

COMMODITY SUPPLEMENTAL FOOD PROGRAM  
(CSFP)

ANNUAL TRAINING & REVIEW



FOOD BANK  
*of* ALASKA

WELCOME!



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*Program Coordinator – Seniors*  
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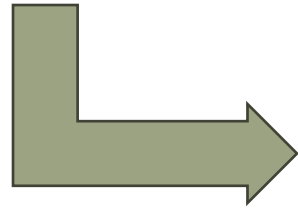
**Krista Jordan**  
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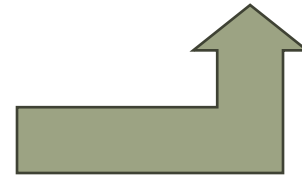
# TODAY'S TRAINING

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





**FOOD BANK**  
*of* **ALASKA**



CSFP...

## FBA'S RESPONSIBILITIES

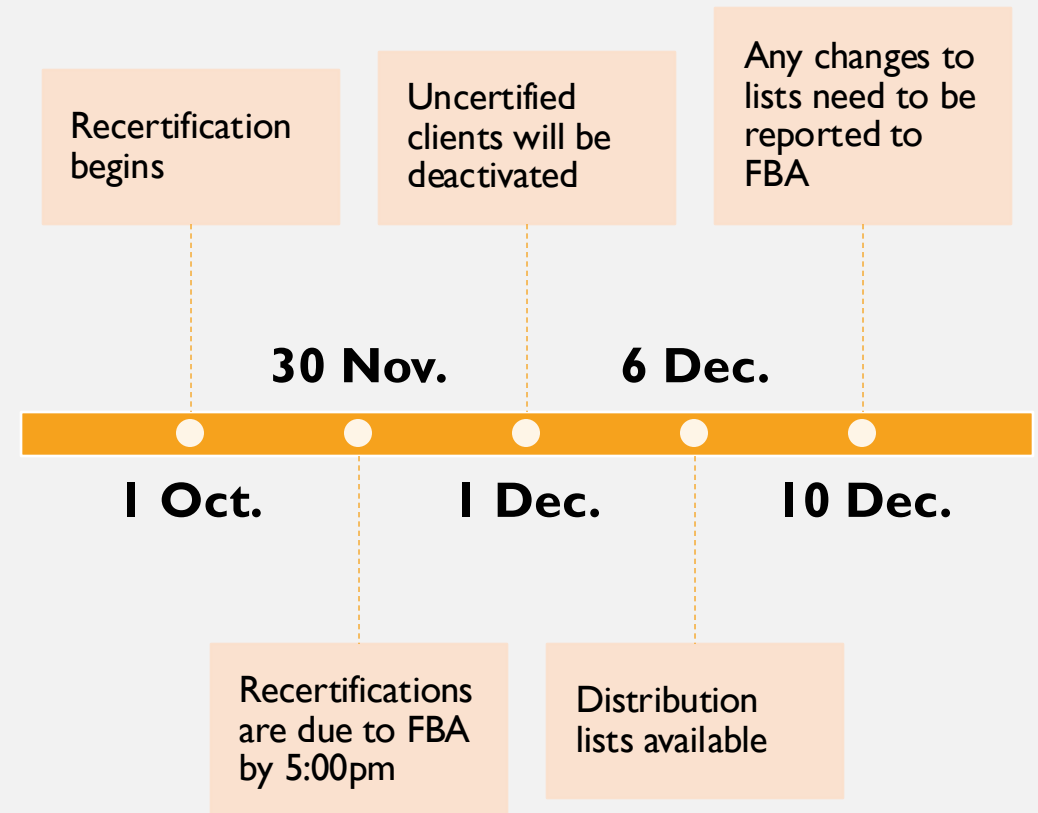
- Order CSFP commodities from the USDA.
- Design and build the monthly boxes.
- Coordinate delivery of boxes and cheese to each agency.
- Train and monitor partner agencies on all CSFP policies and regulations.
- Ensure the commodities are properly handled, stored, and distributed by our partner agencies.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

## AGENCY'S RESPONSIBILITIES

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

## CSFP RECERTIFICATION

- Important Dates →
- Recertification Forms



# CSFP RECERTIFICATION

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

- If information listed is correct, initial and have client sign the top.
- If information is incorrect, use correction lines to update information, and have client sign the top.

## CSFP Certification of Eligibility and Receipt of USDA Commodities: October 2021

### Lutheran Social Services

By my signature I certify, under penalty of perjury, that I meet the federal categorical and income guidelines for the CSFP program. I have made all necessary corrections to my information, and I certify that all information is correct.

