

Oregon Department of Human Services

USDA

The Emergency Food Assistance Program (TEFAP)

Policies and Procedures Manual Recipient Agencies

Prepared by: Oregon Department of Human Services
in cooperation with Oregon Food Bank
(2025)

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1. Program Summary

Oregon Department of Human Services (DHS) is responsible for administering The Emergency Food Assistance Program (TEFAP) through a contract with Oregon Food Bank (OFB). Oregon Food Bank is a private, non-profit organization which coordinates distribution of TEFAP and privately-donated foods through a statewide network of Recipient Agencies. OFB is responsible for ordering TEFAP commodities available to Oregon, coordinating delivery and storage of commodities, ensuring commodities are handled properly by OFB Recipient Agencies, providing recall procedures, maintaining records, providing reports, and providing information on civil rights training and procedures.

DHS has the ultimate responsibility to assure that the program is being administered in compliance with Federal and State rules and regulations. The State Plan is the state's guidance for the operation of TEFAP.

There is no charge for TEFAP commodities distributed by OFB to Regional Food Banks (RFB) or by RFBs to eligible member-direct service agencies. All TEFAP commodities must be provided to low-income households as a component of a food box or as part of a congregate meal site and free of charge. *Food may be used for demonstration purposes.*

TEFAP commodities will be provided for distribution to eligible member-direct service agencies based on the priority levels below:

Priority 1 – Food Box Programs and Congregate Meal Site Programs (CMS)

Priority 2 – supplemental programs, (formerly known as NEP)

2. Food Box Program

Priority 1 - Food Box Program (FB): Public or private nonprofit organization that distributes food to low-income and unemployed households, including food from sources other than the Department of Agriculture.

In order to distribute TEFAP commodities, a Recipient Agency (RA) must be an organization which is public, or is private, possessing tax exempt status pursuant to 7 CFR 251.5(a)(3), and is not a penal institution, and provides food assistance to needy persons, and has entered into a Recipient Agency Agreement with Oregon Food Bank.

The RA will designate a representative who will be charged with the responsibility for the proper management and use of commodities received. The name of this representative will be kept on file at the local RFB and OFB.

(A) Service Requirements

All TEFAP commodities must be provided to income-eligible persons free of charge. Under no circumstances shall program recipients be required to make payments in money, materials, or services for, or in connection with, participation in this program, nor shall donations of any kind be solicited from program recipients.

“Faith-based” agencies that participate in USDA programs may continue to carry out their mission and retain their institutional identity while participating in USDA programs. However, USDA assistance cannot be used to support explicitly religious activities, nor can an organization require participation in religious activities as a condition to USDA program participation. If there is an explicitly religious activity that takes place at the distribution site, it must be separate in time or location from the provision of TEFAP services (see Appendix J & K).

(B) Content of Food Boxes

Food boxes cannot contain only USDA commodities; Regional Food Banks and Partner Agencies will use all available food streams, to the best of their resources, and leverage USDA commodities to create nutritional interventions relevant to communities served. The quantity of food distributed to an eligible household may be limited based on household size, as dictated by inventory. Whenever possible, decisions on the type and quantity of food distributed should be left to the client to determine.

NOTE: Effort should be made to provide recipes and suggestions on how to use the food so that waste is avoided. When possible, client choice should be incorporated in the distribution process to ensure that the client will be able to use the food. As much as is practical, personal and cultural preference should be accommodated.

(C) Frequency of Service

The frequency of distribution of food assistance is to be established by the food box program according to available resources. An agency may limit availability of food boxes containing TEFAP commodities to a certain number of times per year depending on the agency’s resources. This decision should involve the RFB’s input and counsel. There is no federal regulation restricting the frequency of TEFAP distribution to once per month or twelve times in a year.

It is suggested that if you set a limit, it is stated as “times per year” to allow the flexibility for food help more often than once in a month (e.g. in obvious short-term need situations). Clients requiring ongoing assistance should also be referred to other programs such as Supplemental Nutrition Assistance Program (SNAP); Women, Infants and Children Program (WIC); Energy Assistance; or any local supplemental food programs such as gleaning groups or Brown Bag that exist in the area. Participation in other programs, such as SNAP, cannot exclude or be required of households requesting food assistance.

An agency may choose to maintain a card file, or the equivalent, recording client information to track frequency of service, however **the confidentiality of client information must be strictly observed.**

(D) Client Intake: Eligibility Requirements

To receive assistance through a Food Box Program, a household must have an income at or below 300% of the federal poverty level. Income guidelines are revised annually by the U.S. Department of Health & Human Services. Updated posters are provided to agencies via RFBs and OFB. Recipient Agencies must post income guidelines in clear view and include these income guidelines on sign-in sheets along with the USDA Nondiscrimination Statement. A sample of the standard sign-in sheet is provided as Appendix C.

- (1) Household recipients must declare, by self-attestation, the following:
 - (a) Recipient name;
 - (b) Recipient zip code and/or city of residence, unless homeless for which an “H” may be used ;
 - (c) Household size;
 - (d) That their income does not exceed 300% of the federal poverty guidelines or that they are categorically eligible;
 - (e) That the household is in need of food; and
 - (f) That the household recipient will not sell, barter, or trade food received through this program (see Form 4 as provided in Appendix C).
- (2) Household recipients are deemed categorically eligible if they are recipients of SNAP, WIC, Free or Reduced School Lunch Program, Temporary Assistance to Needy Families (TANF), Social Security Disability Income (SSDI); Social Security Income (SSI) or Low Income Home Energy Assistance Program (LIHEAP).
- (3) Recipient Agencies must accept self-declaration, as identified above, as proof and must not require any further information such as Social Security numbers, pay stubs, or picture identification. Recipient Agencies may not deny service to household recipients due to a lack of a zip code or evidence of residence.
 - i. Any non-standard form used for client intake may not require clients to provide information beyond what is required on USDA Form 4. If a Recipient Agency provides additional services that require additional household information, the Recipient Agency must perform the TEFAP certification first before collecting additional information. Such additional certification must be conspicuously posted and/or the recipient must be informed, in writing, that additional client information is not required in order to receive a food package containing TEFAP commodities. A household may not be denied a food package containing TEFAP commodities if they refuse to reveal information that is not a requirement of this program.

Participation in other federal food programs (e.g., SNAP, Tribal Food Program (FDPIR), WIC, etc.) is **not** an excluding factor in determining eligibility for food assistance. Immigration status (e.g., undocumented migrant workers) is also **not** a factor in determining eligibility.

A household is defined as: “A single person or group of related or non-related individuals living as one economic unit who buy and prepare meals together or have meals prepared for them.” Given this definition, more than one household could reside at the samehome. In such a situation, the poverty guideline must be applied to the separate income of each household rather than the total number of residents at a particular address. The definition includes individuals residing in group quarters, but excludes inmates of institutions.

Household income is defined as: “All cash payments made to a household before taxes.” To determine the household income level, either the last month’s or the last year’s income can be used. This flexibility is intended to allow households which have experienced recent, adverse situations, to participate in the program.

If a food box is to be obtained for a third party, the person picking up the food box must bring a written statement from the ultimate recipient which includes a request for the pickup, a statement of household size, and a signature attached to a declaration of income. The person picking up the food box must sign for such, and authorization notes must be kept on file by the Recipient Agency. A sample form is provided in Appendix D.

The sign-in sheet (Form 4) provided in Appendix C is an acceptable intake form. If the Recipient Agency uses a different intake form than Form 4, the same questions should be asked of every person that seeks food, for consistency and to avoid the appearance of discrimination.

If clients have not already applied for assistance through more permanent, ongoing programs, low-income persons who receive food boxes should be helped via information and/or referral in accessing such programs as SNAP, LIHEAP, TANF and WIC in order to meet nutritional and other basic needs.

