E. Applicants must be informed of the following during the application process:
1. Certifying officials must assure the “Certification Statement” on the application is read by, or read to, the applicant in their appropriate language, at the time of certification. The required Statement is located above the Signature of Applicant block on the Participant Application.
 2. Attachment 13.1, Appeals Process, shall be posted at all certification and subdistributing agencies and copies shall be available upon request.
 3. Attachment 11.1, And Justice for All (AD-475A) Poster, must be posted in a prominent location at all subdistributing agencies.
 4. Attachment 3.3, No Show Policy must be posted in a prominent location at all subdistributing agencies. Copies shall be available upon request.
- F. Certifications shall be established in accordance with the time frames explained in Section 2.8.
- G. Certifying officials shall complete the lines under the applicant’s personal information on Attachment 2.1, Participant Application.
1. Proof of Identity/Age – Describe the method/document/s used to determine identity and age. See Section 2.2.
 2. Residency Verified – Check when residency has been verified. See Section 2.3.



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- H. Certifying officials or subdistributing agencies collecting applications shall complete the lines under “FOR CERTIFYIER USE ONLY” on Attachment 2.1, Participant Application.
1. Caseload Available – Check yes or no based on an assessment of available caseload. If applicant is eligible but caseload is not available the applicant must be placed on a waiting list.
 2. If applicant is eligible check eligible based on an assessment of all eligibility requirements including income. See Sections 2.2, 2.4, 2.5 and Attachment 2.2. Indicate approved or wait list based on availability of caseload benefits, or pre application if applicant is submitting an application in anticipation of their sixtieth birth date no more than six months prior to the date. See Section 2.6 and 2.9.
 3. Enter the first and last months of the certification period. See Section 2.8.
 4. The certifying official shall then certify the application, allowing the applicant to receive benefits by signing and dating their signature, or the equivalent if utilizing the online database directly. If the applicant is placed on a waiting list they are not certified. Applicants are certified after being on a waiting list by verbal review and update of their Participant Application with a certifying official. At this time the certifying official shall complete the certification by assigning the certification period and signing and dating their signature, or the equivalent if utilizing the online database directly. See Section 2.6.
 5. At the time of certification, a copy of Attachment 2.3, Additional Social Services must be provided to each applicant and key points discussed. By checking the “Yes” box under the “Referral Issued to Participant?” on the Participant Application the certifying official affirms the applicant received Attachment 2.3. The certifying official shall then mark all the written information provided to the applicant.



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6. If applicant is not eligible for the program check “Not Eligible” and list the reasons with which they are not eligible for the program. The certifying official shall then write their name, sign and date their signature.
 7. If the Participant Application is received at a subdistributing agency a staff member must verify applicant address and identity prior to submitting application to the local agency for certification. Once address and identity have been verified the subdistributing staff member will sign the section noted for “Below for Certifier Use Only”.
- I. Within 10 days from the date of application, certifying officials must notify applicants in writing of their eligibility or ineligibility for CSFP benefits, or their placement on a waiting list or pre application list.
1. Notification of eligibility must be in writing and must include the length of the certification period, and information on the time, location, and means of food distribution. Attachment 2.4 A, Notice of Agency Action may be used. Key points contained in Attachment 1.1, Commodity Supplemental Food Program must be discussed with eligible applicants. The date written notice was provided to applicant shall be recorded into the participant’s file.
 2. Notification of ineligibility must be in writing on Attachment 2.4 J, K, or U Notice of Agency Action, see Section 2.7 and must include the reason the applicant is not eligible. The date written notice was provided to the applicant shall be recorded into the participant’s file.
 3. Notification of placement on a waiting list must be in writing. Attachment 2.4 B, Notice of Agency Action may be used. When applicants exceed available caseload, certifying officials must maintain a waiting list of individuals who apply for the Program. See Section 2.6 along with Attachments 2.4 B and 2.6. The date written notice was provided to applicant will be recorded into the participant’s file.



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- J. If there is no waiting list, a person determined eligible to receive program benefits shall receive a commodity benefit package at the next regularly scheduled distribution after notification of eligibility.
- K. Participant certification periods may be extended as long as all of the following conditions are met:
1. The participant's address and continued interest in receiving program benefits are verified;
 2. The local agency has sufficient reason to believe that the person still meets the income eligibility standards (e.g. the elderly person has a fixed income);
 3. The certifying official notifies the participant verbally and or in writing of the period of the extension. Attachment 2.4, G or H Notice of Agency Action may be used for written notice of certification period extension.
 4. The certifying official certifies all conditions are met and updates the participant certification period in the database.
- L. At least 15 days before the expiration of a certification period participants must be notified in writing that eligibility for the Program is about to expire using Attachment 2.4 G Notice of Agency Action, see Section 2.8. Documentation of the notification shall be entered into the participant's file. This notification is not required when an elderly participant's certification period is extended in accordance with paragraph K. above because the period is not expiring.



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SUBJECT: Eligible Population Groups	Chapter: 2
	Section: 2.2
REFERENCES: 7 CFR 247.9	Page: 1 of 1
	Revised: 06-2020

PURPOSE: To define population groups of individuals who are eligible to receive CSFP commodity benefit packages and documents required to verify eligibility.

POLICY: The certifying official shall determine whether individuals are eligible to receive CSFP benefits in accordance with federal regulation.

PROCEDURES: The following chart defines population groups eligible to receive CSFP benefits and verification criteria:

POPULATION GROUP	DEFINITION	VERIFICATION OF ELIGIBILITY	INCOME VERIFICATION
Elderly	Persons 60 years of age or older.	Birth certificate or hospital record of birth are preferred; if not available, may use any of the following which must show the applicant's name, age or date of birth: state identity card, insurance policy, driver's license, clinic, doctor, or hospital record, U.S. passport or U.S. citizen ID card, marriage or divorce record, voter's registration, military record, newspaper notice of birth, welfare card, any other document providing identifying data sufficient to establish age.	Self declared. See Sections 2.4 and 2.5.



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SUBJECT: Residency Requirement	Chapter: 2
	Section: 2.3
REFERENCES: 7 CFR 247.9(f)(2), 247.16(c)	Page: 1 of 1
	Revised: 10-2014

PURPOSE: To define the residency requirement for participation in the Utah CSFP.

POLICY: Person's eligible for the Utah CSFP must reside in Utah, within the normal service area of the local agency or subdistributing agency. There are no duration nor fixed residency requirements. Migrant and seasonal farm workers are considered as meeting the residency requirement.

PROCEDURES:

- A. Subdistributing agencies are authorized to serve approved residents from counties within their normal service area as defined by Utah Food Bank. In special cases, subdistributing agencies may serve residents from counties outside their service area as long as dual participation does not occur.
- B. Elderly persons living in nursing homes are not eligible for CSFP benefits.
- C. Verification of residency may include a utility bill, driver's license, welfare identification card, a letter addressed to the applicant, or an indication from an employer that residency is in Utah.
- D. Should participants relocate whilst being certified and active on the Program they shall retain their position within the Program, so long as they supply the local agency with their new address and it is within the Program service boundaries. Should the new residence be within a county with a wait list the participant will continue to receive the commodity benefit package and the new subdistributing agency shall increase their caseload while the previous subdistributing agency shall decrease their caseload by the same number.



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SUBJECT:	Participant Income	Chapter:	2
		Section:	2.4
REFERENCES:	7 CFR 247.9(b) and (e) and CFR 246.7(d)(2)(ii and iv)	Page:	1 of 3
		Revised:	10-2014

PURPOSE: To define what is considered income for purposes of CSFP income eligibility assessment.

POLICY: The local agency shall use the definition of income established in the federal regulation 7 CFR 247.9. This regulation is fixed and only amendable through memorandum.

PROCEDURES:

- A. Income is gross cash income before any deductions including those for:
 1. Income taxes.
 2. Employee's social security taxes.
 3. Insurance premiums.
 4. Retirement.
 5. Any other deductions, such as bonds or garnishments.
- B. The local agency shall count as income the following.
 1. Monetary compensation for services, including:
 - a. Wages or salary.
 - b. Commissions.
 - c. Fees.
 - d. Tips.
 - e. Training stipends, except where elsewhere excluded. See Section 2.5.
 2. Net income (gross receipts less operating expenses) from:
 - a. Farming self-employment.
 - b. Non-farming self-employment.
 - c. Rental property.
 - d. Royalties
 3. Social Security benefits.
 4. Public assistance or welfare payments.
 5. Unemployment compensation.



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SUBJECT:	Participant Income	Chapter:	2
		Section:	2.4
REFERENCES:	7 CFR 247.9(b) and (e) and CFR 246.7(d)(2)(ii and iv)	Page:	2 of 3
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6. Strike benefits.
7. Workmen's compensation.
8. Pensions, retirement pay or annuities from:
 - a. Government.
 - b. Military or veteran's agencies.
 - c. Private companies.
9. Alimony received.
10. Child support received.
11. Dividends or interest received.
12. Income from estates or trust accounts.
13. Regular contributions from a person not living in the household, such as parental assistance to students.
14. Other cash income such as:
 - a. Prizes.
 - b. Military housing allowance if assigned to a high cost of living area in the continental United States. (continental United States cost-of-living allowance CONUS COLA) See Section 2.5 for overseas allowance (OCONUS COLA).
 - c. Withdrawal from savings or investments.
 - d. Student financial assistance that does not meet specific exclusions. (See Section 2.5)
 - e. Loans that do not need to be repaid.
 - f. Capital gains.
 - g. Lump sum payments that are not reimbursements for lost assets or injuries, (e.g. lottery winnings, settlements over and above loss of assets).
 - 1) The agency should treat these in a way that most accurately reflects the economic situation of the household.



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SUBJECT:	Participant Income	Chapter:	2
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2) The agency should count these as annual income, not current monthly income. The agency may divide the total amount by 12 to calculate monthly income.

- h. Family Subsistence Supplemental Allowances (FSSA) provided by the Department of Defense (DOD) to low-income members of the Armed Forces.



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SUBJECT:	Income Exclusion	Chapter:	2
		Section:	2.5
REFERENCES:	7 CFR 247.9(b) and (e) and CFR 246.7(d)(2)(iv-v)	Page:	1 of 4
		Revised:	10-2014

PURPOSE: To define what is not considered income in determining CSFP income eligibility.

POLICY: The local agency shall not count as income anything excluded by federal regulations 7 CFR 247.9.

