



CSFP

FREE FOOD PACKAGES FOR SENIORS

WHEN

January, 2022



WHERE

Eleanor Shadowen Senior Center

1540 Seventh Street, Coachella, CA 92236



For more information, call:

(760) 398-0104

www.FINDFoodBank.org

This institution is an equal opportunity provider.

SENIOR BENEFIT PROGRAM

ELIGIBILITY

- 60 Years +
- Riverside/San Bernardino County Resident
- Low-Income

Household	Monthly	Weekly
1	\$1,396	\$322
2	\$1,888	\$436
3	\$2,379	\$549
4	\$2,871	\$663
For each add' member add...	\$492	\$114

ENROLLMENT

Documents Needed:

- ✓ Name
- ✓ Date of Birth
- ✓ Address

CSFP

The Commodity Supplemental Food Program is a USDA nutrition program that offers low-income seniors age 60+ years a monthly free food package.



**Memorandum of Understanding between
FIND Food Bank
And
Eleanor Shadowen Senior Center**

This document is a memorandum of understanding between **FIND Food Bank** and **Eleanor Shadowen Senior Center** hereafter referred to as Partner Agency, in regard to facilitating the Commodity Supplemental Food Program (CSFP).

I. Terms of the Agreement

Upon execution of this agreement, FIND Food Bank and the Partner Agency will administer the program in accordance with the provisions of 7 CFR Part 247 and with the provisions of 7 CFR Part 250, unless they are inconsistent with the provisions of Part 247.

FIND Food Bank will be responsible for:

- a. Procuring, pre-packing and delivering the agreed-upon allocation of CSFP boxes listed in Addendum A.
- b. Training representatives of Partner Agency on program requirements and monthly reporting requirements.
- c. Notifying Partner Agency of any concerns related to their distributions. Notification will be provided to the individual(s) listed in Addendum B.

Partner Agency will be responsible for:

- a. Assigning at least one staff member or volunteer to serve as the CSFP lead. The CSFP lead will be responsible for facilitating monthly distributions, reporting the number of individuals served each month, and communicating any concerns to FIND Food Bank.
- b. Facilitating CSFP distributions including:
 - Abiding by all CSFP program rules and regulations.
 - At the time of distribution, the Partner Agency agrees to have the following signage displayed in clear sight of participants:
 - "And Justice for All" poster
 - "California CSFP Income Limits for Elderly"
 - Checking the quality and quantity of the CSFP commodities received each month.
 - Obtain signature of enrolled participants or their designated proxy for their CSFP box each month.
 - Distributing CSFP products free of charge.
 - Tracking the number of individuals served each month. This information will be reported to **FIND Food Bank** using the provided sign-in sheets by the end of the distribution day.
 - Agreeing that no political, religious, or any other non-related activity will be conducted as a condition of, or in conjunction with, receiving CSFP commodities.
 - Agreeing that all staff and volunteers will not engage in discrimination at any time during CSFP distributions against any person due to race, color, citizenship, religion, gender, national origin, ancestry, disability, and/or sexual orientation including gender identity or expression.



- Agreeing to not transfer the food received from **FIND Food Bank** to another organization or group without prior approval from **FIND Food Bank**.
- c. Ensuring that all staff members and volunteers associated with the CSFP program have signed the provided "Statement of Confidentiality for Staff and Volunteers."
- d. Notifying **FIND Food Bank** immediately of any changes in distribution location(s), distribution hours, or days of operation.
- e. Providing seniors with CSFP Participation Applications, CSFP resources and contact information for program enrollment.
- f. Agreeing to keep CSFP participant records, sign in sheets, and financial records on file for at least three years from the end of the fiscal year to which they pertain.
- g. Agreeing to be responsible for any loss resulting from the improper distribution, or improper storage, care or handling of CSFP commodities.
- h. Agreeing to allow representatives of **FIND Food Bank** and government agencies to inspect and audit all facilities, including program files, where CSFP products are received, stored and distributed, with or without notice.
- i. Contacting **FIND Food Bank** prior to using **FIND Food Bank's** name and logo in any outreach materials.
- j. Contacting **FIND Food Bank** with any questions or concerns about distributions at Partner Agency.

