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ILLINOIS CSFP

course

The St. Louis Area Foodbank is an equal opportunity provider.

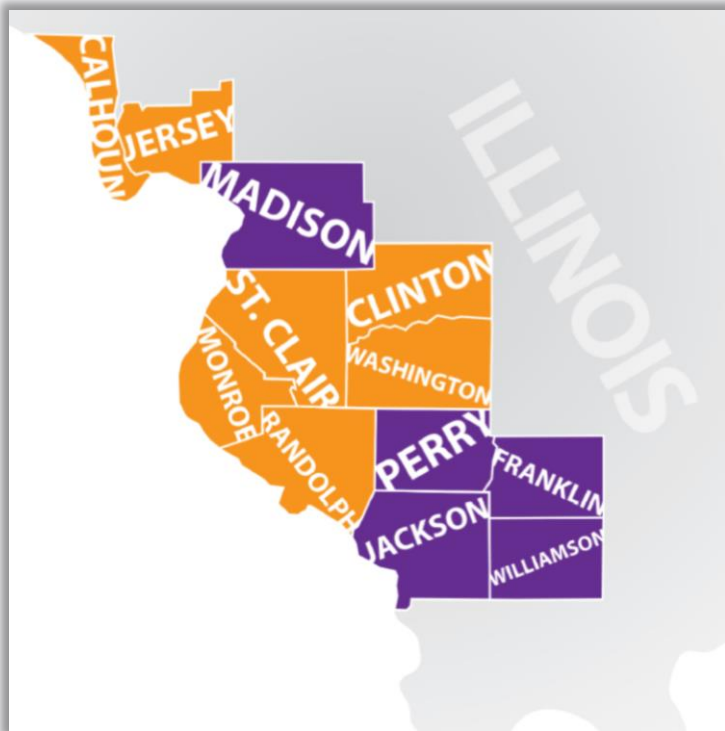
Welcome

Welcome!

The Commodity Supplemental Food Program (CSFP) supplements nutritional need by providing USDA food to low-income neighbors age 60 and up. CSFP is a federal program, but administration varies from state to state. The Illinois Department of Human Services (IDHS) and the Missouri Department of Health and Senior Services (DHSS) run things differently.

That's why we offer two CSFP courses. If you distribute "senior boxes" in Illinois, you're in the right course.

We're glad you're here!



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Introduction


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Who needs to know?

IDHS requires all staff and volunteers who distribute senior boxes in Illinois to complete annual USDA training courses.

We recommend that staff and volunteers begin their training by completing the civil rights course—we're all expected to be familiar with civil rights. Then, staff or volunteers who take the greatest responsibility for the senior box program should complete this course next.

Program tasks vary quite a bit. For someone distributing boxes who never touches paperwork, details about taking neighbors through the application process aren't very relevant.

For those of you taking on the greatest responsibility, it's OK to shorten the training for others. Let them know what parts they can skip!

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Why?

You may wonder, *Why does the USDA require us to take these courses every year?*

Their intention is to remind us of why we take extra care when serving USDA food: we want to provide equitable access to safe food for neighbors in need. Volunteers and staff may alter or drop required practices if they're unaware of why we do them.

Miguel notices Steve shoving a storage rack tightly against the wall. Steve says, "Every night when Blue cleans they pull out this rack and never put it back right... it's a pain when I unload the delivery." Miguel replies, "Did you know Blue's following a food safety rule to prevent pest problems?"

Training gets everyone together on what to do and why we do it.

National needs

The rules that guide the program are determined at the national level, by the USDA's Food and Nutrition Service (FNS). They secure the funding, provide the inventory, and regulate the program.

The data the USDA collects informs them of nutritional needs and population changes. Data drives decisions about the kinds of food the FNS provides, and how much they'll distribute.



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Recent changes

Usually there aren't significant changes in program regulations from year to year. IDHS reviews and updates CSFP income eligibility around February each year, and sometimes that's the only change in CSFP.

Rapid changes have taken place at the USDA and at IDHS in the 2020's. Updates to official posters, forms, manuals, and training may only happen once a year, and often fall behind. Please pay very close attention to communication from SLAFB, and to version dates on all printed and digital documents. Don't hesitate to ask your Partner Relationship Coordinators about the most up-to-date information and resources.

As of 2024, CSFP partners take two courses—this course and a civil rights course—to complete annual compliance training.



Illinois food

The FNS provides a yearly allocation of USDA food for CSFP in all 50 states, Puerto Rico, and Washington DC. They determine how much food Illinois will receive in proportion to the need.

IDHS divides the food for Illinois among participating food banks. SLAFB receives a yearly allocation in proportion to the need in 12 Illinois counties. The food allocation for CSFP partners is delivered by pallet, and volunteers pack the food into boxes.

To make sure the senior box program is managed well, IDHS inspects all Illinois food banks. They check SLAFB's warehouse facilities and records as a matter of routine.

What's in the box?

The FNS directs what the food banks pack. The boxes provide food with vitamin A, vitamin C, calcium, and iron, because these essential nutrients are often lacking in the diets of low-income seniors.

There'll always be grains like cereal, rice, and pasta. Canned goods include beans, vegetables, juice, and fruits. Proteins vary, but include items like canned meat, shelf-stable milk or jars of peanut butter, and usually a package of cheese.





SLAFB boxes

Each box weighs between 35-40 pounds. SLAFB prints an informational flyer that volunteers add to each box. The boxes are stored at the warehouse until they can be delivered or picked up. Meanwhile, SLAFB monitors distribution, provides support and training, and locates new partners to participate in the program.

That brings us to you, our Illinois CSFP partners. Illinois relies on you to find neighbors in need and manage relationships with them. Like the food banks, partners also store boxes until they can be delivered or picked up. Partners certify neighbors as first-time recipients, recertify long-term program participants, and document neighbors transferring locations or departing the program.

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What's it about?

IDHS publishes program rules in their *CSFP Policy and Procedure Manual*. The manual contains instructions and forms. Because policy language isn't always easy to follow, we'll explain program standards and expectations in plain terms.

Our topics today will be:

- **Serving neighbors**
- **Certification lifecycle**
- **Site inspections**
- **Caseload management**

We'll link you to a course completion form, where you can indicate if you took the entire course or specific topics only. The course page will also link you to the CSFP manual and other resources you'll need. As always, your Partner Relationship Coordinator welcomes your questions. Let's get started!

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Serving neighbors

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Distribution network

In this section, we'll review receiving, storing, and transporting food safely. We'll talk about invoices and neighbor sign-in, but this section doesn't cover the details of paperwork or caseload management.

Partners can come to SLAFB to pick up senior boxes—but for Illinois partners, that's a long drive. Instead, most Illinois partners set up monthly delivery.

Delivery from SLAFB

Delivery occurs on the same day each month between 7 am and 2 pm.

If this arrangement is not working out well, please contact your Partner Relationship Coordinator to make adjustments. Delivery times cannot be guaranteed, but SLAFB can try to narrow the delivery to mornings or afternoons or change your delivery day.



Pickup at SLAFB

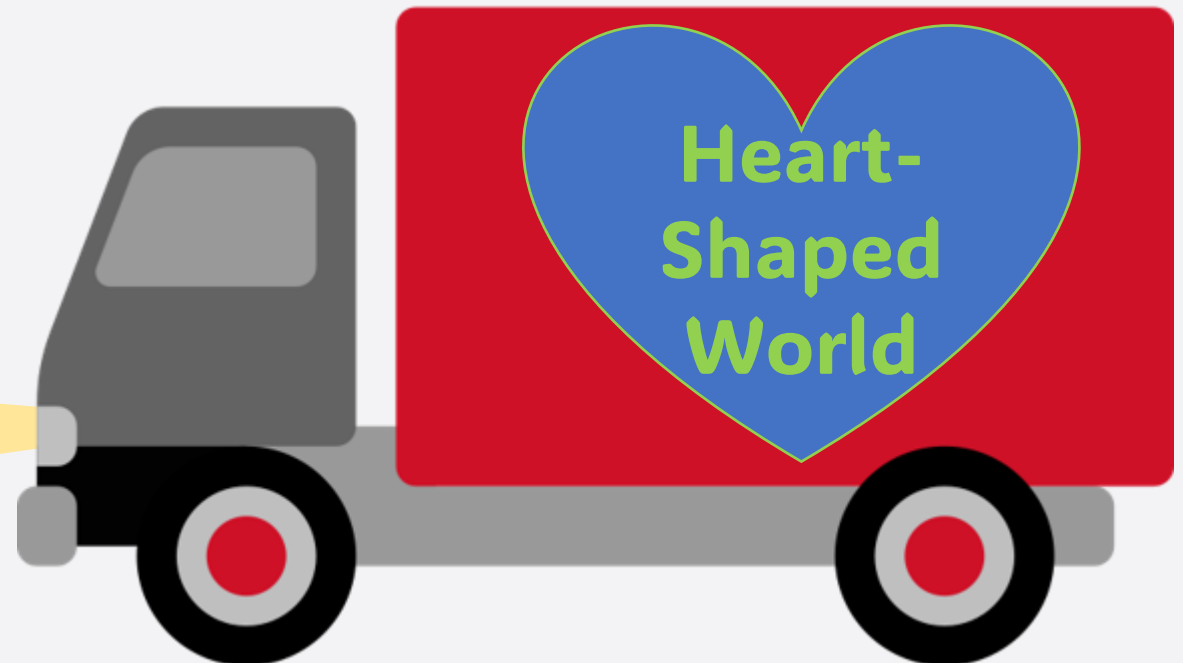
For those choosing pickup:

Pickup days are Monday through Friday.

There's easy-access parking reserved in front for partners, just off the main driveway.

For more specifics about how this works, contact your Partner Relationship Coordinator.

Note: "Heart-Shaped World" is a fictional partner based on SLAFB's experienced CSFP partners.



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Receiving

Invoices document the handoff from the food bank to partners. The box count should match the quantity on the invoice. You should see **two invoices** arrive with the boxes. Partners keep one for their own records and sign the other for SLAFB's files.

SLAFB works hard to ensure food reaches partners in good condition. Signing the invoice transfers responsibility for food condition to partners. Before signing, check: do the boxes look OK?

Get in touch with the food bank immediately if you suspect pest activity or product damage at receiving.

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Food Handlers

To meet USDA regulations, IDHS requires CSFP partners to have at least one volunteer or staff person certified in food safety. SLAFB offers ServSafe's course, **Food Handler – Training for Food Banking**, free to all volunteers and staff. Combined, the course and certification exam take about two hours to complete.

Some volunteers may have food safety certificates of other types or from other companies. These certifications are often more in-depth than food handler certifications, so if you have a current one, you may use it instead.

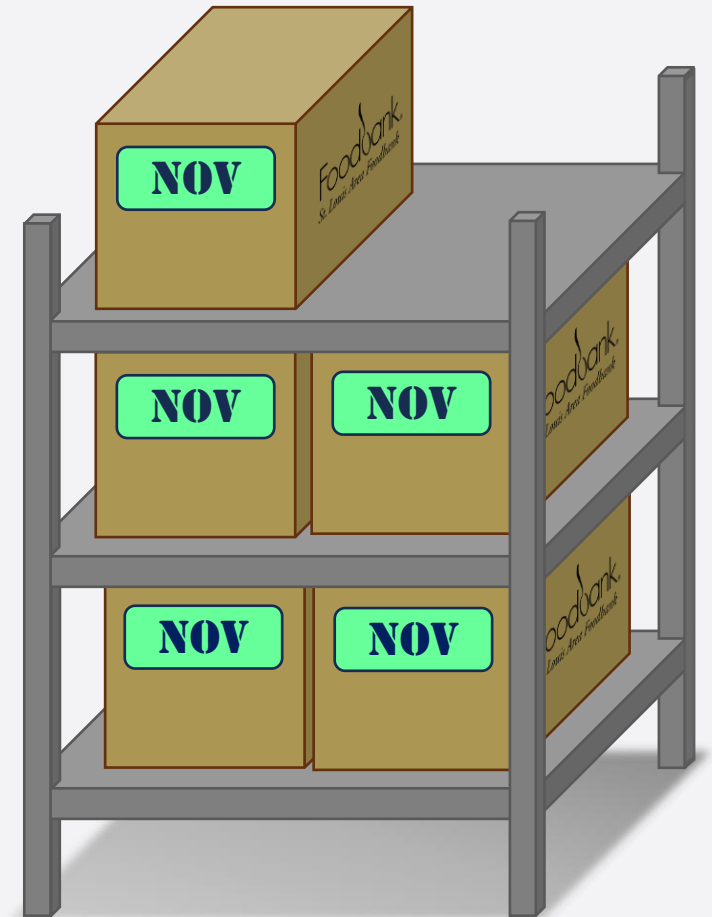
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Dry storage

Keeping food secure from damage, pests, and theft is worth the effort. **CSFP replacement costs are high.**

Stand dry storage shelves four or more inches away from walls to prevent pests from nesting in corners. Adjust the lowest shelf six or more inches above the floor for sweeping and mopping underneath. If you don't have shelving, request a pallet from SLAFB to keep boxes up off the floor to prevent damage in case of spilled mop water or minor flooding.