Volunteers that help with distribution of USDA food should not receive commodities unless they are income eligible. The amounts and types of commodities distributed to these volunteers must not differ from the amounts and types of food regularly distributed at the site. Care must be taken to avoid any appearance of, or actual, favoritism for volunteers (e.g., serving volunteers prior to opening to the general public).

Although TEFAP does not require the collection of race/ethnicity data during intake, other grant or funding requirements may make collection of this and other data necessary. This can be done using intake software approved by OFB or alongside the TEFAP sign-in process (e.g., a questionnaire or an interview after the food intake process is completed). It must be clear to the client that not participating in the questionnaire or interview for other grant or funding requirements will not affect their eligibility for TEFAP food assistance.

Approved intake software may be used for TEFAP eligibility screening provided the following: During intake; personnel must inform recipients that participation in the electronic system is not required to receive assistance. Once a client has agreed to participate, they must be informed that questions/declarations not required for participation under section, D, 1 can be skipped.

If participation in the electronic intake system is declined, Form 4 must be provided for declaration of eligibility. Form 4 must always be available in case of computer failure, power outage, or other extenuating circumstances. An approved poster outlining intake requirements must be conspicuously posted during intake (appendix M)

(E) Uniform Eligibility Screening

Federal regulations (7 CFR Part 251.5(b)) require that the State agency “...must establish uniform Statewide criteria for determining the eligibility of households to receive commodities...” including “...income-based standards and the methods by which households may demonstrate eligibility under such standards...”

Therefore, screening for client eligibility will be uniform throughout the state and agencies will determine eligibility based only on the USDA screening criteria (i.e., income and residence in Oregon). Household information gathering is limited to provisions described in the Federal Regulation 7 CFR Part 251.10(a) (3).

TEFAP is a self-declaration program, which means that the client is “self-declaring” through self-attestation that they meet the program eligibility requirements. The Recipient Agency shall comply with the Client Eligibility Requirements as stated in this manual. If it is determined that a Recipient Agency requires other information for service, OFB may terminate the TEFAP contract.

In areas where service areas are delineated or where service is close to the border of another state, the program may use the zip code gathered on the intake form to confirm that they live within the service area, but proof of zip code cannot be requested or required. Requests for food cannot be denied due to lack of a zip code or evidence of residence. An “H” may be entered in place of a zip code on the sign-in form for homeless recipients.

(F) Uniform Eligibility Screening FAQs

(1) What is “uniform eligibility screening”?

This refers to the provision in the Federal rules governing TEFAP that requires the State to set uniform criteria for determining the eligibility of households to receive USDA commodities through TEFAP. The goal is make the process of requesting and

receiving food assistance the same across the state, whether a person seeking food walks into a SVDP in Eastern Oregon or a Salvation Army in the Valley.

(2) *1a. Under uniform eligibility, sites must be open to the public. Sites with additional screening criteria that limit participation are not eligible to participate in the Food Box Program.*

(3) Can a pantry use a different screening process for non-TEFAP foods?

No. If a Recipient Agency receives TEFAP foods for distribution, then it must follow the USDA/State of Oregon eligibility screening criteria for all food boxes distributed (for example, a pantry may not send the names of food applicants to the local police department to check for warrants). The screening process is tied only to TEFAP eligibility. If a pantry has TEFAP food in stock, the expectation/assumption is that these foods are being distributed as part of a commingled supply of food being provided to clients.

(4) What if we have a funding source that requires demographic data about food recipients?

If a funding source requires demographic data about food recipients beyond the TEFAP screening information, a pantry may collect additional information AFTER eligibility has been established and food assistance is imminent (or will follow shortly). The pantry must clear the questions and the process with their RFB. The additional questions must be optional and clearly not required to get food.

Example: After the client has signed and the pantry has confirmed that they will be served, the pantry worker can ask the client additional (optional) questions.

(5) Can we ask for the names of other household members?

A pantry may request the names of the other household members, but not proof that the persons named are members of the household. A pantry might want the names of adults in the household to assist in tracking the frequency of service; more than one of the adults might have the task of requesting food assistance at different times. The self-attestation affirms the number of members.

(6) Can we ask for the ages or birthdates for household members?

Some pantry intake systems use the birthdate with the name as the unique identifier for client recordkeeping. The birthdate is OPTIONAL. The client can decline to provide their birthdate - be recorded as "anonymous" and still receive food. If the birthdate is unknown, a best estimate can be offered by the client. Age may also be requested for the purpose of creating an age-appropriate food box (e.g., a household with a couple of teens would need a larger amount of food than one with two one-year olds). A verbal affirmation of ages should be sufficient for this.

(7) Can we ask for proof of the zip code?

You may use the zip code gathered at the point of intake to confirm that household lives within the service boundaries of your pantry if you have a designated service area cleared by the Regional Food Bank and published or posted. Per the Federal regulations, not having a zip is not a reason for not serving a household- an “H” for “homeless” may be entered in the zip code space. No formal ID, or verification of any sort is permitted.

(8) What are some examples of screening requirements that are not allowed?

- Picture ID, such as driver’s license or military ID
- Social Security Numbers or card
- Proof of citizenship
- Proof of the number in household (e.g., OHP cards to prove number of children; SS cards for members of household)
- Proof of income: pay stub, etc.
- Listing of household expenses or income
- Proof of participation in SNAP, WIC or other assistance program
- Proof that the client is looking for work
- Birth certificate

(9) What about multi-service agencies that need more detailed information to help?

As with additional funding-based questions, multi-service agencies may request more detailed information AFTER eligibility for food assistance has been established. For example, the intake form for a multi-service agency should be designed to make it clear that only the self-attestation and number of persons in the household are required for food. The form should clearly state that if the food client wishes to be considered for other services, such as utility or rent assistance, they will be required to provide additional information.

(10) What about households that claim to have 10 or 12 members? Our resources are too limited to serve many of these large families.

The average household size served by the Network ranges from about 2 to 6. For every large family you see, you probably serve many small families. Pantries may set a policy, clearly posted, that due to limited food resources, the maximum food box size provided is for a household of no fewer than 7-8 persons. This must be based on resources, applied to the entire Recipient Agency food program before distribution of food boxes occur and not based on individual suspicion of the truthfulness of a client claiming X household members. It must be a policy that applies to all.

(11) What can we ask from clients?

- (a) Name
- (b) Zip code and/or city of residence (unless homeless)
- (c) Household size
- (d) Client self-attestation declaring that:
 - (i) Their household resides within the agency’s service area

- (ii) Their household's income is at or below the applicable income guideline amount
- (iii) Their household is in need of food
- (iv) They will not sell, barter, or trade food received through this program
- (e) For the purpose of creating an age appropriate food box, ages may be requested (or the number of children and number of adult).
- (f) You may ask for evidence that the household lives within the service boundaries of your pantry if you have a designated service area cleared by the Regional Food Bank and published or posted.
- (g) If you need to ask for more information for OTHER programs (not food assistance) it needs to be clearly delineated on your intake form which information is required to receive food (only that listed above), and which is for other programs.

3. Congregate Meal Site Program

Priority 1 - Congregate Meal Sites (CMS): Public or charitable institution that maintains an established feeding operation to provide food to needy homeless persons on a regular basis as an integral part of their normal activities. Examples of such institutions are dining halls serving free meals, shelters for battered women and children, run-away children and homeless households and individuals. The "needy homeless" criterion is to be interpreted to equate to "homeless or needy."

In order to distribute TEFAP commodities, a Recipient Agency must be an organization which is public, or is private, possessing tax exempt status pursuant to 7 CFR 251.5(a)(3), and is not a penal institution, and provides food assistance to needy persons, and has entered into a Recipient Agency Agreement with Oregon Food Bank.

The CMS will designate a representative who will be charged with the responsibility for the proper management and use of commodities received. The name of this representative will be kept on file at the local RFB and OFB.