II. Delivery

FIND Food Bank will deliver CSFP boxes to Partner Agency. Please see Addendum A for a list of agreed-upon delivery locations and times. Addendum A can be updated as necessary by written agreement by both parties without the need to enter into a new memorandum of understanding. Any change or cancellation to a scheduled delivery or pickup requires at least 14 days written notice by either party.

III. Site Contact

The individual(s) listed in Addendum B will serve as the site contacts for CSFP distributions at Partner Agency. Addendum B can be updated as necessary by written notification without the need to enter into a new memorandum of understanding.

IV. Indemnification

FIND Food Bank agrees to indemnify, defend, and hold Partner Agency and its staff harmless from all liabilities, claims, losses, resulting from the acts or omissions of the indemnifying party, and from any and all contractors, subcontractors, suppliers, laborers employed by **FIND Food Bank** who may be seeking to enforce a claim against **FIND Food Bank** by suing Partner Agency.

Partner Agency agrees to indemnify, defend and hold **FIND Food Bank** and its employees, volunteers, officers, directors, Feeding America, **OTHER AGENCIES** and/or the original donor or supplier of any food harmless from all liabilities, claims, losses, resulting from the acts or omissions of the indemnifying party, and from any and all contractors, subcontractors, suppliers, laborers employed by Partner Agency who



may be seeking to enforce a claim against the site by suing **FIND Food Bank**, Feeding America, **OTHER AGENCIES** and/or the original donor or supplier.

V. Civil Rights Assurance

Both parties to this agreement hereby agree that they will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR Part SO.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the program applicant receives Federal financial assistance from FNS; and hereby gives assurance that they will immediately take measures necessary to effectuate this agreement.

VI. Terms and Termination Agreement

Once signed by both parties the agreement shall become effective immediately. Either party may terminate this agreement with 30 days written notice. Upon termination, Partner Agency agrees to return to FIND Food Bank within 15 days of the termination date, any and all items provided to the Partner Agency connected to the CSFP program, including but not limited to undistributed food supplies, equipment provided specifically for the delivery of the CSFP program, client forms and information, etc. This agreement may be amended at any time but any amendment must be in writing and approved by both parties.

This memorandum of understanding contains the entire agreement of the parties, superseding any prior written or oral agreements between them on the same subject matter.

_____ Program Site (Print Name), (Title)	_____ Date
_____ Program Site (Signature)	_____ Date
_____ FIND Food Bank (Print Name), (Title)	_____ Date
_____ FIND Food Bank (Signature)	_____ Date



Addendum A

List of delivery locations and times

Below is the list of agreed-upon delivery locations and times for CSFP boxes.

Organization: **Eleanor Shadowen Senior Center**

Allocation of CSFP boxes: 90

Delivery address: 1540 Seventh St. Coachella, CA 92236

Delivery date: 3rd Wednesday of the month

Delivery time: 11:30 am



2021 CSFP Income Guidelines

Elderly-130%

2021 Senior Income Guidelines			
(These guidelines are 130% of the Federal Poverty Guidelines published annually by DH/HS)			
Family Size	Annual	Monthly	Weekly
1	\$16,744	\$1,396	\$322
2	\$22,646	\$1,888	\$436
3	\$28,548	\$2,379	\$549
4	\$34,450	\$2,871	\$663
5	\$40,352	\$3,363	\$776
6	\$46,254	\$3,855	\$890
7	\$52,156	\$4,347	\$1,003
8	\$58,058	\$4,839	\$1,117
For each add'l household member, add...	\$5,902	\$492	\$114

“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 mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250- 9410, by fax (202) 690-7442 or email at program.intake@usda.gov. “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.”