PROCEDURES:

- A. Non-cash income or benefits will not be considered income by the local agency.
- B. The local agency shall not count as income the following.
 1. The value of:
 - a. In-kind housing or other benefits.
 - b. Bartered services.
 2. Housing allowances for military service personnel:
 - a. The basic allowance for housing (BAH) received by military families, living in the United States. This includes payments for both off-base housing and for privatized on-base housing.
 - b. Family separation housing (FSH) provided to military personnel in overseas housing with military families continuing to receive BAH in the United States.
 - c. Overseas housing allowance (OHA) provided to military personnel living overseas.
 - d. The cost of living allowance the family receives when the military member is assigned and lives overseas, but the family (participant) lives within the United States. This is referred to as overseas continental United States cost-of-living allowance (OCONUS COLA).
 3. Volunteer payments through:
 - a. Title I and II of the Domestic Volunteer Service Act of 1973 (VISTA and others, and RSVP, SCP, foster grandparents and others).
 - b. Section 8(b)(1)(B) of the Small Business Act (SCORE and ACE).



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SUBJECT:	Income Exclusion	Chapter:	2
		Section:	2.5
REFERENCES:	7 CFR 247.9(b) and (e) and CFR 246.7(d)(2)(iv-v)	Page:	2 of 4
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4. Payments through:
 - a. The Job Training Partnership Act (JTPA).
 - b. Summer youth employment and training programs (SYETP).
 - c. Programs for Native Americans.
 - d. Migrant and Seasonal Farmworkers Program.
 - e. Veterans Employment Programs.
 - f. Job Corps.
 - g. HUD rent subsidies.
 - h. The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 as amended in 1987. This is for persons displaced from their homes by federal or state projects.
 - i. The Civil Liberties Act of 1988 (Japanese internment camps).
 - j. Dislocated worker programs.
 - k. The prescription drug discount card program.
 - l. Cash stipend from the Division of Mental Retardation & Developmental Disabilities for purchasing goods & services for a family member with a developmental disability.
5. The value of assistance to children or their families under the:
 - a. National School Lunch Act.
 - b. Child Nutrition Act of 1966 (Special Milk, School Breakfast, Summer Food Service, and Child & Adult Care Food Programs).
 - c. Food Stamp Act of 1977.
6. Benefits received through childcare grant programs under:
 - a. Section 402(g)(1)(E) of the Social Security Act, as amended by the Family Support Act. These include these programs operated through Family Services:
 - 1) Transitional Child Care (At-Risk) program.



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SUBJECT:	Income Exclusion	Chapter:	2
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- 2) Futures (JOBS) program.
 - b. Childcare and Development Block Grant.
7. Student financial assistance that meets all the following criteria.
 - a. Used to pay for costs of attending the institution at least half-time, but not for room and board or dependent care. Institutional attendance costs include:
 - 1) Tuition and fees.
 - 2) Books and supplies.
 - 3) Transportation.
 - 4) Miscellaneous personal expenses for the student.
 - b. Provided through any of the following under Title IV of the Higher Education Act of 1965:
 - 1) Pell Grants.
 - 2) Supplemental Educational Opportunity Grant.
 - 3) Stafford Loans.
 - 4) Perkins Loans.
 - 5) PLUS Loans/Supplemental loans for students.
 - 6) College Work Study.
 - 7) Byrd Honor Scholarship programs.
8. Tax refunds:
 - a. Federal tax refunds.
 - b. State tax refunds.
 - c. Earned Income Tax Credit (EITC), federal and/or state.
9. Gifts periodically given.
10. Loans of any kind that must be repaid.
11. Reimbursements for expenses incurred such as:
 - a. Business expenses.



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SUBJECT:	Income Exclusion	Chapter:	2
		Section:	2.5
REFERENCES:	7 CFR 247.9(b) and (e) and CFR 246.7(d)(2)(iv-v)	Page:	4 of 4
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b. Medical bills.

12. Lump sum payments or large cash settlements received by family (economic unit) as reimbursements for lost assets or injuries. For other cash income, see Section 2.4.



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SUBJECT:	Waiting Lists	Chapter:	2
		Section:	2.6
REFERENCES:	7 CFR 247.11 and 247.15(a) and Public Law 110-246, Section 4221	Page:	1 of 3
		Revised:	06-2021

PURPOSE: To provide guidance for establishing and serving from a waiting list of individuals who apply for the Utah CSFP when applications exceed the caseload allotment.

POLICY: If all caseload has been filled the local agency shall maintain a waiting list of individuals who apply for the program in accordance with federal regulation.

PROCEDURES:

- A. The State agency assigns caseload to the local agency, who in turn, allots caseloads to each subdistributing agency, see Section 3.1. When applications exceed the assigned caseload level the local agency shall implement a waiting list using Attachment 2.6, Participant Waiting List, or similar document developed by the local agency
- B. Applicants placed on the waiting list are determined to be qualified but ARE NOT certified. See Section 2.1 (I)(3), regarding notification in writing to applicants determined to be eligible within 10 days of their request for benefits when waiting lists are in place. Attachment 2.4 B, Notification of Agency Action may be used to notify applicants. The date written notice was provided to applicant shall be recorded into the participant's file.
- C. The certification period of elderly participants may be extended in accordance with Section 2.1(K). Applicants on the waiting list will be served on a first come first serve basis when caseload slots become available. Examples of when slots may become available are:
 1. The certification period expires for a women, infant or child participant based on the 2014 Farm Bill legislation, see Section 2.1(D)(4).
 2. The certification period is not extended for an elderly participant.
 3. Current participant moves and does not provide new contact information, moves to a nursing home, or voluntarily stops participating in the program.
 4. Participant is discontinued or disqualified. See Sections 2.8 and 3.2.
 5. Increased caseload.



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6. Upon the death of a current participant.
- D. When waiting lists are required, available caseload authorizations must be offered to the first individual listed. Reasonable efforts must be made to contact individuals in the order they were placed on the list until all available caseload authorizations are filled.
- E. When waiting lists are engaged, participants not eligible for re-certification must be notified in writing of their program eligibility expiration using Attachments 2.4 L-O, Notice of Agency Action, see Section 2.1 (L), at least 15 days before the expiration of a certification period. Notification of the right to appeal is not required at the expiration of a certification period, per 7 CFR Ch. II, Part 247.33(a). A participant from the waiting list shall assume each new available caseload slot.
- F. When an applicant is certified after being on a waiting list, the applicant must verbally review, update and approve the information in their Participant Application with a certifying official. The certifying official must then certify the application in the participant's file and provide written notice in accordance with Section 2.1.
- G. To facilitate caseload management, the State authorizes one month certification periods to be offered to waiting applicants when commodity benefit packages remain undistributed at the end of the monthly distribution period.
1. The local agency must establish a monthly distribution period ending prior to the end of the distribution month. All participants must be notified of the distribution period and of the "No Show" policy when boxes are not picked up during the monthly distribution period, see Section 3.2.
 2. When there are "No Shows" or when boxes remain undistributed after the monthly distribution period, the local agency may offer one month certification to waiting individuals starting with the first person on the list as indicated in D above.
 3. Participants offered one month certification will be notified by phone that they will be receiving benefits. Written correspondence Attachment 2.4 C will also be



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sent to the participant reiterating the time frame they will receive benefits and that their signature for benefit receipts certifies their understanding of their limited certification. Participants will then return to being a waiting applicant after receiving one food package.

4. This process may be repeated each month that there are undistributed commodity benefit packages after the monthly distribution period ends. Each time this process is repeated, the certifying official must start with the first person on the waiting list.



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SUBJECT:	Adverse Action Notification	Chapter:	2
		Section:	2.7
REFERENCES:	7 CFR 247.15, 7 CFR 247.17, 7 CFR 247.20 and 7 CFR 247.33	Page:	1 of 3
		Revised:	06-2021

PURPOSE: To provide guidance for notifying individuals of ineligibility for, discontinuance of or disqualification from CSFP.

POLICY: Individuals must be given written notification of any decision made by the local agency regarding ineligibility for, discontinuance of or disqualification for CSFP benefits including the reason for the action and be provided within the time frames designated in accordance with the federal regulation 7 CFR 247.

PROCEDURES:

- A. The statement, “You may appeal any decision made by the local agency regarding your denial or termination from the Program” appears on Attachment 2.1, Participant Application, and will be read by or to each applicant as part of certification.
- B. When certification periods expire, appeal rights notification is not required per 7 CFR 247.33(a). Certification and extension of certification periods depends on caseload availability. See Sections 2.1, 2.6 and 2.8.
- C. A person found ineligible for the Program during the certification process shall be advised in writing of the reasons for ineligibility and of the right to a fair hearing using Attachment 2.4, Notice of Agency Action within 10 days from the date the application was received. The date written notice was provided to participant must be entered into the participant’s file. See Section 2.1.
- D. If the local agency has evidence that a participant is no longer eligible for CSFP benefits during the certification period, it must provide the participant with a written notification of discontinuance including the reason for discontinuance at least 15 days before the effective date of discontinuance using Attachment 2.4 Notice of Agency Action. Documentation of the notification shall be noted in the participant’s file.
- E. If a participant is no longer eligible for CSFP benefits due to violation of the established “No-Show” policy, see Section 3.2, the local agency must provide the participant with a written notification of discontinuance including the reason for discontinuance at least 15



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days before the effective date of discontinuance using Attachment 2.4 L, Notice of Agency Action. Documentation of the notification shall be noted in the participant's file.

- F. If a local agency does not have sufficient resources, such as a sufficient number of caseload slots, to continue providing benefits to the participant(s) for the entire certification period, it must provide the participant(s) with a written notification of discontinuance including the reason for discontinuance at least 15 days before the effective date of discontinuance. See Attachment 2.4 P. Documentation of the notification shall be noted in participant's file.
- G. CSFP applicants or participants or parents or caretakers of applicants or participants who commit program violations may be disqualified for a period of up to one year in accordance with 7 CFR 247.20. The local agency must provide the individual with written notification of disqualification for CSFP including the effective date and period of disqualification and the reason for the disqualification at least 15 days before the effective date of disqualification using Attachment 2.4 Q, R, or S Notice of Agency Action. Documentation of the notification shall be noted in the participant's file. After the disqualification period has come to fruition the previously disqualified participant may re-apply for the program. If a wait list exists at time of application the previously disqualified shall be placed on the wait list in the order with which their application was received by the certification agency. Program violations include the following actions:
1. Intentionally making false or misleading statements, orally or in writing;
 2. Intentionally withholding information pertaining to eligibility in CSFP;
 3. Selling commodities obtained in the program, or exchanging them for non-food items;
 4. Physical abuse, threat of physical abuse, verbal abuse, verbal slandering, or any attacking behavior directed at program staff; or
 5. Participating in two CSFP sites at the same time.



