

24080902



MISSOURI CSFP

course

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

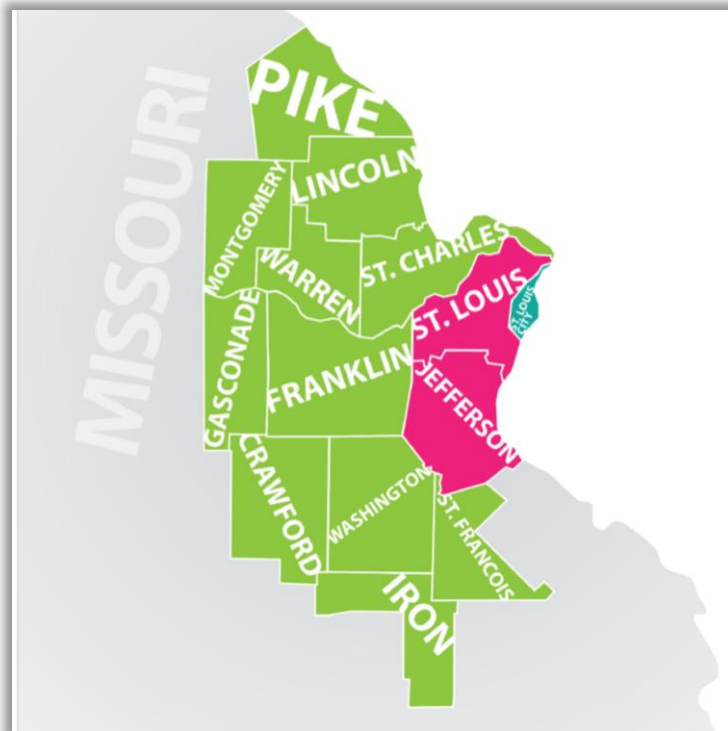
Welcome

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 Missouri Department of Health and Senior Services (DHSS) and the Illinois Department of Human Services (IDHS) run things differently.

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

We're glad you're here!



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Introduction

Who needs to know?

DHSS requires all staff and volunteers who distribute senior boxes in Missouri 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.

Danni notices Steve shoving a storage rack tightly against the wall. Steve says, "Every night when Blue cleans they pull out this rack and they never put it back right... it's a pain when I unload the delivery." Danni 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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Introduction

Recent changes

Usually there aren't significant changes in program regulations from year to year. DHSS 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 DHSS 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.



Missouri 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 Missouri will receive in proportion to the need.

DHSS divides the food for Missouri among participating food banks. SLAFB receives a yearly allocation in proportion to the need in 13 Missouri counties and the city of St. Louis. 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, DHSS inspects all Missouri 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 Missouri CSFP partners. Missouri 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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Introduction

What's it about?

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 forms, posters, 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 cover some of the items on the Missouri state site inspectors' checklist, mainly from the "food storage practices" section. We'll talk about invoices and neighbor sign-in, but this section doesn't cover the details of paperwork or caseload management. We'll review receiving, storing, and transporting food safely and securely.

Receiving begins with a handoff from SLAFB. Some partners pick up senior boxes and others 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

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.

"Caring Basket" 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 SLAFB immediately if you suspect pest activity or product damage at receiving.

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Food Handlers

To meet USDA regulations, DHSS 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.

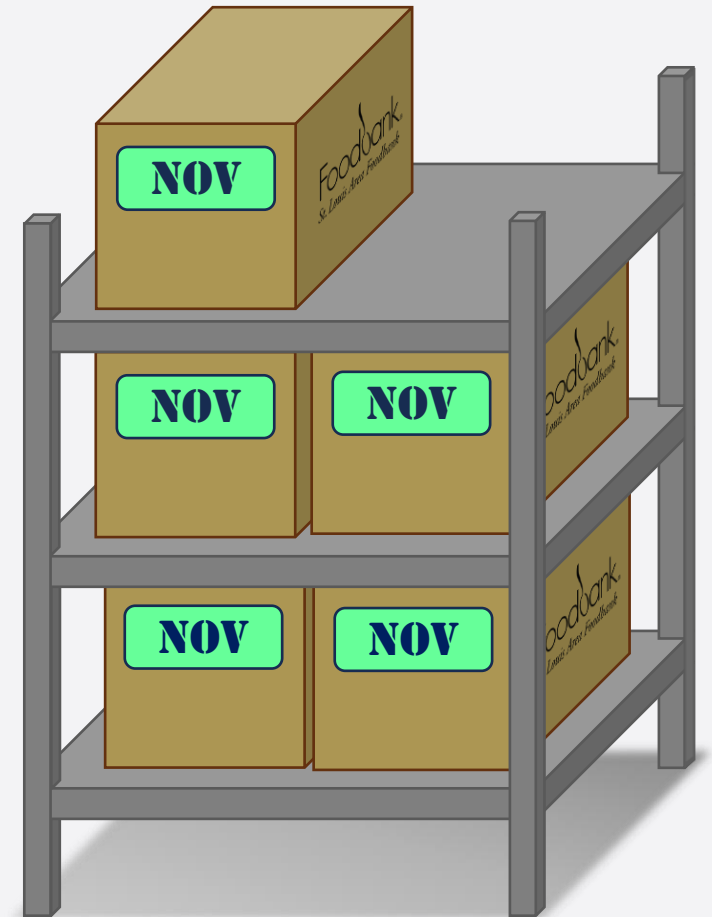
Some volunteers may have food safety certificates of other types or from other companies. These certifications are often more in-depth than food handler certifications, so if you have a current one, you may use it instead.

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.

*Caring Basket discovered
some spoiled food in their
cooler.*

*Was their cooler too warm?
Too crowded?*



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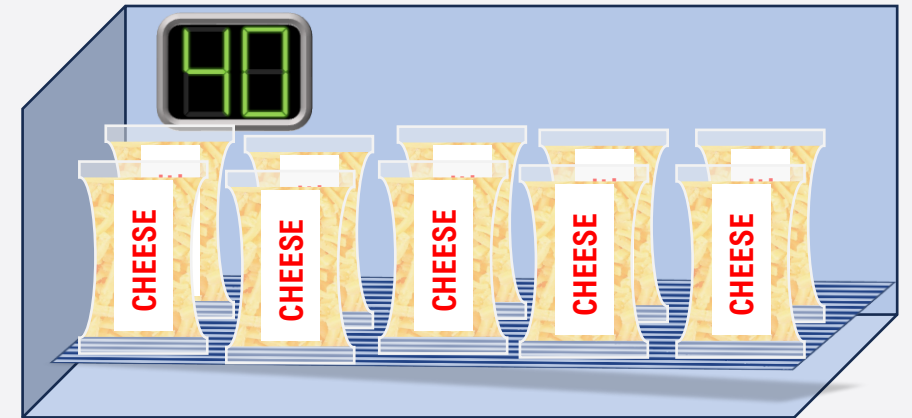
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Cold storage

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. DHSS informs all Missouri 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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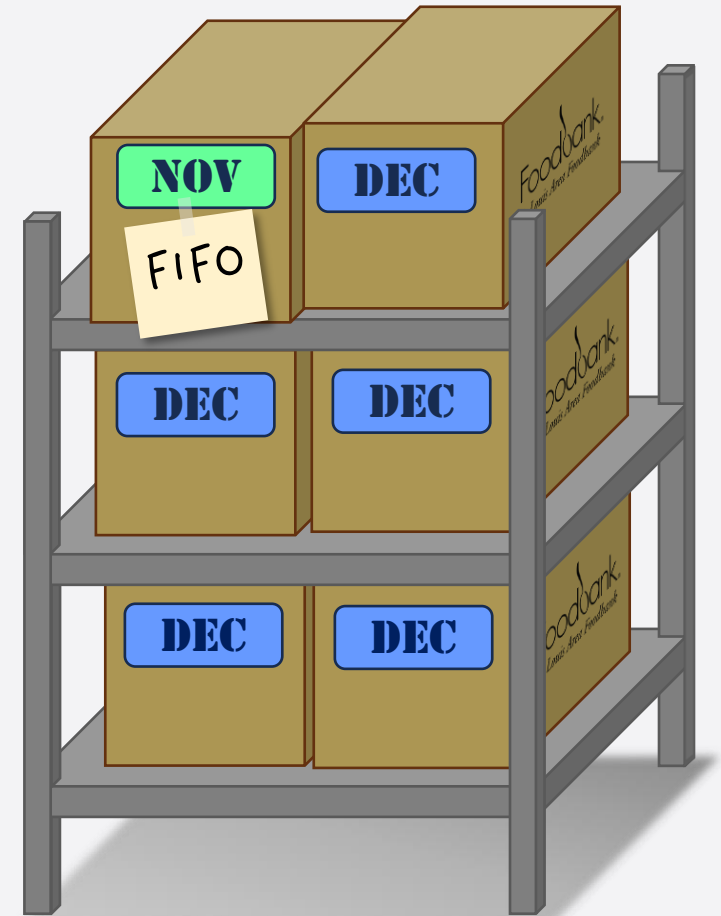
FIFO

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.

Emmi 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 box from the shelf that's been stored there the longest.



FEFO

Next, Emmi opens the cooler. She checks the dates on each package. There's one package left from last month's delivery, due to expire in July of next year.

This time, Emmi leaves behind the product that went into the cooler first. Instead, she selects one of the newly delivered packages because they'll expire first, 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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lifecycle*


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Coming up...

DHSS refers to the person taking primary responsibility for certification paperwork as the “certifying official.” The responsibilities of certifying neighbors 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, which will cover roughly half of what Missouri state site inspectors will review on their checklist. Others may skip this section.

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

Thank you!

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*Certification
lifecycle*


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Imagine...

Isaac 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 Caring Basket during their open hours.

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

Within 15 minutes of his arrival, Emmi certifies Isaac's application. Isaac begins receiving boxes that same month. Thanks to Emmi's diligence, Caring Basket has good, clear records certifying Isaac's eligibility for CSFP.

Caseload capacity

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

Caseload at Caring Basket is limited to a maximum of 50 senior boxes each month—they don't have storage space for more. Emmi 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 DHSS 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, **DHSS 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.