FIND FOOD BANK-CSFP

CSFP Application

State of California – Health and Human Services Agency

California Department of Social Services

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) PARTICIPANT APPLICATION

Enrollment Date:		Date of Verbal Recertification:	<input type="checkbox"/> 12 Months:
Site:			<input type="checkbox"/> 24 Months:

_____ Total In Household _____ Total Qualifying Members

COMMODITY SUPPLEMENTAL FOOD PROGRAM QUALIFYING MEMBERS

1. Applicant (Last Name, First Name):		
Address:	City, State, Zip Code:	<input type="checkbox"/> Verified Proof of Residency
Date of Birth:	ID Number:	Phone Number:
Hispanic / Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (choose one or more): <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Native Alaskan	
2. Applicant (Last Name, First Name):		
Date of Birth:	ID Number:	Phone Number:
Hispanic / Latino: <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (choose one or more): <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Native Alaskan	

I certify under penalty of perjury that my household income for the past 30 days does not exceed the Commodity Supplemental Food Program posted monthly guidelines, or for the past twelve months does not exceed the annual guidelines and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded, or given away. YES NO

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 aware that the information provided may be shared with other organizations to detect and prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.)

YES NO

Applicant's Printed Name Applicant's Signature Date

Applicant's Printed Name Applicant's Signature Date

AUTHORIZATION FOR PROXY

I understand that I must pick up my food regularly or I will be terminated from the CSFP. In the event that I am unable to pick up my food boxes, please release them to:

Proxy's Printed Name(s): Proxy's Signature(s):



FIND FOOD BANK-CSFP

State of California – Health and Human Services Agency

California Department of Social Services

Commodity Supplemental Food Program (CSFP) Participant Rights and Responsibilities

1. Program standards are applied without discrimination by race, color, national origin, age, disability, or sex.
2. Applicants and participants have the right to appeal any decision made by the local agency regarding denial or termination of the CSFP through the fair hearing process. An appeal may be made verbally or in writing, and a request for a fair hearing may be arranged at the local agency headquarters office.
3. The local agency will make nutrition information available to participants, and to parents or guardians of infant and child participants and will encourage them to participate.
4. The local agency will provide information on other nutrition, health, or assistance programs, and make referrals as appropriate.
5. Participants may not receive both CSFP and WIC benefits simultaneously and may not receive CSFP benefits more than once a month.
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 participant to recover the value of the benefits and may lead to the disqualification from the CSFP.
7. Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

***CSFP Racial/Ethnic Data Collection:** This information is being requested to comply with the United States Department of Agriculture requirements governing the CSFP. The information requested is solely for the purpose of determining the State's compliance with the Federal civil rights laws. Your response will not affect consideration of your application or your participation in the CSFP and may be protected by the Privacy Act. By providing this information, you will assist us in assuring that this program is administered in a nondiscriminatory manner. If you decline to provide the requested ethnic/race information your race and ethnicity will be determined through visual observation and recorded in the data system.

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 **email:** program.intake@usda.gov

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CSFP 001 (6/19)

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Commodity Supplemental Food Program (CSFP) Participant Rights & Responsibilities

1. Program standards are applied without discrimination by race, color, national origin, age, disability, or sex.
2. Applicants and participants have the right to appeal any decision made by the local agency regarding denial or termination of the CSFP through the fair hearing process. An appeal may be made verbally or in writing, and a request for a fair hearing may be arranged at the local agency headquarters office.
3. The local agency will make nutrition information available to participants and encourage participation.
4. The local agency will provide information on other nutrition, health, or assistance programs, and make referrals as appropriate.
5. Participants may not receive both CSFP and WIC benefits simultaneously and may not receive CSFP benefits more than once a month.
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 participant to recover the value of the benefits and may lead to the disqualification from the CSFP.
7. Participants must report changes in household income or composition within 10 days after the change becomes known to the household.
8. If I do not pick up food three (3) months in a row, I will be taken off of the program.

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FIND FOOD BANK-CSFP

Proxy Form



Commodity Supplemental Food Program (CSFP) Proxy Form

Date: 1/4/2022 CSFP Year: 2022

Agency: _____ County: _____

This form will allow you to designate a person to pick up your CSFP food. Proxies must present appropriate identification at the time of food pick up.