To avoid contamination, keep senior boxes separate from non-food items. Keep cleaning or maintenance products in a different room or on a separate rack. If space is tight, keep nonfood items on a lower shelf than food.



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Keep it organized

Well-organized storage is not overcrowded. In dry storage, maintain at least two feet of clearance above boxes on the top shelf to prevent overheating. Boxes should not be stored in direct sunlight.

Air circulation is also important to maintaining the correct temperature evenly throughout a cooler. To detect issues, log the cooler temperature routinely. File temperature logs with other program paperwork.

*Heart-Shaped World
discovered some spoiled food
in their cooler.*

*Was their cooler too warm?
Too crowded?*



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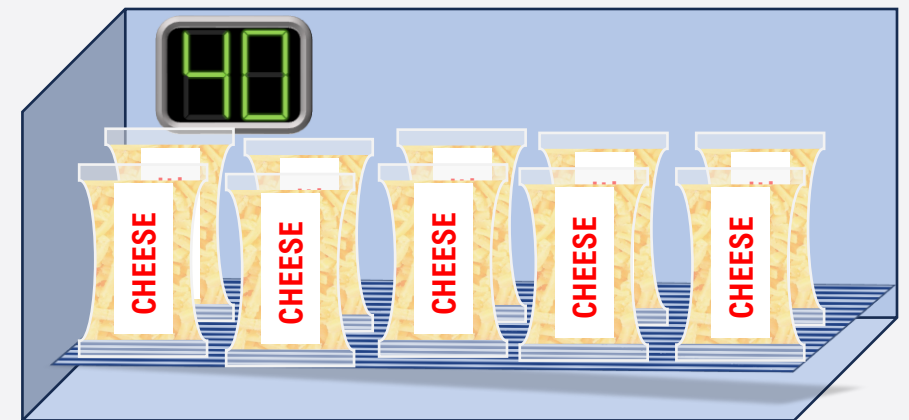
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Cold storage

Did you know that the packaged cheese that comes with senior boxes isn't shelf-stable dairy? It's a common misunderstanding nationally. Cheese arrives refrigerated from the manufacturer, and food banks maintain refrigeration through delivery to partners.

Refrigerate cheese at 35-40° F. Keep cheese cool when making deliveries to neighbors.

To improve air flow, staff replaced a missing shelf and spaced the food packages a little apart. With a new thermometer, the temperature is easy to check and log.



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Food recalls

Mold, bulging cans, or a nasty smell are warning signs that food has spoiled. Appearances aren't everything, though! Some food looks and smells like it's in fine condition but turns out to be part of a contaminated or mishandled shipment from the farm or production plant. When that happens, the USDA will issue a **food recall**.

A food recall attempts to halt the distribution of unsafe food before it reaches the public. IDHS informs all Illinois food banks when a food recall impacts CSFP. SLAFB will contact partners to explain the recall and any follow-up actions we'll need to take.

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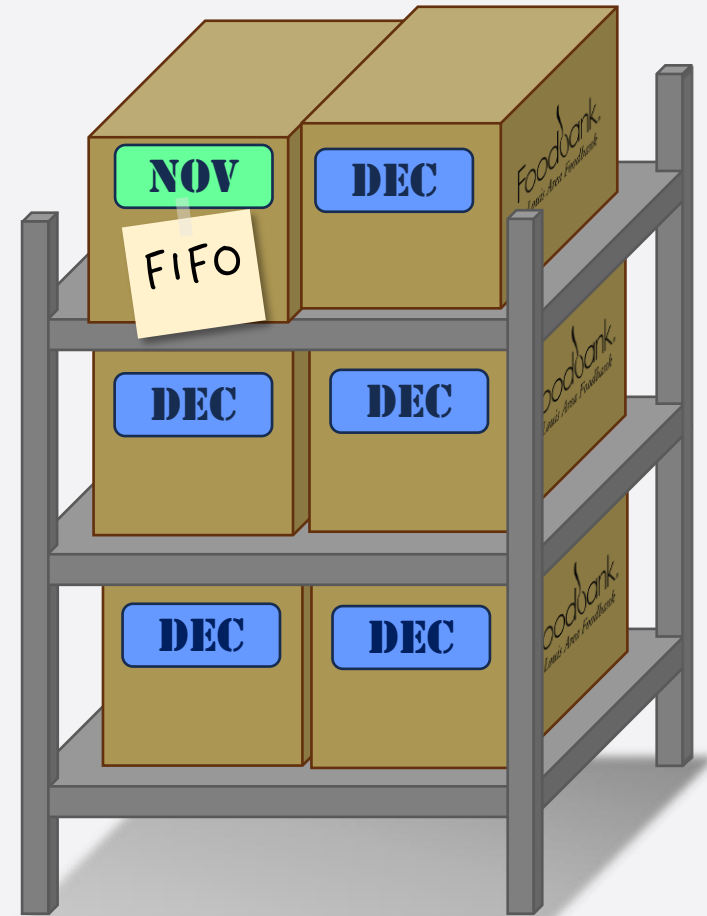
FIFO

Senior boxes don't have an expiration date on them. The food inside has all different expiration dates.

Ideally, all boxes get distributed every month, but if there is a box left over, be sure to have a system in place to keep track of how long it's been in storage.

Shauna has one box left from the previous month's delivery when the new delivery arrives. She tags the leftover box to respect a basic food safety rule: First In, First Out, or FIFO.

When her first neighbor arrives that day, she pulls the oldest box from the shelf.



FEFO

Next, Shauna opens the cooler. She checks the dates on each package. One package from last month's delivery is due to expire in July of next year. The ones from the most recent delivery are due to expire in June of next year.

This time, Shauna leaves behind the product that was delivered first. Instead, she selects one of the newly delivered packages that will expire in June. She's following a related, but different food safety rule: First Expired, First Out, or FEFO.

The FEFO and FIFO rules prevent food from aging in storage.



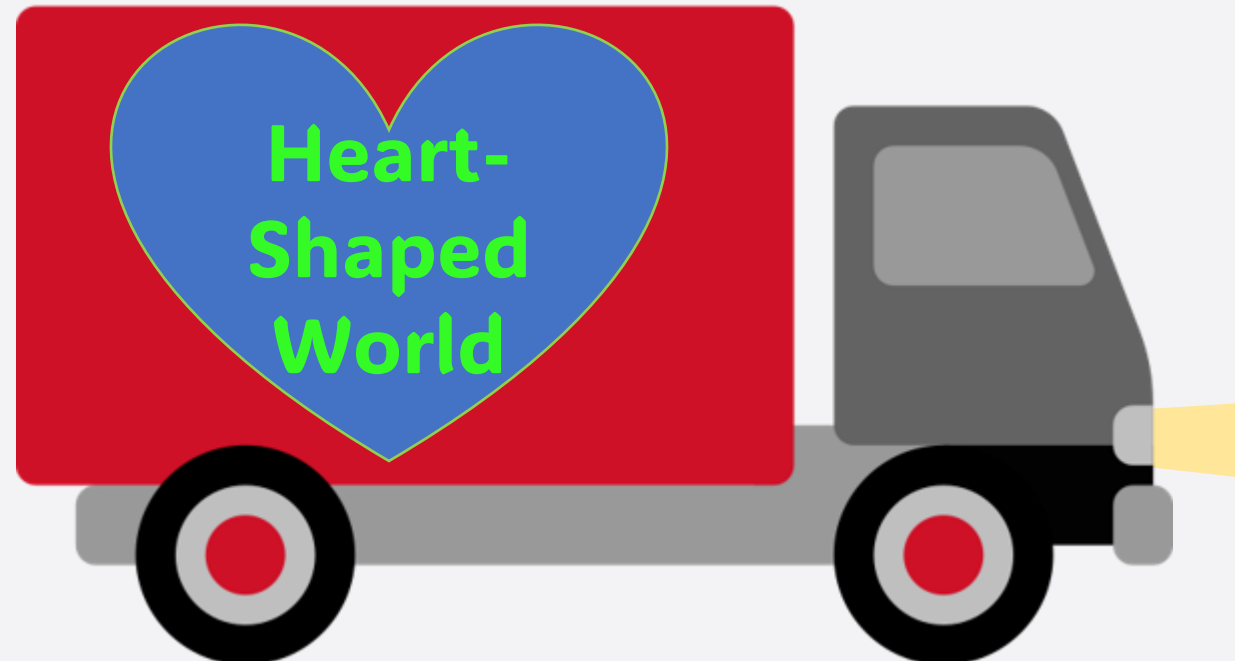
Delivery to neighbors

Leaving food on a porch during a hot summer's day won't keep the cheese cold or prevent a hungry pest from enjoying a snack!

Partners' responsibility for CSFP ends when the food is securely in the neighbor's hands.

The same security and food safety rules for storing senior boxes on site also apply to transportation and to drop-off locations.

For those of you who are providing delivery service, thank you. You're solving a problem for neighbors who need a helping hand.



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Certification lifecycle

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Coming up...

IDHS asks that each approved site distributing CSFP boxes identifies a Site Manager, or the primary contact for the program. The responsibilities of site management could be shared among several trained staff members or volunteers. Whatever titles they may be known by, the staff and volunteers who take responsibility for verifying and safeguarding neighbor information are required to take this section of the course. Others may skip this section.

When you document your course completion, just check off the topics you completed. This will satisfy an IDHS training requirement to record the specific topics you learned about.

Thank you!

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Imagine...

Gavin lives on a fixed income. He recently learned senior boxes might help his budget cover other essential needs. He locates a CSFP partner in his county and learns over the phone what he needs to do to apply. He collects some ID and arrives at Heart-Shaped World during their open hours.

Shauna, a trained certifying volunteer, has already checked that caseload is available. She seats Gavin at a table, and they complete a CSFP application together. Shauna makes sure the application is filled out completely. She carefully checks Gavin's documents. Before Gavin signs his name, she reviews the rules, rights, and benefits Gavin is signing for.

Within 15 minutes of his arrival, Shauna certifies Gavin's application. Gavin begins receiving boxes that same month. Thanks to Shauna's diligence, Heart-Shaped World has good, clear records on file certifying Gavin's eligibility for CSFP.

Caseload capacity

Let's walk through the managing certification lifecycle, from the first contact with a neighbor through three years of certification. Checking "caseload capacity" actually means checking **two** different caseload capacities: your own and SLAFB's.

Caseload at Heart-Shaped World is limited to a maximum of 50 senior boxes each month—they don't have storage space for more. Shauna knows her caseload is well below 50—they've never reached capacity. SLAFB has a regional caseload capacity—she just needs to check that they're able to supply her with another box.



Maximum capacity

The USDA and IDHS set SLAFB's caseload capacity. This regional limit goes up and down, depending on how much food the USDA has to distribute. Allocations also shift based on changing populations across the nation and within the state.

If either SLAFB or a CSFP partner hits their maximum caseload capacity, **IDHS policy says partners must add qualified applicants to a waitlist.**

The rules state that the waitlist is kept in order by qualification date. The first neighbor on the list has the right, when caseload is next available, to begin full participation or one-month certification. We'll explain more about that later.



Relocation (transfer)

If a certified neighbor leaves your service area, their eligibility can be transferred, using the transfer form shown here.

As they arrive in their new location, caseload is assessed again. If they transfer to another Illinois partner at capacity, IDHS says they must be placed at the top of the waitlist because they're an active certified Illinois recipient.

For more details about waitlists and transfers, including this form, refer to the CSFP manual. We'll come back to the topic of waitlisting neighbors when we talk about caseload management.

Illinois Department of Human Services
Commodity Supplemental Food Program

PARTICIPANT RELOCATING (VERIFICATION OF CERTIFICATION) FORM

Name of Participant: _____

Date Certified: _____

Date Certification Expires: _____

Verification Statement:

The participant named above has expressed intent to relocate and is eligible to participate in the Commodity Supplemental Food Program until the stated expiration date. This Participant Relocating (Verification of Certification) form shall be accepted as proof of eligibility for Program benefits.

If a waiting list exists at the receiving local agency, the named participant shall be placed on the list ahead of all waiting applicants.

The CSFP Participant Application for the participant named above is on file at:

Agency Name _____

Agency address _____ Zip Code _____

Staff Signature _____ Date: _____

Staff Title _____
(Please print or type)

CSFP INCOME GUIDELINES 2024*

*Updated in February each year.

Confirm the most recent version with your Partner Relationship Coordinator.