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
 VERIFICATION OF CERTIFICATION FOR TRANSFERS

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 CSFP until the stated expiration date. This Verification of Certification form shall be accepted as proof of eligibility for program benefits. If a waiting list exists at the receiving distribution site, the above named participant shall be placed on the list ahead of all waiting applicants.	
The CSFP Participant Application for the above named participant is on file at:	
DISTRIBUTION SITE	
SITE ADDRESS	
SITE TELEPHONE NUMBER	
SIGNATURE OF OFFICIAL	
TITLE OF OFFICIAL	DATE

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

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

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

mail:
 U.S. Department of Agriculture
 Office of the Assistant Secretary for Civil Rights
 1400 Independence Avenue, SW
 Washington, D.C. 20250-9410; or
 fax:
 (833) 256-1666 or (202) 690-7442; or
 email:
Program.Intake@usda.gov

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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 Missouri partner at capacity, DHSS says they must be placed at the top of the waitlist because they're an active certified Missouri recipient.

We'll come back to the topic of waitlisting neighbors when we talk about caseload management.

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

We're prohibited from verifying income.

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

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*Certification
lifecycle*

The logo for the St. Louis Area Foodbank, featuring the word "Foodbank" in a white, sans-serif font with a registered trademark symbol, and "St. Louis Area Foodbank" in a smaller, italicized, white serif font below it. A white outline of a flame or leaf shape is positioned above the letter 'o' in "Foodbank".
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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 Isaac. “And I’m over 75. Do I qualify for help?”

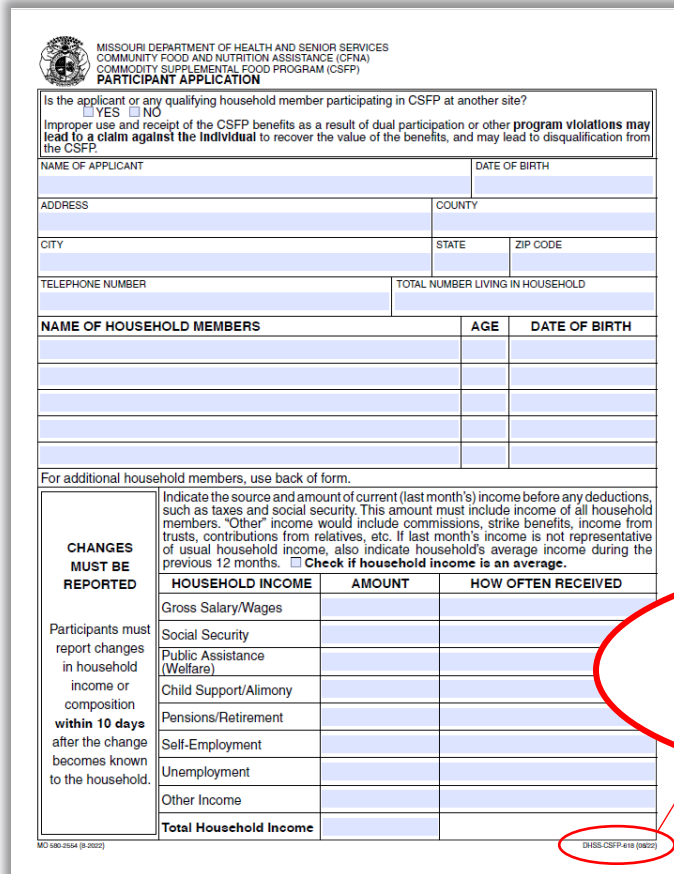
“Based on what you’ve told me, I think you do. We should fill out an application together.”

Emmi asks Isaac to bring 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 on the DHSS CSFP eligibility webpage—we provide the link on our course page under “related resources.” You’ll also find the income chart there.

Version dates



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
PARTICIPANT APPLICATION

Is the applicant or any qualifying household member participating in CSFP at another site?
 YES NO
Improper use and receipt of the 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 the CSFP.

NAME OF APPLICANT _____ DATE OF BIRTH _____

ADDRESS _____ COUNTY _____

CITY _____ STATE _____ ZIP CODE _____

TELEPHONE NUMBER _____ TOTAL NUMBER LIVING IN HOUSEHOLD _____

NAME OF HOUSEHOLD MEMBERS	AGE	DATE OF BIRTH

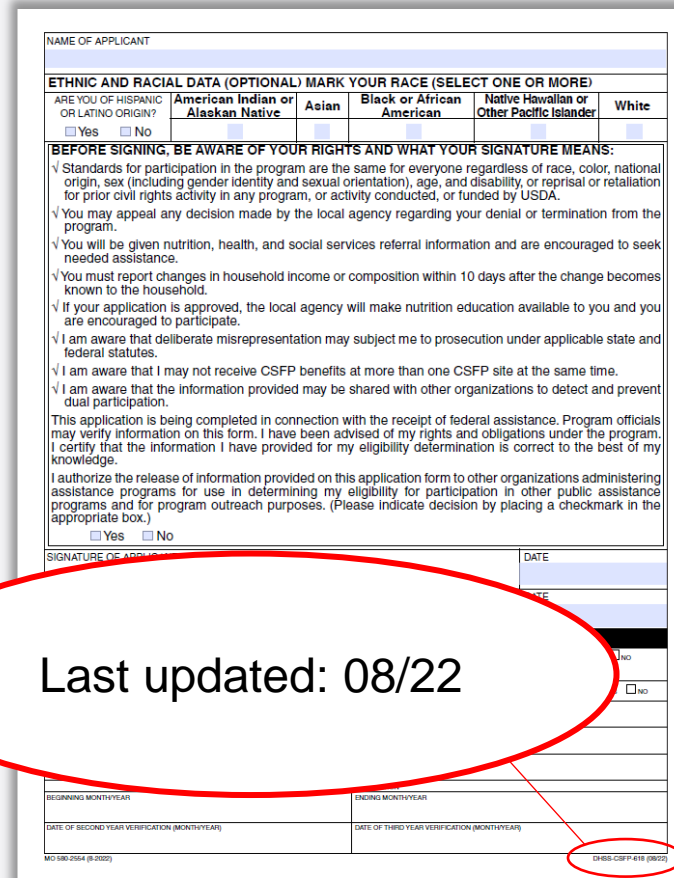
For additional household members, use back of form.

CHANGES MUST BE REPORTED

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

HOUSEHOLD INCOME	AMOUNT	HOW OFTEN RECEIVED
Gross Salary/Wages		
Social Security		
Public Assistance (Welfare)		
Child Support/Alimony		
Pensions/Retirement		
Self-Employment		
Unemployment		
Other Income		
Total Household Income		

MO 580-2554 (8-2022) DHSS-CSFP-618 (08/22)



NAME OF APPLICANT _____

ETHNIC AND RACIAL DATA (OPTIONAL) MARK YOUR RACE (SELECT ONE OR MORE)

ARE YOU OF HISPANIC OR LATINO ORIGIN?	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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, or reprisal or retaliation for prior civil rights activity in any program, or activity conducted, or funded by USDA.
- You may appeal any decision made by the local agency regarding your denial or termination from the program.
- You will be given nutrition, health, and social services referral information and are encouraged to seek needed assistance.
- You must report changes in household income or composition within 10 days after the change becomes known to the household.
- If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.
- I am aware that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.
- I am aware that I may not receive CSFP benefits at more than one CSFP site at the same time.
- I am aware that the information provided may be shared with other organizations to detect and prevent dual participation.

This application is being completed in connection with the receipt of federal assistance. Program officials may verify information on this form. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.)

<input type="checkbox"/> Yes	<input type="checkbox"/> No
------------------------------	-----------------------------

SIGNATURE OF APPLICANT _____ DATE _____

BEGINNING MONTH/YEAR _____ ENDING MONTH/YEAR _____

DATE OF SECOND YEAR VERIFICATION (MONTH/YEAR) _____ DATE OF THIRD YEAR VERIFICATION (MONTH/YEAR) _____

MO 580-2554 (8-2022) DHSS-CSFP-618 (08/22)

Last updated: 08/22

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, the links on the DHSS forms webpage will also be updated. Updates to the course may lag behind these changes.

Residence

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

Underneath the applicant’s information are several rows where they could list household members, if any. This section is optional. A benefit to filling it in: it may help identify others in need of assistance.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA) COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) PARTICIPANT APPLICATION			
Is the applicant or any qualifying household member participating in CSFP at another site? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO Improper use and receipt of the 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 the CSFP.			
NAME OF APPLICANT		DATE OF BIRTH	
Isaac Potts		12-11-1948	
ADDRESS		COUNTY	
23 East Rd.		N/A	
CITY		STATE	ZIP CODE
St. Louis		MO	63000
TELEPHONE NUMBER		TOTAL NUMBER LIVING IN HOUSEHOLD	
555-111-9999		1	
NAME OF HOUSEHOLD MEMBERS		AGE	DATE OF BIRTH

The USDA requires neighbors to enter an address. Get in touch with your Partner Relationship Coordinator to explore options for unhoused neighbors, such as putting in a shelter address your neighbor may use.

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.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
PARTICIPANT APPLICATION

Is the applicant or any qualifying household member participating in CSFP at another site?
 YES NO
Improper use and receipt of the 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 the CSFP.

NAME OF APPLICANT		DATE OF BIRTH	
ADDRESS		COUNTY	
CITY	STATE	ZIP CODE	
TELEPHONE NUMBER	TOTAL NUMBER LIVING IN HOUSEHOLD 1		
NAME OF HOUSEHOLD MEMBERS		AGE	DATE OF BIRTH

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

REPORTED	HOUSEHOLD INCOME	AMOUNT	HOW OFTEN RECEIVED
Participants must report changes	Gross Salary/Wages		
	Social Security	\$1,250	Monthly
	Public Assistance		
CHANGES MUST BE becomes known to the 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 commissions, 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. <input type="checkbox"/> Check if household income is an average.		
	Unemployment		
	Other Income	\$600	Birthday
	Total Household Income	\$1,850	Last month

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.