Participant or Parent/Caretakers Authorization of Proxy

I hereby give permission to the person/organization listed below to pick up/accept delivery of CSFP food for me when I am unable to do so. I understand in giving permission to the person/organization below, I accept all responsibility for their actions. This authorization becomes effective when received by the CSFP program. I agree to notify CSFP promptly if I decide to make any changes in (i.e. update, add or remove) my designated proxies.

I, _____ hereby authorize _____
Participant-Print Name Proxy-Print Name
to pick up and deliver my CSFP food package to me.

Participant Signature

Proxy Signature

Distribution site coordinator signature

Proxy ID Verified

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FIND FOOD BANK-CSFP

Participant Sign-In Sheet



CSFP Sign-In Sheet

Program Site: _____

Month of _____, 202__

	Participant Name	Telephone Number	Proxy Name	Signature	Date
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

After distribution was completed, we had _____ food packages remaining. (If none, please enter "0")

Please email, fax or mail completed form no later than the following day after distribution to:
 Priscilla Salcedo
 Programs Manager
 FIND Food Bank
 83775 Citrus Ave, Indio, CA 92201
Psalcedo@Findfoodbank.org
 Fax: (760) 775-0252



FIND FOOD BANK-CSFP

Civil Rights Annual Training Checklist

State of California – Health and Human Services Agency

California Department of Social Services

CIVIL RIGHTS ANNUAL TRAINING CHECKLIST FOR CSFP AND TEFAP

Employee or Volunteer Name (Last Name, First Name):

Date of Training:

Date Next Training Due:

The goal of civil rights training is to ensure fairness and equity of treatment and benefit delivery of TEFAP and CSFP. Additional information from the USDA civil rights web page can be found online at www.fns.usda.gov/civil-rights.

The California Department of Fair Employment and Housing is the state agency charged with enforcing California's civil rights laws. The following link, (www.dfeh.ca.gov) provides information about a complaint process, protections regarding recipients of state and federal funding, and references to the applicable California protected bases.

Instructions: After reading each section below, and understanding the content, initial each item indicating that you have read and understood the material. If you have any questions about the content that is addressed in this annual checklist, please ask your immediate supervisor.

TYPES OF DISCRIMINATION

Initials:

1. Disparate treatment (treating a person differently from others);
2. Disparate impact (neutral rule impacts disproportionately on a group);
3. Reprisal/retaliation against complainant or his/her family, associates or others involved in complaint process or exercising civil rights.

EXCEPTIONS

Initials:

Congress can establish a program that is intended for certain groups of people and it is not discrimination to exclude those who do not meet eligibility requirements. For example, Congress can set age limits, and this is not age discrimination for those who do not meet the age limits.

WHEN DO CIVIL RIGHTS RULES APPLY?

Initials:

Federal civil rights rules apply any time there is any federal financial assistance. Federal financial assistance is receiving anything of value from the federal government- not just cash. It can include commodities, training, equipment, and other goods and services.

LEGAL PROHIBITIONS

Initials:

The policy of the CDSS Food Assistance Programs is to not discriminate against any class of persons in the delivery of services to clients. CDSS expects local programs to provide food to every eligible person who seeks it, regardless of their status as a member of any class of persons. Any Eligible Recipient Agency (ERA) or local agency that directly or through a sub site is found to be discriminating against any class of people is at risk of termination from the program subsequent to an investigation.

FEDERAL PROTECTED CLASSES

Initials:

Under federal law, specific classes of persons have a right to file a federal discrimination complaint with USDA if an ERA program or local agency using federal resources discriminates against them.

Under federal law for the purposes of TEFAP and CSFP, the protected classes under which a client may file a

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FIND FOOD BANK-CSFP

State of California – Health and Human Services Agency

California Department of Social Services

discrimination complaint are race, color, national origin, sex, disability and age.

The state of California has additional protected classes including, religious creed and political beliefs.

Complaints based on these classes may be pursued at the state level.

It is also important to note that perception of belonging to a protected class and association with a member of a protected class are also covered in California under a general non-compliance section of the Government Code and may give rise to its own complaint outside of the USDA process.

