

- **Welcome – no state speakers after all, just me. 😊**
- **PAFB News**
  - **New Ordering System coming soon – Agency Express**
  - **August Inventory – No Pantry Pick Up**
  - **Packet Overview**
- **SNAP Outreach – Erica Ulrich**
- **Civil Rights Non-Discrimination & TEFAP Training**
- **Surprise Drawing**
- **Adjournment - noonish**

### Agency Express is a website that is directly linked to PAFB's inventory system

- Will be able to see the amount of each item currently in inventory.
- Will stop you from ordering more than the current inventory will allow
- We can add pictures to the description
- You can schedule your appointment at the time you place your order
- Confirmation that order has been received upon submitting order
- Will need a log in to place orders
- 5 pilot pantries will help test system before go live
- Go Live TBD



## August Inventory – No Pantry Pick Ups

**Wednesday, August 30<sup>th</sup> and Friday, September 1<sup>st</sup> the food bank will not be accepting appointments on those days because we will be doing physical inventory.**

## Packet Overview

- New contracts between Pantry and PAFB
  - If you are allowed, sign the contract today and leave it with Jeanette before leaving
  - If you are not allowed to sign it because someone else has to, they have until July 31<sup>st</sup> to return it
  - If there are any names or numbers incorrect on the contract, cross them out and write in the correct information
- New (draft) Signature Sheets and Proxy Forms
- I Speak Statements
- No new posters yet

# Erica Ulrich

SNAP Outreach Coordinator

# Illinois Department of Human Services

## The Emergency Food Assistance Program

**Civil Rights Non-Discrimination  
&TEFAP Training**



- I want to THANK YOU for all you do to help the people in your community not to go hungry.
- The past 2 years have been tough years but the food banks and you the pantries have persevered and done amazing work.
- We want to let you know that your work has not gone unnoticed. Because of all of you we could not do what we do without all of you.
- Thank you once again !!





- **Tallett Vanek**
- **Program Manager**
  
- **Lisa Flynn ( Contractor )**
- **Program Coordinator / Monitor**
  
- **Latanya Alexander**
- **TA Program Coordinator/Monitor**
  
- **Vacant**
- **Pantry Monitor**
  
- **Britney Southard**
- **Office Coordinator**

## Purpose

**To convey policy and provide guidance to ensure compliance and prohibit discrimination**

**The following training material is derived from:**

- **Code of Federal Regulations Parts 210 and 24**
- **USDA's Food and Nutrition Service Instruction 113-1**


## Training

- **Civil Rights Training is required for all staff on an annual basis**
- **Training must be documented and kept on file by the food bank and sent to DHS/TEFAP Manager**
- **Topics to be covered in the food bank training for staff should include:**
  - **Effective public notification**
  - **Complaint Procedures**
  - **Compliance review techniques**
  - **Resolutions of noncompliance**
  - **Requirements for reasonable accommodations for persons with disabilities**
  - **Requirements for language assistance**
  - **Conflict resolution**
  - **Customer Service**

## What is Discrimination ?

**The act of distinguishing one person or group of persons from others, either intentionally, by neglect, or by effect of actions or lack of actions based on their protected bases**

### discrimination

/dɪˌskrɪmɪˈneɪʃ(ə)n/ 

*noun*

1. the unjust or prejudicial treatment of different categories of people, especially on the grounds of race, age, or sex.

"victims of racial discrimination"

*synonyms:* [prejudice](#), [bias](#), [bigotry](#), [intolerance](#), narrow-mindedness, unfairness, [inequity](#), [favouritism](#), one-sidedness, [partisanship](#); [More](#)

## 6 Protected Bases / Classes

- Race
- Color
- National Origin
- Sex
- Disability
- Age



## Six Areas of Civil Rights Compliance

- **Public Notification**
- **Data Collection**
- **Annual Training**
- **Compliance Reviews**
- **How to recognize and handle Civil Rights Complaints**
- **Assurances - language, contracts and forms that you and others will not participate in discrimination and report any complaints**





## Public Notification

**The purpose of this system is to inform applicants, participants, and potentially-eligible persons of:**

- **Program Availability**
- **Program Rights and Responsibilities**
- **The Policy of Nondiscrimination**
- **The Procedure for Filing a Complaint**

## Elements of Public Notification

**State agencies and their subrecipients must:**

- **Make program information available to the public upon request**
- **Prominently display the “And Justice for All” poster**
- **Inform potentially eligible persons, applicants, participants and grassroots organizations of programs or changes in programs**
- **Convey the message of equal opportunity in all photos and other graphics that are used to provide program or program-related information**
- **Provide appropriate information in alternative formats for persons with disabilities and in the appropriate language(s) for LEP persons**



## “ And Justice for All” Poster

Poster is part of the public notification process and provides participant rights and responsibilities as well as information on filing a Civil Rights complaint.

Poster must be posted in a prominent location at the point of service and visible to all program volunteers and participants.

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

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, and 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.ascr.usda.gov/sites/default/files/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:

**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;

**email:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

Conforme a la ley federal y las políticas y regulaciones de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA), esta institución tiene prohibido discriminar por motivos de raza, color, origen nacional, sexo, edad, discapacidad, venganza o represalia por actividades realizadas en el pasado relacionadas con los derechos civiles (no todos los principios de prohibición aplican a todos los programas).

La información del programa puede estar disponible en otros idiomas además del inglés. Las personas con discapacidades que requieran medios de comunicación alternativos para obtener información sobre el programa (por ejemplo, Braille, letra agrandada, grabación de audio y lenguaje de señas americano) deben comunicarse con la agencia estatal o local responsable que administra el programa o con el TARGET Center del USDA al (202) 720-2600 (voz y TTY) o comunicarse con el USDA a través del Servicio Federal de Transmisión de Información al (800) 877-8339.

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea, en <https://www.ascr.usda.gov/sites/default/files/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, en cualquier oficina del USDA, llamando al (866) 632-9992, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

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

**fax:**  
(833) 256-1665 o' (202) 690-7442;

**correo electrónico:**  
[program.intake@usda.gov](mailto:program.intake@usda.gov).

Esta institución ofrece igualdad de oportunidades.