Household Size	Annual \$	Monthly \$	Weekly \$
1	19,578	1,632	377
2	26,572	2,215	511
3	33,566	2,798	646
4	40,560	3,380	780
5	47,554	3,963	915
6	54,548	4,546	1,049
7	61,542	5,129	1,184
8	68,536	5,712	1,318
For each additional household member, add...	6,994	583	135

Income

When Gavin called Heart-Shaped World, Shauna consulted current income guidelines from IDHS. Gavin lives alone and earns \$15,000 a year before taxes or any other deductions. On the chart, Shauna looked up the program limit on annual income for a household size of one. Gavin's stated income is below the current limit, so he's income-eligible for CSFP.

We're prohibited from verifying income.

IDHS prohibits CSFP partners from asking neighbors for their social security numbers, pay stubs, or other income data.

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Age and residency

To qualify for senior boxes, income-eligible neighbors need to be age 60 or older and live within a CSFP service area.

“I live just outside of town,” says Gavin. “And I’m over 75. Do I qualify for help?”

“Based on what you’ve told me, I think you do. We should fill out an application together.”

Shauna asks Gavin to gather some documents to prove his identity, age, and address.

We’re required to verify identity, birthdate, and address.

Partners usually review a driver’s license or state ID card. If your neighbors have questions about what they can bring, refer to the full list of acceptable documents in the CSFP manual.

Version dates

Illinois Department of Human Services
Commodity Supplemental Food Program

PARTICIPANT APPLICATION

Is the applicant or any qualifying household member participating in CSFP at another site? Yes No

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.

Name Of Applicant _____ Name Of Guardian (if Applicable) _____

Address (Must Verify Address) _____ City _____ State _____ Zip Code _____

Telephone Number _____ Applicant's Date of Birth (Verify ID) _____ Total Number Living in Household: _____

Indicate the source and amount of current (last month's) income before any deductions, such as taxes and social security.

This amount must include income of all household members.
"Other" income would include unemployment, strike benefits, income from trusts, contributions from relatives, etc.
If last month's income is not representative of usual household income, also indicate household's average income during the previous 12 months.

Household Income	Amount	How Often	Annual Income
Source is:			
Source is:			
Source is:			
Total Household Income			

Changes must be Reported: Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

Racial Ethnic Data

What is your ethnic category (select one) Hispanic or Latino Not Hispanic or Latino

What is your race? (Select one or more that apply) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

Proxy: A proxy is a person authorized to receive CSFP benefits only. Proxies should be at least 18 years of age and dependable for the duration of the program. A proxy must present identification as well as written approval from the participant in order to be issued commodities. Proxies must sign for commodities. Proxies must follow the same program guidelines as CSFP participants.

I, _____, authorize the following individual(s) to act as my proxy.

Participant signature _____

Assigned Proxy Name(s) (please print):

1) _____ 2) _____

(Continued on Next Page)

Updated 6/23/22

Before Signing, Be Aware of Your Rights and What Your Signature Means:

- Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex (including gender identity and sexual orientation), age and disability.
- You may appeal any decision made by the local agency regarding your denial or termination from the Program.
- If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.

This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes.

Please indicate the decision by placing a checkmark in the appropriate box. Yes No

Signature of Applicant or Guardian _____ Date (Month/day/year) _____

Update Information, Sign and Date for Certification after on Wait List _____ Date (Month/day/year) _____

Agency Staff Complete:

Age Verified (check one):	Address Verified	Applicant Eligible	Caseload Available	Date written notice was given:
<input type="checkbox"/> Driver's License	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Outreach Provided
<input type="checkbox"/> Picture ID Card	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Outreach Refused
<input type="checkbox"/> Other: _____				

Staff Signature: _____ Certification Date: _____

Updated 6/23/22

Washington, D.C. 20250-9410.
Fax: (202) 690-7442, or
email: prosser@slafdb.org

This institution is an equal opportunity provider.

Updated: 6/23/22

Does this application form look familiar?

If the form you're using looks different, check the date. Your version should be no older than 2022.

When forms are updated, SLAFB will update the links on the course page. Updates to the course may lag behind these changes.

Residence

Shauna welcomes Gavin, and they sit down together to complete his CSFP application. Gavin states that he lives alone. Shauna checks “no” in the upper-right corner and writes down “one” for household size.

**Illinois Department of Human Services
Commodity Supplemental Food Program**

PARTICIPANT APPLICATION

Is the applicant or any qualifying household member participating in CSFP at another site? Yes No

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.

Name Of Applicant Gavin Harris		Name Of Guardian (If Applicable)	
Address (Must Verify Address) 32 West Ave.	City Hometown	State IL	Zip Code 62299
Telephone Number 555-111-9999	Applicant's Date of Birth (Verify ID) 01-01-1949	Total Number Living in Household: 1	

The USDA requires neighbors to enter an address. IDHS recommends unhoused neighbors enter a shelter address they might use. Get in touch with your Partner Relationship Coordinator to explore options.

Dual participation

Neighbors check the box in the upper left corner to attest they're not getting a senior box some other way. It can't be left blank.

Checking “yes” will disqualify the applicant for “dual participation,” a program violation.

Pause before checking “yes.”

Let neighbors know it's OK to make changes. Instead of completing the application, they may want a transfer form if they choose to switch providers.

Illinois Department of Human Services
Commodity Supplemental Food Program

PARTICIPANT APPLICATION

Is the applicant or any qualifying household member participating in CSFP at another site? Yes No

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.

Name Of Applicant		Name Of Guardian (If Applicable)	
Address (Must Verify Address)	City	State	Zip Code
Telephone Number	Applicant's Date of Birth (Verify ID)	Total Number Living in Household: <u>2</u>	

Neighbors may continue completing a disqualifying application if they want to. A neighbor may need written notice of disqualification to gain eligibility in a different program somewhere else.

Income reporting

Indicate the source and amount of current (last month's) income before any deductions, such as taxes and social security.

This amount must include income of all household members.
 "Other" income would include unemployment, strike benefits, income from trusts, contributions from relatives, etc.
 If last month's income is not representative of usual household income, also indicate household's average income during the previous 12 months.

Household Income	Amount	How Often	Annual Income
Source is: Social Security	\$1,250	Monthly	\$15,000
Source is: son & daughter		Birthday	\$600
Source is:			
Total Household Income			\$15,600

Changes must be Reported: Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

The income chart shows annual, monthly, and weekly amounts. Isaac is under the annual limit, but he worries because he's over the current monthly amount.

Shauna asks Gavin how much he made last month.

"\$1,850. My kids gave me money. It was a gift—will this disqualify me?"

*He points to the **monthly threshold of \$1,632** on the income chart.*

Household Size	Annual \$	Monthly \$	Weekly \$
1	19,578	1,632	377

Average monthly income

Indicate the source and amount of current (last month's) income before any deductions, such as taxes and social security.

This amount must include income of all household members.

"Other" income would include unemployment, strike benefits, income from trusts, contributions from relatives, etc.

If last month's income is not representative of usual household income, also indicate household's average income during the previous 12 months.

Household Income	Amount	How Often	Annual Income
Source is: Social Security	\$1,250	Monthly	\$15,000
Source is: son & daughter		Birthday	\$600
Source is:			
Total Household Income	\$1,300	Ave. mo.	\$15,600

Changes must be Reported: Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

"This is your income before any deductions, right?" Shauna reads the instructions and shows Gavin his total annual income divided by twelve. "You still qualify by average monthly income."

Neighbors can provide weekly, monthly or annual income numbers, whatever is easiest for them. Partners may convert to average monthly income to demonstrate that neighbors with irregular incomes still qualify.

Household Size	Annual \$	Monthly \$ Average	Weekly \$
1	19,578	1,632	377

Reporting changes

When Gavin is satisfied with her math, Shauna reads out the paragraph under “changes must be reported.”

“Just let us know if you add more people to your household or if your household income changes.”

Indicate the source and amount of current (last month's) income before any deductions, such as taxes and social security.

This amount must include income of all household members.

“Other” income would include unemployment, strike benefits, income from trusts, contributions from relatives, etc.

If last month's income is not representative of usual household income, also indicate household's average income during the previous 12 months.

Household Income	Amount	How Often	Annual Income
Source is: Social Security	\$1,250	Monthly	\$15,000
Source is: son & daughter		Birthday	\$600
Source is:			
Total Household Income	\$1,300	Ave. mo.	\$15,600

Changes must be Reported: Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

Reading the small print out loud may be helpful for anyone with low vision. This practice is generally recommended and is especially important for communicating the signature section coming up.

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Personal data

Racial Ethnic Data		
What is your ethnic category (select one)	<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Not Hispanic or Latino
What is your race? (Select one or more that apply)	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<input type="checkbox"/> White

The USDA collects race and ethnicity data from neighbor intake to compare with local demographic data.

While we must ask program applicants for this information, neighbors don't have to provide it. This section may remain blank.

In April, CSFP program managers (like you!) review and compile an annual total of racial and ethnic data for the USDA. The USDA process doesn't allow for missing data. If you're unsure how to proceed when neighbors declined to provide their race and ethnicity, contact your Partner Relationship Coordinator right away to discuss your options.

Proxy and delivery

Some seniors can't lift their box. They may have helpers who collect their box and deliver it. Helpers, or proxies, should be over 18 and have their name on file in the application. Neighbors may change their proxy any time.

Proxy: A proxy is a person authorized to receive CSFP benefits only. Proxies should be at least 18 years of age and dependable for the duration of the program. A proxy must present identification as well as written approval from the participant in order to be issued commodities. Proxies must sign for commodities. Proxies must follow the same program guidelines as CSFP participants.

I, Gavin Harris authorize the following individual(s) to act as my proxy.
Participant signature

Assigned Proxy Name(s) (please print):

1) David Chang

2) Helen Chang

Partners who provide delivery service should contact their Partner Relationship Coordinator to make sure the proxy section is set up properly.

Rights and obligations

Before Signing, Be Aware of Your Rights and What Your Signature Means:

1. Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex (including gender identity and sexual orientation), age and disability.
2. You may appeal any decision made by the local agency regarding your denial or termination from the Program.
3. If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.

This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes.

Please indicate the decision by placing a checkmark in the appropriate box. Yes No

Signature of Applicant or Guardian

Gavin Harris

Date (Month/day/year)

01/04/2024

Update Information, Sign and Date for Certification after on Wait List

Date (Month/day/year)

The signature section is a good time to explain your pickup, delivery, and no-show policies. Then, **read the entire signature section out loud.** Neighbors check “yes” to acknowledge their rights, the benefits they’re signing up for, and the responsibilities they’re committing to. **Both the neighbor’s signature and the date are required.** IDHS reinstated the signature requirement they suspended during covid times.

Other Assistance Programs for Seniors

1. The Supplemental Security Income (SSI) program.

This is a federal program that pays monthly benefits to individuals with limited income and/or resources. SSI is for people aged 65 and older without disabilities who meet the financial limits, individuals with a medical condition that keeps them from working (and that is expected to last at least a year), and individuals that are totally or partially blind.

Toll-Free Phone: 1-800-772-1213; **TTY Phone:** 1-800-325-0778).

Website: <https://www.ssa.gov/benefits/ssi/>

2. Medical Assistance.

A program to assist with paying medical bills and determining which bills other resources, such as third parties will pay.

Contact Your Local Department of Human Services (DHS) Office for more information: **Toll-Free Phone:** 1-800-843-6154; **TTY Phone:** 1-800-447-6404
For Cash, SNAP, & Medical Assistance, please visit ABE.Illinois.gov

3. Supplemental Nutrition Assistance Program (SNAP).

The Supplemental Nutrition Assistance Program (SNAP) (formerly known as Food Stamps) helps low-income people, including older adults and families buy the food they need for good health. Benefits are provided on the [Illinois Link Card](#) - an electronic card that is accepted at most grocery stores. The program is managed by the Food and Nutrition Service (FNS) of the United States Department of Agriculture. The Department of Human Services administers the program in Illinois.

Contact Your Local Department of Human Services (DHS) Office for more information: **Toll-Free Phone:** 1-800-843-6154; **TTY Phone:** 1-800-447-6404
For Cash, SNAP, & Medical Assistance, please visit ABE.Illinois.gov
Website: <https://www.dhs.state.il.us/>

Outreach

Shauna hands Gavin a program outreach flyer. He hands it back, saying, "Thanks anyway, I know about these."

Offering this flyer fulfills a CSFP contract responsibility to conduct outreach for related government programs. IDHS wants communication back from site managers about neighbor response to outreach. We'll get to that part of the application soon.

Verification

The “Agency Staff” section must be fully completed before the neighbor gets their first box.

Warning: IDHS wants more information than the form asks for. After verifying identity and age and recording the type of ID, do the same for address verification. Write in the type of ID underneath the checkbox.