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SUBJECT:	Adverse Action Notification	Chapter:	2
		Section:	2.7
REFERENCES:	7 CFR 247.15, 7 CFR 247.17, 7 CFR 247.20 and 7 CFR 247.33	Page:	3 of 3
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- H. Disqualification may be waived if the local agency determines that disqualification would result in a serious health risk, see Section 8.4. Waiver of disqualification must be documented and retained in the participant's file. A participant who commits three program violations that involve fraud must be permanently disqualified from participation in CSFP. In accordance with 7 CFR 247.20 (b), fraud includes:
1. Intentionally making false or misleading statements to obtain CSFP commodities;
 2. Intentionally withholding information to obtain CSFP commodities; or
 3. Selling or exchanging CSFP commodities for non-food items.
- I. Attachment 2.4, Notice of Agency Action is used due to the inclusion of the statement outlining an individual's right to appeal the adverse action through the fair hearing process and the civil rights statement. The right to appeal allows for each situation to be evaluated and outcomes determined based on participant information and program policy. The civil rights statement depicts program standards as being without discrimination by race, color, national origin, age, sex or disability.
- J. Individuals wishing to appeal ineligibility for, discontinuance of or disqualification for CSFP benefits have 60 days from the date of notice of adverse action. A request for a hearing is defined as any clear expression by the individual, guardian, or other representative that an opportunity to present its case to a Hearing Officer is desired.
- K. See Section 13.1 for details about fair hearings for individuals. Attachment 13.1 Appeals Process shall be posted at all certification and subdistributing agencies and copies shall be available upon request.



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SUBJECT:	Certification Process	Chapter:	2
		Section:	2.8
REFERENCES:	7 CFR 247.15, 7 CFR 247.17, 7 CFR 247.20 and 7 CFR 247.33	Page:	1 of 1
		Revised:	08-2022

PURPOSE: To define the length of certification periods for Program benefits according to participant category.

POLICY: Program benefits shall be based upon certifications established in accordance with the time frames designated by federal regulation 7 CFR 247.16.

PROCEDURES:

- A. Each participant is certified for Program benefits for three years.
- B. Annually during the three-year certification period, participants must verify (1) continued interest in the program, (2) their physical address, and (3) continued income eligibility.
 1. This annual verification takes place after the first and second years of the certification cycle.
 2. Annual verification can be completed via robocalls or other means.
 3. Annual verification shall be noted in the participant's file.
- C. At three years, participants interested in remaining on the Program must complete a full recertification. Attachment 2.8 A Full Recertification (English) and 2.8 B Full Recertification (Spanish) shall be used to complete the full recertification process.
 1. Full recertification includes written verification regarding the participants' (1) continued interest in the program, (2) their physical address, and (3) continued income eligibility. Additionally, full recertification requires proof of identification and residency as well as the participants' signatures.
 2. Full recertification shall be noted in the participant's file.
- D. Certification periods for elderly participants may be shortened within six months if doing so will align the certification periods for all participants residing within a single location.
- E. Each participant shall be notified at least 15 days before the expiration of each certification period (including annual verification) that eligibility for the Program is about to expire using Attachment 2.4 G Notice of Agency Action. See Section 2.1 (L). Documentation of the notification shall be noted in the participant's file.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT:	Pre Application	Chapter:	2
		Section:	2.9
REFERENCES:	7 CFR 247.15, 7 CFR 247.17, 7 CFR 247.20 and 7 CFR 247.33	Page:	1 of 1
		Revised:	10-2014

PURPOSE: To provide guidance for establishing a pre application wait list process for individuals within six months of the age eligibility qualification for Utah CSFP.

POLICY: Persons interested in participating in the Utah CSFP who would otherwise fail the age eligibility established by federal regulation may be qualified for the pre application wait list if they are within six months of their sixtieth birthday.

PROCEDURES:

- A. Certifying officials shall process all applications as they are received. If an application is received and the applicant is ineligible for the Utah CSFP solely because of age the certifying official may place the applicant on the pre application wait list, Attachment 2.6, and indicate the participant as pre application. Communication will be sent to the applicant within 10 days notifying them that they are qualified for the wait list, but NOT certified to receive a commodity benefit package; the process will also be noted in the database.
- B. If a wait list is in effect upon the participant's sixtieth birthday the applicant will be rolled into the main wait list in order to maintain the first come first served policy of the program policy. The participant shall be placed on the wait list with their original application date with which the application was received. The process will then follow the previously stated wait list policy in Section 2.6.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Dual Participation	Chapter: 2
	Section: 2.10
REFERENCES: 7 CFR 247.19	Page: 1 of 1
	Revised: 06-2020

PURPOSE: To provide a mechanism for detecting and preventing dual participation.

POLICY: The local agency in conjunction with the Department will be responsible for the detection and prevention of dual participation.

PROCEDURES:

- A. The following sentences appear on the application and must be read by, or read to, the applicant in the appropriate translation, at the time of certification, "Improper receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against the individual to recover the value of the benefits, and may lead to disqualification from CSFP;" See Attachment 2.1.
- B. The local agency shall establish safeguards against dual participation in two different CSFP programs at the same time by establishing procedures that identify participants who are participating in two different programs or by establishing specific service areas for each subdistributing agency.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Participation Holds	Chapter: 2
	Section: 2.11
REFERENCES: 7 CFR 247.15	Page: 1 of 1
	Revised: 06-2020

PURPOSE: To outline the rules for supplying participants the option to place a hold on his or her participation in the program.

POLICY: The local agency in conjunction will provide clear instructions for participants interested in placing a hold on the services they receive through Utah CSFP.

PROCEDURES:

- A. The local agency will allow participants to place a hold on services from the program up to six (6) months. The local agency should work closely with participants in setting the length of time for each individual hold to take place. In no way does placing a hold on services affect a client's standing within the program.
- B. A hold cannot exceed six (6) months. Should a client wish to suspend services for longer than six concurrent months, the client should be removed from the program with the understanding that he or she can reapply to the program when services are again desired.



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SUBJECT: Caseload Management	Chapter: 3
	Section: 3.1
REFERENCES: 7 CFR 247.21 and 247.24	Page: 1 of 4
	Revised: 06-2020

PURPOSE: To provide guidelines for the process of caseload management.

POLICY: Assigning and management of caseload will be accomplished in accordance with federal regulations and department policies the goal of utilizing 100% of assigned caseload annually.

PROCEDURES:

A. The caseload assignment process is as follows:

1. The Utah Department of Health - Commodity Supplemental Food Program is granted caseload for the calendar year by the USDA Food and Nutrition Service to serve elderly persons based on federal budget availability and program participation during the previous federal fiscal year. See Section 2.1 (D)(4). Completed caseload is reported to the USDA on the federal fiscal year, which runs October 1 thru September 30.
2. USDA announces caseload allocation annually by December 31 or within 30 days after enactment of appropriations legislation covering the full fiscal year, whichever comes later. USDA evaluates requests for caseload expansion based on the actual caseload served during the previous federal fiscal year and on the type of caseload increase requested. A State's base caseload will be the highest average level served. If a State serves less than an average of 100%, the base caseload will be less than the authorized caseload the previous year. The State agency shall submit for caseload expansion in November of every year.
3. Utah DOH allocates caseload to the local agency.
4. The local agency shall allocate caseload to each subdistributing agency based on available caseload, estimated eligible population and the capacity of the site.
5. The authorized caseload assignment will be made in terms of a monthly level, i.e., a caseload assignment of 500 authorizes 500 participants to receive commodity benefit packages each month for the caseload cycle (January 1 through December



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31). Throughout the entire calendar year a total of 6,000 (500 X 12) food packages could be distributed.

B. Monitor caseload and calculate averages to determine adjustments needed.

1. The State agency must report, by category, the number of participants who actually receive commodity benefit packages each month on the FNS-153. See Sections 5.5 and 8.3.
2. State and local agencies shall monitor participation and average monthly packages remaining for the fiscal year to assure maximum use of caseload and to maintain caseload at assigned levels.
3. Fluctuations in participation are expected. Monthly monitoring will allow the local agency to adjust outreach efforts appropriately. If participation is below the authorized level, outreach efforts should be directed to contact and enroll eligible persons. See Section 3.3. If participation exceeds the authorized level, outreach should be reduced and directed to only those of highest risk. If necessary, waiting lists should be implemented. See Section 2.6.
 - a. Local agency staff shall calculate high risk status primarily by the participant's possession of food; including their current supply on hand and future food supply in conjunction with the financial ability to purchase food long-term. Secondly, local staff shall determine participant's access to the following resources: grocery stores, public transportation or ability to travel to grocery stores, and access to another individual (not necessarily family) that can provide assistance in obtaining food.
4. The Excel version of Attachment 3.1, Caseload Averaging Worksheet is available from the State agency. The worksheet runs through varying scenarios showing future month's caseload allowable based off of previous months' caseload served. Review the worksheet's supplied instructions before completing the worksheet.



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Do not type on or modify the “Master” tab, use it only to make copies. Contact 801-538-6026 for technical assistance.

- C. Attachment 3.2, Caseload Averaging Scenarios demonstrates a six-month scenario on the Caseload Averaging Worksheet’s “Future” tab. For these examples the caseload assignment is 500. The total number of food packages available for the 12-month contract period - October through September - equals 6,000, which is 500 multiplied by 12.

Example 1:	6,000	Total food packages available October thru September.
	<u>- 470</u>	October’s participation as reported on the FNS-153.
	5,530	Total food packages available for the remaining 11 months, November thru September.
	503	Monthly average packages available for the remaining 11 months of the period (5,530 divided by 11).
Example 2:	5,530	Total food packages available November thru September.
	<u>- 485</u>	November’s participation as reported on the FNS-153.
	504.5	Total food packages available for the remaining 10 months, December thru September.
	505	Monthly average packages available for the remaining 10 months of the period (5,045 divided by 10).

Examples 3 through 6 track each successive month. Each 12-month chart contains formulas to copy the current month distribution numbers into the remaining months providing a forecast of the total food packages to be used during the period if the number of participants were to remain the same.

Example 1 projects serving only 470 participants each of the twelve months and indicates a total of 360 available food packages would be unused by the end of the period. The “Monthly Average Allowable” in October indicates that caseload



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could be increased to 502.7 per month for the remaining 11 months without exceeding authorized levels. The examples demonstrate a gradual increase of participants up to 510 in February, Example 5. This number exceeds the “Monthly Average Allowable” amount from the previous month, 505, and results in a negative “Total Remaining Caseload” in September, if distribution remains at 510 per month.

In March, Example 6, participation drops to 504 through natural attrition. The “Total Remaining Caseload” in September is once again positive. However, if participation had not dropped, a waiting list might need to be implemented until participation reduced to appropriate levels and the “Total Remaining Caseload” projected for September was either zero or a positive number.