## Non-Discrimination Statement

**In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA**

**The non-discrimination statement must be printed on all public material in accordance with the federal civil rights law and the US Department of agriculture civil rights regulations and policies.**

## Limited English Proficiency (LEP)

- **Must take reasonable steps to provide program information, materials and services to persons with limited English proficiency.**
- **Failure to do so or denying them access to the program could be considered discrimination based on national origin.**
- **The USDA has a broad range of resources to assist with LEP individuals per program availability rights and responsibilities.**
- **The USDA FNS website provides translated material in multiple languages, including the “And justice for all” poster.**
- **Please check the USDA FNS website for additional resources.**
  - **[www.fns.usda.gov/tefap](http://www.fns.usda.gov/tefap)**
- **Phone number for translation (800) 843-6154 English or Español**





## I Speak Statements

- |  |  |
|--|--|
| <input type="checkbox"/> Unë flas <b>shqip</b> (Albanian)                    | <input type="checkbox"/> N' a po <b>Klào</b> Win. (Kru)                            |
| <input type="checkbox"/> አማርኛ እናገራለሁ (Amharic)                               | <input type="checkbox"/> ຂ້າພະເຈົ້າເວົ້າ ພາສາລາວ. (Lao)                            |
| <input type="checkbox"/> انا اتكلم اللغة العربية. (Arabic)                   | <input type="checkbox"/> Yie gorngv <b>Mienh</b> waac. (Mien)                      |
| <input type="checkbox"/> Ես խոսում եմ <b>հայերեն</b> (Armenian)              | <input type="checkbox"/> म <b>नेपाली</b> बोल्छु (Nepali)                           |
| <input type="checkbox"/> আমি বাংলা ভাষী। (Bengali)                           | <input type="checkbox"/> Mówię <b>po polsku</b> . (Polish)                         |
| <input type="checkbox"/> Ja govorim <b>bosanski jezik</b> (Bosnian)          | <input type="checkbox"/> Eu falo <b>Portugês</b> . (Portuguese)                    |
| <input type="checkbox"/> ကျွန်တော်ပြန်မာစကားပြောသည်။ (Burmese)               | <input type="checkbox"/> ਇ ਸ੍ਰਪਆਕ ਪੰਜਾਬੀ (Punjabi)                                 |
| <input type="checkbox"/> 我说中文 (Chinese Simplified)                           | <input type="checkbox"/> Cunosc limba <b>Română</b> . (Romanian)                   |
| <input type="checkbox"/> 我說中文 (Chinese Traditional)                          | <input type="checkbox"/> Я говорю <b>по-русски</b> . (Russian)                     |
| <input type="checkbox"/> Ja govorim <b>hrvatski</b> . (Croatian)             | <input type="checkbox"/> Ou te tautala <b>faaSamoa</b> . (Samoan)                  |
| <input type="checkbox"/> اینجانب به زبان فارسی صحبت می کنم (Farsi)           | <input type="checkbox"/> Govorim <b>srpski</b> . (Serbian)                         |
| <input type="checkbox"/> Je parle <b>français</b> . (French)                 | <input type="checkbox"/> Waxaan ku hadlaa <b>Somali</b> . (Somali)                 |
| <input type="checkbox"/> Je parle le <b>Français haïtien</b> (French Creole) | <input type="checkbox"/> Yo hablo <b>español</b> . (Spanish)                       |
| <input type="checkbox"/> Μιλάω <b>ελληνικά</b> . (Greek)                     | <input type="checkbox"/> أتحدث <b>السودانية</b> (لغوي سوداني) (Sudanese)           |
| <input type="checkbox"/> ຄູ່ ງູຮາເຕີ ພິລູ ຄູ່ (Gujarati)                     | <input type="checkbox"/> Marunong po akong magsalita ng <b>Tagalog</b> . (Tagalog) |
| <input type="checkbox"/> Mwen pale <b>Kreyòl</b> . (Haitian Creole)          | <input type="checkbox"/> ข้าพเจ้าพูด ภาษาไทย (Thai)                                |
| <input type="checkbox"/> म <b>हिंदी</b> बालता हूँ (Hindi)                    | <input type="checkbox"/> ኣኃ ትግርኛ ይዘረብ እየ. (Tigrinya)                               |
| <input type="checkbox"/> Kuy hais lus <b>hmeeb</b> . (Hmong)                 | <input type="checkbox"/> Я розмовляю <b>українською</b> . (Ukrainian)              |

## Recognizing a Civil Rights Discrimination Complaint

- **Can be Verbal or written**
- **Must be discrimination based on one or more of the 6 protected classes**
- **Can be made to any staff member or volunteer at the food bank, pantry, DHS or the USDA**
- **Follow the correct complaint process and procedure**

- **To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).**

## Civil Rights Discrimination Complaint

**If a Distribution Site suspects that a customer is unsatisfied with the services provided, for whatever reason, ...  
State of Illinois**

**THE EMERGENCY FOOD ASSISTANCE PROGRAM –  
CIVIL RIGHTS AND DISCRIMINATION COMPLAINT FORM  
Form Number IL444-4530**



State of Illinois  
Department of Human Services

### THE EMERGENCY FOOD ASSISTANCE PROGRAM - CIVIL RIGHTS AND DISCRIMINATION COMPLAINT FORM

This form must be completed to alert the IDHS EFP Manager of any potential Civil Rights and Discrimination complaints that may or may not be "officially" filed by the customer. It is a precautionary step and a record of the event(s) that took place during a TEFAP distribution time frame. Email the completed form to [DHS.IEFP@illinois.gov](mailto:DHS.IEFP@illinois.gov). In order for the customer to file an "official" complaint, the customer must complete the USDA Program Discrimination Complaint (AD-3027) Form found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or call (866) 632-9992. The USDA Program Discrimination Complaint (AD-3027) Form can be mailed, faxed, or e-mailed per instructions.

Person filing complaint:		Date:
Mailing Address (include City, Zip Code):		
E-mail Address:	Telephone (include Area Code):	
Name of Site:		
Site Address (include City):		
Distribution Date:	Distribution Time:	
Details of Complaint:		
Complaint taken by:		
Date complaint taken:	Time complaint taken:	
Name of Foodbank Staff or DHS Emergency Food Program Manager Contacted:		Date:
Details of resolution of complaint:		

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## Constructive Conflict Resolution

- **Define the problem/issue/complaint**
- **Identify the activity causing conflict and assess the details of the information provided**
- **Recognize, respect and respond to the feelings of those involved in the conflict**
- **Resolution**



## Keys to Good Customer Service

- Recognize customers have varied needs and few resources.
- Recognize when a customer feels they have been treated in a rude or discourteous manner
- Learn to practice empathy when necessary
- Develop good listening skills