Signature

Date

**Smith, John**

DOB

Age

Recertification Date

Last Application Date

1/1/48

72

10/01/21

08/10/20

*initial below to confirm information is correct:*

**Corrections:**

\_\_\_\_\_

Household Size

1

\_\_\_\_\_

Household Income without  
PFDs

975

\_\_\_\_\_

No. of PFDs

1

\_\_\_\_\_

Phone

(907) 123-4567

\_\_\_\_\_

Mailing Address

PO Box #111, Anchorage,  
AK, 99507

\_\_\_\_\_

Physical Address

2192 Viking Drive,  
Anchorage, AK, 99501

# QUESTIONS ON RECERTIFICATION?



FOOD BANK  
of ALASKA



The background features a collage of financial data. At the top left, a bar chart shows monthly data from May to December. Below it, a line graph tracks trends from August to November. In the center, a pie chart is divided into several segments. At the bottom, a table of numerical data is visible, with a black pen resting on it. A stack of US dollar bills is partially visible in the top right corner.

## UPDATES ON APPLICATIONS AND FORMS

Written Notice of Beneficiary Rights

Notice of Action Letter  
(formerly Eligibility Determination letter)

Reminder for Race and Ethnicity data collection

# CSFP ELIGIBILITY

## AGE

60 years of age or older

## INCOME

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

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



## RACE AND ETHNICITY

What is your ethnic category? (select only one)

Hispanic or Latino  Not Hispanic or Latino

What is your race? (select one or more)

American Indian or Alaska Native  Asian

Black or African American  Native Hawaiian or Pacific Islander  White

*Racial and/or ethnic data collected on this has NO EFFECT on the eligibility determination of the applicant.*

The Racial and Ethnic section of the application *MUST* be filled out on every application.

If the client does not fill out of this section, a best guess *MUST* be made by the intake person, based on a visual determination.

Race and/or Ethnic Data has no effect on the eligibility determination or on other programs.

## CSFP Rights and Responsibilities

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

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

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

- The local agency will make nutrition education available to all adult participants, and will encourage them to participate.
- The local agency will provide information on other nutrition, health, or assistance programs, and make referrals as appropriate.
- Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against the individual to recover the value of the benefits, and may lead to disqualification from CSFP.
- I must report changes in household income or composition within 10 days after the change becomes known to the household.
- I agree to inform the CSFP partner agency within 10 days of any changes in my contact information (i.e. my home address or phone number), my income, or my household composition.
- If I do not pick up my commodity foods for two months in a row, I may be considered an "inactive" CSFP participant and removed from the program. If I choose to remain a participant in CSFP, I must notify the CSFP partner agency and participate within the current certification period of my original application date.
- CSFP recipients who are removed from the program for being "inactive participants" are allowed to re-apply for benefits by filling out another CSFP application. If a waiting list exists, however, I understand my application will go on the list according to the date it was received.
- I must fill out a new CSFP application once every three years. Once a year, I will need to verify my address, income and my interest in continuing with the program.
- I will treat all CSFP staff with courtesy and respect. Failure to do so may result in termination of assistance.

**Applicant OR Guardian/POA Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Printed name of Applicant OR Guardian/POA:** \_\_\_\_\_ **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, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/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:

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

(2) fax: (833) 256-1665 or (202) 690-7442; or

(3) email: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

CSFP NEW APPLICATION  
(BACK PAGE)



# NOTICE OF ACTION LETTER

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

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

## CSFP Notice of Action



State of Alaska

Commodity Supplemental Food Program

Applicant's Name:	Date:
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Thank you for applying for the Commodity Supplemental Food Program (CSFP). Please see below for your eligibility determination and status.

### ELIGIBILITY DETERMINATION

\_\_\_ You are eligible to receive CSFP benefits and have been certified for the program from \_\_\_\_\_ to \_\_\_\_\_. Your name will automatically be added to the below mentioned site's CSFP distribution list next month.

After you have been added to the CSFP active list and you begin to receive your CSFP benefits, you must fill out a new CSFP application every 3 years and sign your recertification form verifying your address and income annually.

Location:
Date & Time of Distribution:

### WAIT LIST NOTIFICATION

\_\_\_ You are eligible to receive CSFP; however, we are at maximum caseload and your name will be placed on a waiting list. You will be contacted when slots become available.

### INELIGIBILITY DETERMINATION

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

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

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

\_\_\_ Failed to complete the application (ex: the application is not signed and the applicant will not sign the application)

\_\_\_ Disqualified due to program violations

\_\_\_ Have not picked up a box for 2 consecutive months

\_\_\_ Other: \_\_\_\_\_

## NOTICE OF ACTION LETTER (BACK PAGE)

### Fair Hearing:

If you disagree with the denial or termination of assistance, you can request a Fair Hearing within sixty (60) days from the date the agency mails or gives the individual notification of adverse action, by contacting State of Alaska Family Nutrition Programs at 130 Seward Street, Room 508, Juneau, Alaska 99801; or call 907 465-3100. A request for a Fair Hearing shall be personally presented, either orally or in writing. A request for an informal review must include: 1) name, address and contact phone number, 2) the reason for the grievance, 3) the action or relief sought, and 4) signature of applicant or representative. A Hearing Officer will arrange a date, time, and place convenient to both you and Family Nutrition Programs. In preparing for the hearing, you have the right to examine any documents, including records and regulations that are directly relevant to the hearing. You have the right to be represented by counsel or any other person chosen as your representative. You have the right to a private hearing unless you request a public hearing. You have the right to present evidence and arguments in support of your grievance and to controvert evidence. You also have the right to cross-examine all witnesses. The Hearing Officer must render a decision within (45) days of the hearing. The decision of the Hearing Officer will be final.