(A) Service Requirements

All TEFAP commodities must be provided to low-income persons at the CMS free of charge. Under no circumstances shall program recipients be required to make payments in money, materials, or services for, or in connection with, participation in this program, nor shall donations of any kind be solicited from program recipients.

It is assumed that all clients served at emergency meals sites and homeless/domestic violence shelters are eligible for TEFAP foods; no sign-in for meals is required.

"Faith-based" agencies that participate in USDA programs may continue to carry out their mission and retain their institutional identity while participating in USDA programs. However, USDA assistance cannot be used to support explicitly religious activities, nor can an organization require

participation in religious activities as a condition to USDA program participation. (See Appendix J & K)

4. Supplemental Programs (formerly known as Non-Emergency Programs (NEP))

Priority 2 –Supplemental Programs: Public or private nonprofit organization that provides food to low-income individuals on an ongoing basis or supplemental food as part of their broader program focus. Examples of such organizations include senior meal sites, day care programs or gleaning groups. Supplemental Programs are eligible only for surplus commodities designated by OFB.

In order to distribute TEFAP commodities a Recipient Agency must be an organization which is public, or is private, possessing tax exempt status pursuant to 7 CFR 251.5(a)(3), and is not a penal institution, and provides food assistance to needy persons, and has entered into a Recipient Agency Agreement with Oregon Food Bank.

The program will designate a representative who will be charged with the responsibility for the proper management and use of commodities received. The name of this representative will be kept on file at the local RFB and OFB.

(A) Service Requirements

No direct income eligibility screening is required for Supplemental Programs serving TEFAP commodities when those commodities are consumed on site (e.g. a youth after-unif program). The signature of the authorized person at the program stating that the program recipients are low-income individuals or member of a low-income household is sufficient for meeting the Supplemental Program definition. Distribution records such as a membership roll or class list must be kept for a period of three years and made available upon request. **Any Supplemental Program providing commodities for home consumption must conduct eligibility screening using USDA Form-4 (Appendix C).**

All TEFAP commodities must be provided to low-income persons free of charge. Under no circumstances shall program recipients be required to make payments in money, materials, or services for, or in connection with, participation in this program, nor shall donations of any kind be solicited from program recipients.

5. General TEFAP Program Requirements

(A) TEFAP Rules and Regulations

All the following as may be amended from time to time:

Emergency Food Assistance Act of 1983 (and as amended by Public Law)

7 CFR Part 15, Subparts A and C Implementation of Title VI of the Civil Rights Act of 1964

7 CFR Part 15a Implementation of Title IX of the Education Amendments of 1972

7 CFR Part 15b Implementation of Section 504 of the Rehabilitation Act of 1973

7 CFR Part 250 *Donation of foods for use in the U.S., its territories and possessions and areas under its jurisdiction*

7 CFR Part 16 – *Equal Opportunity for Religious Organizations*

28 CFR Part 35 *Implementation of Americans with Disabilities Act*

28 CFR Part 36 *Nondiscrimination on the basis of disability by public accommodations and in commercial facilities*

28 CFR Part 42 *Nondiscrimination; Equal Employment Opportunity; Policies and Procedures*

7 CFR Part 251 *The Emergency Food Assistance Program*

45 CFR Part 91 *Implementation of Age Discrimination Act of 1975*

FNS Instructions 716-3 *TEFAP Instructions and Administration Costs*

FNS Instructions 410-1 *Claims for Losses of Donated Foods and Related Administrative Losses*

FNS Instructions 709-5 *Shipment and Receipt of Foods*

FNS Instructions 113-1 *Civil Rights Compliance and Enforcement*

USDA Food Programs Disaster Manual

ORS 456.515 through 456.725 *Housing and Community Services Department*

ORS 458.505 through 458.545 *Community Services Program*

OAR 166.300 *State Agency General Records Retention Schedules*

Department of Human Services Special Agency Retention Schedule

OAR 813-220 *The Emergency Food Assistance Program*

TEFAP State Plan

DHS Master Grant Agreement, including Program Elements, Work Plans and Budgets

This Manual as guidelines for TEFAP, and all other references made within this manual

CFRs cited are amended from time to time and can be found at: <http://www.ecfr.gov/cgi-bin/text-idx?c=ecfr&tpl=%2Findex.tpl>

ORS cited are amended from time to time and can be found at: https://www.oregonlegislature.gov/bills_laws/Pages/ORS.aspx

OARs cited are amended from time to time and can be found at: <http://arcweb.sos.state.or.us/pages/rules/access/numerically.html>

(B) Confidentiality

Volunteers shall sign a confidentiality agreement that stresses the critical importance of respecting client privacy and keeping all client information confidential. A sample confidentiality agreement is provided as Appendix F. *Completing OFB's Civil Rights training as described in section G.III and signing a training log is equivalent to signing a confidentiality agreement.* Client information is to be held to the same standards of confidentiality as the case files of a social worker (e.g., shared with court or law enforcement only with a subpoena). Taking great care to ensure confidential information is securely transferred; agencies may exchange records after informing the client that their information may or will be shared with another program(s) and why. Recipient Agencies

shall not release or disclose any such information except as necessary for the administration of the program(s), **as authorized in writing by the applicant or recipient** or as required by law.

(C) Food Storage and Handling Requirements

All commodities are to be stored at the Recipient Agency site. Commodities should not be stored at a private home, as this can result in allegations of improper distribution of commodities and food safety cannot be assured. Prior authorization is required from both DHS and OFB for a waiver of this requirement if necessary.

Food storage and handling should comply with the guidelines established in Appendix A of this Manual.

(D) Reporting

Monthly Distribution Report Forms are to be submitted to the RFB (USDA Form 6 or equivalent electronic form). Failure to submit reports in a timely manner can result in suspension of access to USDA and donated foods. Reports are due monthly. Monthly reports detailing the number people and meals served, volunteers and hours, and pounds of food collected will be required.

NOTE: Although not required by USDA for TEFAP distribution, other grant or funding requirements may require the collection of race/ethnicity data. It must be done in a way that does not create a barrier to people receiving a meal and it must be clear that participation in the questionnaire will not affect their eligibility for a meal. For example, a periodic anonymous questionnaire requesting client characteristics such as ethnicity, income sources, housing, or household type.

(E) Records Maintenance

To account for receipt of USDA commodities from the RFB, all order receipts, which itemize USDA commodities received, must be kept for a minimum of three (3) years, from the end of the fiscal year to which they pertain. Losses in excess of \$500 value may result in USDA claims for repayment of the value of the product if there is evidence of agency negligence in preventing losses (e.g., unsafe storage). RFBs follow the Damage/Spoil/Loss Procedures as identified in the TEFAP RFB Manual.

All TEFAP inventory and client records must be maintained on-site and held for three years, from the close of the fiscal year to which they pertain. All records shall be made available to Federal, State, and Oregon Food Bank or RFB staff on request.

All client records must be maintained in a secure manner (e.g., locked office, locked file cabinet, password protected software).

The use of electronic record keeping in TEFAP is permitted, provided that the same degree of confidence regarding the accuracy of eligibility determinations results from the electronic system as from the traditional, paper-based system. E-signatures must maintain

participants' privacy, and be made available to Federal and State agencies conducting reviews required by Federal regulations. E-records must include a means to fully access Program benefits without internet or computer access (a back-up paper form is always available).

(F) *Monitoring*

RFBs are required to conduct on-site monitoring visits of local Recipient Agencies at least once every two years (and more frequently as necessary). The purpose of the on-site visit is to ensure that the agency is complying with all food storage, record keeping and program operation requirements.

If there are issues not resolved at the time of the monitoring visit, a letter summarizing the findings of the on-site review will be sent by the RFB within 30 days of the visit stating any corrective action that needs to be taken by the agency. The agency must respond to the RFB within 30 days stating actions taken to correct deficiencies. Copies of RFB on-site review letters and any subsequent Recipient Agency responses will be made available to DHS upon request.