# WHAT IS TEFAP?

## What is TEFAP?

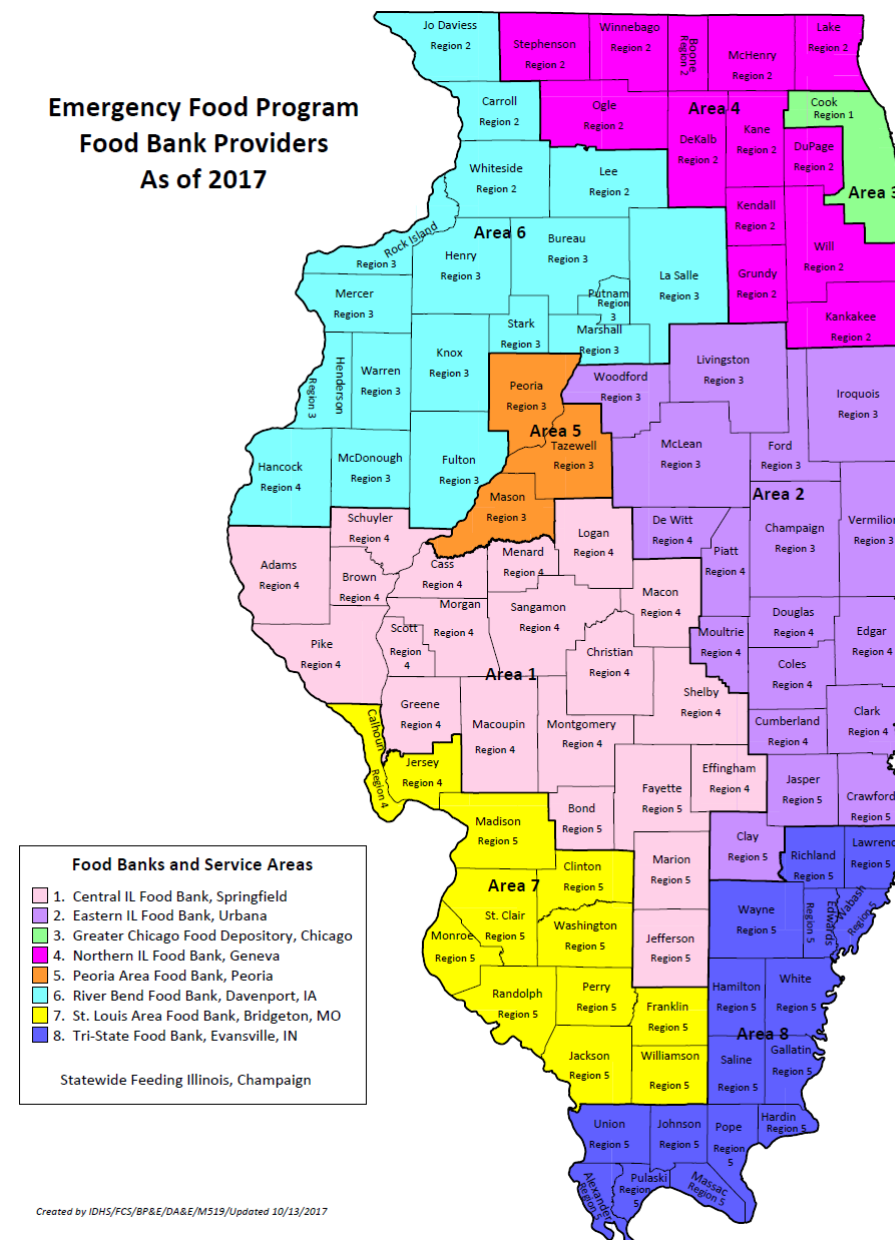
- The Emergency Food Assistance Program
- Congress passed the TEFAP Act in May 1983
- TEFAP is a Federal program that helps supplement the diets of low-income and food insecure individuals at no cost
- TEFAP provides USDA commodities to agencies who voluntarily participate in this program
- Thanks to workers and volunteers across Illinois, TEFAP provides an emergency response to hunger throughout the State



## 8 Food Banks:

- Central Illinois Food Bank
  - Eastern Illinois Food Bank
  - Greater Chicago Food Depository
  - Northern Illinois Food Bank
  - Peoria Area Food Bank
  - River Bend Food Bank
  - St. Louis Area Food Bank
  - Tri-State Food Bank
- 
- Currently there are 680 Food Distribution sites throughout Illinois

Emergency Food Program  
Food Bank Providers  
As of 2017

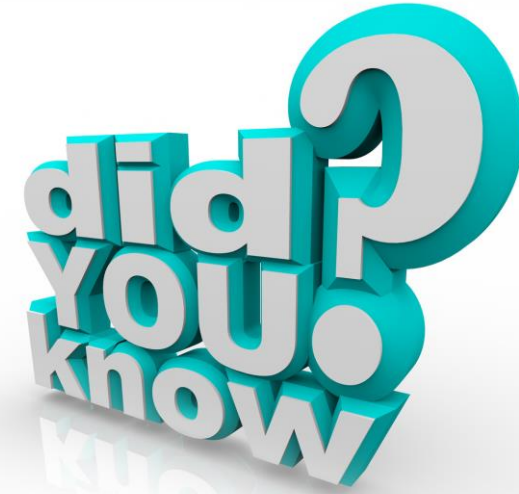


## FY22 Accomplishments :

- ❖ Households Served = 2,366,141
- ❖ Pounds of Food Distributed = 51,832,924
- ❖ Individuals Served = 5,909,077

## FY22 Accomplishments : ( As of February 2023)

- ❖ Households Served = 1,749,004
- ❖ Pounds of Food Distributed = 24,974,666
- ❖ Individuals Served = 4,937,158



- **WHAT IS**
- **TANF?**

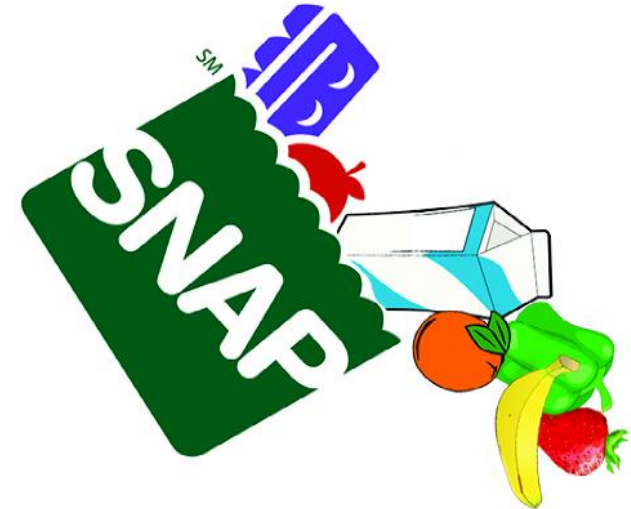


- **Temporary Assistance for Needy Families**
- **TANF program created by the Personal Responsibility and Work Opportunity Act in 1996**
- **Special funds for the purchase of additional food for families with children 18 or younger, which includes items like cereal, peanut butter and milk**
- **Food Bank Purchasing is usually from March through June**
- **Distribution is usually from June through August**
- **Prior to distribution of TANF food, the number of children must be entered on the Signature Sheet or Proxy Form**