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:

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(3) email: [Program.Intake@usda.gov](mailto:Program.Intake@usda.gov)

This institution is an equal opportunity provider.

## WRITTEN NOTICE OF BENEFICIARY RIGHTS

This notice is required to be given to clients at the time of application. It contains language regarding the client's right to choose their distribution site, as well as their right to not be discriminated against based on religion, religious belief, a refusal to hold religious belief or refusal to attend or participate in religious practice. Clients **MUST NOT** be required to attend or participate in any religious activities in order to receive benefits.

### CSFP Written Notice of Beneficiary Rights State of Alaska CSFP Program

Because the State of Alaska CSFP Program is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;
3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and
4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights Executive Director Center for Civil Rights Enforcement  
1400 Independence Avenue SW  
Washington, DC 20250-9410, or by email to [program.intake@usda.gov](mailto: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:

#### State of Alaska

Dial 2-1-1 or 1-800-478-2221

Call Center hours Monday -Friday 8:30am – 12:00pm, 1pm – 5pm AK

Or Email:

[Alaska211@ak.org](mailto:Alaska211@ak.org)

OR

#### 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.



# QUESTIONS ON APPLICATION PROCESS?



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## END OF MONTH REPORTS

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

# DISTRIBUTION LIST (EXAMPLE)

Agency Name

CSFP Distribution List for September, 2021

*CSFP Certification of Eligibility and Receipt of USDA  
Commodities*

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

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

Due to FBA by the 5<sup>th</sup> of the following month.

# INVOICE ("AOR")

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



## SHIPMENT

Page: 1

Shipment Number: AOR-39737-15  
Shipment Date: 8/7/2024

Bill To: Food Bank of Alaska's Delivery Program  
Chelsea Donohue  
Route#  
2121 Spar Avenue  
Anchorage, AK 99501

Ship To: Food Bank of Alaska's Delivery  
2192 Viking Drive  
Anchorage, AK 99501

Ship Via

Agency No. 9688A  
P.O. Number CD  
P.O. Date 8/5/2024  
Our Order No. AOR-39737  
SalesPerson

Item No.	Description	Unit	Shipped	Ordered	Back Ordered	Gross Weight
CS0724C	CSFP SR 0724C	Case	11	11		337.15
C10003S	CSFP Cheese, reduced fat - each	Each	11	11		



# MIR

(CONTINUED)

- The cheese is done the same way as the boxes.
- Any discrepancies between the ending inventory and physical inventory will show in the difference.
- Any losses of product need to be documented in the Notes section of the MIR.

## Filling out the MIR – Cheese

Blocks of cheese:

Beginning Inventory	# Blocks Received	Subtotal	# Blocks Distributed	Ending Inventory	Physical Inventory Count	Difference
1	11	12	11	1	1	0

## Example AOR (invoice)

Item No.	Description	Unit	Shipped	Ordered	Back Ordered	Gross Weight
CS0724C	CSFP SR 0724C	Case	11	11		337.15
C100035	CSFP Cheese, reduced fat - each	Each	11	11		

# MIR (CONTINUED)

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

## Filling out the MIR - Boxes

### Senior Boxes:

BOX CODE	Beginning Inventory	# Boxes Received	Subtotal	# Boxes Distributed	Ending Inventory	Physical Inventory Count	Difference
CS0724A	1		1	1	0	0	0
CS0724C		11	11	10	1	0	-1
			0		0		0
			0		0		0
			0		0		0
			0		0		0
			0		0		0
<b>Totals:</b>				11		0	

Notes: one 0724C box was stolen out of vehicle while delivering to another client

## Example AOR (invoice)

Item No.	Description	Unit	Shipped	Ordered	Back Ordered	Gross Weight
CS0724C	CSFP SR 0724C	Case	11	11		337.15
C100035	CSFP Cheese, reduced fat - each	Each	11	11		

## OTHER POTENTIAL FORMS

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



QUESTIONS ON REPORTS OR FORMS?



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# FOOD SAFETY

## Food Safety Training & Certification

- FBA requires that all partner agencies participate in food safety training.
- FBA provides a food safety course and test for your convenience.
  - Available for free online – at 9am on the 2<sup>nd</sup> Tuesday of each month.
  - We can send the registration link on request.
- Always be sure to check the requirements in your municipality or jurisdiction as other certifications may also be required.

## Food Storage & Handling

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



# CLIENT COMPLAINTS

- **Commodity Complaints**

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

- **Civil Rights Complaints**

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

- **Denial or Termination of Assistance Complaints**

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

QUESTIONS?



Please contact us any time with questions or concerns:

**Chelsea Donohue**

*Program Coordinator – Seniors*

907.222.3125

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