Oregon Food Bank, Oregon Department of Human Services, and USDA staff conduct periodic site reviews of selected agencies to monitor compliance with food storage, record keeping and client eligibility requirements. Advance notice will be provided in such an event.

(G) Civil Rights

In accordance with FNS Instructions 113-1 and TEFAP State Plan.

It is the responsibility of RFBs and Recipient Agencies to ensure that all staff/volunteers having direct contact with clients receive annual training in civil rights rules and the complaint process ([see the TEFAP Civil Rights Handbook for details](#)). Review of civil rights compliance is a part of RFB on-site monitoring of Recipient Agencies.

I. USDA Nondiscrimination Statement

The USDA nondiscrimination statement is as follows (revised 2015):

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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.

The nondiscrimination statement must be posted and be included, in full, on all materials regarding TEFAP produced by the recipients for public information, public education, or public distribution. The authorized nondiscrimination statement cannot be modified. All information materials and sources, including Web sites, used by OFB, RFBs, or other Recipient Agencies informing the public about TEFAP must contain the nondiscrimination statement. It is not required that the nondiscrimination statement be included on every page of the program information Website, but at minimum, the

nondiscrimination statement, or a link to it, must be included on the home page of the program information.

If the material is too small to permit the full statement to be included, the material will at a minimum include the statement, in print size no smaller than the text, **“This institution is an equal opportunity provider.”**

II. Complaints

Any person has a right to file a complaint within 180 days of the action for which the complaint is the subject. Complaints received by OFB or Recipient Agencies will be forwarded to DHS for follow-up.

III. Recipient Agency Requirements

Each Recipient Agency is required to:

- Maintain a file with samples of pamphlets, fliers, and other public notifications showing that the nondiscrimination statement is included.
- Conduct civil rights training on an annual basis for Recipient Agencies distributing TEFAP commodities and maintain a training log of all attendees of the training, including all volunteers, per FNS Instructions 113-1.
- Post the “And Justice for All” poster, with Civil Rights Hotline tear-offs and information on where to file a complaint, in a conspicuous area.
- Maintain a discrimination complaint procedure and file of any complaints.
- Notify the public, including minority and grassroots organizations in your service area, of program availability and eligibility standards at least once every two years and when any significant changes to the program occur, such as eligibility standards, hours of operation or location.

DHS monitors civil rights activities annually during on-site visits. Provisions of FNS Instructions 113-1 XIV are followed to resolve non-compliance cases.

(H) Limited English Proficiency (LEP)

LEP persons are those persons who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. Programs and operations that receive assistance from the federal government must take reasonable steps to ensure that LEP persons have meaningful access to the programs, services, and information these entities provide.

Recipients of federal financial assistance have an obligation to reduce language barriers that can preclude meaningful access by LEP persons to important benefits, programs, information, and services. (The federal government has the same obligations as a result of Executive Order 13166.) The starting point is an individualized assessment that balances the following four factors:

- (1) The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee/recipient;

- (2) The frequency with which LEP individuals come in contact with the program;
- (3) The nature and importance of the program, activity, or service provided by the program to people's lives; and
- (4) The resources available to the grantee/recipient and costs.

Elements that may be helpful in designing an LEP policy or plan:

- Identifying LEP persons who need language assistance
- Identifying ways in which language assistance will be provided
- Training staff
- Providing notice to LEP persons
- Monitoring and updating LEP policy

Language Assistance Services may include:

- Oral interpretation services
- Bilingual staff
- Telephone interpreter lines
- Written language services
- Community volunteers

OFB, DHS, and www.lep.gov are all available to assist in the development of a LEP plan. Also refer to the TEFAP Civil Rights Handbook.

6. Appendix A: Food Storage Handling and Safety Practices

OREGON FOOD BANK

Good food safety practices are critical to protecting clients' health and safety. A phone call to your county health department is a good way to alert them to the existence of your operation and receive their guidance where needed. Agencies must abide by all applicable food handling requirements of federal, state, and local government rules and regulations as well as guidelines set forth by Oregon Food Bank. In general, good warehouse and storage practices are:

- Keep food off the floor by storing it on pallets, platforms or shelves.
- Keep food away from walls for good ventilation and pest control (visual checks).
- Keep floors, pallets and shelves clean.
- Keep doors and windows well sealed to prevent pest entry and water damage.
- Maintain proper temperatures (-10° to 0°F frozen foods, 33° to 41°F for refrigerated foods, 50° to 70°F for all dry storage foods, generally 50°F for short term storage of produce). Check refrigerator and freezer temperatures daily and dry storage units at least weekly, and keep a log of the date and temperature of each. (A sample Temperature Log may be found at Appendix H.)
- Maintain a good pest control system. Check rodent traps at least once per week (preferably daily) and keep a log of the date and findings at each trap (A sample Pest Log may be found

at Appendix I). Make a map of rodent trap locations as a safety precaution and to assist in proper tracking. Agencies may employ professional pest control for their pest control system.

- Ensure you have no leaky compressors in freezers and refrigerated units. Temperature logs will help alert you to malfunctioning units. Remove ice buildup as it occurs.

Be sure to keep all toxic chemicals, well away from food areas. DO NOT STACK NON-FOOD ITEMS ON TOP OF FOOD ITEMS. DO NOT STACK TOXIC ITEMS (SUCH AS SOAP AND BLEACH) ON TOP OF PAPER PRODUCTS. It is recommended to keep non-food items away from high traffic areas, in a row separate from food items (four feet is the recommended minimum). It is a good idea to have a buffer row, such as empty pallets or bread trays, between food and non-food rows.

All canned and packaged foods should be inspected, especially salvage products. Bulging cans and cans with sharp dents or rust on the seams should be discarded. Training materials are available through OFB or your local RFB.

Many products last well past the pull date with only a slight deterioration in nutritional value, or change in coloring or quality; other products such as fresh dairy products are safe as much as a week or more past the pull date depending on the product. Also check with your Regional Food Bank for more information and you can reference 7 CFR Part 250.

REMEMBER: It is important that sound judgment be exercised at all levels of the food bank distribution system to ensure that all food items are in good condition upon receipt by clients of member food helping agencies.

NO REPACKAGING OF USDA COMMODITIES IS ALLOWED

Repackaging of **non-USDA** foods must be done very carefully. Generally, any repackaging should occur only in a kitchen that has been approved by the state or county health inspector. Basic food repacking guidelines include:

- Wash, rinse and sanitize all utensils and tabletops before repacking, and between products.
- Wear hair nets or hair restraints.
- Make sure hands and fingernails are clean and wear gloves (disposable).
- Make sure shirt pockets are empty, wear aprons as needed.
- Keep jewelry and other foreign objects away from food.
- Wash hands after sneezing, eating, or smoking (outside the food storage area) and after using the restroom.
- Proper containers are important. Repack into new, food grade containers. Do not package food into used plastic containers (i.e., margarine or yogurt tubs), plastic bags or garbage bags. Garbage bags are not food grade quality and harmful chemicals may leach into food.
- Label all repackaged products with all ingredients and allergy warnings.

- Repackaging of frozen or perishable products should be avoided. Never repack any frozen product that requires thawing to break apart or cut and never use home tools like a band saw or radial arm saw to cut frozen products.

Practice good safety in your warehouse or other food storage area by ensuring that all products are stacked safely. Leave aisles wide enough for safe passage. Do not allow children in food storage areas. Sweep and mop up spills as they occur. Forklift drivers should always drive carefully, honking before going around corners or backing up. At least one person at every EFB or CMS site should maintain an Oregon Food Handler's Card. All regular volunteers should watch the OFB-produced Food Safety video.