FILING A FEDERAL CIVIL RIGHTS COMPLAINT

Initials: _____

Advise people who allege discrimination based on one or more of the federal protected classes listed above on how to file a complaint by using the *USDA Program Discrimination Complaint Form (AD-3027)*, found online at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf> and at any USDA office. Complainants may also write a letter addressed to USDA and provide all the information requested in the form.

To request a copy of the complaint form, complainants may call (866) 632-9992. Completed forms or letters may be mailed, faxed or emailed to the USDA at the following addresses:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue SW
Washington, DC 20250-9410
Fax: (202) 690-7442; or
Email: program_intake@usda.gov.

MAINTAIN CONFIDENTIALITY

Initials: _____

Do not talk about or make remarks about people receiving benefits. Never share information with others even if your intention is to help recipients with other services or assistance. Refer all requests for information about recipients from other agencies or programs to managers. Always get a recipient's written approval to share their information or make referrals on their behalf. What happens at the site stays at the site. The exception, of course, is any illegal or inappropriate behavior that should be reported to state or federal officials.

COOPERATE WITH STATE AND FEDERAL REVIEWERS

Initials: _____

USDA and CDSS are required to conduct periodic compliance reviews to help ensure compliance with program and civil rights rules.

ELIGIBLE RECIPIENT AGENCY MUST TAKE ACTION

Initials: _____

The ERA or local agency must accept all complaints (program, vendor or civil rights) received by the agency and forward to CDSS regardless of whether the complaints are written, verbal, or anonymous. Details for filing complaints are outlined in Section XV of the FNS 113-1 document.

CORRECTIVE ACTION FOR NON-COMPLYING AGENCIES

Initials: _____

If there is non-compliance with federal nondiscrimination law by the ERA or sub distributing site, the state will file a report with the USDA FNS Civil Rights Division and will immediately seek correction of the violation by voluntary compliance. Failure of the ERA or sub site to correct any non-compliance with civil rights rules can lead to legal actions and termination from the Federal programs TEFAP and CSFP, as applicable.

ACCOMMODATE PEOPLE WITH DISABILITIES

Initials: _____

A disability is a physical or mental impairment which substantially limits an individual's major life activities

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FIND FOOD BANK-CSFP

State of California – Health and Human Services Agency

California Department of Social Services

(such as those who are deaf, hard of hearing or have speech disabilities). Reasonable accommodation is a modification or adjustment to enable individuals with disabilities to have equal access to benefits and privileges of a service or program. Some examples are providing reserved parking for people with disabilities, wheelchair ramps, and chairs or shaded waiting areas for those who have mobility issues. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA for accommodations through the Federal Relay Service at (800) 877-8339 (English); or (800) 845-6136 (Spanish). Ask your supervisor for help in providing additional accommodations for people with disabilities. The Americans with Disabilities Act (ADA) protects individuals with disabilities. The following link (<https://www.ada.gov/>) provides additional resources and contains specific technical assistance materials on the ADA.

SERVICES FOR PERSONS WITH LIMITED ENGLISH PROFICIENCY

Initials: _____

Individuals who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English are considered to have Limited English Proficiency (LEP). Meaningful access to program information and services by persons with LEP is required; that means timely, appropriate and effective language services. This may include providing interpreters and providing printed materials in different languages. Consult your supervisor for assistance. The following link www.fns.usda.gov/civil-rights provides limited English proficiency-specific technical assistance materials and references.

SEXUAL HARASSMENT IS PROHIBITED

Initials: _____

Do not engage in or tolerate unwanted or unwelcomed sexual behavior, including jokes, touching, request for sexual favors, etc. Report all violations to your management, state or federal officials.

RESPONDING TO CONFLICTS/EMERGENCIES

Initials: _____

If conflict occurs, remain calm. Call for assistance immediately if you feel threatened. Consider mediation or a third party to help resolve the situation if there is no immediate resolution.

CUSTOMER SERVICE

Initials: _____

Treat all people with dignity and respect. Follow the golden rule and treat people the way you would like to be treated. Customer service is an important part of the complaint process, most times people just want to tell their side of the story. A listening ear can make the difference between calming the person down or making the situation worse.