Agency Staff Complete:				
Age Verified (check one):	Address Verified	Applicant Eligible	Caseload Available	Date written notice was given:
<input type="checkbox"/> Driver's License	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Outreach Provided <input type="checkbox"/> Outreach Refused
<input checked="" type="checkbox"/> Picture ID Card	<input type="checkbox"/> No <i>State ID</i>	<input type="checkbox"/> No	<input type="checkbox"/> No	
<input type="checkbox"/> Other: _____				
Staff Signature & Title of Certifying Official:				
Date Certified:	2 nd Year Verification Date:		3 rd Year Verification Date:	

Shauna verifies Gavin's identity, age and residency using his state ID. Under "Age Verified" she checks "Picture ID Card." Under "Address Verified" she checks "yes" and writes "state ID."

Catching up

Agency Staff Complete:				
Age Verified (check one): <input type="checkbox"/> Driver's License <input checked="" type="checkbox"/> Picture ID Card <input type="checkbox"/> Other: _____	Address Verified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No State ID	Applicant Eligible <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Caseload Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date written notice was given: <input type="checkbox"/> Outreach Provided <input checked="" type="checkbox"/> Outreach Refused
Staff Signature & Title of Certifying Official: Shauna Oakes Site Manager				
Date Certified:	2 nd Year Verification Date:	3 rd Year Verification Date:		

Shauna marks Gavin's eligibility, caseload availability, and the result of her outreach. She takes most of the responsibility for neighbor paperwork, so when she signs her name she uses the title "Site Manager."

Mark all **five checkboxes** in the "Agency Staff" area. Use this step to help catch anything missed earlier in the process—don't skip these steps and check the boxes or leave the boxes blank.

The title of the certifying official can be as informal and simple as "volunteer," but it shouldn't be left blank. Be sure to provide your signature as well.

Review

Illinois Department of Human Services
Commodity Supplemental Food Program

1 PARTICIPANT APPLICATION

Is the applicant or any qualifying household member participating in CSFP at another site? Yes No

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.

Name of Applicant: **Gavin Harris** Name of Guardian (if Applicable):

Address (Must Verify Address): **32 West Ave.** City: **Hometown** State: **IL** Zip Code: **62299**

Phone Number: **555-111-9999** Applicant's Date of Birth (Verify ID): **01-01-1949** Total Number Living in Household: **1**

Indicate the source and amount of (month's) income before any deductions, such as taxes and social security.

This amount must include income of all household members.
Other income would include unemployment, strike benefits, income from trusts, contributions from relatives, etc.
If last month's income is not representative of usual household income, also indicate household's average income during the previous 12 months.

Source	Household Income	Amount	How Often	Annual Income
Source is: Social Security		\$1,250	Monthly	\$15,000
Source is: son & daughter			Birthdays	\$600
Total Household Income		\$1,300	Ave. mo.	\$15,600

Changes Must Be Reported: Participants must report changes in household income or composition within 10 days after the change becomes known to the household.

Racial Ethnic Data

What is your ethnic category (select one) Hispanic or Latino Not Hispanic or Latino

What is your race? (Select one or more that apply) American Indian or Alaska Native Asian Black or African American Native Hawaiian or Other Pacific Islander White

5 Note: A proxy is a person authorized to receive CSFP benefits only. Proxies should be at least 18 years of age and dependable for the duration of the program. A proxy must present identification as well as written approval from the participant in order to be issued commodities. Proxies must sign for commodities. Proxies must follow the same program guidelines as CSFP participants.

I, **Gavin Harris**, authorize the following individual(s) to act as my proxy.
Participant signature

Assigned Proxy Name(s) (please print):
1) **David Chang** 2) **Helen Chang**

(Continued on Next Page)

Updated: 6/23/22

Before Signing, Be Aware of Your Rights and What Your Signature Means:

- Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex (including gender identity and sexual orientation), age and disability.
- You may appeal any decision made by the local agency regarding your denial or termination from the Program.
- If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.

This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

I authorize the release of information provided on this application form to the local agency for use in administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes.

Please indicate the decision by placing a checkmark in the appropriate box: Yes No

Signature of Applicant or Guardian: **Gavin Harris** Date (Month/day/year): **01/04/2024**

Date of Information: **01/04/2024** Date for Certification after on Wait List: **01/04/2024**

Agency Staff Completion:

Age Verified (check one)	Address Verified	Applicant Eligible	Caseload	Date written notice was given:
<input type="checkbox"/> Driver's License	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	<input checked="" type="checkbox"/> Yes	01/04/2024
<input checked="" type="checkbox"/> Picture ID Card	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> Outreach Provided
<input type="checkbox"/> Other: state ID				<input checked="" type="checkbox"/> Outreach Refused

5 Signature & Title of Certifying Official: **Shauna Dakes** **Site Manager**

Certified: **01/04/2024** 2nd Year Verification Date: 3rd Year Verification Date:

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 (including gender identity and sexual orientation), 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:

- 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) 696-7442; or
- email: protest@usda.sc.usda.gov

This institution is an equal opportunity provider.

Updated: 6/23/22

Gavin is clearly eligible for CSFP. Before letting Gavin know the happy news, Shauna reviews his application, double-checking items that are often overlooked.

1. Neighbor checkboxes (two)
2. Address: eligible by address
3. Birthdate: eligible by age
4. Income: eligible by income
5. Signatures and dates
6. Address verification document

Verbal notice

Agency Staff Complete:				
Age Verified (check one): <input type="checkbox"/> Driver's License <input checked="" type="checkbox"/> Picture ID Card <input type="checkbox"/> Other: _____	Address Verified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No State ID	Applicant Eligible <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Caseload Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date written notice was given: 01/04/2024 <input type="checkbox"/> Outreach Provided <input checked="" type="checkbox"/> Outreach Refused
Staff Signature & Title of Certifying Official: Shauna Dakes Site Manager				
Date Certified: 01/04/2024	2 nd Year Verification Date:	3 rd Year Verification Date:		

Shauna provided verbal notice. **When an application is certified, written notice is optional**, because most CSFP neighbors don't need it.

Shauna dated her verbal notice in the "written notice" field. The date is required to demonstrate notice was given.

Written notice is mandatory when a neighbor is waitlisted or denied.

Shauna dates both certification and written notice. "Gavin, you're good to go! Your first box will arrive this month. Your certification lasts three years. We verify your information once a year. Just let me know if anything in your situation changes."

Eligibility

Some partners provide written notice for each **qualified** applicant. The **Notice of Eligibility Determination and Certification Status** form, shown here, covers all three outcomes.

1. Neighbor is **eligible**. (Written notice optional.)
2. Neighbor is **waitlisted**. (Written notice required.)
3. Neighbor is **not eligible**. (Written notice required.)

Provide one of three reasons for ineligibility:

- Income above guideline for household size
- Age less than 60 years old
- Resides in county that is not within service area

Illinois DHS Commodity Supplemental Food Program
Notice of Eligibility Determination and Certification Status

Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex, age, and disability.

Applicant's Last Name: _____ First Name: _____
Address: _____

Eligibility Determination

____ You are eligible to receive CSFP benefits for the period starting the month of _____ and ending the month of _____. Information regarding the time, location, and means of food distribution is attached. You are not required to provide payment to participate in the CSFP program.

____ You are eligible to receive CSFP benefits however, we are at maximum caseload and are unable to process your application currently. You will be placed on a waiting list and contacted when openings become available.

____ You are NOT eligible to receive CSFP benefits based on information provided on your application.

Reason NOT eligible: ____ Income above 130% Federal Income Guideline. ____ Under 60 years of age.
____ County of residency not served.

Waiting List Notification:

____ We have caseload openings now. Please be informed it is time to re-determine your eligibility for the CSFP. Please complete the enclosed forms and bring them and the applicant listed above to our office located at the address above during the hours of _____ - _____ on this day or days _____.

Notice of Expiration of Certification Period:

____ Your eligibility for CSFP benefits are about to expire effective the last day of the month of _____. Contact the CSFP Certifying Agency listed below for additional information.

Certifying Agency & Address: _____
Days & Hours of Operation: _____
Staff Signature: _____ Date: _____

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 (including gender identity and sexual orientation), 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.asc.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.

Rev 8/22/2022

Other changes

Partners may also use written notice to communicate certification changes.

- 1. Waitlist change.** Invites a waitlisted neighbor to certify for full participation.
- 2. Certification expiration.** Informs neighbors in advance when their certification will expire and invites them to get in touch for next steps.

Written notice is optional for these certification changes.

Illinois DHS Commodity Supplemental Food Program
Notice of Eligibility Determination and Certification Status

Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex, age, and disability.

Applicant's Last Name: _____ First Name: _____
Address: _____

Eligibility Determination

____ You are eligible to receive CSFP benefits for the period starting the month of _____ and ending the month of _____. Information regarding the time, location, and means of food distribution is attached. You are not required to provide payment to participate in the CSFP program.

____ You are eligible to receive CSFP benefits however, we are at maximum caseload and are unable to process your application currently. You will be placed on a waiting list and contacted when openings become available.

____ You are NOT eligible to receive CSFP benefits based on information provided on your application.

Reason NOT eligible: ___ Income above 130% Federal Income Guideline. ___ Under 60 years of age.
___ County of residency not served.

1 **Waiting List Notification:**

____ We have caseload openings now. Please be informed it is time to re-determine your eligibility for the CSFP. Please complete the enclosed forms and bring them and the applicant listed above to our office located at the address above during the hours of _____ - _____ on this day or days _____.

2 **Notice of Expiration of Certification Period:**

____ Your eligibility for CSFP benefits are about to expire effective the last day of the month of _____. Contact the CSFP Certifying Agency listed below for additional information.

Certifying Agency & Address: _____
Days & Hours of Operation: _____
Staff Signature: _____ Date: _____

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 (including gender identity and sexual orientation), 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.asc.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.

Rev 8/22/2022

2nd and 3rd year

Agency Staff Complete:				
Age Verified (check one): <input type="checkbox"/> Driver's License <input checked="" type="checkbox"/> Picture ID Card <input type="checkbox"/> Other: _____	Address Verified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No State ID	Applicant Eligible <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Caseload Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date written notice was given: 01/04/2024 <input type="checkbox"/> Outreach Provided <input checked="" type="checkbox"/> Outreach Refused
Staff Signature & Title of Certifying Official: Shauna Oakes Site Manager				
Date Certified: 01/04/2024	2 nd Year Verification Date: 01/02/2025	3 rd Year Verification Date: 1/02/2026		

Sometime in the month ahead of a neighbor's certification anniversary, review the address, income, and household size written on the application form with your neighbor.

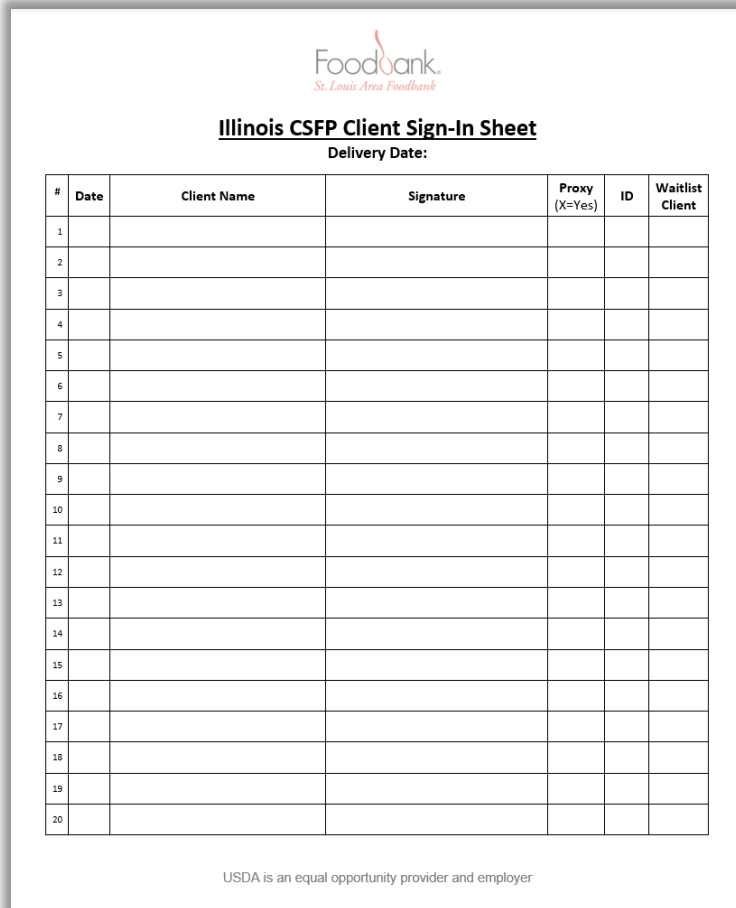
*Shauna needs to complete 2nd and 3rd year verification **before** Gavin's certification anniversary date. She'll check that Gavin still lives within the service area and qualifies by household size and income.*

Sign-in sheet

The monthly sign-in sheet should demonstrate that only active neighbors and proxies with certified paperwork on file are picking up senior boxes.