# WHAT IS SNAP?

## What is SNAP?

- Supplemental Nutrition Assistance Program
- IDHS administers SNAP in the State of Illinois
  - IDHS Customer Help Line: 800-843-6154
- Eligible applicants receive food assistance benefits, which are automatically transferred to an electronic card: Illinois Link Card
- Documented on the last column of the Signature Sheet
  - Do you receive SNAP? (Check yes or no)



- **What is WIC?**

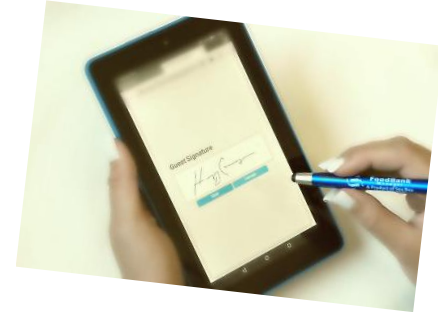
<https://www.dhs.state.il.us/page.aspx?item=30513> -

- **What is Summer Lunch or After School Meals?**

<https://www.fns.usda.gov/meals4kids> -

# **DISTRIBUTION DOCUMENTATION**

## FoodBank M A N A G E R



- Signature Sheets
- E-Signature
- Proxy Forms
- Proofread all Signature Sheets and Proxy Forms for accuracy and completeness
- Submit the original signature sheet to the food bank monthly



# Signature Sheets

- Must be signed prior to distribution or waived signature in L2F or SIMC platform
- Household size
  - How many living in household?
  - How many individuals are consuming the TEFAP/TANF food?
- Address, City
  - Can state “none” if recipient is homeless
- # Children in household 18 years or younger
- Do you receive SNAP? (Check yes or no)
- Submit all original Signature Sheets and Proxy Forms each month to the Food Bank by the 10<sup>th</sup> of each month, if applicable

**EXAMPLE**

State of Illinois  
Department of Human Services  
THE EMERGENCY FOOD ASSISTANCE PROGRAM - SIGNATURE SHEET  
STATE FISCAL YEAR 2018 INCOME ELIGIBILITY BASED ON 185% OF THE FEDERAL POVERTY GUIDELINE

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

DHS MAXIMUM MONTHLY GROSS INCOME FOR RECEIPT OF USDA COMMODITIES FOR FISCAL YEAR 2018 (JULY 1, 2017 THROUGH JUNE 30, 2018)								
Household Size	1	2	3	4	5	6	7	8
Monthly Income	\$1,859	\$2,504	\$3,148	\$3,793	\$4,437	\$5,081	\$5,726	\$6,370

For households with more than 8 persons, add \$644 for each additional person

For receipt of commodities within this Federal grant program, I certify with my signature that:  
My household monthly gross income does not exceed DHS established limits;  
I will use food received for household consumption only, the information I have provided below is accurate and true; and  
I release USDA, the State of Illinois, and any agency or person distributing food from all liability resulting from receipt of food.

Food Bank: ABC Food Bank Date: (MM/DD/YY)

Household Size	Recipient Signature	Street Address (include apt. number)	City	Number of Children in household 18 years or younger TANF Food	Do you receive SNAP? Check One
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

**Fiscal Year and Income Levels Update Annually**

**Pre-fillable**

Pantry: XYZ Pantry Address: 123 TEFAP/TANF Drive

Willful diversion of USDA commodities for personal gain is a state and federal offense subject to a fine of up to \$25,000 and/or imprisonment up to 5 years.

This Institution is an Equal Opportunity Provider

IL444.4511 (R-08-17) The Emergency Food Assistance Program - Signature Sheet  
Printed by Authority of the State of Illinois -D- Copies Page 1 of 1

# Proxy Form

- “Proxy” is the person picking up and delivering food for another individual
- Proxy form is valid indefinitely unless the designated proxy individual changes
- Customer completes, signs & dates the Proxy Form
- Proxy takes the form to the pantry
- Proxy signs & dates the form while at the pantry
- Pantry staff sign & date the form
- ALL SIGNATURES (3 total) & ALL DATES ARE REQUIRED

EXAMPLE

State of Illinois - Department of Human Services  
**THE EMERGENCY FOOD ASSISTANCE PROGRAM - PROXY STATEMENT**  
 Receipt of Pantry Commodities State Fiscal Year 2018 INCOME ELIGIBILITY BASED ON 185% OF THE FEDERAL POVERTY GUIDELINE

This proxy is for the individual who has disabling conditions which make pick-up of pantry commodities by the recipient impossible. It may also be used to serve those whose work hours conflict with those of scheduled distribution of USDA commodities.

Please Print

Name of Recipient: \_\_\_\_\_ Date: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Household Size:  Number of children in household 18 years or younger?  SNAP Recipient? (Supplemental Nutrition Assistance Program)  Yes  No  
Please check only one box.

Proxy: \_\_\_\_\_  
Designated Delivery Person

Name of Pantry: ABC Pantry  
 Address of Pantry: 123 TEFAP / TANF Drive  
 City: EFF State: IL Zip Code: 123456

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**Willful diversion of USDA commodities for personal gain is a state and federal offense subject to a fine of up to \$25,000 and/or imprisonment of up to 5 years.**

I CERTIFY WITH MY SIGNATURE THAT: My household monthly gross income does not exceed DHS established limits; the information I have provided above is accurate and true; I will use food received for household consumption only; and I release USDA, the State of Illinois and any agency or person distributing food from all liabilities resulting from receipt of food.

**DHS MAXIMUM MONTHLY GROSS INCOME FOR RECEIPT OF COMMODITIES INCOME GUIDELINES FOR SFY 2018 (JULY 1, 2017 THROUGH JUNE 30, 2018)**

Household Size	Monthly Income	Household Size	Monthly Income
1	\$1,859	5	\$4,437
2	\$2,504	6	\$5,081
3	\$3,148	7	\$5,726
4	\$3,793	8	\$6,370

For households with more than 8 persons, add \$844 for each additional person.