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SUBJECT: Participant No-show Policy	Chapter: 3
	Section: 3.2
REFERENCES: 7 CFR 247.17	Page: 1 of 2
	Revised: 06-2021

PURPOSE: To establish the maximum allowable period that participants may fail to pick-up food packages and remain enrolled in the program.

POLICY: After missing two consecutive months of food delivery, participant shall be notified that their participation in the Utah CSFP could be forfeit.

PROCEDURES:

- A. The local agency shall establish a “no-show” policy stating the maximum allowable period that persons may fail to pick-up food packages and remain enrolled in the Program. The period may not exceed two consecutive months. See Attachment 3.3.
- B. The “no-show” policy shall be posted in a prominent location and each participant shall be informed of this policy during certification and recertification. See Section 2.1 (E)(4).
- C. Elderly participants who are required to be in the hospital for extended stays retain their participant status. They shall not be removed from the Program for missing two consecutive months. They can be issued food for any month within their certification period for which they had at least one day at home. If they have extended hospital stays covering every day of the month, they should not receive a food package for that month.
- D. Violation of the “no-show” policy shall result in discontinuance of CSFP benefits. If a participant violates the established “no-show” policy, the local agency must provide the participant with a written notification of discontinuance including the reason for discontinuance at least 15 days before the effective date of discontinuance using Attachment 2.4 L, Notice of Agency Action. Documentation of the notification shall be noted in the individual’s file.
- E. Participants who are removed from the Program for violation of the “no-show” policy are allowed to reapply for benefits unless they have violated the “no-show” policy twice previously; unless violation is due to medical issues or hospital stays. If a waiting list exists, participants reapplying after violating the “no-show” policy must be treated the same as all applicants and must be placed on the list in the order with which they contacted the agency. Participants who violate the “no-show” policy a third time within



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the past twelve months, omitting violations due to medical issues or hospital stays, must be disqualified from CSFP for a period of up to one year. If the local agency determines that disqualification would result in a serious health risk, as defined in Section 3.1(B), the participant may continue to receive program benefits.

- F. If participant would like to appeal their forfeiture they may request a fair hearing where the CSFP agent shall determine that the participant is interested in continuing on the program and can commit to picking up their next box.
- G. In case of pandemic or disaster, the no-show policy may be temporarily suspended under direction of the State Agency after consultation with FNS. Under these circumstances, participants who fail to pick up food for three months shall have their account placed on hold to be revisited upon recertification or the end of the pandemic or disaster.



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SUBJECT: Outreach and Marketing	Chapter: 3
	Section: 3.3
REFERENCES: 7 CFR 247	Page: 1 of 1
	Revised: 10-2014

PURPOSE: To outline marketing activities designed to maximize caseload utilization.

POLICY: Outreach activities shall be conducted at both the State and local agency level.

PROCEDURES:

- A. Outreach to elderly populations may be conducted through a variety of community venues. Flyers outlining the program benefits and criteria for participation are available to the agencies and the senior centers they serve. See Attachment 3.4.
- B. The state works closely with the local agency to assure that all outreach activities are conducted in accordance with the Plan. The local agency shall use the flyers to post and/or distribute to local businesses and other community agencies announcing the availability of the program and where to get benefits.
- C. Outreach and marketing pieces shall contain the Utah CSFP branding, which is in accordance with the UDOH style guide.
- D. Use of logos, other than the Utah CSFP logo, for marketing materials shall be limited. All program pieces shall contain the Utah CSFP logo. Additional logos of the State agency and the local agency shall be placed in secondary positions and beneath the Utah CSFP logo. As Utah Food Bank is contracted with the State to run the CSFP verbiage shall always precede their logo and shall read: “in conjunction with” or “in partnership with.”
- E. All outreach and marketing pieces shall contain the appropriate civil rights statements as designed by the USDA. Statements shall appear in the language of the document.



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SUBJECT: Homebound Elderly	Chapter: 3
	Section: 3.4
REFERENCES: 7 CFR 247.5(c)(7) and 1 CFR 247.6(c)(10)	Page: 1 of 1
	Revised: 08-2022

PURPOSE: To outline efforts that are required to meet the needs of homebound elderly.

POLICY: The local agency shall make arrangements to meet the delivery needs of homebound elderly participants.

PROCEDURES:

- A. The local agency shall coordinate efforts to meet the pabulum and logistical needs of homebound elderly with a variety of community venues. The local agency shall identify potential homebound participants, conduct outreach, certification and delivery of food packages. The local agency shall also allow designated proxies to pick-up commodity benefit packages for homebound elderly individuals. See Section 5.4 (F) for the requirements when proxies are used.
- B. When appropriate, the local agency shall conduct training for volunteers in the communities to take applications to elderly persons and to collect appropriate information and documentation. Actual certification of the homebound elderly can be completed by a local agency representative conducting a home visit or shall occur at the local agency. Persons collecting applications on behalf of the local agency shall verify the identity and address of the applicant and sign the application in the appropriate section signifying verified information.
- C. Commodity benefit packages shall be delivered directly by the local agency, volunteers and/or proxies. The homebound elderly recipient or their proxy shall sign for the receipt upon delivery of the food package, when possible.
- D. Homebound seniors shall be given priority over non-homebound seniors when applications exceed the assigned caseload level.



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SUBJECT: Nutrition Education	Chapter: 4
	Section: 4.1
REFERENCES: 7 CFR 247.6(c)(7) and 1 CFR 247.18	Page: 1 of 2
	Revised: 06-2021

PURPOSE: To establish an overall nutrition education plan.

POLICY: Either the State or local agency shall provide nutrition education that can be easily understood by participants and is related to their nutrition needs and household situations.

PROCEDURES:

- A. The local agency shall make nutrition education available to all participants.
- B. The local agency shall discuss with applicants key points on Attachment 2.5, The Commodity Supplemental Food Package and shall provide a copy of Attachment 2.3, Social Services & Financial Referrals to each applicant at the time of certification in order to address the following subject matter:
 1. The nutritional value of CSFP foods, and their relationship to the overall dietary needs of the population groups served;
 2. Nutritious ways to use CSFP foods;
 3. Special nutritional needs of participants and how these needs may be met;
 4. The importance of health care, and the role nutrition plays in maintaining good health; and
 5. The importance of the use of the foods by the participant to whom they are distributed, and not by another person. The emphasis should highlight that benefits are meant for participant's personal consumption, however, this is not monitored and not all commodities from each box must be consumed to remain eligible for the program.
- C. Nutrition education resources are available free or at low cost to the local agency through sources listed on Attachment 4.1.
- D. The State or local agency or another agency with which has signed an agreement with either the State or local agency may use CSFP foods to conduct cooking demonstrations



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SUBJECT: Nutrition Education	Chapter: 4
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as part of the nutrition education provided to program participant, but not for other purposes (247.18(d)).



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SUBJECT:	Nutrition Education Evaluation	Chapter:	4
		Section:	4.2
REFERENCES:	7 CFR 247.18(a)	Page:	1 of 1
		Revised:	09-2019

PURPOSE: To establish an evaluation procedure to obtain participant input and to determine the effectiveness of the nutrition education efforts.

POLICY: Local agency shall distribute the Food Program Survey and other evaluation tools in accordance with State agency guidance.

PROCEDURES:

- A. The State shall provide copies of Attachment 4.2, Food Program Survey or other evaluation tool for distribution to CSFP participants biennially.
- B. The local agency shall assure the survey or other tools are distributed according to instructions accompanying the survey.
- C. The survey shall determine a measurable baseline of participants' nutritional knowledge to be compared with later surveys. Each survey dissemination shall monitor the same information, allowing for a change in rate and behavior based on increase knowledge to be calculated to determine the effectiveness of nutritional education.
 1. Surveys may gather demographic information; however the survey questions should focus on measuring knowledge and behavior.
 2. Participation in the survey is not mandatory and does not impede participant eligibility in the program.
- D. The survey shall also allow CSFP participants the opportunity to share their opinions regarding specific commodities found within the CSFP food box.
- E. Once the majority of surveys or other tools have been returned data shall be collated and analyzed to identify trends, needs and effectiveness of nutrition education. A report of the results shall be compiled by the State and shared with the local agency.
- F. Nutritional education and food box choices shall be revised based on the results of the survey to fill identified needs and wants of participants.



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SUBJECT:	Multi-food Ordering and Receiving	Chapter:	5
		Section:	5.1
REFERENCES:	7 CFR 247	Page:	1 of 2
		Revised:	10-2014

PURPOSE: To outline the multi-food ordering and receiving process for the Utah CSFP.

POLICY: The local agency shall manage the multi-food ordering by: ordering, receiving, and warehousing Program commodities, while the State agency oversees the process.

PROCEDURES:

- A. Multi-food orders are placed in the Web Based Supply Chain Management system (WBSCM). The UDOH is the State Distributing Agency (SDA). The local agency is the Recipient Agency (RA). User IDs and passwords are assigned to at least one person at the local agency in order to complete commodity orders. The State has system administration role authority for the SDA level and for the RA. Training and procedure manuals are available in WBSCM after login.
- B. The local agency completes the order in WBSCM.
 1. Anticipated caseload is used to determine the number of cases to be ordered for each food type.
 2. The local agency should consider existing and anticipated inventory levels when determining the number of cases to order.
 3. As per Federal regulation, at least two to two and a half month's supply of each commodity should be on hand at all times. On rare occasions, orders cannot be filled at requested levels. The extra supply is needed to assure that complete commodity benefit packages can be assembled. The Inventory Calculator shall be utilized to determine the amount of month's supply there is on hand. See Attachment 5.5.
- C. The State monitors order submissions and may direct or submit modifications as needed. The WBSCM order form should be printed and filed until orders are received to compare discrepancies of ordered and received commodities. Discrepancies shall be noted at the time of receipt within WBSCM.



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SUBJECT: Multi-food Ordering and Receiving	Chapter: 5
	Section: 5.1
REFERENCES: 7 CFR 247	Page: 2 of 2
	Revised: 10-2014

- D. The USDA contracted commodity supply warehouse shall contact the local agency to confirm deliveries and schedule the time. Housing of received commodities shall comply with Federal regulation.
- E. The local agency must enter all receipts into WBSCM on the operations tab within two (2) days of receiving each load. If issues arise local agency shall make notes within WBSCM and notify the State agency.
- F. The local agency tracks all receipts.



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SUBJECT: Direct Shipment Ordering and Receiving	Chapter: 5
	Section: 5.2
REFERENCES: 7 CFR 247	Page: 1 of 2
	Revised: 09-2019

PURPOSE: To outline the process for ordering and receiving direct shipments for the Utah CSFP.

POLICY: The State agency shall manage the commodity ordering process of direct shipments. The local agency shall receive and warehouse direct shipment orders.