For additional information about health and safety practices, contact your county health officer or the Oregon State Health Division. OFB and RFB staff are also available for questions.

Fire extinguishers, evacuation plans, safe exit routes and first aid kits are expected as part of operating a safe workplace environment for staff, volunteers and clients.

7. Appendix B: Income Eligibility Poster

This is a sample poster. Current posters are available from your local RFB.

USDA-TEFAP ELIGIBILITY

BY SIGNING THE USDA SIGN-IN SHEET OR INTAKE FORM
YOU DECLARE THAT :

1. You are eligible to receive USDA commodities because:

- Your household income is at or below the eligible income levels (see below) OR
- You are currently participating in the Food Stamp Program (SNAP), TANF, SSI, OR LIHEAP

AND

2. Your address and the number of people in your household as declared on the sign-in sheet are true and accurate.

**USDA-TEFAP COMMODITY
2017 ELIGIBILITY GUIDELINES**

HOUSEHOLD SIZE	INCOME	
	MONTHLY	ANNUAL
1	\$ 1,860.....	\$22,311
2	\$ 2,504.....	\$30,044
3	\$ 3,149.....	\$37,777
4	\$ 3,793.....	\$45,510
5	\$ 4,437.....	\$53,243
6	\$ 5,082.....	\$60,976
7	\$ 5,726.....	\$68,709
8*	\$ 6,371.....	\$76,442

* FOR EACH ADDITIONAL MEMBER, ADD \$645 PER MONTH
COMMODITY FOODS ARE FOR HOME CONSUMPTION ONLY AND MAY NOT BE SOLD, TRADED,
BARTERED OR EXCHANGED FOR SERVICES.

USDA-TEFAP commodities in emergency food parcels are made available to persons in emergency need based on current supplies. Recipients must provide the following information:

- Name ● Address (if you have one) ● Number of people in your household

Eligibility is based on where you live and the posted income/eligibility guidelines ONLY.

You may be asked for additional information for non-food programs or referral purposes, but the additional information may not be used to determine eligibility for the food program.

If you have questions about your eligibility for TEFAP commodities at this agency, please call the Regional Food Bank at the number listed:

**

IMPORTANT **
**ANYONE STEALING OR FRAUDULENTLY OBTAINING
COMMODITIES MAY BE FINED UP TO \$10,000 OR IMPRISONED
FOR UP TO 5 YEARS OR BOTH.**

8. Appendix C: Sign-In Sheet (USDA Form 4)

This is a sample form. Current forms are available from your local RFB

**USDA (TEFAP) COMMODITIES GENERAL FOOD BOX SIGN-IN SHEET
REGISTRO PARA RECIBIR COMIDA**



PLEASE RECORD RECIPIENT INFORMATION ON OTHER SIDE
POR FAVOR REGISTRE LA INFORMACIÓN DEL DESTINATARIO EN EL OTRO LADO

You self-declare that:

1. Your zip code and household size are correct (unless homeless).
2. Your household income is at or below 300% of the federal poverty levels as shown below, OR you are currently participating in SNAP (Food Stamp program), TANF, SSI, or LIHEAP.
3. You have been shown the USDA Nondiscrimination Statement.
- You **DO NOT** need to provide your social security number, proof of citizenship, or photo ID.
- You **DO NOT** need to provide proof of income or household size.
- Some programs have service boundaries. Information provided below may be used to confirm boundaries, you **DO NOT** need to provide any other proof. You will not be turned away if you do not have an address.

Ud. declara que:

1. Su código postal y la cantidad de personas en su hogar son ciertos y exactos (a menos que esté sin hogar)
2. Los ingresos de su hogar son iguales o menores a 300% de los niveles federales de pobreza, o que está activamente recibiendo beneficios de SNAP (Programa de estampillas de comida), TANF, SSI, o LIHEAP.
3. Se le ha mostrado la declaración de no discriminación de USDA.
- **NO ES NECESARIO** que proporcione su número de seguro social, prueba de ciudadanía o identificación con foto.
- **NO ES NECESARIO** que proporcione comprobantes de ingresos o del tamaño del hogar.
- Algunos programas tienen límites de servicio. La información proporcionada a continuación se puede utilizar para confirmar los límites; **NO es necesario** que proporcione ninguna otra prueba. No lo rechazarán si no tiene una dirección.

2024 Income / Ingresos

Family Size <i>Tamaño de familia</i>	Monthly <i>Mensual</i>	Annual <i>Anual</i>	Family Size <i>Tamaño de familia</i>	Monthly <i>Mensual</i>	Annual <i>Anual</i>
1	\$3,765	\$45,180	5	\$9,145	\$109,740
2	\$5,110	\$61,320	6	\$10,490	\$125,880
3	\$6,455	\$77,460	7	\$11,835	\$142,020
4	\$7,800	\$93,600	8	\$13,180	\$158,160

For each additional member, add \$1,345 per month or \$16,140 per year. *Por cada miembro adicional, agregue \$1,345 por mes o \$16,140 por año.*
This institution is an equal opportunity provider. *Esta institución es un proveedor que ofrece igualdad de oportunidades.*

Form 4 – Rev. 6/13/2

Date <i>Fecha</i>	Print name <i>Nombre y apellido</i>	Zip code or City (mark H if homeless) <i>Ciudad o código postal (o H si está sin hogar)</i>	# of people in household <i># de personas en el hogar</i>

9. Appendix D: TEFAP Authorized Representative

This is a sample form. The current form is available from your local RFB.

The Emergency Food Assistance Program (TEFAP) Authorized Representative Form

Name: _____ Number of people in household: _____

Zip code and/or city of residence: _____

(Client may identify homelessness by writing an "H" in the line above.)

This table shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food.

2024 Income guidelines			
Family Size	Monthly	Annual	
1		\$3,765	\$45,180
2		\$5,110	\$61,320
3		\$6,455	\$61,320
4		\$7,800	\$93,600
5		\$9,145	\$109,740
6		\$10,490	\$125,880
7		\$11,835	\$142,020
8		\$13,180	\$158,160
For each additional member, add \$1,345 per month or \$16,140 per year			

You are also eligible to receive food from TEFAP if your household participates in any of the following programs. If you participate in one of these programs, please check the space next to it.

- Low Income Home Energy Assistance Program (LIHEAP)
- Social Security Disability Income/Social Security Income (SSDI/SSI)
- Supplemental Nutrition Assistance Program (SNAP) (formerly known as food stamps)
- Temporary Assistance for Needy Families (TANF)
- Women, Infant and Children Supplemental Nutrition (WIC)
- Free or Reduced School Lunch Program

By signing below, I declare that my household is in need of food and that the household income is at or below the eligible income levels, OR that I am currently participating in any one of the programs checked above. I will not sell, barter, or trade food received through this program. This certification form is being completed in connection with the receipt of federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under state and federal law. **I authorize the following person to act as my authorized representative:**

(Name of authorized representative) _____

(Signature)

(Date)

10. Appendix E: Discrimination Complaint Form

For Official Use Only

Walk-in

Date: _____

No: _____

Call-in

From: _____
(Agency Name)

1. Please Print or Type

Your Name _____ Phone No. _____

Street Address _____ Message/Contact No. _____

City _____ State _____ Zip _____

2. I feel I was discriminated against because of my:

<input type="checkbox"/> Race or Color	<input type="checkbox"/> National Origin	<input type="checkbox"/> Age	<input type="checkbox"/> Disability	<input type="checkbox"/> Sex	<input type="checkbox"/> Gender identity
<input type="checkbox"/> Religion	<input type="checkbox"/> Political beliefs	<input type="checkbox"/> Marital status	<input type="checkbox"/> Familial or parental status		
<input type="checkbox"/> Sexual orientation	<input type="checkbox"/> Other _____				

3. Explain briefly the discrimination you believe occurred. Identify the persons involved by name and position. Be sure to clearly explain **who**, **what**, **when**, and **why** (who did what, when the action occurred, why you believe the action occurred). Use the back side of this form if you need more space.