Fiscal Year & Income Levels Update Annually

Signature of Recipient \_\_\_\_\_ Distribution Date \_\_\_\_\_  
 Signature of Proxy \_\_\_\_\_ Signature of Pantry Personnel \_\_\_\_\_

This Institution is an Equal Opportunity Provider

IL444-4510 (R-08-17) The Emergency Food Assistance Program - Proxy Statement  
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- **ELIGIBILITY**
- **REQUIREMENTS**

## Eligibility Requirements

- Customers must not be asked to prove eligibility
- Anyone eating at a soup kitchen or shelter is assumed to be eligible for service



## Proof of Income

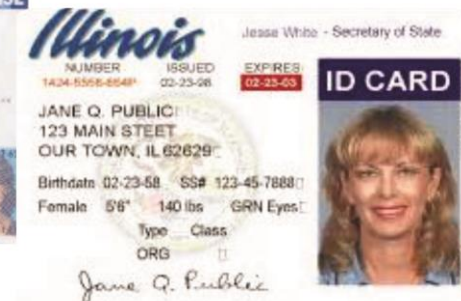
- **Self-attestation/Self-declaration is the accepted means of documenting income eligibility**
- **The term Self Attestation indicates to certify that a document is true, correct or genuine by signing. A self-declaration is a statement made by a person declaring that all the statements of facts, figures and circumstances mentioned in a document is true and correct. Distribution Sites are prohibited from verifying income**
- **Distribution Sites are NOT ALLOWED to ask for social security cards, pay stubs or income data for the distribution of TEFAP foods.**



# Proof of Identity & Residency

- Documentation that *can* be verified are:
  - Driver's License
  - State ID Card
  - Mail such as utility bill or letter from landlord

**If you request an ID from one person then you must request from EVERYONE!**



# Serving Homeless Recipients

- Self-attestation by homeless recipients must be accepted
- Homeless persons or persons with disabilities may lack documentation to verify their identity or residence
- Distribution Site may indicate “NONE” in the address section of the Signature Sheet/Proxy Form



## TEFAP & TANF Food Distribution

- **Temporary Amendments to Documentation and Eligibility**

Signature requirement suspended

Income eligibility increase from **185% to 300% (waiting on USDA approval).**

## TEFAP & TANF Food Distribution

- **FOOD PANTRIES**

## Food Pantries

- Open at least 2 hours per week
- Must display operating days and times
  - Must be open during established times
  - May not require appointments
- Eligible customers entitled to service *at least* once every 30 days
- May not charge fees or require memberships
- Documentation to include signature sheets / proxy forms
- Must distribute EFP in combination with other foods distributed
  - May not be distributed separately





## TEFAP & TANF Food Distribution

- **HOMELESS SHELTERS  
AND SOUP KITCHENS**

## Homeless Shelters & Soup Kitchens

- Serve meals at least 2 hours per week
- Must post meal-service schedule
- Must count every meal served
- Count additional helpings as individual meals and add to total #
- Not reporting all meals served could result in reduction of commodities
- Document how total meals were computed each month
  - i.e., sign-in, plate counting, etc.
- Submit monthly reports to Food Bank for total meals served
- If Pantry operates as a soup kitchen also make sure the food is properly separated and tracked as two programs



## TEFAP & TANF Food Distribution

- **REQUIRED POSTERS**

## Hours of Operation

- Notifies recipients of days & hours of operation
- Provided by TEFAP
- Must be posted where it can be easily seen
- In addition to the posters use public outreach to make individuals aware of your services



State of Illinois Department of Human Services

Emergency Food Program Soup Kitchen Distributor of USDA Commodities

### EMERGENCY FOOD PROGRAM SOUP KITCHEN DISTRIBUTOR OF USDA COMMODITIES

Operated by: \_\_\_\_\_

#### Hours of Operation

SUNDAY	_____	A.M.	_____	P.M.
MONDAY	_____	A.M.	_____	P.M.
TUESDAY	_____	A.M.	_____	P.M.
WEDNESDAY	_____	A.M.	_____	P.M.
THURSDAY	_____	A.M.	_____	P.M.
FRIDAY	_____	A.M.	_____	P.M.
SATURDAY	_____	A.M.	_____	P.M.

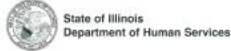
For more information call \_\_\_\_\_

Open to the Community

## Income Eligibility Guidelines

- Lists maximum allowable monthly gross income for household sizes
- Updated annually
- Provided by TEFAP/USDA

Illinois is currently waiting on approval for TEFAP eligibility percentage.



State of Illinois  
Department of Human Services

Income Eligibility Based on 185% of the Federal Poverty Guideline

### The Emergency Food Program

#### Income Eligibility Guidelines

Effective July 1, 2017 to June 30, 2018

To receive federal food commodities, a household's gross income must be within the following guidelines which are based on family size. Household income includes, but is not limited to, all wages, pensions, Social Security, Supplemental Security Income, Railroad Retirement, income from rented or leased property, interest or dividends from savings, certificates of deposit, stocks, bonds and income from all other sources.

Elegibilidad de Ingresos Basado en el 185% del Nivel de Pobreza Federal

### Programa De Alimentos De Emergencia


#### Normas de Ingreso Para Elegibilidad

Efectivo 1 de julio de 2017 hasta 30 de junio de 2018

Para ser elegible para comestibles federales el ingreso bruto del hogar debe seguir las siguientes normas, las cuales están basadas en el tamaño de la familia. El ingreso bruto del hogar incluye, pero no se limita a, todos los salarios, pensiones, seguro social, ingreso del seguro social suplementario, retiro del ferrocarril, ingresos de propiedades alquiladas o con contrato de alquiler, intereses o dividendos de cuentas de ahorros, certificados de depósitos, acciones, bonos e ingresos de cualquier otro origen.

Household Size Tamaño del Hogar	Maximum Monthly Gross Income Ingreso Bruto Máximo Mensual
1	\$ 1,859
2	\$ 2,504
3	\$ 3,148
4	\$ 3,793
5	\$ 4,437
6	\$ 5,081
7	\$ 5,726
8	\$ 6,370

**For each additional family member, add: \$644**  
**Por cada miembro adicional en la familia, añada: \$644**



In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or marital or parental status in their civil rights activities and any program or activity conducted or funded by USDA.

De acuerdo con la ley federal de derechos civiles, reglamentos y políticas del Departamento de Agricultura de los EE.UU. (USDA), sus agencias, oficinas, empleados e instituciones que participan en la administración de los programas del USDA, están prohibidos discriminando basado en la raza, color, origen nacional, sexo, discapacidad, edad, o estado marital o parental en cualquier programa o actividad llevada a cabo o financiada por el USDA.