PROCEDURES:

- A. Until the Utah CSFP caseload and warehouse facilities are structured to manage dissemination and storage of commodity allotment supplied through bulk delivery, direct shipments shall be utilized when possible on a per item basis.
- B. The State receives commodity offering information from USDA-SWRO and through the WBSCM. Direct shipments may be split between as many as three locations, but the minimum delivery to any location is 25% of a truckload, per federal instruction.
- C. The State prepares the commodity order plan three months in advance. The local agency shall receive a copy of the plan electronically to review and comment.
- D. The local agency notifies the State agency via email by the designated deadline if additions or deletions to the direct delivery plan are desired. The State enters and tracks direct shipment orders in WBSCM.
- E. The USDA Farm Service Agency's Kansas City Commodity Office will generate a Forwarding Notice (FN) and send electronic copies to the State.
- F. The State reviews the FN and sends a copy to the local agency via email. The FN is used by the local agency as the receiving documentation.
- G. The USDA contracted commodity supply warehouse will contact the local agency to schedule deliveries. The FN must be completed as shipments arrive. Warehousing of received commodities shall comply with federal regulation.
- H. The local agency must enter all receipts into WBSCM on the notifications tab. If overages, shortages or damage are noted, the local agency must notify the State with supporting documentation, as well as make a note in WBSCM.



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SUBJECT: Direct Shipment Ordering and Receiving	Chapter: 5
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- I. The local agency tracks all receipts.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT:	Commodity Benefit Package Assembly	Chapter:	5
		Section:	5.3
REFERENCES:	7 CFR 247.10(a), 7 CFR 247.28, CFR 250.12, and 7 CFR 250.14	Page:	1 of 2
		Revised:	06-2020

PURPOSE: To provide guidelines for the assembling of commodity benefit packages for the Utah CSFP.

POLICY: Local agency shall assemble commodity benefit packages in accordance with Federal Monthly Distribution Rates and program regulations.

PROCEDURES:

- A. Commodities required to be included in commodity benefit packages, based on age and category, are listed in Attachment 5.1, Commodity Benefit Package Maximum Monthly Distribution Rates.
 1. Based on the Monthly Distribution Rates commodities are placed into 2 categories, Standard 1 or Standard 2. See Attachment 5.2, UFB Commodity Benefit Package Standard Recipes. Packages shall be built on a rotating schedule between Standard 1 and Standard 2. Commodities that fall amid the same category within Standard 1 or Standard 2 shall be alternated to keep a variety for participants and continuous rotation of commodities in the warehouse. For example, beef and beef stew may alternate in Standard 1 while chicken and tuna may alternate in Standard 2.
- B. As a general rule, distributing and recipient agencies should use a first-in-first-out (FIFO) system of inventory management by marking food cases or other containers with the date of receipt at the storage facility. However, distributing and recipient agencies should also note food product dates provided by the manufacturer. Products marked with the earliest end date (e.g., “best-if-used-by”, “best-if-used-before”, etc.) should be distributed first, even if those items were received after a similar item in inventory. Distributing and recipient agencies must manage their inventories to ensure that recipients have an opportunity to consume donated foods before product end dates have passed.
- C. Partial commodity benefit packages MAY NOT be distributed.



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SUBJECT:	Commodity Benefit Package Assembly	Chapter:	5
		Section:	5.3
REFERENCES:	7 CFR 247.10(a), 7 CFR 247.28, CFR 250.12, and 7 CFR 250.14	Page:	2 of 2
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D. A commodity benefit package tracking system must be devised to identify the content of each package so that an accurate by unit end of the month inventory can be accomplished. See Section 5.5. The commodity benefit package tracking system should identify the following:

1. Either the pack month and year or the intended distribution month and year.
2. The category as listed in C above.
3. The specific commodity items in the package. Document the contents of the first package and assign an alpha or numeric code. New codes should be assigned each time builds alternate.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT:	Commodity Benefit Package Distribution	Chapter:	5
		Section:	5.4
REFERENCES:	7 CFR 247.4, 7 CFR 247.10, 7 CFR 247.28, and 7 CFR 250.14	Page:	1 of 3
		Revised:	08-2022

PURPOSE: To provide guidelines for the distribution of food packages for the Utah CSFP.

POLICY: Local agency shall assure that commodity benefit packages are distributed in accordance with Program regulations.

PROCEDURES:

- A. Local agency is responsible for recruiting and/or establishing food subdistributing agencies with eligible public or private nonprofit organizations in accordance with CFR 247.7(a). Each site must conform to local, state and federal health standards and must enter into an agreement with the local agency to assure proper food handling, storing, and distribution procedures and recording requirements are maintained. See Attachment 5.3, Distribution Site Agreement & Instructions. Agreements must be on file with both parties for the duration of the merger.
- B. The local agency shall provide the name and address of each distribution and storage site to the State agency at the beginning of each federal fiscal year.
- C. The written agreements with subdistributing agencies shall contain:
 1. State the specific Program responsibilities of the distribution site.
 2. Assurance that subdistributing agencies will administer the Program in accordance with CFR 247 and 250, with 247 superseding 250 where inconsistencies exist.
 3. Assurance that each site will retain records for a minimum of four years, or longer if records are related to unresolved claims actions, audits, or investigations.
 4. A statement that each site is responsible for any loss resulting from improper distribution, improper storage, care or handling of commodities.
 5. A statement that either party can terminate the agreement by written notice. Notice must be given at a minimum of 30 days prior to agreement discontinuance.
 6. Signed copies of the agreement shall be on file with the parties to the agreements.



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SUBJECT:	Commodity Benefit Package Distribution	Chapter:	5
		Section:	5.4
REFERENCES:	7 CFR 247.4, 7 CFR 247.10, 7 CFR 247.28, and 7 CFR 250.14	Page:	2 of 3
		Revised:	08-2022

- D. Local agency shall assure that subdistributing agencies under their jurisdiction provide adequate care and security for the food while in their possession. Commodities shall be stored in adequate and secured areas at each subdistributing agency 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 each program's commodities must be maintained separately. Inventory and distribution amounts as well as participant data shall be reported to the local agency each month.
- E. Participants pick up commodity benefit packages at their designated subdistributing agency once each month during the subdistributing agency's normal hours of operation. Staff at the site shall verify recipient identity and that they are listed on the participant signature sheet prior to distributing the package and shall encourage the participant or proxy to sign for the receipt of the commodity benefit package on the signature sheet when possible. In case of pandemic or disaster, recipients' signatures may be temporarily suspended under direction of the State Agency after consultation with FNS.
- F. The local agency may permit the use of proxies if procedures are in place to deter fraud. At a minimum, such procedures must:
1. Require that the participant authorizes proxies;
 2. Require that records of proxy designations be on file; and
 3. Determine whether a random sample of participants receive their commodity benefit package previously released to a proxy for delivery. This method should also include proxies who are eligible to collect for multiple participants living within the same housing structure.
- G. Subdistributing agency staff or volunteers may deliver commodity benefit packages to homebound participants by the end of the month or within five working days of a single distribution day whichever is latest. Participants or authorized proxy should sign for the receipt of commodity benefit packages when possible.



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SUBJECT:	Commodity Benefit Package Distribution	Chapter:	5
		Section:	5.4
REFERENCES:	7 CFR 247.4, 7 CFR 247.10, 7 CFR 247.28, and 7 CFR 250.14	Page:	3 of 3
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- H. The frequency of commodity distribution to participants shall be a one or two month commodity benefit package issued every month or every other month. Packages shall not be issued in the current month for any preceding month, except when food packages are delivered to homebound participants and a single distribution day falls less than five working days from the end of the month, as stated in G above.
1. When undistributed commodity benefit packages remain at the end of the month, the subdistributing agency must report the number of boxes remaining and the unique content code for each box to the local agency.
 2. Undistributed commodity benefit packages remaining at the end of the month shall be retrieved by the local agency and be counted in the end of the month physical inventory on the FNS 153. See Section 5.5 (B).
 3. Reports must reflect the exact number of food packages distributed during each month and adequate controls to prevent food loss must be in place.
- I. Elderly participants who are required to be in the hospital for extended stays retain their participant status. They should not be removed from the program for missing two consecutive months. They can be issued a commodity benefit package for any month within their certification period for which they had at least one day at home. If they have extended hospital stays covering every day of the month, they should not receive a commodity benefit package for that month. See Section 3.2.
- J. Participants shall not be required to make any payments, or provide any materials or services in connection with the receipt of commodity benefit packages and, they shall not be solicited in connection with the receipt of commodity benefit packages for voluntary cash contributions for any purpose.
- K. Distribution of commodity benefit packages shall not be used as a means for furthering the political interest of any person or party.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT:	Inventory Controls, Reports, Record Keeping, Losses and Claims	Chapter:	5
		Section:	5.5
REFERENCES:	7 CFR parts 247.28, 247.29, 250.14, FNS Instructions 410-1 Rev. 2, and form FNS 153	Page:	1 of 2
		Revised:	09-2019

PURPOSE: To outline inventory controls, associated reporting and record keeping requirements, and losses and claims for the Utah CSFP.

POLICY: Local agency staff members are responsible for maintaining a system that will account for all foods received and distributed, in accordance with Program regulations and for submitting required reports.

PROCEDURES:

- A. The State provides an electronic spreadsheet facsimile of the FNS-153, Monthly Report of the CSFP to the local agency, see Attachment 5.4. The FNS-153 carries over the ending inventory from the previous month to provide the beginning inventory for the report month. The local agency must enter commodity receipts, distributions or issuances and all other commodity activity for the report month.
- B. Local agency must conduct a per unit month-end physical inventory of all commodities on hand including the content of undistributed commodity benefit packages located in the warehouse utilizing an electronic system of their devising and upkeep.
- C. The local agency shall compare the per unit physical inventory with the ending inventory calculated on the FNS-153, see A above. Month-end physical inventory shall be reported to the State agency on the FNS-153 spreadsheet. Instructions for the document are included within the spreadsheet. The ending inventory calculated on the FNS-153 must equal the physical inventory amounts. The FNS-153 spreadsheet must be submitted to the State by the 15th day of the following month.
- D. The local agency must report food losses due to damage, spoilage or infestation in column E of the corresponding lost item on the FNS-153 Comments tab. In the event there are losses of more than a few cases of a single product or valued at more than \$500.00, state approval is required before the food may be destroyed.
- E. If neglect, carelessness, and/or willful mishandling cause damage to or loss of USDA donated food, or if USDA donated foods are used or distributed improperly, the local



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT:	Inventory Controls, Reports, Record Keeping, Losses and Claims	Chapter:	5
		Section:	5.5
REFERENCES:	7 CFR parts 247.28, 247.29, 250.14, FNS Instructions 410-1 Rev. 2, and form FNS 153	Page:	2 of 2
		Revised:	09-2019

agency, warehouse personnel, and other persons may be subject to a claim determination and the corresponding repayment responsibility.