Emmi asks Isaac 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

REPORTED	HOUSEHOLD INCOME	AMOUNT	HOW OFTEN RECEIVED
Participants must report changes	Gross Salary/Wages		
	Social Security	\$1,250	Monthly
	Public Assistance		
CHANGES MUST BE becomes known to the 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 commissions, 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. <input checked="" type="checkbox"/> Check if household income is an average.		
	Unemployment		
	Other Income	\$600	Birthday
	Total Household Income	\$1,300	Average monthly

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

Neighbors can provide weekly, monthly or annual income numbers, whatever's 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

<p>CHANGES MUST BE REPORTED</p> <p>Participants must report changes in household income or composition within 10 days after the change becomes known to the household.</p>	<p>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 commissions, 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. <input checked="" type="checkbox"/> Check if household income is an average.</p>		
	HOUSEHOLD INCOME	AMOUNT	HOW OFTEN RECEIVED
	Gross Salary/Wages		
	Social Security	\$1,250	Monthly
	Public Assistance (Welfare)		
	Child Support/Alimony		
	Pensions/Retirement		
	Self-Employment		
	Unemployment		
	Other Income	\$600	Birthday
Total Household Income	\$1,300	Average monthly	

When Isaac is satisfied with her math, Emmi 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."

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

NAME OF APPLICANT					
Isaac Potts					
ETHNIC AND RACIAL DATA (OPTIONAL) MARK YOUR RACE (SELECT ONE OR MORE)					
ARE YOU OF HISPANIC OR LATINO ORIGIN?	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 (near the top of page two) may remain blank.

In April, CSFP program managers (like you!) review and compile the 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 race and ethnicity, contact your Partner Relationship Coordinator right away to discuss your options.

Rights and obligations

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, or reprisal or retaliation for prior civil rights activity in any program, or activity conducted, or funded by USDA.
- √ You may appeal any decision made by the local agency regarding your denial or termination from the program.
- √ You will be given nutrition, health, and social services referral information and are encouraged to seek needed assistance.
- √ You must report changes in household income or composition within 10 days after the change becomes known to the household.
- √ If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.
- √ I am aware that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.
- √ I am aware that I may not receive CSFP benefits at more than one CSFP site at the same time.
- √ I am aware that the information provided may be shared with other organizations to detect and prevent dual participation.

This application is being completed in connection with the receipt of federal assistance. Program officials may verify information on this form. I have been advised of my rights and obligations under the program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.)

Yes No

SIGNATURE OF APPLICANT OR GUARDIAN

Isaac Potts

DATE

01/04/2024

UPDATE INFORMATION, SIGN, AND DATE FOR CERTIFICATION AFTER ON WAITING LIST

DATE

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.

Outreach

Emmi hands Isaac the H&SS flyer. He hands it back, saying, “Thanks anyway, I know about these.”

Offering Health & Social Services referral information fulfills a CSFP contract responsibility to conduct outreach for related government programs.

DHSS wants to know if you offered neighbors this flyer or not. We'll get to that part of the application soon.



Commodity Supplemental Food Program Health & Social Services Referral Information

Supplemental Nutrition Assistance Program (SNAP)

SNAP provides nutrition benefits to supplement the food budget of needy families so they can purchase healthy food and move towards self-sufficiency. You can contact the SNAP office by calling 855-373-4636 or go to the webpage at <https://mydss.mo.gov/food-assistance/food-stamp-program>.

Missouri HealthNet

The purpose of the MO HealthNet program is to provide medical services to persons who meet certain eligibility requirements as determined by Family Support Division (FSD). The goals of the MO HealthNet program are to promote good health, to prevent illness and premature death, to correct or limit disability, to treat illness, and to provide rehabilitation to persons with disabilities. You can contact MO HealthNet by calling 855-373-4636 or go to the webpage at <https://mydss.mo.gov/mhd>.

The Emergency Food Assistance Program (TEFAP)

TEFAP provides USDA-donated foods to needy households, including low-income/unemployed persons for home consumption and to organizations serving the homeless and other non-profit organizations providing meals in a congregate setting to needy persons. Go to the webpage at <https://mydss.mo.gov/food-assistance/food-distribution>.

Supplemental Security Income (SSI)

SSI pays monthly benefits to people who are 65 and older, or blind, or have a disability and who meet the income and asset qualifications. Many people who get SSI are also eligible to receive food stamps and Medicaid benefits. You can contact the SSI office at 800-772-1213 or go to the webpage at <https://ssa.gov/ssi>.

Medicare

Medicare provides health insurance to persons aged 65 and over, disabled persons under the age of 65 whom have received social security disability cash benefits for at least twenty four months, and persons with end stage renal disease. You can contact the Medicare office by calling 800-MEDICARE (800-633-4227) or TTY at 877-486-2048 or go to the webpage at <https://www.medicare.gov/>.

17

Energy Assistance Program

The Low Income Home Energy Assistance Program (LIHEAP) can help you in two ways: Energy Assistance/Regular Heating (EA) and Energy Crisis Intervention Program (ECIP). Energy Assistance (EA) helps you with a one-time payment for your primary heating bills from November through March. The Energy Crisis Intervention Program (ECIP) helps pay your fuel bill when your energy is shut off or is threatened to be shut off. The amount of help you receive is based on the amount of money needed to settle your crisis with the energy provider. For more information call 800-392-1261 or go to the webpage at <https://dss.mo.gov/fsd/energy-assistance/index.htm>.

Missouri Senior Resource Line

The Missouri Senior Resource Line is a service of the Department of Health and Senior Services, Division of Senior and Disability Services to connect callers to local assistance for older adults and their caregivers. When the caller contacts the Missouri Senior Resource line they will be prompted to enter their zip code, which will connect them with their local area agency on aging (AAA). The Missouri Senior Resource Line provides information and assistance related to a variety of services for older adults and caregivers, including information and assistance, in-home service, transportation, legal assistance, nutrition, disease prevention and health promotion programs, family caregiver support, and long-term care ombudsman services. Call toll-free 800-235-5503 or go to the webpage at <https://health.mo.gov/seniors/senior-resource-line.php>.

Abuse, Neglect, and Exploitation of the Elderly and Disabled

Missouri's Adult Abuse and Neglect Hotline responds to reports of abuse, bullying, neglect, and financial exploitation. If you suspect someone is being abused, bullied, neglected or exploited, call the hotline at 800-392-0210. The hotline operates 365 days per year from 7 a.m. to 12 a.m. Hearing-impaired persons may utilize Relay Missouri by calling 800-735-2466. Online Reporting is available when using Google Chrome or Microsoft Edge. More information is available at <https://health.mo.gov/safety/abuse/index.php>.

18

Verification

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

After verifying identity and age and recording the type of ID, do the same for address verification. Even if you use the same ID for both, write in the type of ID underneath each checkbox.

Underneath the “Income Eligible” checkbox, no proof is required. That checkbox shows the result of the neighbor’s income reporting from page one.

FOR CERTIFYING AGENCY USE ONLY		
<input checked="" type="checkbox"/> IDENTITY/AGE VERIFIED-DESCRIBE PROOF PROVIDED <i>State ID</i>	<input checked="" type="checkbox"/> RESIDENCY VERIFIED-DESCRIBE PROOF PROVIDED <i>State ID</i>	INCOME ELIGIBLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
H&SS HANDOUT GIVEN <input type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO	CASELOAD AVAILABLE <input type="checkbox"/> YES <input type="checkbox"/> NO
WRITTEN NOTICE GIVEN <input type="checkbox"/> NOTICE OF CERTIFICATION STATUS <input type="checkbox"/> NOTICE OF ADVERSE ACTION		DATE OF WRITTEN NOTICE
<input type="checkbox"/> ADDED TO WAIT LIST-DATE		DATE CERTIFIED
SIGNATURE AND TITLE OF CERTIFYING OFFICIAL		
PERIOD OF CERTIFICATION		
BEGINNING MONTH/YEAR	ENDING MONTH/YEAR	
DATE OF SECOND YEAR VERIFICATION (MONTH/YEAR)	DATE OF THIRD YEAR VERIFICATION (MONTH/YEAR)	

Emmi verifies Isaac’s identity, age, and residency using his state ID. She checks off “Identity/Age Verified” and “Address Verified,” then writes “state ID” beneath each checkbox. Based on her conversation with Gavin, she checks “yes” after “Income Eligible.”

Catching up

Use the certification section to catch up on checking caseload and providing your neighbor with the program outreach flyer—don't skip these steps and check the boxes or leave the boxes blank.

FOR CERTIFYING AGENCY USE ONLY		
<input checked="" type="checkbox"/> IDENTITY/AGE VERIFIED-DESCRIBE PROOF PROVIDED <i>State ID</i>	<input checked="" type="checkbox"/> RESIDENCY VERIFIED-DESCRIBE PROOF PROVIDED <i>State ID</i>	INCOME ELIGIBLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
H&SS HANDOUT GIVEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT ELIGIBLE <input type="checkbox"/> YES <input type="checkbox"/> NO	CASELOAD AVAILABLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
WRITTEN NOTICE GIVEN <input type="checkbox"/> NOTICE OF CERTIFICATION STATUS <input type="checkbox"/> NOTICE OF ADVERSE ACTION		DATE OF WRITTEN NOTICE
<input type="checkbox"/> ADDED TO WAIT LIST-DATE		DATE CERTIFIED
SIGNATURE AND TITLE OF CERTIFYING OFFICIAL		
PERIOD OF CERTIFICATION		
BEGINNING MONTH/YEAR	ENDING MONTH/YEAR	
DATE OF SECOND YEAR VERIFICATION (MONTH/YEAR)	DATE OF THIRD YEAR VERIFICATION (MONTH/YEAR)	

Gavin didn't accept the outreach flyer Emmi offered him. Emmi marks "yes" to the question "H&SS handout given?" to indicate she met the requirement.

Emmi is experienced enough to have checked on caseload before Gavin arrived, so she checks that box. She's also experienced enough to pause for review before she marks "applicant eligible."

Review

1 Missouri Department of Health and Senior Services
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
COMMUNITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
PARTICIPANT APPLICATION

Are you an applicant or any qualifying household member participating in CSFP at another site?
 YES NO

Improper use and receipt of the 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 the CSFP.

NAME OF APPLICANT: **Isaac Potts** DATE OF BIRTH: **12-11-1948**

ADDRESS: **23 East Rd. N/A**
St. Louis MO 63000

TELEPHONE NUMBER: **555-111-9999** TOTAL NUMBER LIVING IN HOUSEHOLD: **1**

NAME OF HOUSEHOLD MEMBERS	AGE	DATE OF BIRTH

For additional household members, use back of form.