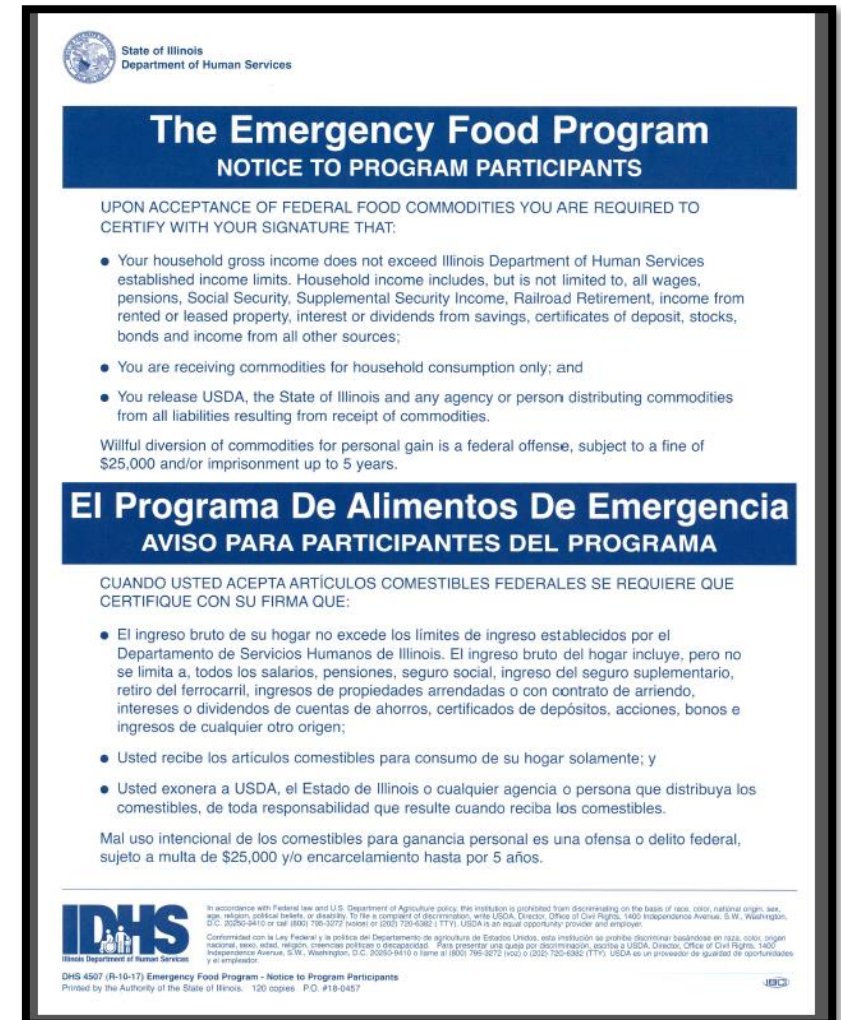
DHS 4006 (R-04-17) Emergency Food Program - Income Eligibility Guidelines Flyer E/S  
Printed by the Authority of the State of Illinois. 1,000 copies. P.O. #17-1500





## Notice to Program Participants

- **Conditions customer agrees to by signing the Signature Sheet:**
  - Household gross income
  - Household consumption
  - Release from liabilities
- **Provided by TEFAP**



The poster is a bilingual notice for the Emergency Food Program. It features a blue header with the title 'The Emergency Food Program' and 'NOTICE TO PROGRAM PARTICIPANTS'. Below this, it states that participants must certify with their signature that they meet certain criteria. The criteria are listed in two columns of bullet points. The first column lists income limits, household consumption, and release from liabilities. The second column lists that the program is for household consumption only and that participants release USDA and the State of Illinois from all liabilities. Below the criteria, it states that willful diversion of commodities for personal gain is a federal offense. The poster also includes a Spanish version of the notice, 'El Programa De Alimentos De Emergencia AVISO PARA PARTICIPANTES DEL PROGRAMA', with the same criteria and legal disclaimer. At the bottom, there is a small IDHS logo and a disclaimer in both English and Spanish regarding the prohibition of discrimination. The footer contains the form number 'DHS 4507 (R-10-17) Emergency Food Program - Notice to Program Participants' and the printing information 'Printed by the Authority of the State of Illinois - 120 copies P.O. #18-0457'.

State of Illinois  
Department of Human Services

### The Emergency Food Program NOTICE TO PROGRAM PARTICIPANTS

UPON ACCEPTANCE OF FEDERAL FOOD COMMODITIES YOU ARE REQUIRED TO CERTIFY WITH YOUR SIGNATURE THAT:

- Your household gross income does not exceed Illinois Department of Human Services established income limits. Household income includes, but is not limited to, all wages, pensions, Social Security, Supplemental Security Income, Railroad Retirement, income from rented or leased property, interest or dividends from savings, certificates of deposit, stocks, bonds and income from all other sources;
- You are receiving commodities for household consumption only; and
- You release USDA, the State of Illinois and any agency or person distributing commodities from all liabilities resulting from receipt of commodities.

Willful diversion of commodities for personal gain is a federal offense, subject to a fine of \$25,000 and/or imprisonment up to 5 years.

### El Programa De Alimentos De Emergencia AVISO PARA PARTICIPANTES DEL PROGRAMA

CUANDO USTED ACEPTA ARTÍCULOS COMESTIBLES FEDERALES SE REQUIERE QUE CERTIFIQUE CON SU FIRMA QUE:

- El ingreso bruto de su hogar no excede los límites de ingreso establecidos por el Departamento de Servicios Humanos de Illinois. El ingreso bruto del hogar incluye, pero no se limita a, todos los salarios, pensiones, seguro social, ingreso del seguro suplementario, retiro del ferrocarril, ingresos de propiedades arrendadas o con contrato de arriendo, intereses o dividendos de cuentas de ahorros, certificados de depósitos, acciones, bonos e ingresos de cualquier otro origen;
- Usted recibe los artículos comestibles para consumo de su hogar solamente; y
- Usted exonera a USDA, el Estado de Illinois o cualquier agencia o persona que distribuya los comestibles, de toda responsabilidad que resulte cuando reciba los comestibles.

Mal uso intencional de los comestibles para ganancia personal es una ofensa o delito federal, sujeto a multa de \$25,000 y/o encarcelamiento hasta por 5 años.

**IDHS**  
Illinois Department of Human Services

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, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-4410 or call (800) 795-5272 (toll free) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.