1. In the event of a claim, the state agency must notify its FNS Regional Office.
2. A written notice and demand for payment must be sent to the party responsible for the loss. The notice shall include the following:
 - i. A description of the loss, including the types and quantities of the donated food lost, and the value of the loss;
 - ii. The date, location, and case of the loss, if determined;
 - iii. Evidence and documentation relating to the loss, including a certificate of inspection by health officials, as applicable;
 - iv. Evidence of theft, embezzlement, willful misapplication, or fraud, as applicable; and
 - v. A formal demand that the responsible party make a payment to the state agency for the full value of the loss of donated foods, or improper use or loss of funds, by a date not to exceed 30 days from the date of the notification and demand for payment.
3. The responsible party may appeal and the state agency may make a claim adjustment, but the state agency must notify its FNS Regional Office for review of any such appeals or adjustments.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Management Evaluation	Chapter: 6
	Section: 6.1
REFERENCES: 7 CFR 247.33 and 7 CFR 247.34	Page: 1 of 3
	Revised: 06-2021

PURPOSE: To outline the management evaluation process for the State agency and local agency for each organization to which they have contracted to conduct the Utah CSFP.

POLICY: Management evaluations shall be conducted by the State agency for each contracted local agency biennially for compliance to program regulations. Management evaluations shall be conducted by the local agency for each contracted distributing site for compliance to program regulations biennially.

PROCEDURES:

- A. The State agency evaluates program administration on an ongoing basis by reviewing financial reports, audit reports, food orders, inventory reports, and other relevant information.
- B. On an annual basis the State agency shall ensure the tax-exempt status of the local agency as determined by the IRS Automatic Revocation of Tax-Exempt Status List (List). If the local agency is no longer in possession of the tax-exempt status they must show that they are working towards this status as outlined in federal regulations to continue working with the Utah CSFP. The local agency shall conduct the same process with all of the subdistributing agencies with which they are contracted during their biennial contract renewal process.
- C. During the first quarter of every odd fiscal year, the State agency performs an on-site management evaluation of the local agency, and of all storage facilities utilized by the local agency. As part of the on-site review, the State agency evaluates all aspects of program administration, including certification procedures, nutrition education, civil rights compliance, food storage practices, inventory controls, financial management systems, and an inventory of current equipment purchased in whole or in part with CSFP funds. Monitoring activities are documented on Attachment 6.1, Local Agency Monitoring Evaluation.
 1. 100% of participant records or 25 records, whichever is less, will be reviewed.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Management Evaluation	Chapter: 6
	Section: 6.1
REFERENCES: 7 CFR 247.33 and 7 CFR 247.34	Page: 2 of 3
	Revised: 06-2021

2. 15% of completed subdistributing agency monitoring reviews or 10 sites, whichever is less, will be reviewed.
- D. Areas of non-compliance will be noted and reviewed with the local agency representative and the state agency representative at the conclusion of the evaluation. Both the local agency representative and the State agency representative shall sign the completed evaluation form concluding the evaluation process. Within 30 calendar days of the conclusion of the evaluation, a written report and letter will be sent to the local agency.
- E. The letter and report will detail all areas of non-compliance that must be aligned into program procedure. Areas of non-compliance must be addressed with a written corrective action plan that shall be sent to the State agency 45 days after the date of the written report and letter.
- F. The local agency shall implement corrective actions as outlined within the corrective action plan. The State agency shall review the corrective action plan to assure that the plan is feasible and complete, contacting the local agency if additional action is required.
- G. If significant problems exist and or appropriate corrective actions are not taken, the local agency may be in non-compliance with the contract agreement between the SA and LA. Failure to comply with federal regulation and the contract scope of work could result in termination of the contract and from the Utah CSFP.
- H. The local agency shall conduct an on-site management evaluation of all contracted subdistributing agencies on a biennial basis. If the local agency determines that a site is struggling with and or not adhering to program policies and procedures the local agency may conduct management evaluations on a more frequent interval as they see fit to ensure adherence to program policies and procedures. The local agency shall establish a management review system to rotate an equal number of distribution sites every year with the newest sites being reviewed within their first year running the program. Log of the review system shall be kept for review during monitoring evaluations of the local agency.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT:	State-level Storage Facility Inspection	Chapter:	6
		Section:	6.1
REFERENCES:	7 CFR 247.33 and 7 CFR 247.34	Page:	3 of 3
		Revised:	06-2021

1. The local agency shall evaluate the site's program management of the following areas: distribution, civil rights, operational structure sufficiency, contracts & records, food storage practices, monitoring & training along with corrective actions from previous evaluations as outlined in Attachment 6.2, Monitoring Evaluation Distribution Sites.
 - I. Areas of non-compliance will be noted and reviewed with the local agency representative and the subdistributing agency representative at the conclusion of the evaluation. Both the local agency representative and the subdistributing agency representative shall sign the completed evaluation form concluding the evaluation process. Should any areas of non-compliance be identified a written report and letter shall be sent to the subdistributing agency within 30 calendar days of the conclusion of the evaluation. The letter shall include a deadline for the subdistributing agency to become compliant with program standards. The timeframe for compliance shall be no more, or less than 45 days from the date of issuance on the letter.
 - J. The local agency shall follow-up with the subdistributing agency within the specified timeframe noted in the non-compliance letter to ensure compliance to program standards has been attained. All documentation shall be retained by the local agency.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: State-level Storage Facility Inspection	Chapter: 6
	Section: 6.2
REFERENCES: 7 CFR 250.21	Page: 1 of 1
	Revised: 09-2019

PURPOSE: To outline the storage facility inspection process for the State agency and any local agency contracted to conduct Utah CSFP.

POLICY: A state-level storage facility inspection shall be conducted by the State agency for each contracted local agency annually in compliance with program regulations.

PROCEDURES:

- A. During the first quarter of every fiscal year, the State agency performs a state-level storage facility inspection at all storage facilities contracted to house CSFP commodities. The inspection shall review food storage practices, inventory controls, and general cleanliness of the storage facility. The inspection shall be recorded as outlined on Attachment 6.3, Storage Facility Inspection Form.
- B. Any areas of concern or non-compliance will be noted and reviewed with the local agency representative. Both the local agency representative and the State agency representative shall sign the completed evaluation form concluding the inspection process. Should any areas of non-compliance be identified, a written report and letter shall be sent to the local agency within 30 calendar days of the conclusion of the inspection. The letter shall include a deadline for the subdistributing agency to become compliant with program standards. The timeframe for compliance shall be no more, or less than 45 days from the date of issuance on the letter.
- C. The State agency shall follow-up with the local agency within the specified timeframe noted in the non-compliance letter to ensure compliance to program standards has been attained. All documentation shall be retained by the State agency.
- D. In odd numbered fiscal years, the storage facility inspection shall be conducted in conjunction with the local agency management evaluation



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Training and Technical Assistance	Chapter: 6
	Section: 6.3
REFERENCES: 7 CFR 247	Page: 1 of 1
	Revised: 09-2019

PURPOSE: To outline the training required of the local agency and subdistributing agencies participating in the Utah CSFP.

POLICY: All local agency staff, volunteers and subdistributing agency staff shall receive appropriate training at least annually to assure that issuance of commodity benefit packages is in accordance with FNS distribution instructions and Program regulations.

PROCEDURES:

- A. The local agency must implement a process for training of all staff and volunteers involved in the CSFP including an annual in person training with at least one representative from each subdistributing agency under CSFP agreements with the local agency. Training should be appropriate to the degree and frequency of an individual's involvement in the CSFP.
 1. Training shall be documented including date, topics covered, persons attending and sites represented.
 2. There shall be an evaluation component of such training and a mechanism for trainees to provide input.
 3. If sites do not participate in person at training events they will be required to participate in a training course before the conclusion of the year.
- B. The local agency shall implement an evaluation component to the annual training. Evaluation process shall focus on effectiveness of information shared, training goals, and open comment sections on general questions about the Program. Evaluation results of the training shall identify trends and potential education topics for additional trainings.
- C. The State agency shall provide assistance for local agency staff upon request. Seminars and teleconferences may be provided for periodic updates as determined by the State agency, or upon the request of the local agency.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: State Planning Process	Chapter: 7
	Section: 7.1
REFERENCES: 7 CFR 247.6 and 7 CFR 247.23	Page: 1 of 1
	Revised: 12-2014

PURPOSE: To describe how local agency, participants and other interested parties are involved in the development of amendments to the State planning process.

POLICY: The Local agency, participants and other interested parties may provide input and ideas for subsequent amendments to the state plans on an on-going basis.

PROCEDURES:

- A. The Plan is a document that describes how the State agency will operate the Utah CSFP and the caseload needed to serve eligible applicants. The State agency submits the Plan to FNS and once approved the plan is considered permanent, with amendments submitted at the State agency's initiative or at the request of FNS.
- B. The approved Plan and amendments are available for public comment upon request from the Utah Department of Health, or by posting the document on the website and requesting comments being sent to the Program Coordinator. The local agency, participants and other interested parties are encouraged to provide input and ideas on an on-going basis for incorporation into subsequent amendments to the State Plan.
- C. The State agency must submit amendments to FNS to reflect any changes in program operations or administration described in the Plan, and to request additional caseload for the following caseload cycle. FNS may also require that the Plan be amended to reflect changes in Federal law or policy. Amendments may be submitted at any time. Budget updates are required annually by August 15th. Requests for additional caseload are due by November 5th.
- D. As part of the State planning process the State agency shall submit to FNSRO to retain additional administrative funds for the State level expenses. Funds are initially assigned through a formula outlined as follows in CFR 247.23(a): 15 percent of the first \$50,000 received, 10 percent of the next \$100,000 received, and 5 percent of the next \$250,000 received. This process shall take place annually once the Grant Award Document (GAD) has been awarded to the State agency.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT:	Financial Management System	Chapter:	8
		Section:	8.1
REFERENCES:	2 CFR 200 D and 7 CFR 247.27	Page:	1 of 2
		Revised:	03-2020

PURPOSE: To describe the financial management systems maintained to assure compliance with financial management regulations.

POLICY: There will be accurate, current and complete disclosure of the financial status of the Program in accordance with federal regulations, including an accounting of all program funds received and expended each fiscal year.