Partner Relationship Coordinators recommend prefilling the names of each active neighbor on the sign-in sheet for the coming month. As you check each application on file, review who's due for their annual verification, whose certification is expiring, and who was a "no-show" the previous month.

Then, when neighbors get their boxes, have them sign and date next to their name on the sheet. This way, partners can easily see who was a "no show" at the end of the month.



The form is titled "Illinois CSFP Client Sign-In Sheet" with the Foodbank St. Louis Area Foodbank logo at the top. Below the title is a line for "Delivery Date:". The main body of the form is a table with 20 rows and 6 columns. The columns are labeled: "#", "Date", "Client Name", "Signature", "Proxy (X=Yes)", "ID", and "Waitlist Client". The rows are numbered 1 through 20. At the bottom of the form, it states "USDA is an equal opportunity provider and employer".

#	Date	Client Name	Signature	Proxy (X=Yes)	ID	Waitlist Client
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						

Illinois Department of Human Services
Commodity Supplemental Food Program

NOTICE OF ADVERSE ACTION

Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex, age, and disability.

Name of Applicant or Participant: _____

Address: _____

This is to inform you that the following action will be taken regarding your participation in CSFP:

Your CSFP benefits are being discontinued effective _____ for the reason listed below.

You are disqualified to receive CSFP benefits for the reason listed below. The period of disqualification is from _____ to _____.

The reason for this action is:

Certifying Agency: _____ Date: _____

Certifying Agency Address: _____

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 (including gender identity and sexual orientation), 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_files/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) 696-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Adverse action

The **Notice of Adverse Action**, shown here, provides written confirmation when a neighbor is discontinued or disqualified. **Disqualifying a neighbor should be avoided, if possible.**

Common reasons for using this form include:

- Neighbor voluntarily departs the program (discontinued).
- Neighbor participant has been a “no show” for two consecutive months (discontinued).
- Neighbor participant was mistakenly certified (disqualified after certification).
- Neighbor applicant checked “yes” to dual participation (disqualified before certification).

Two dates

The adverse action form should show two dates at least 15 days apart. The effective date when participation ends should be more than two weeks in the future from the notification date.

Your CSFP benefits are being discontinued effective 12/31/2023 for the reason listed below.

You are disqualified to receive CSFP benefits for the reason listed below.
The period of disqualification is from _____ to _____.

The reason for this action is:
Neighbor relocating to nursing care home.

Certifying Agency: Heart-Shaped World Date: 12/15/2023

Illinois Department of Human Services
Commodity Supplemental Food Program

RIGHT TO FAIR HEARINGS

You have a right to request a fair hearing if you do not agree with the action taken. You must request a hearing within 60 days from the date of the NOTICE OF ADVERSE ACTION is mailed.

Your request for a fair hearing must be made verbally or in writing to the certifying agency listed on the NOTICE OF ADVERSE ACTION form.

Please complete the information below and mail or deliver to the certifying agency.

If you have been notified of discontinuance or disqualification for CSFP participation and you request a fair hearing prior to the effective date indicated on the NOTICE OF ADVERSE ACTION form, you may continue to receive benefits until a hearing decision is announced or until the end of your current certification period, whichever is first.

However, if the Agency is upheld in its decision, a claim against the household shall be established for all over-issuance of USDA foods.

I wish to request a fair hearing YES NO

Name: _____

Phone: _____

Address: _____

City, State, ZIP: _____

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 (including gender identity and sexual orientation), 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:

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

This institution is an equal opportunity provider.

8-22-2022

Fair hearing

The right to a **fair hearing** gives disqualified neighbors a means to contest an adverse action while continuing to receive benefits, if they're receiving them already. When disqualifying a neighbor, provide the fair hearing form together with the adverse action notice to give neighbors the maximum amount of time to respond.

When discontinuing a neighbor, no fair hearing notice is necessary.

Disqualifying adverse actions may not come up very often. The CSFP manual explains the rules and includes the form.

ILLINOIS

CSFP

*Certification
lifecycle*


Foodbank®
St. Louis Area Foodbank

Document storage

Intake forms contain sensitive data about our neighbors. Although we're prohibited now from collecting social security numbers, in the past we were required to. That means that in older records we may still have social security numbers to safeguard against exposure or theft.

All program documents should be kept on site for four years (three full past years and the current year). Make a copy of each form you provide to a neighbor to keep on file.

If you have any questions about protecting data or how to keep documents organized, please reach out to your Partner Relationship Coordinator.

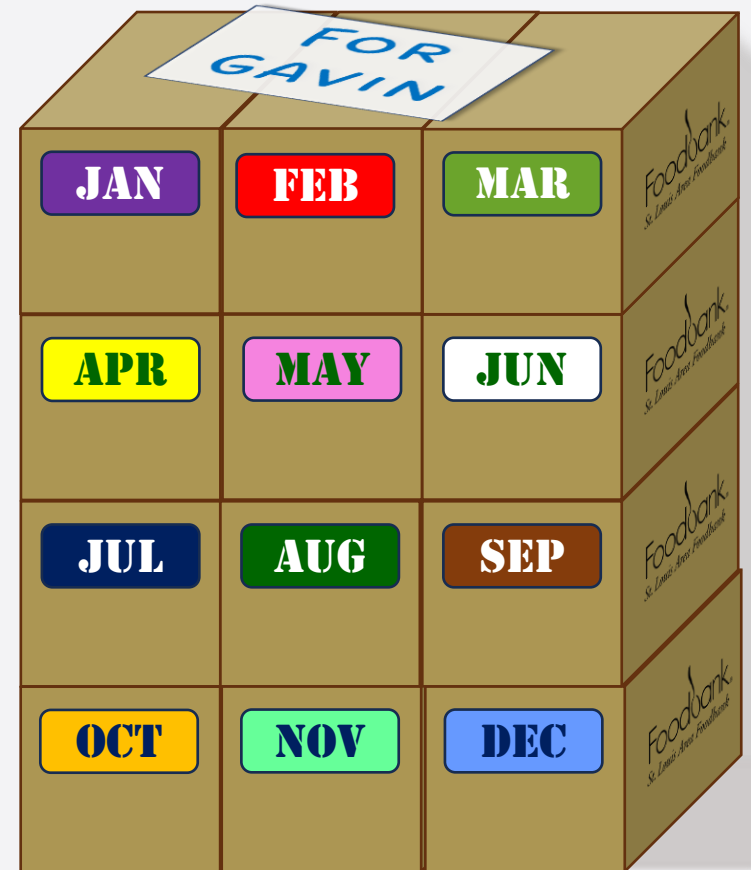
Administering the senior box program demands organized paperwork. A free software program from Feeding America is being configured to help. Watch for news coming from SLAFB about **Service Insights on MealConnect**.

Lifecycle wrap-up

Certification is the final step of a successful application process for eligible neighbors, beginning a three-year lifecycle.

Certification effectively puts an owner's name on a senior box for the next twelve months, which they are responsible to collect. Partners track neighbors, completing annual verification. At the end of three years, neighbors and partners fill in a new application to continue the program.

We know certification doesn't always go smoothly. Your Partner Relationship Coordinator is available to answer your questions from paperwork basics to how to handle tricky situations. The best advice they can give you will be tailored for your unique situation, and they look forward to helping you.



ILLINOIS CSFP

Site inspections

ILLINOIS

CSFP

*Site
inspections*

USDA compliance

The CSFP manual contains a copy of the state inspection checklist. In this section, we'll talk about some of the items on this checklist, including documents site inspectors will review.

To prepare partners for site inspections, Partner Relationship Coordinators conduct a Network Status Review yearly. They also provide general on-boarding training and refresher training for site managers, staff, and volunteers.

ILLINOIS

CSFP

Site inspections

Who's coming?

To receive CSFP food, each site signs a contract that gives SLAFB, IDHS, and USDA inspectors the authority to conduct unannounced inspections. Site inspectors will have identification to show they are who they say they are. Please let all staff and volunteers know it's OK to let these inspectors in.

SLAFB: Partner Relationship Coordinators visit network partners routinely. Their goal is to provide program support.

Health Department: The local health department is mainly concerned with food safety in the community. They check that local codes are satisfied.

State: IDHS reviews USDA program compliance at Illinois sites.

Federal: The USDA reviews USDA program compliance at any site where a USDA program is in place.

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CSFP records

Here's a summary of the most important CSFP documents:

- Partner CSFP contract with SLAFB
- Neighbor applications and associated forms
- Neighbor and proxy sign-in sheets for each month
- CSFP invoice for each month
- Temperature and pest control logs
- Food safety certificates
- Most recent health inspection report
- Flyers and other materials that mention the USDA or CSFP
- Training documentation

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Recordkeeping

Site inspectors expect that all documentation—digital or paper—is stored and accessible on site. Inspectors check documents from the current year and three previous calendar years.

To save space, it's OK to discard outdated records. If the current year is 2024, all records dated 2020 and older can go. All records dated 2021 onward should be available for review.

One commonly mislaid document is the CSFP partner agreement. If you're missing a signed, dated copy onsite while operating CSFP distributions, it's a little like losing track of your driver's license. If you want to keep on driving, you get it replaced as fast as you can. Reach out to SLAFB to replace a missing partner agreement—it's like a license to distribute CSFP food, and all site inspectors want to see that!

10-day notification window

Signature of Applicant or Guardian <i>Gavin Harris</i>	Date (Month/day/year) <i>01/04/2024</i>
---	--

Agency Staff Complete:				
Age Verified (check one): <input type="checkbox"/> Driver's License <input checked="" type="checkbox"/> Picture ID Card <input type="checkbox"/> Other: _____	Address Verified <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>State ID</i>	Applicant Eligible <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Caseload Available <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Date written notice was given: <i>01/04/2024</i> <input type="checkbox"/> Outreach Provided <input checked="" type="checkbox"/> Outreach Refused
Staff Signature & Title of Certifying Official: <i>Shauna Oakes</i> <i>Site Manager</i>				
Date Certified: <i>01/04/2024</i>	2nd Year Verification Date:	3rd Year Verification Date:		

In the certification section, we mentioned that partners have 10 days to respond to a neighbor application. Site inspectors check on our compliance with this rule. They compare the date the neighbor signed the application with the date the partner gave “written notice.” The dates should demonstrate that the neighbor was informed of a decision within **10 days**.

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Recall paperwork

Food recalls don't happen very often. When they do, partners need to research neighbor records to identify seniors who could have received recalled food. Organized record-keeping is critical for partners to be able to respond quickly, particularly for Class I recalls because they're potentially life-threatening.

USDA Recall Classifications

Class I: A reasonable probability that consuming the product will cause serious, adverse health consequences or death.

Class II: A remote probability that consuming the product will cause adverse health consequences.

Class III: Consuming the product will not cause adverse health consequences.

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Invoices

Invoices include information such as delivery dates that help track recalled food or any other quality issues. Because they're related to food safety, site inspectors will look to see if they're systematically retained and stored where volunteers and staff can easily access them. For example, they may be stored in chronological order in a binder or a filing cabinet.