When handling a complaint:

1. Treat everyone equally.
2. Evaluate if there are barriers that are preventing or deterring the person from receiving benefits and try to eliminate them.
3. Be respectful. Remember when people are angry, you can feel that they are taking their frustration out on you.

PUBLIC NOTIFICATION REQUIREMENTS

Initials: _____

Ensure potentially eligible persons are aware of the program and have information on how to apply and their rights and responsibilities as a participant.

REQUIRED POSTINGS

Initials: _____

Each ERA, local agency, distribution site, and certification site must display the 'And Justice for All' poster, including translations if necessary, near the location where applicants apply or register for the program. All 'And Justice for All' posters must be displayed in a specific size: 11" width x 17" height.

The nondiscrimination statement must be placed on all program materials, including websites.

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FIND FOOD BANK-CSFP

State of California – Health and Human Services Agency

California Department of Social Services

For agencies that are religious organizations, the "Written Notice of Beneficiary Rights" must be displayed or distributed to all participants and prospective participants.

CSFP REQUIREMENT ONLY - FNS 191 Racial and Ethnic Data Collection Initials: _____

Each local agency and/or each sub-site shall collect the number of participants receiving food packages by racial/ethnic category during the month of April each year, unless otherwise specified by CDSS. This count may be collected as a manual head count of food package recipients or may be collected from a review of certification forms. Self-identification or self-reporting of this information is the preferred method. This information is requested solely for the purpose of determining the State's compliance with Federal civil rights laws.

The participant's response will not affect consideration of the application and may be protected by the Privacy Act. Providing the information assures the program is administered in a nondiscriminatory manner. If the applicant declines to self-identify, the applicant should be informed that a visual identification of his or her race and ethnicity will be made and recorded in the data system.

The FNS-191 report must be submitted each year to CDSS.

LEVEL 1 TRAINING CERTIFICATION	
I, _____ (Print your First and Last Name) have read and understood the content of this civil rights training. I agree to follow the civil rights instructions as listed above while working as staff or volunteering for _____ (Print Agency Name). I understand that this checklist must be reviewed and completed annually.	
_____ Signature	_____ Date

LEVEL 2 TRAINING CERTIFICATION	
To be completed by TEFAP and CSFP staff at CDSS, program management staff at any provider (ERA or Local Agency), and lead program volunteers at any distribution site.	
I, _____ (Print your First and Last Name) have viewed and understand the civil rights information contained in the FDU Civil Rights Presentation. I agree to follow the civil rights instructions as indicated in this checklist and in the FDU Civil Rights Presentation while working as staff or volunteering for _____ (Print Agency Name). I understand that this checklist and the FDU Civil Rights Presentation must be reviewed and completed annually.	
_____ Signature	_____ Date

All staff and volunteers who complete this training must sign the FDU 113 checklist. The FDU 113 replaces the Certification of Completion used in previous years.

ADDITIONAL INFORMATION CAN BE FOUND IN FNS INSTRUCTION 113-1 REGARDING CIVIL RIGHTS COMPLIANCE AND ENFORCEMENT.

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FIND FOOD BANK-CSFP

CSFP Statement of Confidentiality-Staff and Volunteers

STATEMENT OF CONFIDENTIALITY FOR STAFF AND VOLUNTEERS
Purpose: Instruction
Subject: Statement of Confidentiality for Staff and Volunteers in the Commodity Supplemental Food Program
Reference: Title 7, <i>Code of Federal Regulations</i> , Section 247.36

This Information Memo (IM) disseminates the confidentiality requirements for local agencies administering the Commodity Supplemental Food Program (CSFP).

Confidentiality of Applicants or Participants

Title 7, *Code of Federal Regulations*, Section 247.36 denotes that state and local agencies must restrict the use or disclosure of information obtained from CSFP applicants or participants to persons directly connected with the administration or enforcement of the program.

Under this regulation, state or local agencies may exchange participant information with other health or welfare programs to help prevent dual participation, determine eligibility, or, with the consent of the participant, for program outreach.