PROCEDURES:

- A. The State of Utah's Data Warehouse (DW) system is a comprehensive, automated, financial management system which provides timely reports of funds available and year to date expenditures. DW assigns each department, division, and programs a unique funding code to which all expenditures for the program are coded.
- B. Both the State agency and local agency are required to maintain property inventory records for all equipment purchased in whole or in part with federal funds. State policy requires that property valued at \$1,000.00 or more purchased with state and/or federal funds must be inventoried and maintained on annual property inventory records at the State agency. In addition, these records are maintained on file at the respective agencies, and are monitored as part of the management evaluation process.
 1. Inventory of all equipment purchased in whole or in part with federal funds shall include the following:
 - a. a description of the property,
 - b. a serial number or other identification number,
 - c. the source of funding for the property,
 - d. the title holder (when applicable),
 - e. the acquisition date and cost of the property,
 - f. the percentage of Federal participation in the project costs,
 - g. the location and status of the property,
 - h. and any disposition date including date of disposal and sales price of the property for any property with a fair market value of over \$5,000.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Financial Management System	Chapter: 8
	Section: 8.1
REFERENCES: 2 CFR 200 D and 7 CFR 247.27	Page: 2 of 2
	Revised: 03-2020

- C. A physical inventory of the property will be taken and the results reconciled with the property records every two years in conjunction with the management evaluation.
- D. Existing control systems must be followed to ensure adequate safeguards to prevent loss, damage, or theft of the property.
- E. The disposition of any equipment with a fair market value exceeding \$5,000 must follow the Federal guidelines spelled out in 2 CFR 200.313 (e).
- F. The disposition of all other equipment will follow UT Admin Code R33-26 for surplus equipment.
- G. Funds are made available to the local agency through contracts by the Utah Department of Health. The contracts specify the services to be performed according to federal regulations and the state plan of operation. Contracts also specify the allocation of administrative funds and caseload. All payments for administrative funds are disbursed in the form of reimbursements for administrative costs incurred by the local agency under contract with the state and are recorded and monitored through DW.
- H. The local agency is responsible for the cost of receiving, storing and distributing the commodities from their warehouse to recipients or other subdistributing agencies.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Administrative Costs	Chapter: 8
	Section: 8.2
REFERENCES: 7 CFR 247.25 and 7 CFR 3016	Page: 1 of 1
	Revised: 09-2019

PURPOSE: To provide guidance for the use of the Utah CSFP administrative funds.

POLICY: Funds provided to the local agency may be used to cover administrative costs.

PROCEDURES:

- A. The local agency shall submit a budget annually projecting what funding shall be spent on in the upcoming year. The awarded budget amount is given to the local agency by the State agency as invoiced on a per box distributed rate which shall be received by the State on the 15th of each month for the previous month's distribution. The rate is determined in the contract negotiations and is set for the duration outlined within the contract.
- B. Should the local agency wish to use CSFP program funds to purchase equipment valued at or above \$5,000.00 they must obtain prior written approval from the State agency. The State agency must obtain prior written approval from the USDA SWRO for equipment purchased in whole or in part with federal funds in excess of \$5,000.00. Examples of equipment include automated information systems, automated data processing equipment, and other computer hardware and software. See Attachment 8.1, Request for Authorization of Equipment Purchase.
- C. All monthly costs claimed must be invoiced to the State agency no later than one month after the previous month's close. Any claims containing expenses that do not reflect appropriate program expenditures will be adjusted pending further justification from the contractor. Specific examples of unallowable uses of administrative funds in CSFP include:
 1. The cost of alteration of facilities not required specifically for the program; and
 2. Actual losses that could have been covered by permissible insurance (through an approved self-insurance program or by other means).
- D. The local agency must follow the procedures contained in 7 CFR 3019 for procuring property, equipment, or services with CSFP funds and for their disposition. The State agency is the responsible authority regarding the settlement of all contractual and administrative issues arising out of procurements for CSFP.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Records and Reports	Chapter: 8
	Section: 8.3
REFERENCES: 7 CFR 247.28 and 7 CFR 250.6(r)	Page: 1 of 2
	Revised: 06-2021

PURPOSE: To provide guidance for the Utah CSFP recordkeeping and reporting requirements.

POLICY: State and local agencies shall maintain accurate and complete records in accordance with federal and state regulations and policies, and the contract scope of work.

PROCEDURES:

- A. All records and supporting documentation such as: management evaluation reports, participant records, local agency management evaluations of subdistributing agencies, contracts, financial information and program documents shall be retained for a period of 4 years or, if they are related to unresolved claims actions, audits, or investigations, until those activities have been resolved.
- B. All records shall be available during normal business hours for federal or state representatives to inspect, audit, and copy.
- C. To be acceptable for audit purposes, all financial and program performance reports shall be traceable to source documentation.
- D. Attachment 8.2, CSFP Report Schedule, provides a comprehensive outline of routine reports/forms and due dates. The following is a list of reports, due dates and appropriate policy references for which the local agency is responsible.
 1. Multi-food requisitions – Due in the Web Based Supply Chain Management (WBSCM) from 7 to 30 working days prior to the scheduled delivery date. See Section 5.1 and Attachments 5.1 and 5.2.
 2. Shipment Reciting – Due in WBSCM 2 days after shipment received. See Section 5.1.
 3. FNS-153 information is due to the State agency by the 15th of the month for the preceding month. See Section 5.5.
 4. All monthly costs claimed must be invoiced to the State agency no later than one month after the previous month's close. See Section 8.2.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Records and Reports	Chapter: 8
	Section: 8.3
REFERENCES: 7 CFR 247.28 and 7 CFR 250.6(r)	Page: 2 of 2
	Revised: 06-2021

5. FNS Form 191 Racial/Ethnic Group Participation – Information is collated in July for the participants in the month of April of the current fiscal year. See Attachment 11.2 and Section 11.1 (B) for details on information and procedure. Completed information is due to the State agency by July 15th.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT:	Pursuit of Claims Against Participants	Chapter:	8
		Section:	8.4
REFERENCES:	7 CFR 247.25(f), 7 CFR 247.30(c) and (d), and 7 CFR 250.15(c)	Page:	1 of 2
		Revised:	12-2014

PURPOSE: To establish standards and procedures for pursuit of claims against participants.

POLICY: When cost effective, local agency shall initiate a claim against a participant to recover the value of CSFP commodities wrongfully received and or used.

PROCEDURES:

- A. The pursuit of a claim against a participant to recover the value of CSFP commodities wrongly or fraudulently received and or used is cost effective when the value exceeds \$250 or 5 months of CSFP benefits. The estimated value of the monthly CSFP benefit is \$50.
- B. For the purposes of this program, fraud includes intentionally making false or misleading statements or intentionally withholding information to obtain CSFP commodities; or the selling or exchange of CSFP commodities for non-food items.
- C. If the local agency determines that the participant or the parent or caretaker of the participant, fraudulently received or used commodities, the local agency must document the number of months CSFP benefits were wrongfully or fraudulently received or used. If at least 5 months of benefits were improperly received or used, a claim against the participant must be pursued.
- D. In pursuing a claim against a participant, the local agency must:
 1. Issue a letter demanding repayment for the value of the commodities improperly received or used;
 2. If repayment is not made in a timely manner, take additional collection actions that are cost-effective, in accordance with the standards established by the State agency; and
 3. Maintain all records regarding claims actions taken against participants.
- E. Letters demanding repayment for the value of the commodities improperly received or used must:
 1. Advise the participant of the opportunity to appeal the claim through the fair hearing process, in accordance with Section 13.1; and
 2. Provide a copy of Attachment 13.1, Appeals Process.



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SUBJECT:	Pursuit of Claims Against Participants	Chapter:	8
		Section:	8.4
REFERENCES:	7 CFR 247.25(f), 7 CFR 247.30(c) and (d), and 7 CFR 250.15(c)	Page:	2 of 2
		Revised:	12-2014

- F. The local agency must also disqualify the participant from CSFP for a period of up to one year.
- G. Funds recovered as a result of claims actions against participants must be used by the local agency for allowable Utah CSFP program costs and reported to the State agency on an invoice separately from their billing invoice.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Complaints	Chapter: 9
	Section: 9.1
REFERENCES: 7 CFR 247.5(a)(4) and 7 CFR 250.15 (d)	Page: 1 of 2
	Revised: 08-2022

PURPOSE: To outline the procedures for reporting, processing and resolving complaints about food or services of the Utah CSFP.

POLICY: The local agency shall report, process and resolve complaints about the quality of commodities, or services rendered in accordance with federal regulation.

PROCEDURES:

- A. During certification all participants and potential participants will be informed of their rights and obligations. Participants will be advised of the policy of non-discrimination and the procedure for filing a complaint if they believe they have been discriminated against.
- B. All complaints shall be documented along with appropriate and necessary corrective action.
- C. Depending on the nature of the complaint, i.e., food or services, the problem will be promptly investigated by the local agency. At the conclusion of the investigation the complainant will be notified of the results in writing within 30 days of the investigation conclusion. All persons making complaints must be notified of their right to a fair hearing to repeal the investigation findings should their complaint not be satisfactorily resolved. See Section 12.
- D. See Section 11 for the process of complaints alleging discrimination on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.
- E. Complaints suggesting a potential health hazard will be reported immediately to the State agency by the local agency. The State agency will immediately refer the matter to the Section for Environmental Public Health, the U.S. Department of Agriculture, and the local public health agency for prompt follow-up and resolution.
- F. The local agency will promptly investigate complaints received in connection with the distribution or use of donated foods, and correct any irregularities. The local agency shall maintain documentation on file of complaints including actions taken along with any



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Complaints	Chapter: 9
	Section: 9.1
REFERENCES: 7 CFR 247.5(a)(4) and 7 CFR 250.15 (d)	Page: 2 of 2
	Revised: 08-2022

necessary corrective actions and shall inform the State agency of any complaints in an expeditious manner.

- a. The local agency may not dispose of any donated food that is the subject of a complaint prior to guidance and authorization from FNS.
 - b. Complaints regarding product quality or specifications, or suggested product improvements are submitted to FNS through FNS's Web-Based Supply Chain Management System.
 - c. A record is maintained of the state agency's investigations and other actions with respect to complaints relating to donated foods.
- G. The State agency reserves the right to make investigations and has the final determination as to when a complaint has been properly adjusted. Serious irregularities will be reported to USDA by the State agency in writing.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Audits	Chapter: 10
	Section: 10.1
REFERENCES: 7 CFR parts 247.31(d) and (e) and 3052	Page: 1 of 1
	Revised: 01-2011

PURPOSE: To outline audit requirements for the Utah CSFP.

POLICY: In compliance with federal regulations, the CSFP local agency and the State agency will be audited by USDA, at their discretion.