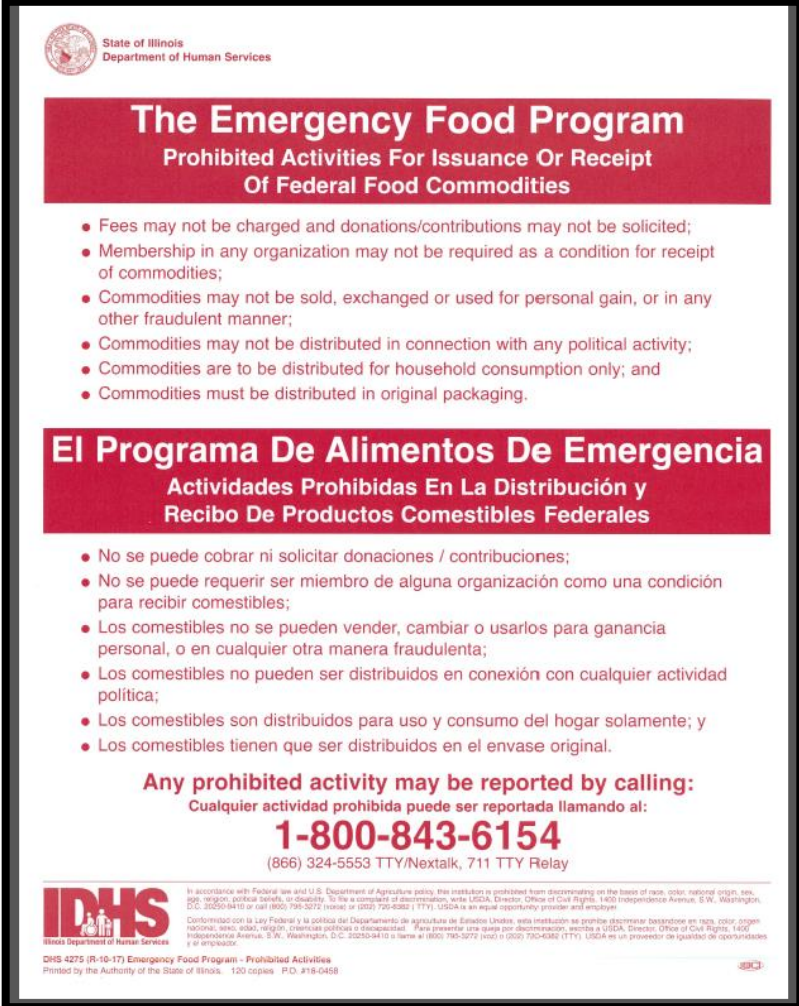
Conformidad con la Ley Federal y la política del Departamento de Agricultura de Estados Unidos, esta institución se prohíbe discriminar basándose en raza, color, origen nacional, sexo, edad, religión, creencias políticas o discapacidad. Para presentar una queja por discriminación, escriba a USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-4410 o llame al (800) 795-5272 (línea gratuita) o (202) 720-6382 (TTY). USDA es un proveedor de igualdad de oportunidades y de empleo.

DHS 4507 (R-10-17) Emergency Food Program - Notice to Program Participants  
Printed by the Authority of the State of Illinois - 120 copies P.O. #18-0457



## Prohibited Activities

- Lists activities that violate TEFAP regulations
  - Donations
  - Payment for services
  - Purchase for a good cause
  - Politics
  - No fees
  - Food cannot be sold
- Instructs the customer on what action to take
- Provided by TEFAP



**State of Illinois**  
Department of Human Services

### The Emergency Food Program

Prohibited Activities For Issuance Or Receipt  
Of Federal Food Commodities

- Fees may not be charged and donations/contributions may not be solicited;
- Membership in any organization may not be required as a condition for receipt of commodities;
- Commodities may not be sold, exchanged or used for personal gain, or in any other fraudulent manner;
- Commodities may not be distributed in connection with any political activity;
- Commodities are to be distributed for household consumption only; and
- Commodities must be distributed in original packaging.

### El Programa De Alimentos De Emergencia

Actividades Prohibidas En La Distribución y  
Recibo De Productos Comestibles Federales

- No se puede cobrar ni solicitar donaciones / contribuciones;
- No se puede requerir ser miembro de alguna organización como una condición para recibir comestibles;
- Los comestibles no se pueden vender, cambiar o usarlos para ganancia personal, o en cualquier otra manera fraudulenta;
- Los comestibles no pueden ser distribuidos en conexión con cualquier actividad política;
- Los comestibles son distribuidos para uso y consumo del hogar solamente; y
- Los comestibles tienen que ser distribuidos en el envase original.

**Any prohibited activity may be reported by calling:**  
Cualquier actividad prohibida puede ser reportada llamando al:

**1-800-843-6154**  
(866) 324-5553 TTY/Nextalk, 711 TTY Relay

**IDHS** Illinois Department of Human Services

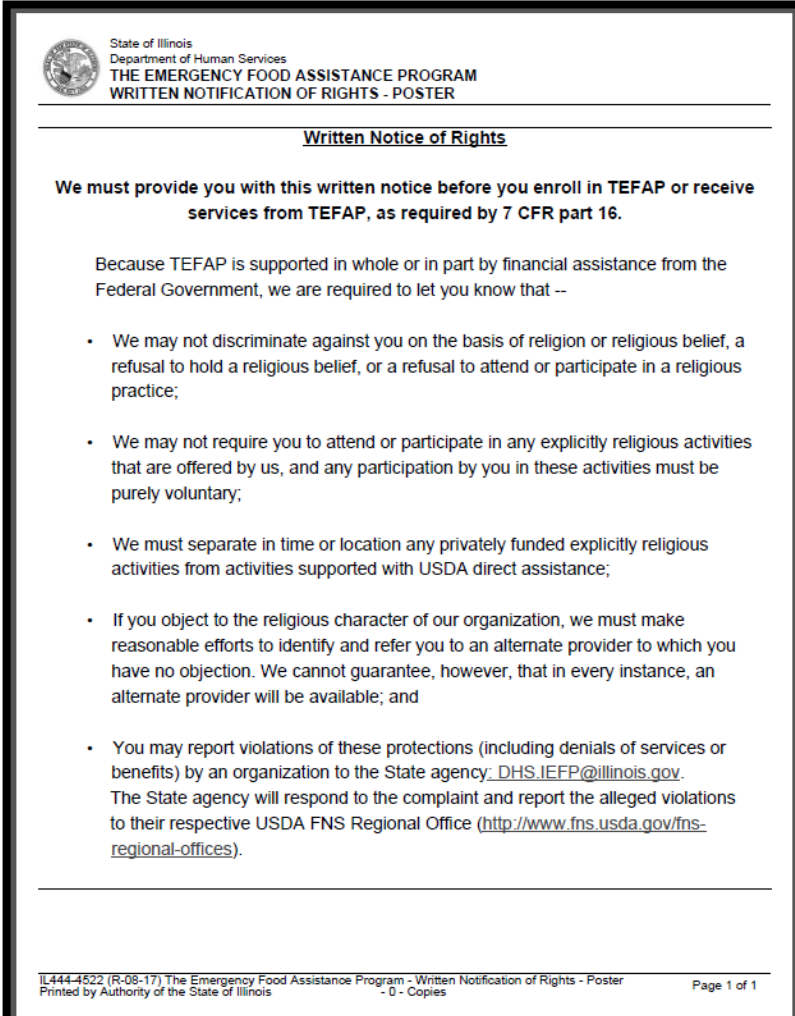
In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-4410 or call (800) 795-5272 (voice) or (202) 725-5282 (TTY). USDA is an equal opportunity provider and employer.