4. To the best of my knowledge the most recent date on which this discrimination took place:

Month _____ Day _____ Year _____

5. Signature of complainant: _____ Phone: _____

OR

Information taken by: _____ Phone: _____

[Copy to RFB and client; agency retains original]

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

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

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

This institution is an equal opportunity provider.

QUEJA DE DISCRIMINACION

Para Uso de Oficina Solamente		
En Persona <input type="checkbox"/>	Fecha: _____	No: _____
Por Teléfono <input type="checkbox"/>		

De: _____
(Nombre de la Agencia)

1. Por favor letra de molde o a máquina

Su Nombre _____ No. Teléfono _____
 Dirección _____ No. Mensajes _____
 Ciudad _____ Estado _____ Zip _____

2. Se me discriminó debido a:

<input type="checkbox"/> Raza or Color de piel	<input type="checkbox"/> Nacionalidad	<input type="checkbox"/> Edad	<input type="checkbox"/> Discapacidad	<input type="checkbox"/> Identidad de género
<input type="checkbox"/> Sexo	<input type="checkbox"/> Religión	<input type="checkbox"/> Creencias políticas	<input type="checkbox"/> Estado marital	<input type="checkbox"/> Estado familiar o paterno
<input type="checkbox"/> Orientación sexual	<input type="checkbox"/> Other _____			

3. Explique brevemente la discriminación que usted cree que ocurrió. Identifique las personas envueltas por nombre y puesto. Asegúrese de explicar claramente **quién, qué, cuándo, y porqué** (quién hizo qué, cuando el suceso ocurrió, porqué piensa usted que esto ocurrió)

4. De acuerdo con mi mejor recuerdo la fecha más reciente en que ocurrió esta discriminación:

Mes _____ Día _____ Año _____

5. Firma de la persona _____ Teléfono: _____
 poniendo la queja: _____
 ó
 Información tomada por: _____ Teléfono: _____

[Copy to RFB and client; agency retains original]

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o con discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] llamando al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: [How to File a Complaint](#), y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

(1) correo: 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; o (3) correo electrónico: program.intake@usda.gov.

11. Appendix F: Confidentiality Agreement

Confidentiality Agreement

As a volunteer at _____ you may encounter people from the community that you know or have access to records of the people receiving food assistance. It is the policy of this organization that all information about clients is strictly confidential and stays within the walls of the pantry. Also, any information or knowledge you may have about a client’s life or situation is not to be brought to the attention of other volunteers at the pantry.