Certification Procedures for Staff and Volunteers

In order to comply with this regulation, authorized CSFP staff and volunteers at the local agency must agree to sign the Statement of Confidentiality. Staff and volunteers will agree to comply with the policy and terms of the confidentiality statement.

Confidential and personal information generally includes the following:

- Names, addresses, telephone numbers, e-mail addresses
- Birth dates
- Gender, disability status, marital status
- Income and financial information
- Employment status

The CSFP hard copy applications, as well as the online applications, denote this type of information. Therefore, all local agency staff and volunteers who process or have access to the CSFP applications must sign the Statement of Confidentiality form. Violations of the confidentiality statement may result in disciplinary actions to include immediate dismissal.

This institution is an equal opportunity provider.



FIND FOOD BANK-CSFP

Complaint of Discrimination

State of California – Health and Human Services Agency

California Department of Social Services

COMPLAINT OF DISCRIMINATION

Name	Program Type
Street Address	Case Number
City, State, Zip Code	Phone Number

I believe I have been discriminated against on the basis of:

- | | | |
|--|---|---|
| <input type="checkbox"/> National Origin | <input type="checkbox"/> Sex | <input type="checkbox"/> Medical Condition |
| <input type="checkbox"/> Color | <input type="checkbox"/> Gender Identity | <input type="checkbox"/> Genetic Information |
| <input type="checkbox"/> Race | <input type="checkbox"/> Gender Expression | <input type="checkbox"/> Religion |
| <input type="checkbox"/> Ancestry | <input type="checkbox"/> Sexual Orientation | <input type="checkbox"/> Political Affiliation |
| <input type="checkbox"/> Ethnic Group | <input type="checkbox"/> Marital Status | <input type="checkbox"/> Disability |
| <input type="checkbox"/> Age | <input type="checkbox"/> Domestic Partnership | <input type="checkbox"/> Any Other Applicable Basis _____ |

Name Of Person Who Discriminated	Title	Date Of Occurrence	Place Of Occurrence Agency

Describe in your own words what action(s) have happened to lead you to believe you have been discriminated against.

Indicate what resolution you are seeking.

I understand the above information is true and complete to the best of my knowledge and belief.

- I do not give my consent for the release of my name or other personally identifying information. I understand that this complaint may not be investigated as a result of my refusal to give my consent for the release of information.
- By signing this complaint, I am authorizing the CDSS Civil Rights Bureau (CRB) to reveal my identity and other personal information to persons at the organization or institution under investigation and to other Federal and State agencies in accordance with applicable federal and state laws and regulations. I hereby authorize CRB to receive material and information including, but not limited to applications, case files, personal records, and medical records. The material and information shall be used for authorized civil rights compliance and enforcement activities. I understand that I am not required to authorize this release and I do so voluntarily.

Complainant's Signature	Date
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GEN 1179 (5/18)

Social Services Referrals



Commodity Supplemental Food Program (CSFP) Social Services Referrals

Medicaid

Medicaid covers medical expenses for certain groups of people with limited income and resources. Eligibility for Medicaid is determined by the Pennsylvania Department of Human Services.

For more information, call 1-800-786-4346

<https://www.benefits.gov/benefit/1620>

Medicare

Medicare provides health insurance to persons aged 65 and over, disabled persons under the age of 65 who have received social security disability cash benefits for at least 24 months, and persons with end stage renal disease (ESRD).

For more information, call 1-800-633-4227

<https://www.medicare.gov>

Food Stamps (SNAP)

SNAP offers an allotment of food benefits that may be used to purchase food or food products prepared for human consumption except for alcoholic beverages, tobacco, hot foods, or foods prepared for immediate consumption. Foods may be purchased using the SNAP benefits from an authorized grocery or retail store.

Call FIND Food Bank Food Bank Stamps Helpline at (760) 775-3663

<https://findfoodbank.org/programs-services/outreach-services/>

Supplemental Security Income (SSI)

SSI pays monthly benefits to people with limited income and resources who are disabled, blind, or age 65 or older. Blind or disabled children may also get SSI.

To apply, visit your local Social Security Office or call 1-800-772-1213

<https://www.ssa.gov/benefits/ssi/65older.html>