PROCEDURES:

- A. For auditing purposes, all records and supporting documentation shall be retained for a period of 4 years or, if they are related to unresolved claims actions, audits, or investigations, until those activities have been resolved.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Civil Rights	Chapter: 11
	Section: 11.1
REFERENCES: 7 CFR parts 247.13 and 247.37 and FNS Instruction 113-1 dated 9-29-2005	Page: 1 of 6
	Revised: 08-2022

PURPOSE: To outline actions required to assure Civil Rights requirements are met.

POLICY: The State and local agency will comply with Title VI of the Civil Rights Act of 1964 (P.L.88-352) and all requirements imposed by federal and state regulations.

PROCEDURES:

- A. The local agency and each subdistributing agency must post Attachment 11.1, And Justice for All poster in a prominent location. There are multiple versions of the poster targeting specific programs. The version that shall be used for Utah CSFP is AD-475A.
- B. The local agency shall collect the number of participants receiving commodity benefit packages by racial/ethnic category for participants served during the month of April for the annual FNS-191 report. This count shall be collected as a database report pulling demographic information as supplied on participant applications. Counts must be submitted by July 15th each year to the State agency on Attachment 11.2, Form FNS-191 Racial/Ethnic Group Participation using the instructions and categories provided. The State agency shall report the final figures annually within WBSCM by July 31st.
 1. Written materials used to promote or advertise the program must contain the non-discrimination statement and procedures for filing a complaint. If the material is too small to permit the full statement to be included, the material will at a minimum include the statement, in print size no smaller than the body text, "This institution is an equal opportunity employer and provider." The full authorized statement reads as follows:
 2. English: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT:	Civil Rights	Chapter:	11
		Section:	11.1
REFERENCES:	7 CFR parts 247.13 and 247.37 and FNS Instruction 113-1 dated 9-29-2005	Page:	2 of 6
		Revised:	08-2022

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

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

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



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT:	Civil Rights	Chapter:	11
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REFERENCES:	7 CFR parts 247.13 and 247.37 and FNS Instruction 113-1 dated 9-29-2005	Page:	3 of 6
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This institution is an equal opportunity provider.

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

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

Para presentar una queja por discriminación en el programa, el reclamante debe llenar un formulario AD-3027, formulario de queja por discriminación en el programa del USDA, el cual puede obtenerse en línea en: <https://www.fns.usda.gov/sites/default/files/resource-files/usdaprogram-discrimination-complaint-form-spanish.pdf>, de cualquier oficina de USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida a USDA. La carta debe contener el nombre del demandante, la dirección, el número de teléfono y una descripción escrita de la acción discriminatoria alegada con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR) sobre la naturaleza y



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fecha de una presunta violación de derechos civiles. El formulario AD-3027 completado o la carta debe presentarse a USDA por:

(1) correo:

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

(2) fax:

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

(3) correo electrónico:

program.intake@usda.gov

Esta institución es un proveedor que ofrece igualdad de oportunidades

- C. All paid staff working on the Program shall receive training on all aspects of civil rights compliance. Staff should be able to identify a civil rights complaint if received. Subdistributing agency staff and volunteers that interact with program participants on a regular basis during the application or benefit pick-up process shall receive training on all aspects of civil rights compliance. They should know what to do if they receive a complaint and they should understand that it is a basic right of the individual to file a complaint.
- D. Where a significant proportion of the population of the area served by the local agency is composed of non-English or limited English speaking persons who speak the same language the local agency shall provide program information, except certification forms, shall be provided in the appropriate language orally and in writing. Bilingual staff members or participant family members can serve as interpreters which must be available



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to service non-English speaking participant communication and program comprehension needs.

- E. Local agency compliance to Civil Rights requirements is reviewed during the management evaluation and documented on the Attachment 6.1, Monitoring Review form. See Section 6.1. The local agency must monitor compliance to Civil Rights requirements by subdistributing agencies at least biennially. See Section 6.2 and Attachment 6.2.
- F. All complaints alleging discrimination based on race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity will be accepted either verbally or written. In the event of a verbal complaint, the person to whom the allegations are made must write up the elements of the complaint for the complainant. Every effort should be made to have the complainant provide the following information:
1. Name, address, and telephone number or other means of contacting the complainant.
 2. The specific location and name of the State agency, local agency, or other sub recipient delivering the service or benefit.
 3. The nature of the incident or action that led the complainant to feel discrimination was a factor, and an example of the method of administration that is having a disparate effect on the public, potential eligible persons, applicants, or participants.
 4. The basis on which the complainant believes discrimination exists. The bases for nondiscrimination are race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. The names, telephone numbers, titles, and business or personal addresses of persons who may have knowledge of the alleged discriminatory action, and



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5. The date(s) during which the alleged discriminatory actions occurred or, if continuing, the duration of such actions.
- G. All complaints received by the State or local, either verbal or written, which allege discrimination shall be referred to the State agency Human Resource Management Department, and processed in accordance with the complaint processing procedures and timelines in FNS Instruction 113-1.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT:	Explicitly Religious Activities	Chapter:	12
		Section:	12.1
REFERENCES:	7 CFR 16.4	Page:	1 of 2
		Revised:	06-2021

PURPOSE: To provide clarification to CSFP distributors regarding federal regulations explicitly religious activities.

POLICY: Organizations associated with CSFP may not engage in explicitly religious activities. This includes activities that involve overt religious content, such as worship, religious instruction, or proselytization.

PROCEDURES:

- A. Organizations may not engage in explicitly religious activities as part of CSFP. This includes activities that involve overt religious content, such as worship, religious instruction, or proselytization.
- B. If there is an explicitly religious activity that takes place at the distribution site, it must be separate in time or location from the provision of CSFP services.
 1. Separate in time or location means that if there is an explicitly religious activity happening in the same location it must be at a different time than the provision of CSFP services or if an explicitly religious activity is happening at the same time it must be in a different location than the provision of CSFP services. There can be no overlap.
- C. Organizations must not require program beneficiaries or prospective beneficiaries to participate in explicitly religious activities in order to receive CSFP services. Participation in any explicitly religious activities must be voluntary.
- D. Organizations cannot use CSFP funds to support any explicitly religious activities, speech, or materials.
- E. If a local or eligible recipient agency is unsure of whether or not a specific activity is explicitly religious, they are encouraged to contact the Utah CSFP coordinator at 801 245-0087.
- F. Prior to receiving services from a distribution site administered through a faith-based program, the local agency will give written notice to clients outlining the protections covered above. See attachment 12.1



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT:	Explicitly Religious Activities	Chapter:	12
		Section:	12.1
REFERENCES:	7 CFR 16.4	Page:	2 of 2
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- G. Upon request, the local agency will provide any client uncomfortable participating at a distribution site with a religious character a list of alternative sites.
1. The local agency will work with any client interested in moving from a distribution site with a religious character to another distribution site to ensure the move is as seamless as possible.



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Fair Hearings for Individuals	Chapter: 13
	Section: 13.1
REFERENCES: 7 CFR 247.12 and 7 CFR 247.33	Page: 1 of 2
	Revised: 08-2022

PURPOSE: To provide a hearing process that allows a CSFP applicant or participant to appeal an adverse action.

POLICY: Individuals have a right to a fair hearing and may appeal any decision made by the local agency regarding denial or discontinuance of program benefits, disqualification from the program, or a claim to repay the value of commodities received as a result of fraud.

PROCEDURES:

- A. Each program applicant or participant shall be informed of their right to a fair hearing in accordance with Section 2.1(E). Attachment 13.1, Appeals Procedure, modified to show the State agency contact information, shall be posted at all subdistributing agencies and copies shall be available upon request, copies will also be made available during the annual management evaluation process.
- B. If a hearing is requested by a participant within 15 days of receipt of an adverse notification of ineligibility benefits will be continued, or reinstated until a decision is reached or the certification period expires; whichever occurs first. Applicants, who are denied benefits during their initial application or at the expiration of a certification period, shall not receive benefits whilst awaiting the hearing.
- C. All requests for fair hearings will be carried out by officials of the State agency. The State agency is required to appoint a fair and impartial hearing officer for the purpose of conducting fair hearings. The State agency must schedule and conduct the hearing within 30 days from the date of the request for the hearing. Those requesting the hearing will be notified in writing no less than 10 days in advance of the time and place of the hearing.
- D. A request for a hearing will not be dismissed or denied unless:
 1. The request is not received within 60 days from the adverse action notification; or
 2. The request is withdrawn in writing by the appellant; or
 3. The appellant or appellant's representative fails, without good cause, to appear at the scheduled hearing; or



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4. The appellant has been denied participation by a previous hearing and cannot provide evidence that circumstances relevant to program eligibility have changed in such a way as to justify a hearing.
- E. Hearings shall be conducted by an impartial official and in accordance with Attachment 13.1, Appeals Procedures.
- F. If the hearing decision is in favor of the appellant, and benefits were denied or discontinued, benefits shall begin immediately.
- G. If the decision concerns disqualification and is in favor of the agency, as soon as administratively feasible, the local agency shall terminate any continued benefits, as determined by the hearing officer.
- H. All records of the hearing shall be kept in accordance with 7 CFR 247.33(m) and shall be available for public inspection and copying, in accordance with the confidentiality requirements under 7 CFR 247.36 (b).



UTAH COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURES MANUAL

SUBJECT: Fair Hearings for Local Agency	Chapter: 13
	Section: 13.2
REFERENCES: 7 CFR 247.35	Page: 1 of 1
	Revised: 12-2014

PURPOSE: To provide a hearing procedure through which any local agency may appeal a State agency action with monetary consequences for the local agency.

POLICY: The Local agency has a right to appeal any action by the State with monetary consequences.

PROCEDURES:

- A. All requested fair hearings will be conducted within 30 days from the date the State agency receives the request for a hearing. Those requesting a hearing will be notified in writing a minimum of ten days in advance of the time and place of the hearing and of the hearing procedure.
- B. Requests for fair hearings by the local agency to the State agency shall be conducted by an Attorney at Law under contract with the Utah Department of Health assigned to the State department to which the Program resides. Since this is a contractual relationship, executed solely for the purpose of presiding at hearings, hearings will be conducted in a fair and impartial manner. The hearing will be conducted within 30 days from the date of request for the hearing.
- C. The local agency will be notified in writing of the decision of the Hearing Officer within 30 days of the hearing, or 60 days from the date of the hearing request, whichever is sooner. All decisions shall be based on facts found in the hearing record, and the parties will be notified of their right to appeal the decision to the district court within 30 days. The Hearing Officer's decision is binding on the State and the local agency.



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APPLICATIONS, DELIVERY
SCHEDULE, PROXY FORMS, SITE
AGREEMENT, REQUIRED SIGNAGE,
NO-SHOW POLICY