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DHS 4275 (R-10-17) Emergency Food Program - Prohibited Activities  
Printed by the Authority of the State of Illinois. 120 copies P.O. #18-0458

## Written Notice of Beneficiary Rights

- Notification that customer can receive a referral to another pantry, soup kitchen or shelter if there is a religious character conflict
- Provided by TEFAP



The image shows a sample of the "Written Notice of Rights" poster. It features the State of Illinois seal and the text: "State of Illinois Department of Human Services THE EMERGENCY FOOD ASSISTANCE PROGRAM WRITTEN NOTIFICATION OF RIGHTS - POSTER". The title "Written Notice of Rights" is underlined. The main text states: "We must provide you with this written notice before you enroll in TEFAP or receive services from TEFAP, as required by 7 CFR part 16." It then explains that because TEFAP is supported by federal assistance, the organization must inform beneficiaries of their rights. A bulleted list includes: not discriminating on the basis of religion; not requiring participation in religious activities; separating privately funded religious activities from USDA-funded ones; making reasonable efforts to refer to alternate providers if objected to; and reporting violations to the State agency or USDA FNS Regional Office. The footer contains the document ID "IL444-4622 (R-08-17)", the printing authority, and page information "Page 1 of 1".

State of Illinois  
Department of Human Services  
THE EMERGENCY FOOD ASSISTANCE PROGRAM  
WRITTEN NOTIFICATION OF RIGHTS - POSTER

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Written Notice of Rights

We must provide you with this written notice before you enroll in TEFAP or receive services from TEFAP, as required by 7 CFR part 16.

Because TEFAP is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that –

- We may not discriminate against you on the basis of religion or religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
- We may not require you to attend or participate in any explicitly religious activities that are offered by us, and any participation by you in these activities must be purely voluntary;
- We must separate in time or location any privately funded explicitly religious activities from activities supported with USDA direct assistance;
- If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available; and
- You may report violations of these protections (including denials of services or benefits) by an organization to the State agency: [DHS.IEFP@illinois.gov](mailto:DHS.IEFP@illinois.gov). The State agency will respond to the complaint and report the alleged violations to their respective USDA FNS Regional Office (<http://www.fns.usda.gov/fns-regional-offices>).

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IL444-4622 (R-08-17) The Emergency Food Assistance Program - Written Notification of Rights - Poster  
Printed by Authority of the State of Illinois - 0 - Copies Page 1 of 1

- **All Posters must be in plain view for all recipients.**



**United States  
Department of  
Agriculture**

- **FOOD STORAGE &  
SAFETY**

## **Food Storage & Safety**

- **Sites must comply with State and local laws, policies, procedures and warehousing standards**
- **Food must be stored in a manner to protect from spoilage, infestation, damage or other conditions that may jeopardize the safety of foods**
- **The receipt of damaged, spoiled, infested USDA commodities must be reported to the Food Bank**



# Food Storage & Safety

- **Thermometer**
  - Refrigerate between 35° F and 40° F
  - Freeze below 0° F
- **FIFO**
  - Dry and refrigerated commodities must be rotated to ensure the quality and freshness
- **Packaging**
  - Dented cans can be used unless you notice any of the following:
    - Bulged can, leakage, damaged seals, rust



# **Food Storage & Safety**

## **\*Will be inspected during monitoring**

### **Storing Refrigerated & Frozen Commodities**

- **All cold units must:**
  - **Have a thermometer**
  - **Be cleaned & inspected**
  - **Allow for proper air circulation**
  - **Refrigeration temp 35° to 40° F**
  - **Freezer temp below 0° F**

### **Storing Dry Commodities**

- **Store in a dry, cool place**
- **Store away from sunlight**
- **2 foot ceiling clearance**
- **At least 6" off floor**
- **At least 4" from walls**
- **Keep floor, pallets, storage and shelving clean**
- **Keep non-food items separate from food**
- **Pest Control Log**



# Food Storage & Safety

- **Expiration & Use-By date**
  - Do not use or distribute food when not fit for human consumption, regardless of product dates or when food received
- **Quality Control – Conditions to report to Food Bank:**
  - Quality issues (odors, appearance)
  - Foreign material in product (bones, metal)
  - Poor packaging (split bags, leaking, rusty or bulging cans)





## **Product End Dates**

**Best if Used By Date or Best if Used Before – This date is a date for the best flavor or quality.**

**Use by Date is the last date a manufacturer recommends for the peak quality**

**Sell by Date is also a product quality indicator and is the date that the manufacturer recommends the store sell the food product**

**All of the dates can appear on a retail or donated food products; However these dates are not directly related to food safety.**

## Holdings and Recalls

- **Food Recalls will be monitored by the TEFAP Program Manager, Tallett Vanek**
- **The TEFAP Manager will be backed up by the other TEFAP personnel**
- **In the event of a Food Recall the program Manager will notify the Food Banks and in turn the Food Banks will notify the pantries of any foods that may be recalled and what actions needs to be taken for the recalled food**

<b>USDA Recall Classifications</b>	
<b>Class I</b>	This is a health hazard situation where there is a reasonable probability that the use of the product will cause serious, adverse health consequences or death.
<b>Class II</b>	This is a health hazard situation where there is a remote probability of adverse health consequences from the use of the product.
<b>Class III</b>	This is a situation where the use of the product will not cause adverse health consequences.

## TEFAP & TANF Food Distribution

- **MONITORING & SITE INSPECTIONS**

## Monitoring and Site Inspection

- **All program staff and volunteers must be informed that Food Bank, USDA and IDHS inspectors have the authority to inspect food storage and distribution facilities**
- **Denying an inspector access or not being in compliance with rules and regulations may result in loss of USDA commodities**



## Monitoring & Site Inspections

- Register days & hours of operation
  - Notify Food Bank of any changes
  - Open to general public
  - No appointments allowed
  - Open at least 2 hours per week

Does not apply to the 2 hours of operation:

ON-call or emergency times, Food prep, cleanup or restocking

# Monitoring & Site Inspections

- **General Questions the monitor will ask**
  - **Number of clients served a month general average**
  - **If you are under an rural exemption**

This a special operating procedures which allows limited hours of operation that may be approved to allow the effective distribution of TEFAP to sparsely populated rural areas
  - **Service Area of your pantry**
    - **If you serve customers outside of your area**
  - **EFP manual accessible to pantry staff**

## Monitoring & Site Inspections

- **General Questions the monitor will ask**
  - **Pest Control Log and Name of Pest Control Company**
  - **Thermometers in Refrigerators and Freezers**
  - **Temperature Log of The Refrigerators and Freezers**
  - **Does the site require documentation for the individual?**
  - **Does the site require individuals to obtain a referral from an outside agency in order to receive TEFAP foods?**
  - **Do individuals need an appointment?**
  - **Are USDA Commodities distributed with donated foods?**

# Thank You