To protect the privacy and dignity of the people we serve, we ask that you acknowledge and affirm your intent to keep all information regarding clients confidential and that you will not share any information about clients outside the pantry or authorities unless provided with a court order or a subpoena signed by a judge.

~~~~~  
*What I hear or observe about clients, staff or other volunteers while volunteering here will remain confidential. I agree to protect the privacy of client information I am given access to. I agree to keep this information in the strictest confidence and the failure to do so may result in my being denied the opportunity to volunteer.*

| Date | Volunteer name | Signature |
|------|----------------|-----------|
|      |                |           |
|      |                |           |
|      |                |           |
|      |                |           |
|      |                |           |
|      |                |           |
|      |                |           |
|      |                |           |
|      |                |           |

## 12. Appendix G: Monthly Distribution Report (USDA Form 6)

**This is a sample form. Current forms are available from your local RFB**

Period covered by this report Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_



### OFB 1A / 1B Monthly Food Resource and Distribution Report

Agency Name: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Phone: \_\_\_\_\_

|                                                                                   |                                                     |
|-----------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>1. Food Pantry Service Statistics</b>                                          | <b>Food Pantries complete sections 1, 3 &amp; 4</b> |
| Number of households receiving food assistance: _____                             |                                                     |
| Number of people in the households served: _____                                  |                                                     |
| Number of volunteers this period: _____ Number of volunteer hours: _____          |                                                     |
| Were you able to provide a 3-5 day supply of food (check one)? Yes _____ No _____ |                                                     |
| Did you turn anyone away for lack of food to give (check one)? Yes _____ No _____ |                                                     |
| Did you turn anyone away for other reasons (check one)? Yes _____ No _____        |                                                     |
| If yes, why? _____                                                                |                                                     |

|                                                                                 |                                                           |
|---------------------------------------------------------------------------------|-----------------------------------------------------------|
| <b>2. Meal Site/Shelter Service Statistics</b>                                  | <b>Meal Sites/Shelters complete sections 2, 3 &amp; 4</b> |
| Number of meals served: _____ Number of people served <i>(optional)</i> : _____ |                                                           |
| Number of volunteers this period: _____ Number of volunteer hours: _____        |                                                           |

|                                                              |                    |                                                                                                                                              |                       |
|--------------------------------------------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| <b>3. Donations from Statewide donors (report in pounds)</b> |                    |                                                                                                                                              |                       |
| <b>ALBERTSONS:</b> _____                                     | Costco: _____      | Food 4 Less: _____                                                                                                                           | United Grocers: _____ |
| <b>FRED MEYER:</b> _____                                     | Starbucks: _____   | Oroweat: _____                                                                                                                               | Ray's: _____          |
| <b>SAFEWAY:</b> _____                                        | Trader Joes: _____ | Wal-Mart: _____                                                                                                                              | Winco: _____          |
| Other (please list): _____                                   | _____ lbs          | <b>Other Statewide Donors include:</b> Alpenrose, Franz Bread, Frito Lay, Golden Temple, Harry & David, Kettle Foods, K-Mart, Lochmead Dairy |                       |
| Other (please list): _____                                   | _____ lbs          |                                                                                                                                              |                       |
| Other (please list): _____                                   | _____ lbs          |                                                                                                                                              |                       |
| Other (please list): _____                                   | _____ lbs          |                                                                                                                                              |                       |
| Other (please list): _____                                   | _____ lbs          |                                                                                                                                              |                       |

|                                                                                                    |                                               |
|----------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>4. Other Donations</b>                                                                          |                                               |
| Local Food Industry/Stores: _____ lbs                                                              | Local Food Drives: _____ lbs                  |
| Individuals/Groups: _____ lbs                                                                      | Local Food Purchase (not thru RFB): _____ lbs |
| Locally Grown Produce (home grown, Plant-a-Row, etc. - not thru RFB) <i>(optional)</i> : _____ lbs |                                               |

You may fax this report to 503-282-0922 or email to [pastats@oregonfoodbank.org](mailto:pastats@oregonfoodbank.org)

## 13. Appendix H: Temperature Log

### Temperature Log

Location: \_\_\_\_\_

| Date | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|------|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
| 1    |     |     |     |     |     |      |      |     |      |     |     |     |
| 2    |     |     |     |     |     |      |      |     |      |     |     |     |
| 3    |     |     |     |     |     |      |      |     |      |     |     |     |
| 4    |     |     |     |     |     |      |      |     |      |     |     |     |
| 5    |     |     |     |     |     |      |      |     |      |     |     |     |
| 6    |     |     |     |     |     |      |      |     |      |     |     |     |
| 7    |     |     |     |     |     |      |      |     |      |     |     |     |
| 8    |     |     |     |     |     |      |      |     |      |     |     |     |
| 9    |     |     |     |     |     |      |      |     |      |     |     |     |
| 10   |     |     |     |     |     |      |      |     |      |     |     |     |
| 11   |     |     |     |     |     |      |      |     |      |     |     |     |
| 12   |     |     |     |     |     |      |      |     |      |     |     |     |
| 13   |     |     |     |     |     |      |      |     |      |     |     |     |
| 14   |     |     |     |     |     |      |      |     |      |     |     |     |
| 15   |     |     |     |     |     |      |      |     |      |     |     |     |
| 16   |     |     |     |     |     |      |      |     |      |     |     |     |
| 17   |     |     |     |     |     |      |      |     |      |     |     |     |
| 18   |     |     |     |     |     |      |      |     |      |     |     |     |
| 19   |     |     |     |     |     |      |      |     |      |     |     |     |
| 20   |     |     |     |     |     |      |      |     |      |     |     |     |
| 21   |     |     |     |     |     |      |      |     |      |     |     |     |
| 22   |     |     |     |     |     |      |      |     |      |     |     |     |
| 23   |     |     |     |     |     |      |      |     |      |     |     |     |
| 24   |     |     |     |     |     |      |      |     |      |     |     |     |
| 25   |     |     |     |     |     |      |      |     |      |     |     |     |
| 26   |     |     |     |     |     |      |      |     |      |     |     |     |
| 27   |     |     |     |     |     |      |      |     |      |     |     |     |
| 28   |     |     |     |     |     |      |      |     |      |     |     |     |
| 29   |     |     |     |     |     |      |      |     |      |     |     |     |
| 30   |     |     |     |     |     |      |      |     |      |     |     |     |
| 31   |     |     |     |     |     |      |      |     |      |     |     |     |

**Refrigerator temperature should be between 33° and 41°F**

**Freezer temperature should be 0°F or below**

**Dry storage area should be between 50° and 70°F**

# 14. Appendix I: Pest Control Log

## Pest Control Log

Location: \_\_\_\_\_

| Date | Jan | Feb | Mar | Apr | May | June | July | Aug | Sept | Oct | Nov | Dec |
|------|-----|-----|-----|-----|-----|------|------|-----|------|-----|-----|-----|
| 1    |     |     |     |     |     |      |      |     |      |     |     |     |
| 2    |     |     |     |     |     |      |      |     |      |     |     |     |
| 3    |     |     |     |     |     |      |      |     |      |     |     |     |
| 4    |     |     |     |     |     |      |      |     |      |     |     |     |
| 5    |     |     |     |     |     |      |      |     |      |     |     |     |
| 6    |     |     |     |     |     |      |      |     |      |     |     |     |
| 7    |     |     |     |     |     |      |      |     |      |     |     |     |
| 8    |     |     |     |     |     |      |      |     |      |     |     |     |
| 9    |     |     |     |     |     |      |      |     |      |     |     |     |
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*Enter location of evidence in day. Add detail/follow-up below or on reverse.*

## 15. Appendix J: Prohibition of Religious Activities as Part of TEFAP Policy Memo



United States Department of Agriculture

Food and  
Nutrition  
Service

**DATE:** November 28, 2016

Park Office  
Center

**POLICY NO:** FD-142: The Emergency Food Assistance Program (TEFAP),  
Commodity Supplemental Food Program (CSFP)

3101 Park  
Center Drive  
Alexandria VA  
22302

**SUBJECT:** Further Clarification on the Prohibition Against Explicitly Religious  
Activities As Part of TEFAP and CSFP Activities

The purpose of this memorandum is to provide clarification on “explicitly religious activities” per 7 CFR Part 16 and provide specific examples related to The Emergency Food Assistance Program (TEFAP) and the Commodity Supplemental Food Program (CSFP). The U.S. Department of Agriculture’s (USDA) overarching regulation on equal opportunity for religious organizations to participate in USDA assistance programs can be found at 7 CFR Part 16. The final rule entitled [Federal Agency Final Regulations Implementing Executive Order 13559: Fundamental Principles and Policymaking Criteria for Partnerships With Faith-Based and Other Neighborhood Organizations](#) (Final Rule) amended 7 CFR Part 16. The preamble to that Final Rule directed agencies to provide policy guidance or reference materials on a number of program-specific topics, including program specific examples of explicitly religious activities.

Consistent with that direction, FNS issued [Policy Memorandum FD-138: Written Notice and Referral Requirements for Beneficiaries Receiving TEFAP and CSFP Benefits from Religious Organizations](#) in order to provide policy guidance on the regulation’s written notice and referral requirements for religious organizations that receive USDA Foods or administrative funding as part of TEFAP or CSFP. At this time, we are providing additional policy guidance in this memorandum and in [Policy Memorandum FD-141: Questions and Answers Related to the 7 CFR Part 16: Equal Opportunity for Religious Organizations Final Rule](#).

### Explicitly Religious Activities

The Final Rule amended 7 CFR Part 16 by replacing the term “inherently religious activities” with the term “explicitly religious activities” throughout the regulation. Per federal regulations at 7 CFR Part 16.4:

- Organizations may not engage in explicitly religious activities as part of TEFAP or CSFP. This includes activities that involve overt religious content, such as worship, religious instruction, or proselytization.
- If there is an explicitly religious activity that takes place at the distribution site, it must be separate in time or location from the provision of TEFAP or CSFP

services.

- Separate in time or location means that if there is an explicitly religious activity happening in the same location it must be at a different time than the provision of TEFAP or CSFP services or if an explicitly religious activity is happening at the same time it must be in a different location than the provision of TEFAP or CSFP services. There can be no overlap.