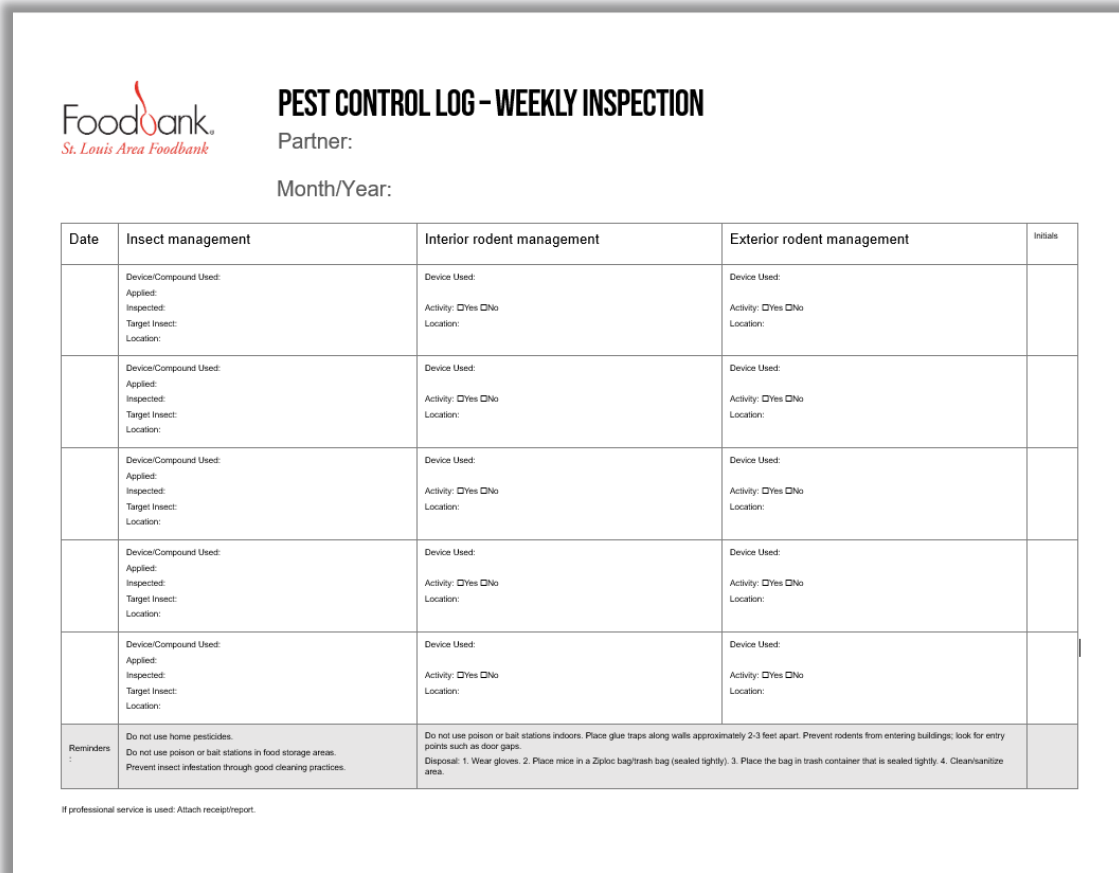
Log forms

Site inspectors check **temperature and pest control logs**.

IDHS does not provide forms for logging, leaving it up to partners to create their own logs.

SLAFB provides a temperature log for partners. Some partners use this form already.

New in 2024: SLAFB created a pest control log for partners. If you aren't using one already, this log may help you get started.



Foodbank
St. Louis Area Foodbank

PEST CONTROL LOG - WEEKLY INSPECTION

Partner: _____

Month/Year: _____

Date	Insect management	Interior rodent management	Exterior rodent management	Initials
	Device/Compound Used: Applied: Inspected: Target Insect: Location:	Device Used: Activity: <input type="checkbox"/> Yes <input type="checkbox"/> No Location:	Device Used: Activity: <input type="checkbox"/> Yes <input type="checkbox"/> No Location:	
	Device/Compound Used: Applied: Inspected: Target Insect: Location:	Device Used: Activity: <input type="checkbox"/> Yes <input type="checkbox"/> No Location:	Device Used: Activity: <input type="checkbox"/> Yes <input type="checkbox"/> No Location:	
	Device/Compound Used: Applied: Inspected: Target Insect: Location:	Device Used: Activity: <input type="checkbox"/> Yes <input type="checkbox"/> No Location:	Device Used: Activity: <input type="checkbox"/> Yes <input type="checkbox"/> No Location:	
	Device/Compound Used: Applied: Inspected: Target Insect: Location:	Device Used: Activity: <input type="checkbox"/> Yes <input type="checkbox"/> No Location:	Device Used: Activity: <input type="checkbox"/> Yes <input type="checkbox"/> No Location:	
	Device/Compound Used: Applied: Inspected: Target Insect: Location:	Device Used: Activity: <input type="checkbox"/> Yes <input type="checkbox"/> No Location:	Device Used: Activity: <input type="checkbox"/> Yes <input type="checkbox"/> No Location:	
Reminders	Do not use home pesticides. Do not use poison or bait stations in food storage areas. Prevent insect infestation through good cleaning practices.	Do not use poison or bait stations indoors. Place glue traps along walls approximately 2-3 feet apart. Prevent rodents from entering buildings; look for entry points such as door gaps. Disposal: 1. Wear gloves. 2. Place mice in a Ziploc bag/trash bag (sealed tightly). 3. Place the bag in trash container that is sealed tightly. 4. Clean/sanitize area.		

If professional service is used: Attach receipt/report.

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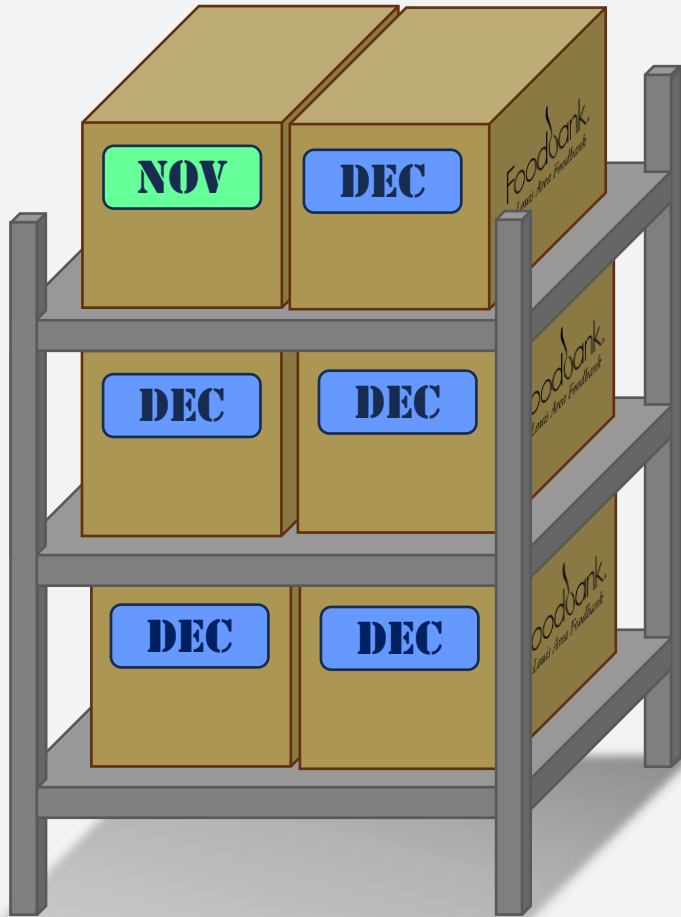
Certificates

The ServSafe Food Handler certification lasts three years. The certification date is on the certificate, but the expiration date isn't. Be sure to contact your Partner Relationship Coordinator if you need help getting certified or checking on expiration.

Some volunteers may have food safety certificates of other types or from other companies—contact your coordinator to get copies of these certifications on file.

This works both ways! Like SLAFB, partners must also keep food safety certificates on file. If you're missing certificates, you can request copies from your coordinator.

Health inspection



Site inspectors check to see if food containers, shelves, and floors have been wiped clean of food spills. Food storage areas should be well-lit.

Inspectors are likely to ask to review all **health department inspection reports**. Some health departments are reactive, conducting site inspections only when investigating a complaint. Partners under reactive departments may never have a report. Other health departments are proactive, conducting health department site inspections routinely.

If you have any health inspection reports, file them as you would other important CSFP records.

Commodity Supplemental Food Program (CSFP) Participant No-Show Policy

To remain enrolled in the CSFP Program, participants may not fail to pick-up their box, without notifying the certifying official, more than **two months** consecutively.

A participant who will be away for an extended period (due to travel, hospital stay, etc.) will retain their enrolled status.

Participants may reapply for the program unless they have violated the no-show policy twice before.

PARTICIPANTS MUST NOTIFY CERTIFYING OFFICIAL OF:

- ANY EXTENDED ABSENCE,
- CHANGE IN INCOME, OR
- CHANGE IN FAMILY COMPOSITION.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination, write: [USDA, Director](#) of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

USDA is an equal opportunity provider and employer.

Posters

Site inspectors check to see if required program posters are displayed where neighbors can easily see them during program hours. There are two that all CSFP sites display.

The first poster is titled, **And Justice for All**. We talk about this poster in civil rights training. It's provided by the USDA, and the contents are the USDA's *Nondiscrimination Statement*.

The second poster is titled **Participant No-Show Policy**. This poster helps partners meet public notification requirements outlined in the IDHS CSFP manual.

There's a third poster that only some sites need to display.

Notice of Beneficiary Rights for Commodity Supplemental Food Program (CSFP)

CSFP Written Notice of Beneficiary Rights

Name of Organization: _____

The CSFP program is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;
3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and
4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights Executive Director
Center for Civil Rights Enforcement
1400 Independence Avenue SW
Washington, DC 20250-9410, or by email to program.intake@usda.gov

5. If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact the USDA Hunger Hotline.

The USDA Hunger Hotline:

- **By Phone:** 1-866-3-HUNGRY or 1-877-8-HAMBRE to speak with a representative from 7:00 AM – 10:00 PM Eastern Time.
- **By Text:** 914-342-7744 with a question that may contain a keyword such as “food,” “summer,” “meals,” etc. to receive an automated response to resources located near an address and/or zip code.

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.

This institution is an equal opportunity provider.

Beneficiary rights

By law, CSFP partners at sites where religious activities like worship, instruction, or proselytizing take place must offer USDA food distribution in a separate space or at a separate time.

To make it clear that neighbors can participate in religious activities if they wish, but not as a condition to receive food, IDHS provides the **Notice of Beneficiary Rights** flyer for religious organizations to hand to neighbors during the application process, delivery, and pickup. This flyer should be displayed as a poster at CSFP sites where religious activities take place, to inform neighbors of their rights in writing before they participate in CSFP.

Referral

If a neighbor objects to the religious character of a site distributing CSFP food, by law they should be referred to other sites so they can continue to participate in the program.

Per the USDA, IDHS withdrew their poster, flyer, and referral requirements in September 2023. In July 2024, the USDA reinstated their requirements. **The flyer/poster IDHS created in July 2024 contains updated referral information, per the USDA.** Please post and share the updated flyer.

5. If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact the USDA Hunger Hotline.

The USDA Hunger Hotline:

- **By Phone:** 1-866-3-HUNGRY or 1-877-8-HAMBRE to speak with a representative from 7:00 AM – 10:00 PM Eastern Time.
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Print and digital

All print and digital materials that mention CSFP or USDA food must contain the USDA's *Nondiscrimination Statement*. For example, SLAFB describes CSFP on their website, to educate the public about senior boxes. Below the program description is the full nondiscrimination statement.

Webpages have space for additional words, but social media posts or printed flyers may not. If there isn't enough room, at a minimum we should include a short statement, such as: "This institution is an equal opportunity provider." Partners see this short statement on the title screen of this course. Neighbors see it on the monthly CSFP newsletter SLAFB includes inside each senior box.

Nutritional education

CSFP NEWS



STLFoodbank.org

IL AND MO CSFP: COMMODITY SUPPLEMENTAL FOOD PROGRAM | August, 2024

TROPICAL OASIS SMOOTHIE

METHOD:


- Combine fruit and milk (or water) in the jar of a blender. Pulse to desired smoothness.
- Stir in coconut flakes. Serve immediately over ice, or chill for 30 minutes in the fridge.

TIPS:

- To prepare without a blender, use the fine holes on a box grater to "puree" the mangos and pineapples.
- Try this with other fruits, such as watermelon, cantaloupe, banana, or berries.

INGREDIENTS:

- 1 pineapple small, peeled and diced (about 4 cups)
- 4 mangos, peeled, pitted, and diced (about 6 cups)
- 2 cups nonfat milk or 2 cups cold water
- 3 tbs coconut flakes, dry, unsweetened



Nutrition Information Per Serving: 6 servings
Calories: 136 | Carbohydrates: 31.9g | Fat: 1.9g | Protein: 1.6g | Sodium: 12mg | Fiber: 3.3g

ADDITIONAL FOOD ASSISTANCE – FOOD STAMP (SNAP) APPLICATION HELP

If you need extra food assistance in addition to your senior box each month, please contact the St. Louis Area Foodbank for more information on guidelines and how to apply.

We will send you an application, provide assistance via phone, and guide you through the entire application process. If you are interested in more information, please contact the St. Louis Area Foodbank at 314-292-6262.

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PLEASE RETURN YOUR CSFP BOXES TO THE ST. LOUIS AREA FOODBANK



FRUITS

Diets that include a variety of fruits have been shown to decrease blood pressure, reduce the risk of heart disease and stroke, prevent some types of cancer, have a positive effect on balancing blood sugar, lower the risk of eye and digestive problems, and even promote a healthy weight and appetite, all important for the aging population.

BENEFITS OF PINEAPPLE:

- Low in calories, fat, and sodium.
- Free from added sugars, cholesterol, sodium, and saturated fats.
- High in Vitamin C, which aids in tissue growth and repair and boosts your immune system.
- Contains more than 100% of your recommended daily amount of Manganese, a trace element which helps strengthen your bones and connective tissue.
- High in fiber, which helps manage blood sugar levels and is necessary for a healthy gut. It also helps keep you full for longer, which may aid in weight loss.
- Contains antioxidant to fight cellular damage and help prevent certain cancers.