4 CHANGES MUST BE REPORTED

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

HOUSEHOLD INCOME	AMOUNT	HOW OFTEN RECEIVED
Gross Salary/Wages		
Social Security	\$1,250	Monthly
Public Assistance (Welfare)		
Child Support/Alimony		
Pensions/Retirement		
Self-Employment		
Unemployment		
Other Income	\$600	Birthday
Total Household Income	\$1,300	Average monthly

NAME OF APPLICANT: **Isaac Potts**

ETHNIC AND RACIAL DATA (OPTIONAL) MARK YOUR RACE (SELECT ONE OR MORE)

ARE YOU OF HISPANIC OR LATINO ORIGIN?	American Indian or Alaskan Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1 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, or reprisal or retaliation for prior civil rights activity in any program, or activity conducted, or funded by USDA.
- You may appeal any decision made by the local agency regarding your denial or termination from the program.
- You will be given nutrition, health, and social services referral information and are encouraged to seek needed assistance.
- You must report changes in household income or composition within 10 days after the change becomes known to the household.
- If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.
- I am aware that deliberate misrepresentation may subject me to prosecution under applicable state and federal statutes.
- I am aware that I may not receive CSFP benefits at more than one CSFP site at the same time.
- I am aware that the information provided may be shared with other organizations to detect and prevent dual participation.

This application is being completed in connection with the receipt of federal assistance. Program officials may verify information on this form. 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.

5 I authorize the release of information provided on this application form to other organizations administering CSFP programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.)
 Yes No

APPLICANT SIGNATURE: **Isaac Potts** DATE: **01/04/2024**

6 FOR CERTIFYING AGENCY USE ONLY

RESIDENCY VERIFIED-DESCRIBE PROOF PROVIDED	INCOME ELIGIBLE	YES	NO
State ID	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

THIS HANDOUT GIVEN	APPLICANT ELIGIBLE	YES	NO	CASELOAD AVAILABLE	YES	NO
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATE CERTIFIED:

SIGNATURE AND TITLE OF CERTIFYING OFFICIAL:

PERIOD OF CERTIFICATION

BEGINNING MONTH/YEAR	ENDING MONTH/YEAR

DATE OF SECOND YEAR VERIFICATION (MONTH/YEAR):

DATE OF THIRD YEAR VERIFICATION (MONTH/YEAR):

Emmi reviews the entire application, double-checking items that are often overlooked. Everything that supports eligibility should be fully completed.

1. Neighbor checkboxes (two)
2. Address: eligible by address
3. Birthdate: eligible by age
4. Income: eligible by income
5. Neighbor signature and date
6. Complete the certification section

Beginning month/year

The “period of certification” asks partners to fill in the “beginning month.”

There aren’t detailed directions printed on the form, so SLAFB asked DHSS how they wanted this section filled in. Some of their answers were not what we expected!

The “beginning month” is the month your neighbor gets their first box.

PERIOD OF CERTIFICATION	
BEGINNING MONTH/YEAR	01/2024
DATE OF SECOND YEAR VERIFICATION (MONTH/YEAR)	

BEGINNING MONTH/YEAR	02/2024
DATE OF SECOND YEAR VERIFICATION (MONTH/YEAR)	

Certification has two possible “beginning months” depending on your delivery cycle: same month or next month.

Isaac is certifying early in the month, before delivery. Emmi still has time to adjust the delivery so he can get his first box that same month.

After the delivery’s arrived and been fully distributed, Caring Basket’s shelves are usually empty. In that case, Emmi would’ve started Isaac the next month.

Ending month/year

Next, partners need to enter the “ending month/year.” SLAFB asked DHSS to explain what they want here.

Since the full period of certification is three years, it might surprise you that **DHSS wants us to enter the ending month of the first, not the third, year.**

BEGINNING MONTH/YEAR	01/2024	12/2024
DATE OF SECOND YEAR VERIFICATION (MONTH/YEAR)		VERIFICATION (MONTH/YEAR)



Emmi enters the month and year Isaac will receive his 12th box.

2nd and 3rd year verification

During the certification process, partners only fill out the top two dates under “period of certification.”

During the “ending month/year,” verify your neighbor’s address, income, and household size. Then date the lower-left box. This date should match the one in the upper-right box. The following year, repeat the process for third year verification.

PERIOD OF CERTIFICATION	
BEGINNING MONTH/YEAR 01/2024	ENDING MONTH/YEAR 12/2024
DATE OF SECOND YEAR VERIFICATION (MONTH/YEAR) 12/2024	DATE OF THIRD YEAR VERIFICATION (MONTH/YEAR) 12/2025

Sometime in the month ahead of his first certification anniversary, Emmi will contact Isaac. She’ll confirm his continued interest in the program. Then they’ll verify his address, income, and household size as written on the application form.

If there are no updates that adversely impact Isaac’s certification, she’ll date the “second year verification” box with the month and year to show they successfully completed the process.

Certifying official

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.

FOR CERTIFYING AGENCY USE ONLY			
<input checked="" type="checkbox"/> IDENTITY/AGE VERIFIED-DESCRIBE PROOF PROVIDED <i>State ID</i>	<input checked="" type="checkbox"/> RESIDENCY VERIFIED-DESCRIBE PROOF PROVIDED <i>State ID</i>	INCOME ELIGIBLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
H&SS HANDOUT GIVEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT ELIGIBLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CASELOAD AVAILABLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
WRITTEN NOTICE GIVEN <input type="checkbox"/> NOTICE OF CERTIFICATION STATUS <input type="checkbox"/> NOTICE OF ADVERSE ACTION		DATE OF WRITTEN NOTICE	
<input type="checkbox"/> ADDED TO WAIT LIST-DATE		DATE CERTIFIED	
SIGNATURE AND TITLE OF CERTIFYING OFFICIAL <i>Emmi Greenwood, Site Manager</i>			
BEGINNING MONTH/YEAR <i>01/2024</i>		ENDING MONTH/YEAR <i>12/2024</i>	
DATE OF SECOND YEAR VERIFICATION (MONTH/YEAR)		DATE OF THIRD YEAR VERIFICATION (MONTH/YEAR)	

Emmi marks Isaac’s eligibility. She takes most of the responsibility for neighbor paperwork. When she signs her name, she also provides a title: “Site Manager.”

Verbal notice

FOR CERTIFYING AGENCY USE ONLY			
<input checked="" type="checkbox"/> IDENTITY/AGE VERIFIED-DESCRIBE PROOF PROVIDED <i>State ID</i>	<input checked="" type="checkbox"/> RESIDENCY VERIFIED-DESCRIBE PROOF PROVIDED <i>State ID</i>	INCOME ELIGIBLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
H&SS HANDOUT GIVEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT ELIGIBLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CASELOAD AVAILABLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
WRITTEN NOTICE GIVEN <input checked="" type="checkbox"/> NOTICE OF CERTIFICATION STATUS <input type="checkbox"/> NOTICE OF ADVERSE ACTION		DATE OF WRITTEN NOTICE <i>01/04/2024</i>	
<input type="checkbox"/> ADDED TO WAIT LIST-DATE		DATE CERTIFIED <i>01/04/2024</i>	
SIGNATURE AND TITLE OF CERTIFYING OFFICIAL <i>Emmi Greenwood, Site Manager</i>			
PERIOD OF CERTIFICATION BEGINNING MONTH/YEAR <i>01/2024</i>		ENDING MONTH/YEAR <i>12/2024</i>	
DATE OF SECOND YEAR VERIFICATION (MONTH/YEAR)		DATE OF THIRD YEAR VERIFICATION (MONTH/YEAR)	

“Isaac, 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.”

Emmi dates written notice and certification.

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

Emmi 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.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
NOTICE OF CERTIFICATION STATUS

DISTRIBUTION SITE	DATE
ADDRESS	
APPLICANT NAME	
APPLICANT ADDRESS	

1. Program standards are applied without discrimination by race, color, national origin, age, sex (including gender identity and sexual orientation), or disability.

CERTIFICATION DETERMINATION

You are eligible to receive CSFP benefits for the period starting (month/year) _____ and ending (month/year) _____. Information regarding the time, location, and means of food distribution is attached.

2. You are eligible to receive CSFP benefits. However, we are at maximum caseload and are unable to process your application at this time. You will be placed on a waiting list and contacted when slots are available.

NOTICE OF CERTIFICATION PERIOD EXTENSION

Your eligibility for CSFP benefits may be extended through (month/year) _____ by confirming your continued interest in the program and your address. The distribution site will also need to determine if your income still meets eligibility standards. Please contact the distribution site listed above prior to (month/year) _____.

3. **NOTICE OF EXPIRATION OF CERTIFICATION PERIOD**

Your eligibility for CSFP benefits is about to expire. Your last effective date is the last day of (month/year) _____. Contact the distribution site listed above for additional information.

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

This institution is an equal opportunity provider.

MO 580-5398 (9-2022) DHSS-CSFP-021 (05/22)

Certification status

The Notification of Certification Status form, shown here, provides written notice for three common situations.

1. **Certification.** Communicates eligibility status.
 - Neighbor is **eligible**. (Written notice optional.)
 - Neighbor is **waitlisted**. (Written notice required.)
2. **Extension.** Invites an active, certified neighbor to verify their continued interest and eligibility for the second and third years of their three-year certification.
3. **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 extension and expiration.



Missouri CSFP Client Sign-In Sheet

Delivery Date:

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

USDA is an equal opportunity provider and employer

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.

MISSOURI CSFP

*Certification
lifecycle*

Proxy and ID

We'll explain more about proxy authorization paperwork when we talk about caseload management. For now, when helping a proxy sign in, make sure they note "yes" in the proxy column. Every partner has their own way of handling identification—confirm your process with your Partner Relationship Coordinator.



The screenshot shows a form titled "Missouri CSFP Client Sign-In Sheet" with the Foodbank St. Louis Area Foodbank logo at the top. Below the title is a "Delivery Date:" label. The form contains a table with five columns: "#", "Date", "Client Name", "Signature", "Proxy (X=Yes)", and "ID". The first row of the table has the number "1" in the "#" column and is otherwise empty.

#	Date	Client Name	Signature	Proxy (X=Yes)	ID
1					

Waitlist sign-in

In Missouri, waitlisted neighbors must sign in on a DHSS document to activate their one-month certification.

Partners may make their own sign-in sheets for three-year certified neighbors. If you've used SLAFB's sign-in sheet, the "Waitlist Client" column is misleading for Missouri one-month certified neighbors. It's there to serve Illinois neighbors—their process is different.