BROMELAIN:

- Pineapple is the only food that contains the enzyme bromelain, thought to contain numerous health benefits including:
- Anti-inflammatory properties to help combat inflammation which may help relieve arthritis pain, soothe sore muscles, and suppress the growth of certain tumors.
- Promote skin and tissue healing after injury.
- May improve respiratory problems by helping reduce mucus in the nose and throat.
- Reduce blood clots.
- Relieve nausea.
- May help with weight loss and aid in fat burning.
- Aids in digestion

VITAMIN D WORD SEARCH

Match the number of the corresponding exotic fruit with its name. How many can you get correct?



1



2



3



4



5



6

Answer Key: 1- Starfruit, 2- Kumquat, 3- Dragonfruit, 4- Rambutan, 5- Buddha's hand, 6- Cucamelon

CSFP NEWS usually contains a recipe and a short explanation of the nutritional benefits that come from eating various foods. To promote mental acuity and provide a bit of fun, there's a puzzle or a game. The newsletter shown here also has some outreach about other programs seniors may qualify for.

Site inspectors may ask if partners provide any education on site in addition to this newsletter. If you do, be prepared to share your materials.

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Training

Training records have changed over the years. Right now, there's no need to capture signatures or use an IDHS form.

If you train staff or volunteers to meet government regulations, record the name of the training, the names of each attending person, and the date the training took place. IDHS asks that CSFP partners record the topics they covered for CSFP training, because the content can be customized or shortened.

In addition to reviewing training attendance records, site inspectors may also ask to see any training materials you use, such as a PowerPoint, printed document, or online link. The request covers the nutrition education we mentioned earlier.

Refer to the CSFP manual to see a copy of the IDHS site inspection checklist. Contact your coordinator with any questions you may have about site inspection.

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Caseload management

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Communication

In this section, we'll review the basics of managing caseload and related paperwork.

The top priority is communication. The goal is getting boxes to all qualified seniors, but also to avoid having unclaimed boxes piling up and aging in storage (a common pitfall with this program).

We'll use our fictional partner, Heart-Shaped World, to provide a basic example of how partners can rebalance senior box inventory after neighbors make unannounced changes.

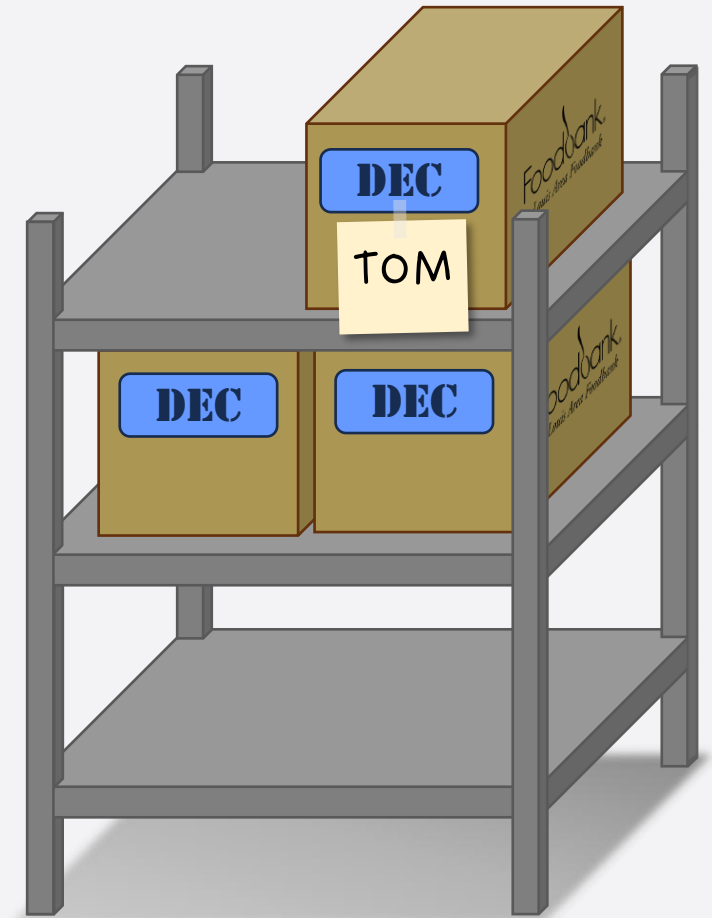
Tom's box

Heart-Shaped World received 46 boxes in early December. By the middle of the month, three boxes hadn't been collected.

Shauna, the site manager, called Alison, Tom's proxy, to find out what was going on. "I don't know what to tell you," Alison said. "Tom went into the hospital late in November, and he isn't home yet. How long can you hold his box?" Shauna explained that Tom was eligible to receive his December box as long as he got home for at least one day of the month.

"What happens if he doesn't come home until January?"

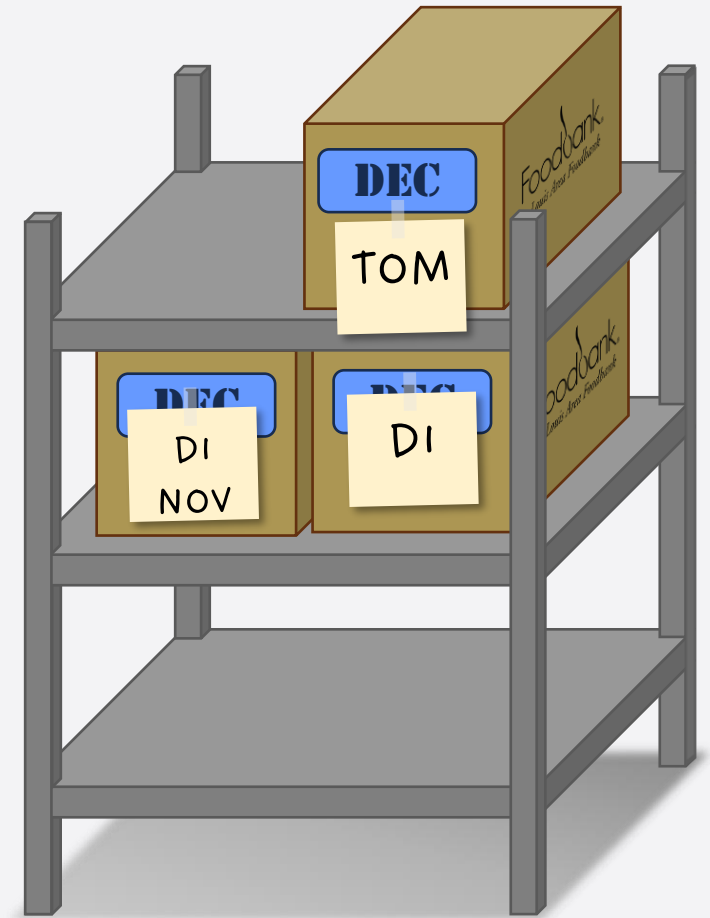
"Let's just take this one day at a time for now. I want to keep Tom in the program as long as I can. Keep in touch."



Di's boxes

Di had been regularly picking up her box each month, then stopped after October's pickup. Shauna called Di several times in November and December, but no one picked up her calls or returned her messages. Until Shauna could determine if Di had been home in November, Shauna wanted to continue holding her box.

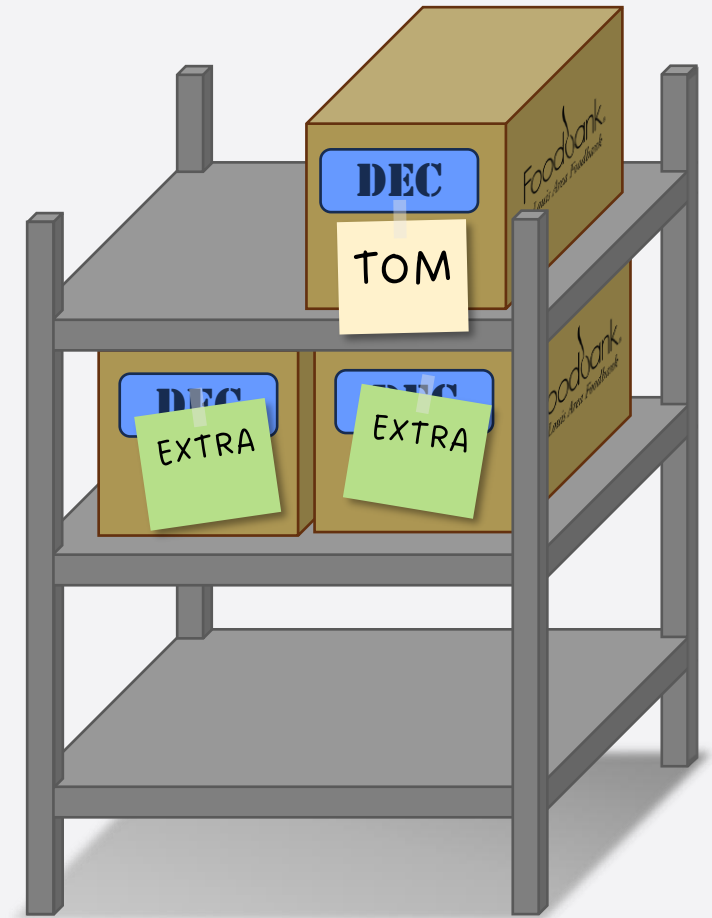
Meanwhile, December's delivery arrived, including another box for Di. Shauna visited Di's address and learned from a family member there that Di had unexpectedly moved into a nursing home at the end of October. Shauna connected with Di, who voluntarily ended her participation in the program.



Inactive status

Di's participant status changed from **active** to **inactive** in October. Now Shauna can change Heart-Shaped World's caseload and release her hold on Di's boxes. Tom's status remains **active**.

Shauna made good decisions. IDHS rules take neighbors like Tom and Di into consideration—life changes can upset communication and have unpredictable outcomes. That's OK! But to manage caseload, Shauna needs a plan for handling leftover boxes.



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management*

Waitlist status

Eligibility rules mean Di's unclaimed boxes can't go to her family or to food pantry neighbors. Extra boxes go to waitlisted neighbors because they're already CSFP-qualified.

Partners at caseload capacity keep a **waitlist** for neighbors who'd like to join their senior box program when caseload count drops below their capacity limit. Heart-Shaped World has a capacity of 50 neighbors, which they've never reached. How would they start a waitlist?

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Starting a waitlist

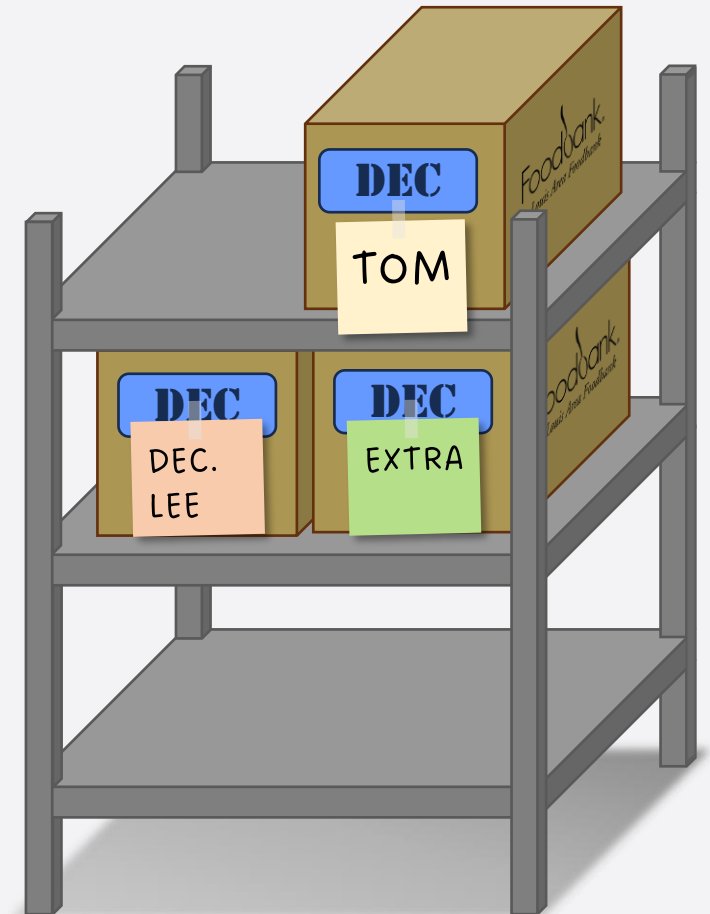
When neighbors don't participate for two months (**no-shows**), IDHS says to end their benefits. These neighbors aren't disqualified—the monthly routine just didn't work out well for them. When they're discontinued, they may be interested in joining a waitlist. Partners call waitlisted neighbors in the order they joined the waitlist.