New in 2024: SLAFB is discontinuing the practice of using one form for two states. To reduce confusion, Missouri has a new form without the waitlist column.

This form is for three-year certified neighbors only.



Foodbank
St. Louis Area Foodbank

CSFP Client Sign-In Sheet
Delivery Date:

Date	Client Name	Signature	Proxy (X=Yes)	ID	Waitlist Client



NEW!

Foodbank
St. Louis Area Foodbank

Missouri CSFP Client Sign-In Sheet
Delivery Date:

#	Date	Client Name	Signature	Proxy (X=Yes)	ID
1					

Adverse action

Adverse Action denies or ends benefits. Partners provide written notice to neighbors who are ineligible for certification, discontinued or disqualified. Here are some common reasons.

- Applicant checked “yes” to dual participation (disqualified before certification).
- Applicant is over income limit, too young, or resides outside the service area (ineligible).
- Participant voluntarily departs the program (discontinued).
- Participant has been a “no show” for two consecutive months (discontinued).
- Participant was mistakenly certified (disqualified after certification).

Disqualifying a neighbor should be avoided, if possible.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA) COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) NOTICE OF ADVERSE ACTION	
DISTRIBUTION SITE	DATE
ADDRESS	
APPLICANT NAME	
APPLICANT ADDRESS	
This is to inform you that the following action will be taken regarding your participation in the CSFP. Program standards are applied without discrimination by race, color, national origin, age, sex (including gender identity and sexual orientation), or disability.	
ELIGIBILITY DETERMINATION	
<input type="checkbox"/> You are ineligible to receive CSFP benefits for the reason listed below.	
<input type="checkbox"/> Your CSFP benefits are being discontinued effective (month/year) _____ for the reason listed below.	
<input type="checkbox"/> You are disqualified to receive CSFP benefits from (month/year) _____ to (month/year) _____ for the reason listed below.	
REASON FOR THIS ACTION	
<p>You have a right to request a fair hearing per 7 CFR 247.33. If you do not agree with the action taken, you must request a hearing within 60 days from the date this notice is mailed. Your request for a fair hearing must be made verbally or in writing to the distribution site listed above. Use this tear off portion of the form for written notification. Please complete the information below and mail or deliver to the distribution site.</p> <p>If you have been notified of discontinuance or disqualification for CSFP participation and you request a fair hearing prior to the effective date indicated above, 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.</p>	
RETURN THIS BOTTOM PORTION TO THE DISTRIBUTION SITE TO REQUEST A FAIR HEARING	
<input type="checkbox"/> I wish to request a fair hearing.	
NAME	PHONE
ADDRESS	
CITY, STATE, ZIP CODE	
MO 586-3307 (9-2022)	DHSS-CSFP-634 (9/2022)

Two dates

Adverse actions should never come as a surprise. **Neighbors should be notified within 10 days of their application date if they are ineligible for the program.**

A Caring Basket neighbor—Cassie—is moving out of state. Emmi needs to provide written notice to Cassie at least 15 days before her benefits are discontinued.

Disqualified neighbors and expiring certifications also require at least 15 days' advance notice.

DISTRIBUTION SITE	Caring Basket	DATE	6/15/2024
ADDRESS	1274 Old Main Ave., St. Louis, MO 63000		
APPLICANT NAME	Cassie Grant		
APPLICANT ADDRESS	2902 Marigold Ct. St. Louis, MO 63000		
This is to inform you that the following action will be taken regarding your participation in the CSFP. Program standards are applied without discrimination by race, color, national origin, age, sex (including gender identity and sexual orientation), or disability.			
ELIGIBILITY DETERMINATION			
<input type="checkbox"/> You are ineligible to receive CSFP benefits for the reason listed below.			
<input checked="" type="checkbox"/> Your CSFP benefits are being discontinued effective (month/year) 8/2024 for the reason listed below.			
<input type="checkbox"/> You are disqualified to receive CSFP benefits from (month/year) [] to (month/year) [] for the reason listed below.			
REASON FOR THIS ACTION			
Relocation to new home out of state on August 1st.			

Appeals Process



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
APPEAL PROCESS INFORMATION

Appealable Actions [247.33(a)]

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

Appeal Procedures [247.33(c) thru (i)]

- An individual, or an individual's guardian, may request a fair hearing by making a clear expression, verbal or written, to a state or local agency official, that an appeal of the adverse action is desired.
- The request for appeal must be made within 60 days from the date the agency mails or gives the individual the notification of adverse action, to request a fair hearing.
- The state or local agency may deny a request for a fair hearing when: (1) The request is not received within 60 days; (2) the request is withdrawn in writing by the individual requesting the hearing or by an authorized representative of the individual, or (3) the individual fails to appear, without good cause, for the scheduled hearing.
- Participants who appeal the discontinuance of program benefits with the 15 day advance notification period required under 247.17 and 247.20 must be permitted to continue to receive benefits until a decision on the appeal is made by the hearing official, or until the end of the participant's certification period, whichever occurs first. However, if the hearing decision finds that a participant received program benefits fraudulently, the local agency must include the value of benefits received during the time that the hearing was pending, as well as for any previous period, in its initiation and pursuit of a claim against the participant.
- The state or local agency must provide an individual with at least ten days' advance written notice of the time and place of the hearing, and must include the rules of procedure for the hearing.
- The individual may: (1) examine documents supporting the state or local agency's decision before and during the hearing; (2) be assisted or represented by an attorney or other persons; (3) bring witnesses; (4) present arguments; (5) question or refute testimony or evidence, including an opportunity to confront and cross-examine others at the hearing; and (6) submit evidence to help establish facts and circumstances.

Appeal Decisions [247.33(i) thru (l)]

- The hearing officer must be an impartial official who does not have any personal stake or involvement in the decision and was not directly involved in the initial adverse action that resulted in the hearing.
- Hearing official must make a decision that complies with the federal laws and regulations, and is based on the facts in the hearing record.

DHSS-CSFP-631 (08/23)

- A hearing decision must be made, and the individual notified of the decision, in writing, within 45 days of the request for the hearing.
- If the decision is in favor of an applicant who was denied CSFP benefits, the receipt of benefits must begin within 45 days from the date that the hearing was requested, if the applicant is still eligible for the program.
- If the hearing decision is against the participant, the state or local agency must discontinue benefits as soon as possible, or at a date determined by the hearing official.
- A hearing report shall be available for public inspection and copying, but shall assure confidentiality.
- If you have any questions, please contact:

Community Food and Nutrition Assistance/CSFP
P.O. 570
Jefferson City, MO 65102-0570
800-733-6251
csfp@health.mo.gov

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

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

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:
mail:
U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or
fax:
(833) 256-1665 or (202) 690-7442; or
email:
Program.Intake@usda.gov

This institution is an equal opportunity provider.

DHSS-CSFP-631 (08/23)

The right to a fair hearing gives neighbors an appeals process to follow if they are denied benefits for any reason. Provide the **Appeals Process Information** document, shown here, together with the adverse action notice to give neighbors the maximum amount of time to respond.

The need for a fair hearing doesn't come up very often. This document explains the process for all concerned.

MISSOURI

CSFP

*Certification
lifecycle*


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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.

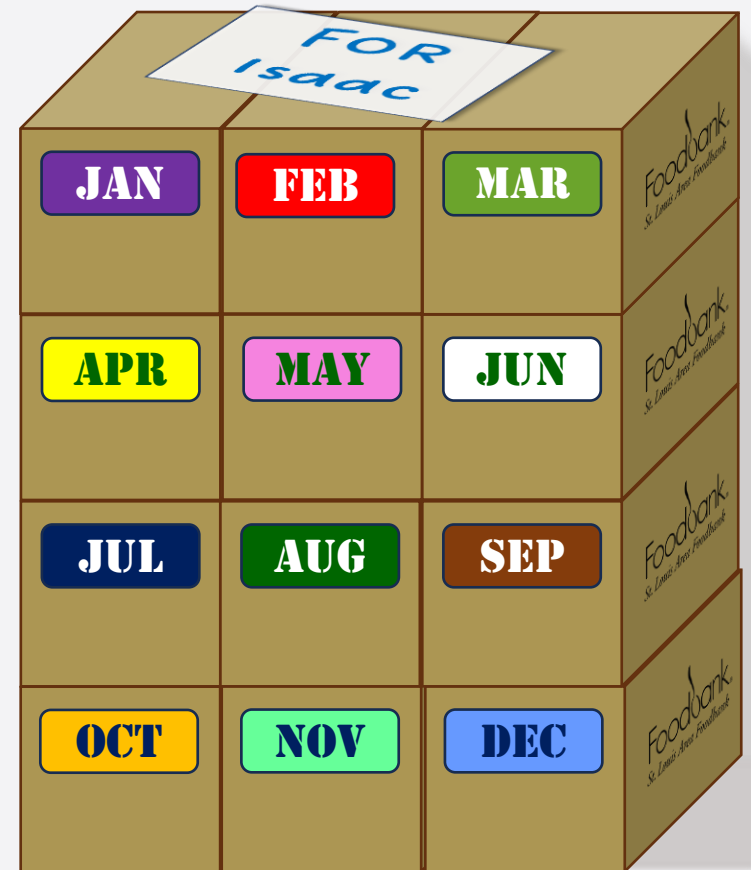
Administering the senior box program demands organized paperwork. A free software program from Feeding America is being configured to help. Watch for news coming from SLAFB about **Service Insights on MealConnect**.

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.



MISSOURI CSFP

Site inspections

MISSOURI

CSFP

*Site
inspections*

USDA compliance

We think it's helpful to know what site inspectors are looking for. Our course page will link you to all the DHSS forms. You'll see one called "Monitoring Review – CSFP Distribution Sites." This form is the Missouri state inspectors' checklist.

All staff and volunteers review the civil rights checklist items when they take the civil rights course. So far in this course, we talked about safe food storage and neighbor certification paperwork. Later, we'll talk about caseload, waitlists, proxies, and one-month certification.

What's left? In this section, we'll cover program records as various site inspectors see them. If you're managing records for your location, this part is for you.

MISSOURI CSFP

Site inspections

Who's coming?

To receive CSFP food, each site signs a contract that gives SLAFB, DHSS, 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: DHSS reviews USDA program compliance at Missouri sites.

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

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Site inspections

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
- Any nutrition education you create or offer onsite to program participants
- Training documentation

MISSOURI CSFP

Site inspections

Recordkeeping

Site inspectors expect that all documentation—digital or paper—is easily 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>Isaac Potts</i>	DATE <i>01/04/2024</i>
--	---------------------------

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**.

FOR CERTIFYING AGENCY USE ONLY			
<input checked="" type="checkbox"/> IDENTITY/AGE VERIFIED-DESCRIBE PROOF PROVIDED <i>State ID</i>	<input checked="" type="checkbox"/> RESIDENCY VERIFIED-DESCRIBE PROOF PROVIDED <i>State ID</i>	INCOME ELIGIBLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
H&SS HANDOUT GIVEN <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	APPLICANT ELIGIBLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	CASELOAD AVAILABLE <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
<input checked="" type="checkbox"/> WRITTEN NOTICE GIVEN <input checked="" type="checkbox"/> NOTICE OF CERTIFICATION STATUS <input type="checkbox"/> NOTICE OF ADVERSE ACTION	DATE OF WRITTEN NOTICE <i>01/04/2024</i>		
<input type="checkbox"/> ADDED TO WAIT LIST-DATE	DATE CERTIFIED <i>01/04/2024</i>		
SIGNATURE AND TITLE OF CERTIFYING OFFICIAL <i>Emmi Greenwood, Site Manager</i>			
PERIOD OF CERTIFICATION			
BEGINNING MONTH/YEAR <i>01/2024</i>	ENDING MONTH/YEAR <i>12/2024</i>		
DATE OF SECOND YEAR VERIFICATION (MONTH/YEAR)	DATE OF THIRD YEAR VERIFICATION (MONTH/YEAR)		

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CSFP

*Site
inspections*

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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*Site
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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.

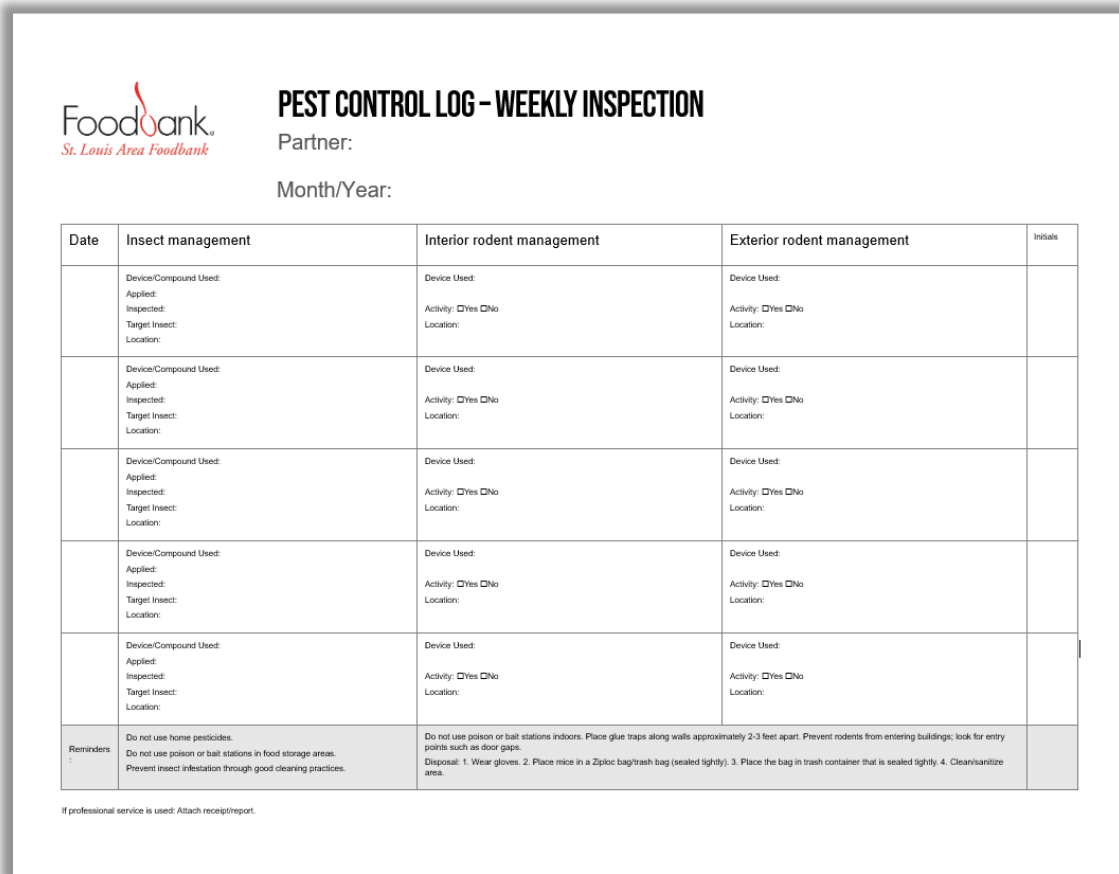
Log forms

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

DHSS 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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CSFP

*Site
inspections*

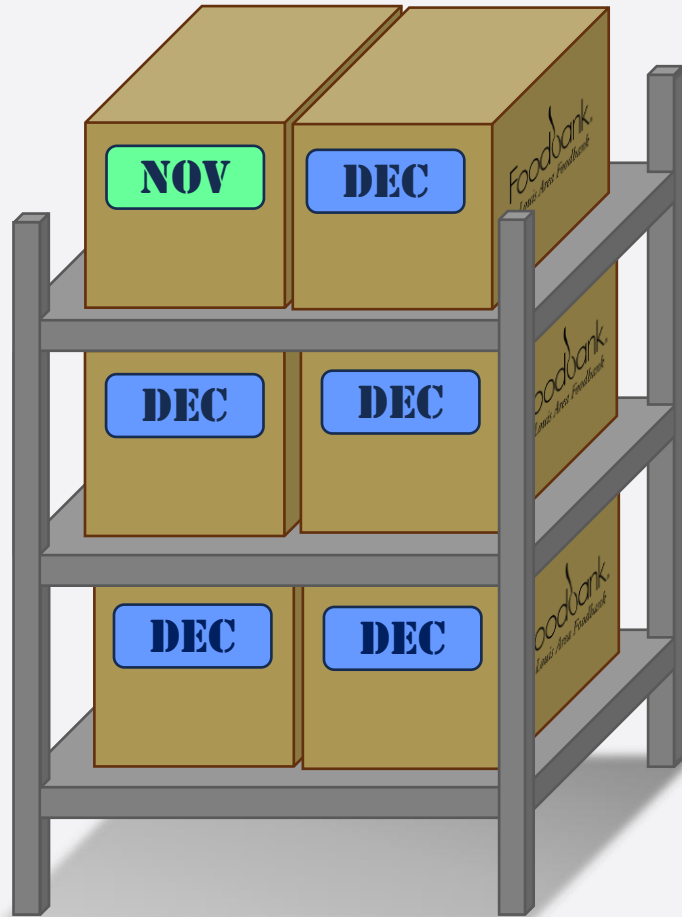
Certificates

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 easily accessible and 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 three 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** (shown here).

Posters (continued)



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
APPEAL PROCESS INFORMATION

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DHSS-CSFP-631 (08/23)

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Community Food and Nutrition Assistance/CSFP
P.O. 570
Jefferson City, MO 65102-0570
800-733-6251
csfp@health.mo.gov

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

This institution is an equal opportunity provider.

DHSS-CSFP-631 (08/23)

The third poster is two pages to be displayed together—it's the same **Appeal Process Information** document that partners give neighbors together with an adverse action notice. Posting this notice advises the public of the neighbors' right to a fair hearing in the event benefits are denied or discontinued for any reason. Please provide a copy to anyone who requests one.

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

Name of organization:

Because CSFP 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:

- **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.

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, DHSS provides the **Written 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

In the past, when a neighbor objected to the religious character of a site distributing CSFP food, partners referred them to other sites so they could continue to participate in the program.

Per the USDA, as of July 2024 all neighbors receive referral information. **DHSS updated the Written Notice of Beneficiary Rights to contain the required referral information**, shown below. Please post and share the updated flyer (linked to the course page).

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:

- **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.

MISSOURI CSFP

*Site
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Print and digital

By law, 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 their program description is the full nondiscrimination statement.

Webpages and posters 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."

Neighbors see this short statement 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:

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

TIPS:

1. To prepare without a blender, use the fine holes on a box grater to "puree" the mangos and pineapples.
2. 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.

This institution is an equal opportunity provider.

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

___ Kumquat

___ Cucamelon

___ Rambutan

___ Dragonfruit

___ Buddha's hand

___ Starfruit

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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inspections*


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Training

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

As always, contact your coordinator with any questions you may have about records and site inspection.

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Caseload management

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*Caseload
management*

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, Caring Basket, to provide an example of how partners can rebalance senior box inventory after neighbors make unannounced changes.

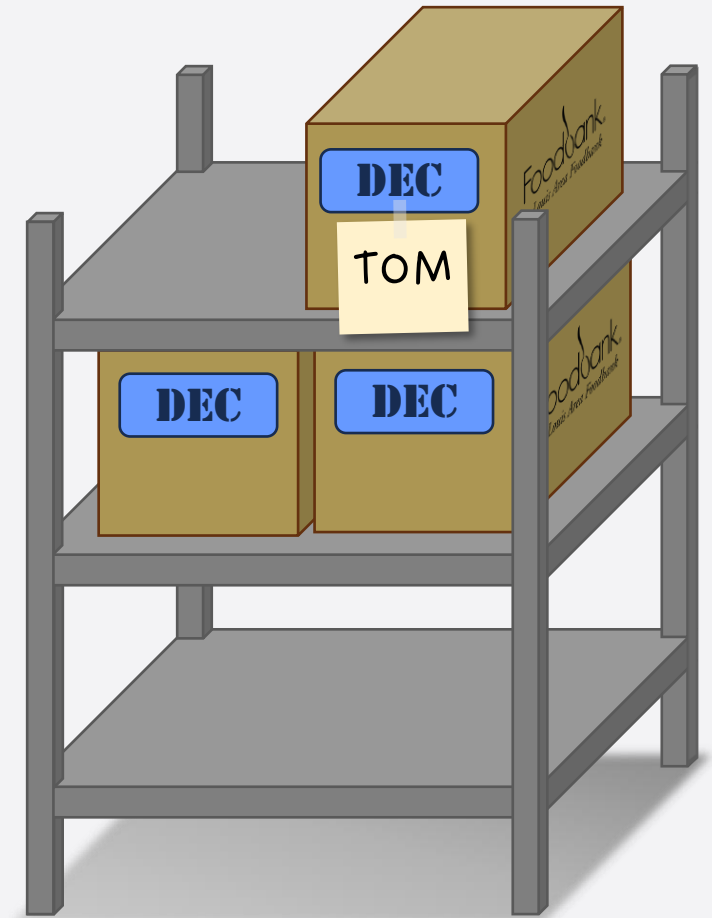
Tom's box

Caring Basket received 46 boxes in early December. By the middle of the month, three boxes hadn't been collected.