A neighbor who agrees to collect a leftover box checkmarks “waitlist” on the sign-in sheet to activate their **one-month certification** under Illinois' policy.

One-month certification

In the past, Lee had trouble getting through his boxes every month and became a no-show. Shauna suggested one-month certification. There's no obligation, but also no guarantee that there'd be a box for Lee when he most needed one. More than a year has gone by, and Lee is now at the top of Shauna's waitlist, so she called him first.

Lee picked up Shauna's call and said he'd be glad to collect a box. When Lee arrived, Shauna asked him if he'd like to move off the waitlist and return to the program full-time. Lee shook his head. "I just don't need much."

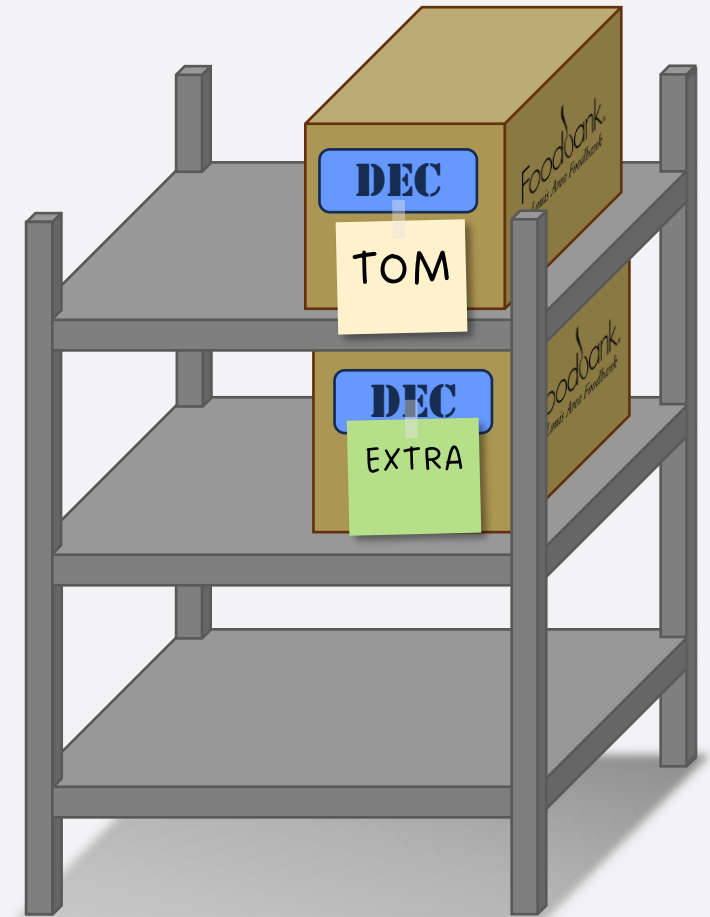


Leftover boxes

No one else on Shauna's waitlist responded to her calls. December ended with two leftover boxes—one extra and one held for Tom.

Alison called Shauna with an update as soon as Heart-Shaped World reopened in January. "Tom's doing better! He was released on December 29th. Can I pick up a box for him today?"

Alison arrives right away and collects Tom's December box, but says she'll wait to collect his January box until later in the month.



Updating SLAFB

Tracking changes, Heart-Shaped World's actual caseload dropped from 46 to 45 for November and December, but deliveries continued at 46 boxes each month, resulting in two extra boxes. Lee's one-month December certification took care of one extra box.

In January, Lee declines one-month certification, and again Shauna gets no positive response from her other waitlisted neighbors. It's time to communicate with SLAFB and rebalance the inventory.

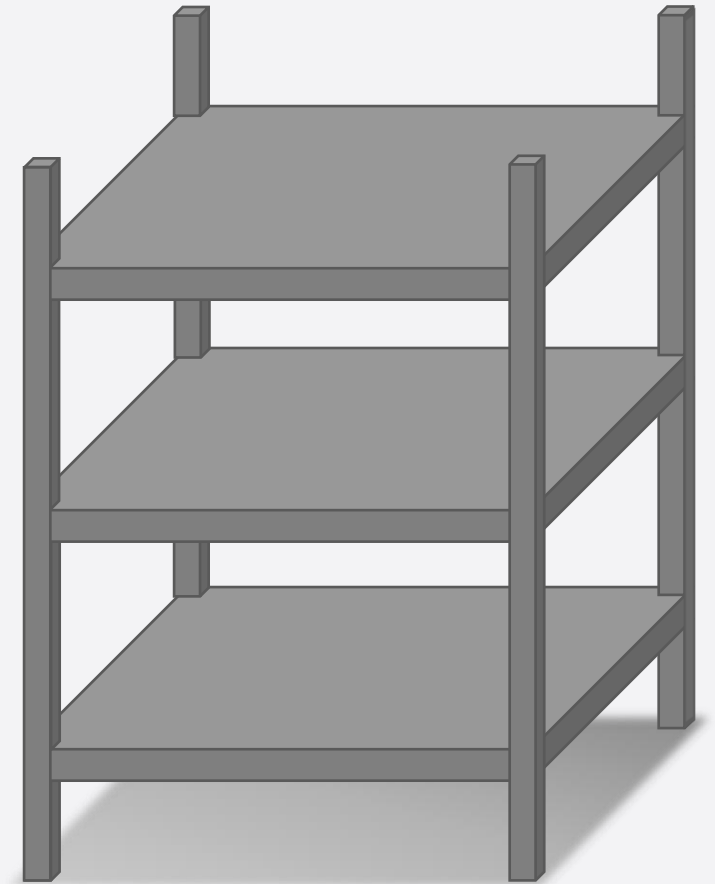
Before Shauna can contact SLAFB, a new neighbor—Gavin—arrives to apply.



Reducing delivery

Shauna quickly certifies Gavin to begin the program in January. As Gavin is the first January neighbor to arrive, he collects the extra December box, emptying the shelves.

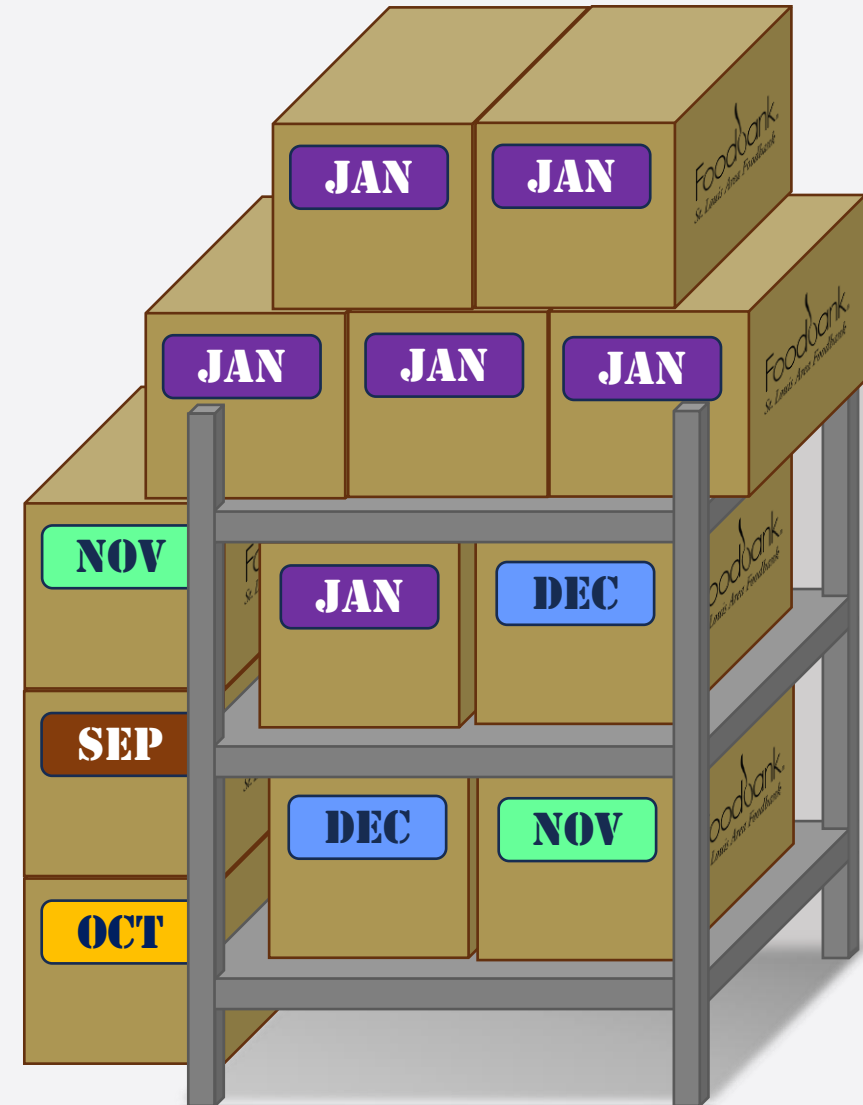
Shauna contacts her coordinator about Di's departure from the program and Gavin's new certification. Her caseload remains unchanged at 46, but Gavin's January box doesn't need to be included in the upcoming delivery. Shauna works out a one-time delivery reduction with SLAFB to balance her inventory, preventing boxes from piling up and aging in storage.



Ask for help

Real-world caseload management can be more complicated than our Heart-Shaped World example. Watch for danger signs. If you experience any of these situations, ask your coordinator for help!

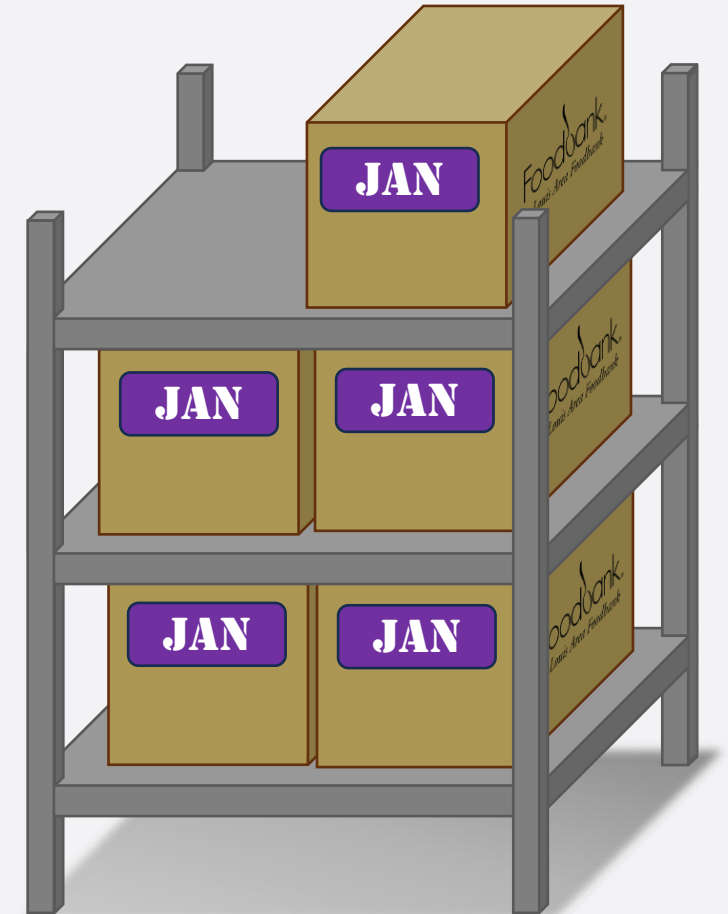
- Boxes are aging in storage, so that some are more than two or three months old.
- Boxes overflow dedicated food storage areas and pile up in unsafe or unsecured spaces.
- Serving neighbors changes from tracking neighbors individually to stocking a fixed amount, distributing boxes **first-come, first-served**. This practice is not allowed—ask for help now! No senior should be told they've arrived “too late in the month” to get their box.



Recap

Shauna managed caseload in several ways. She...

- Rotated her boxes, following FIFO rules.
- Based her monthly caseload on each neighbor's known participation individually.
- Followed up quickly and persistently with no-show neighbors.
- Tracked and updated ownership of each box.
- Cleared extra boxes using one-month certification and reduced delivery.
- Communicated her caseload updates and delivery requests to SLAFB.



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Next steps

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Next steps

SLAFB partners...

...distributed nearly one million pounds of CSFP product to Illinois neighbors in FY23!

904,274

THANK YOU


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Next steps

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Next steps

Congratulations! You've completed your annual Illinois CSFP training.

Each program document we talked about is linked to the course page for your convenience. You'll find links to the civil rights course, forms, posters, the CSFP manual and contact information. Get your questions answered!

Please follow the link provided to document your course completion.

Thank you for partnering with us!

This course was brought to you by an AmeriCorps service member.