Emmi, 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?" Emmi 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?"

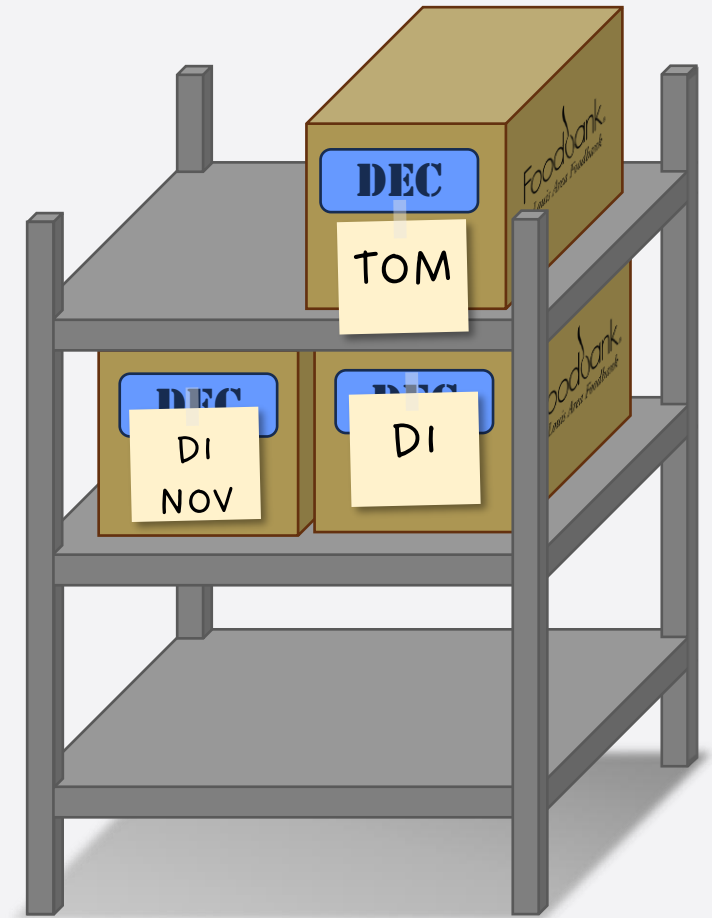
"Let's just take this one day at a time for now. I want to keep Tom in the program as long as I can. Keep in touch."



Di's boxes

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

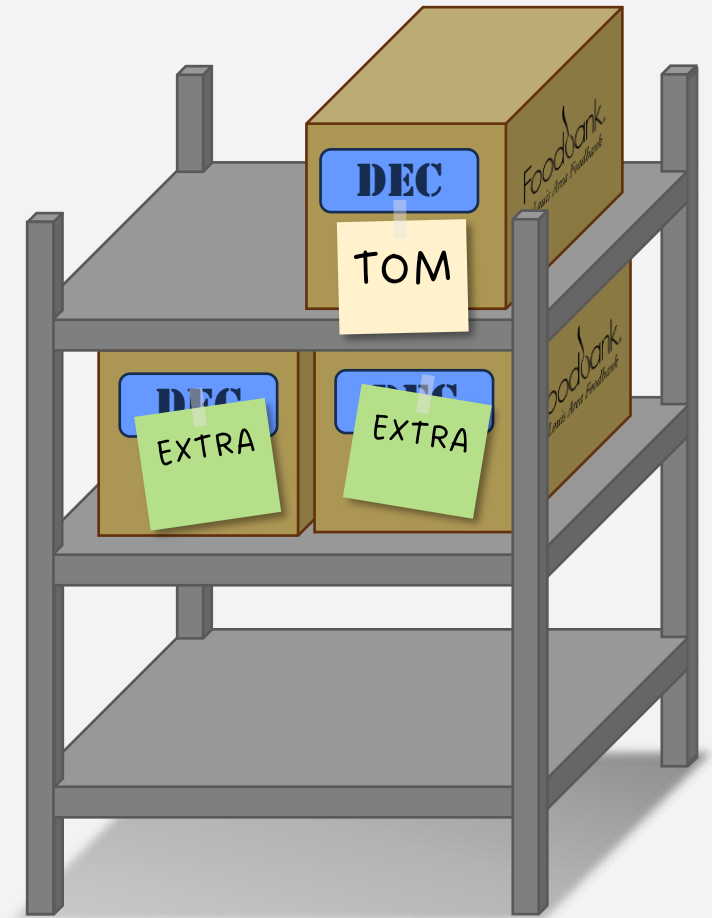
Meanwhile, December's delivery arrived, including another box for Di. Emmi visited Di's address and learned from a family member there that Di had unexpectedly moved into a nursing home at the end of October. Emmi connected with Di, who voluntarily ended her participation in the program.



Inactive status

Di's participant status changed from **active** to **inactive** in October. Now Emmi can change Caring Basket's caseload and release her hold on Di's boxes. Tom's status remains **active**.

Emmi made good decisions. DHSS 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, Emmi needs a plan for handling leftover boxes.



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management*

Waitlist status

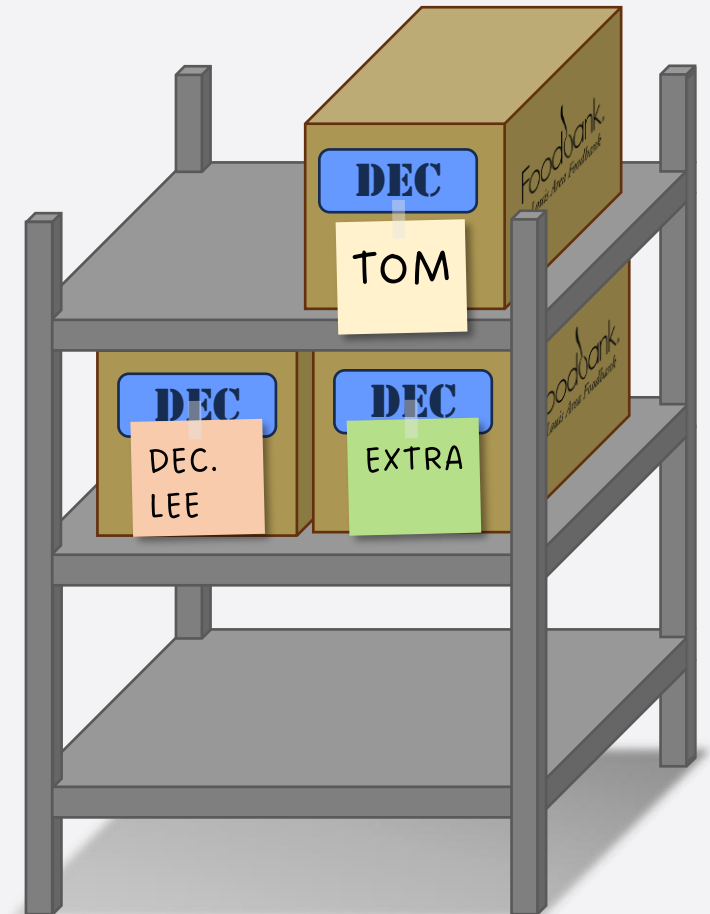
Eligibility rules mean Di's unclaimed boxes can't go to her family or to food pantry neighbors. Extra boxes go to waitlisted neighbors because they're already CSFP-qualified.

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. Caring Basket has a capacity of 50 neighbors, which they've never reached. How would they start a waitlist?

One-month certification

In the past, Lee had trouble getting through his boxes every month and became a no-show. Emmi 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 Emmi's waitlist, so she called him first.

Lee picked up Emmi's call and said he'd be glad to collect a box. When Lee arrived, Emmi read the statement that he was signing to. As Lee signed his name, Emmi 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."



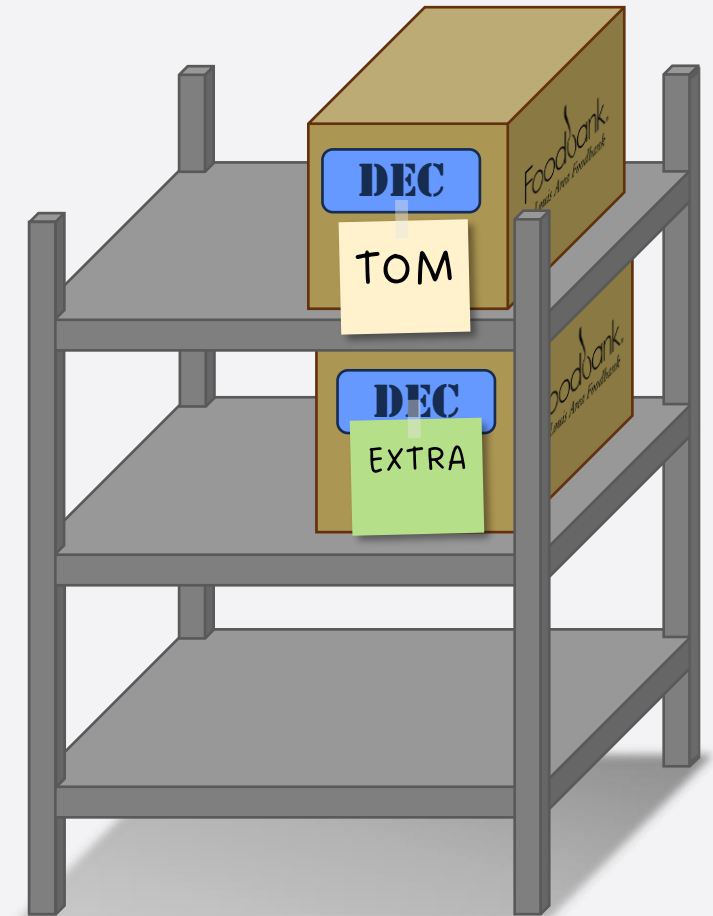
Leftover boxes

No one else on Emmi's waitlist responded to her calls.

December ended with two leftover boxes—one extra and one held for Tom.

Alison called Emmi with an update as soon as Caring Basket 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.





MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE (CFNA)
 COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
PROXY AUTHORIZATION

Name of Food Bank/Food Pantry/Distribution Site			
Name of Participant		Address	
City/State	Zip Code	Phone	
<input type="checkbox"/> I authorize the following to pick up food for me from this CSFP Distribution Site. Your proxy must bring proof of identification to pick up food package.			
Proxy Name	Phone Number	Duration of Proxy	
Proxy Name	Phone Number	Duration of Proxy	
Proxy Name	Phone Number	Duration of Proxy	
Signature of Participant			Date
Signature of Certifying Official			Date
<small>In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.</small>			
<small>Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.</small>			
<small>To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASGR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:</small>			
<small>mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or fax: (833) 256-1665 or (202) 690-7442; or email: Program.intake@usda.gov </small>			
<small>This institution is an equal opportunity provider.</small>			

DHSS-CSFP-808 (08/23)

Proxy Authorization

Some seniors can't lift their box, or don't have transportation. 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 **Proxy Authorization** form (shown here).

Neighbors may change their proxy any time.

Partners who provide delivery service should contact their Partner Relationship Coordinator to make sure their proxy paperwork is set up properly. Be sure to ask about how to handle identification—some policies that were relaxed during Covid times are being enforced again, now that lockdown has ended.

Updating SLAFB

Tracking changes, 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 Emmi gets no positive response from her other waitlisted neighbors. It's time to communicate with SLAFB and rebalance the inventory.

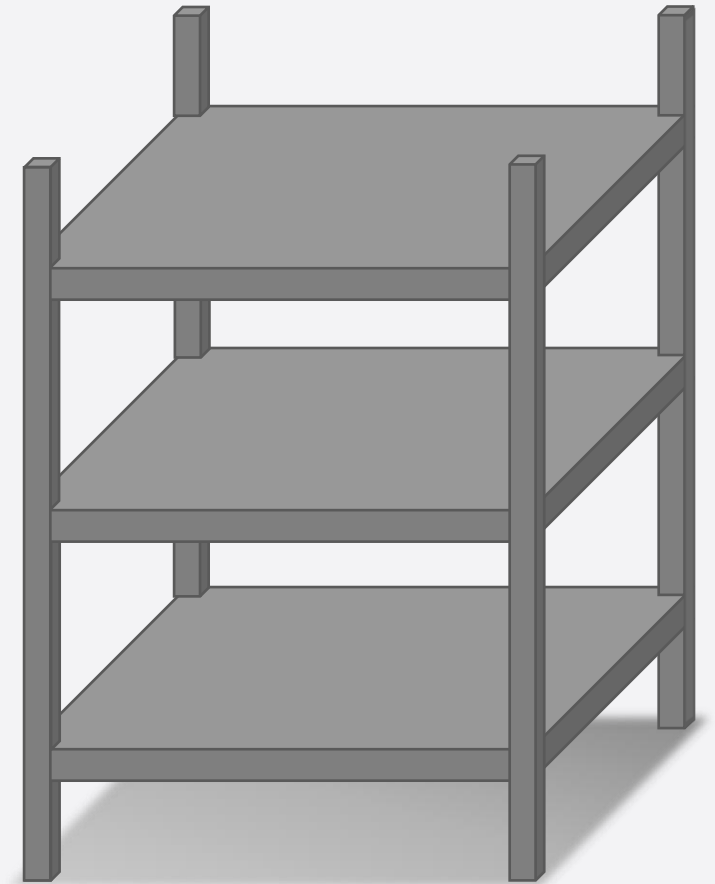
Before Emmi can contact SLAFB, a new neighbor—Isaac—arrives to apply.



Reducing delivery

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

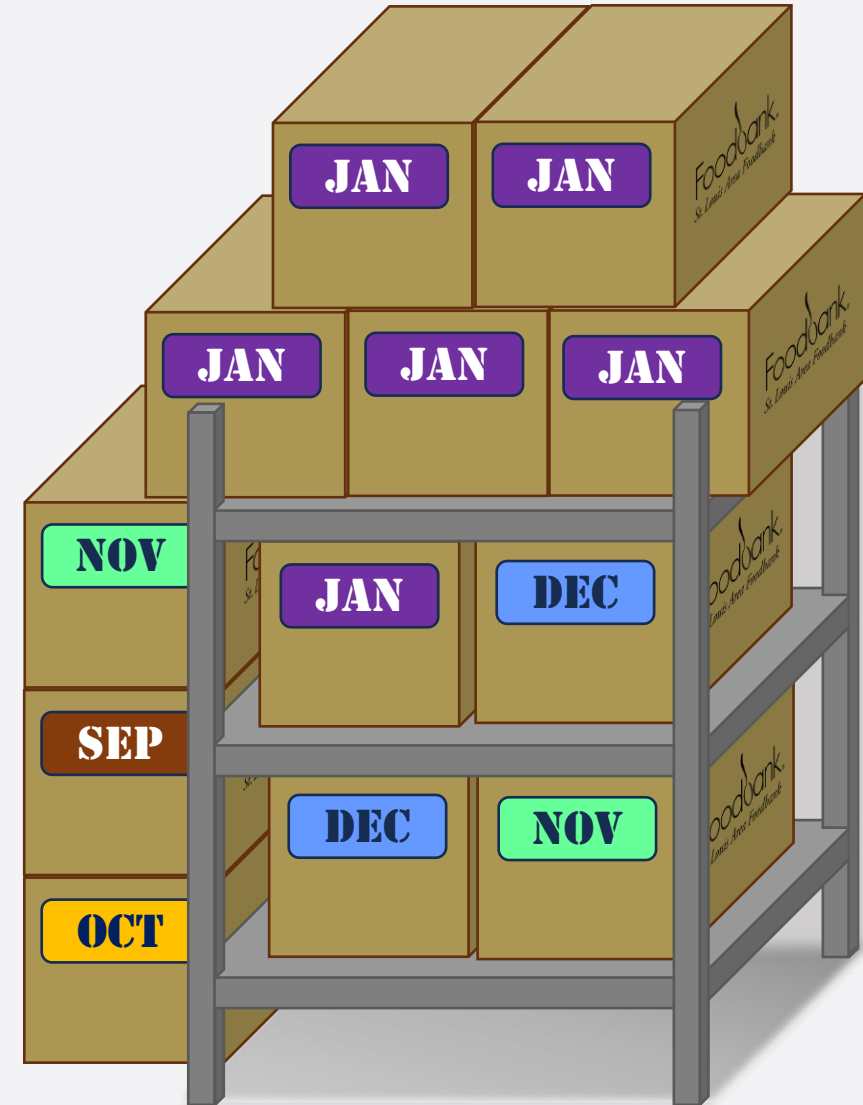
Emmi contacts her coordinator about Di's departure from the program and Isaac's new certification. Her caseload remains unchanged at 46, but Isaac's January box doesn't need to be included in the upcoming delivery. Emmi works out a one-time delivery reduction with SLAFB to balance her inventory, preventing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



Ask for help

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

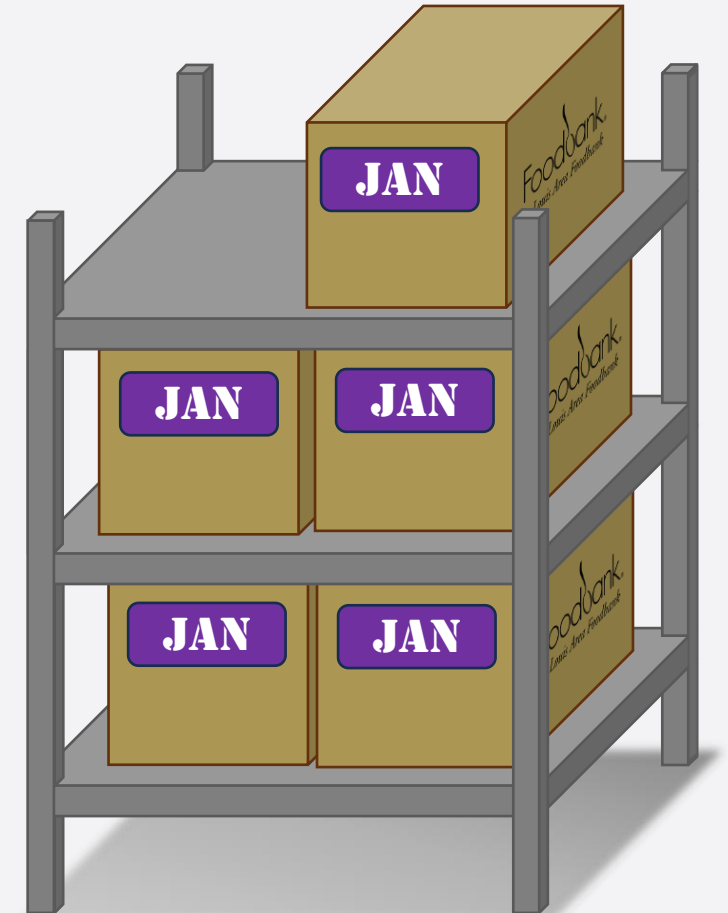
- Boxes are aging in storage, so that some are more than two or three months old.
- Boxes overflow dedicated food storage areas and pile up in unsafe or unsecured spaces.
- Serving neighbors changes from tracking neighbors individually to stocking a fixed amount, distributing boxes **first-come, first-served** and hoping it works out. 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

Emmi 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 1.8 million pounds of CSFP product to Missouri neighbors in FY23!

1,798,280

THANK YOU


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St. Louis Area Foodbank

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Next steps



Next steps

Congratulations! You've completed your annual Missouri 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, posters, SLAFB's forms, the DHSS forms webpage, and contact information. Get your questions answered!

Please follow the link provided to document your course completion.

Thank you for partnering with us!

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