- Organizations must not require program beneficiaries or prospective beneficiaries to participate in explicitly religious activities in order to receive TEFAP or CSFP services. Participation in any explicitly religious activities must be voluntary.
- Organizations cannot use TEFAP or CSFP funds to support any explicitly religious activities, speech, or materials.

**Program Specific Examples for Organizations Operating TEFAP or CSFP**

| <i>It is acceptable to...</i>                                                                                                             | <i>It is unacceptable to...</i>                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|
| Have a cross hanging on a wall at the food distribution facility.                                                                         | Require beneficiaries to stand by the cross and recite a prayer prior to receiving USDA Foods.                                 |
| Have a menorah on a table at the USDA Foods distribution facility during the holiday season.                                              | Refuse USDA Foods to beneficiaries who do not practice the Jewish faith.                                                       |
| Have a display stand at the front/back of the USDA Foods distribution facility that contains faith-based pamphlets for anyone interested. | Insert faith-based pamphlets in bags or boxes when distributing USDA Foods.                                                    |
| Have a pastor or other religious official assist with the distribution of USDA Foods.                                                     | Require or encourage beneficiaries to have a religious conversation with the pastor or official prior to receiving USDA Foods. |
| Have a prayer service on the second level of a church building while the distribution of USDA Foods is happening on the lower level.      | Have a prayer service in the same room and at the same time as the distribution of USDA Foods.                                 |
| Invite beneficiaries to participate in a voluntary prayer before, and clearly separate from, the distribution of USDA Foods.              | Lead beneficiaries in a prayer at the beginning of the distribution of USDA Foods.                                             |

If a local or eligible recipient agency is unsure of whether or not a specific activity is explicitly religious, they can contact their State agency, which can in turn contact the appropriate FNS regional office for assistance.

*/s/ Original Signature on File*  
 Laura Castro Director  
 Food Distribution Division

## 16. Appendix K: Religious Referral Requirements Policy Memo



### Food distribution National Policy Memorandum

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**DATE:** June 10, 2016

**United States** **POLICY NO:** **FD-138:** The Emergency Food Assistance Program (TEFAP), Commodity  
**Department of** Supplemental Food Program (CSFP)  
**Agriculture**

Food and  
Nutrition  
Service

**SUBJECT:** Written Notice and Referral Requirements for Beneficiaries Receiving  
TEFAP and CSFP Benefits from Religious Organizations

3101 Park  
Center Drive

Alexandria, VA  
22302-1500

The purpose of this memorandum is to clarify the written notice and referral requirements for religious organizations that receive USDA Foods or administrative funding as part of The Emergency Food Assistance Program (TEFAP) or the Commodity Supplemental Food Program (CSFP). The U.S. Department of Agriculture's (USDA) overarching regulation on equal opportunity for religious organizations to participate in USDA assistance programs can be found at [7 CFR Part 16](#). The final rule entitled [Federal Agency Final Regulations Implementing Executive Order 13559: Fundamental Principles and Policymaking Criteria for Partnerships With Faith-Based and Other Neighborhood Organizations](#) (Final Rule) amended 7 CFR Part 16 and directed agencies to provide policy guidance or reference materials on a number of program-specific topics. Religious organizations participating in TEFAP or CSFP must comply with these final regulations by July 5, 2016. Please note, Child Nutrition (CN) Programs, including USDA Foods in CN Programs, are treated in the same manner as an indirect assistance program under 7 CFR Part 16 and are therefore not subject to the notice and referral requirements contained within this memorandum.

#### **Beneficiary Protections: Written Notice**

In accordance with 7 CFR Part 16.4(f), faith-based or religious organizations that receive USDA Foods or administrative funds for TEFAP or CSFP must give written notice in the manner prescribed by this policy memorandum to all beneficiaries and prospective beneficiaries of the right to be referred to an alternate provider when available. The written notice must state that:

- (i) The organization may not discriminate against beneficiaries 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;

- (ii) The organization may not require beneficiaries to attend or participate in any explicitly religious activities that are offered by the organization, and any participation by beneficiaries in such activities must be purely voluntary;
- (iii) The organization must separate in time or location any privately funded explicitly religious activities from activities supported by direct Federal financial assistance;
- (iv) If a beneficiary objects to the religious character of the organization, the organization will undertake reasonable efforts to identify and refer the beneficiary to an alternate provider to which the prospective beneficiary has no objection; the organization may not be able to guarantee, however, that in every instance, an alternate provider will be available; and
- (v) Beneficiaries may report violations of these protections (including denials of services or benefits) by an organization to the State agency (<http://www.fns.usda.gov/fdd/fooddistribution-contacts>). 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>).

Organizations, inclusive of all recipient agencies and local agencies certifying potential beneficiaries and providing TEFAP and CSFP benefits to participants, must provide the written notice, per the program specific requirements described below, to applicants prior to the time they enroll in the program or receive services from such programs.

#### TEFAP

Preamble language to the final rule amending 7 CFR Part 16 provided for an exception to the individual written notice of beneficiary protections requirement. When the service provided to the beneficiary involves only a brief interaction between the provider and the beneficiary, and the beneficiary is receiving what may be a one-time service from the provider (such as a meal at an emergency kitchen or food for home consumption at a food pantry), the service provider may post the written notice of beneficiary protections in a prominent place, in lieu of providing individual written notice to each beneficiary.

This exception is applicable only to TEFAP. Accordingly, religious organizations providing TEFAP services can comply with the federal regulations and meet the requirements of this guidance memorandum by posting a written notice, which includes the complete list of beneficiary protections described above, at service locations. The posted written notice must be visible to all TEFAP beneficiaries and prospective beneficiaries upon entrance into the distribution site. A sample poster for posting written notice of beneficiary protections is included as an attachment to this memorandum.

#### CSFP

For religious organizations operating CSFP, individual written notice of beneficiary protections provided under 7 CFR Part 16, including the right to be referred to another organization, must be given to all applicants at the time that they apply for CSFP benefits. For beneficiaries already enrolled in the program as of the implementation date of this requirement, written notice must be provided no later than July 5, 2016.

A sample form for providing individual written notice of beneficiary protections is included as an attachment to this memorandum. Religious organizations can comply with federal regulations and meet the requirements of this guidance by providing CSFP applicants with this sample form at the time of application or by incorporating the required notification language at 7 CFR Part 16.4(f) into their existing CSFP applications or another format of their choice, provided that each individual beneficiary or prospective beneficiary receives an individual written notice, which includes the complete list of beneficiary protections described above.

### **Beneficiary Protections: Referral Requirements**

In accordance with 7 CFR Part 16.4(g), if a beneficiary or prospective beneficiary of TEFAP or CSFP objects to the religious character of an organization that provides services under the program, that organization must promptly undertake reasonable efforts to identify and refer the beneficiary to an alternate provider, if available, to which the prospective beneficiary has no objection. A sample form for recording a beneficiary referral request is included as an attachment to this memorandum.

In some cases, a referral option may not be available. What constitutes “reasonable efforts” will depend on the situation. Organizations should at a minimum attempt to identify an alternative provider, determine what services the alternative provider offers, and determine whether the alternative provider is accepting new referrals. Below are the standards that must be followed:

- In making the referral, the organization must comply with all applicable State and local privacy laws and regulations.
- A referral may be made to another faith-based organization, if the beneficiary has no objection to that provider. But if the beneficiary requests a secular provider, and a secular provider is available, then a referral must be made to that provider.
- The referral must be to an alternate provider that is in reasonable geographic proximity to the organization making the referral and offers services that are similar in substance and quality to those offered by the organization, if one is available. The alternate provider also should have the capacity to accept additional clients, if one with capacity to accept additional clients is available. A referral may be made to non-USDA funded organizations, including non-TEFAP and non-CSFP providers, if necessary and available.
- If the organization determines that it is unable to identify an alternate provider, the organization must promptly notify the State agency, or local or eligible recipient agency with which it has an agreement. That agency must determine whether there is any other suitable alternate provider to which the beneficiary may be referred. A local or eligible recipient agency that receives a request for assistance in identifying an alternate provider may request assistance from the

State agency. The State agency is ultimately responsible for ensuring an alternate provider is identified, if available.

- State agencies may assist recipient or local agencies or organizations by providing such entities with information regarding alternate providers. Such information regarding alternative providers should include providers (including secular and non-USDA funded organizations) within a reasonable geographic proximity that offer services that are similar in substance and quality and that would reasonably be expected to have the capacity to accept additional clients, provided any such organizations exist. Examples of alternate methods of referral the State agency could provide organizations may include but is not limited to referral to websites, hotlines, or other service providers funded by the State agency. An organization which relies on such information provided by the State agency will be considered to have undertaken reasonable efforts to identify an alternate provider for the purposes of 7 CFR Part 16.

### **Record Keeping**

State and local agencies must continue to follow record keeping requirements in accordance with current program regulations for both TEFAP and CSFP and 7 CFR 250.19. Such requirements extend to the maintenance of records of beneficiary referrals by religious organizations to other entities in accordance with the beneficiary protections at 7 CFR Part 16. All records must be maintained for a period of three years from the close of the fiscal year to which they pertain.

### **Monitoring**

In accordance with USDA regulations at 7 CFR Part 16.6, FNS will monitor compliance with these new provisions during the course of regular program review and oversight. State agencies should continue to follow existing regulatory requirements and program mechanisms in regards to monitoring and enforcement of these requirements, including coverage of the minimum notice and referral requirements provided in this memorandum and maintenance of records related to referrals. FNS will use Management Evaluation Reviews to monitor compliance with this, and all, statutory and regulatory provisions in TEFAP and CSFP.

*/s/ Original Signature on File*

Laura Castro

Director

Food Distribution Division

Attachments below

## **The Emergency Food Assistance Program (TEFAP) – Written Notice of Beneficiary Rights**

**Name of Organization:**

**Contact Information for Program Staff:**

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 (<http://www.fns.usda.gov/fdd/food-distribution-contacts>). 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>).

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.

**Alternate Service Location(s) or State Agency Contact Information:**

This Institution is an Equal Opportunity Provider

## **The Emergency Food Assistance Program (TEFAP) and Commodity Supplemental Food Program (CSFP) – Beneficiary Referral Request**

Name of Organization:

Contact information for program staff (name, phone number, and email address, if appropriate):

If you object to receiving services from us based on the religious character of our organization, please complete this form and return it to the program contact identified above. Your use of this form is voluntary.

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.

Please check if you want to be referred to another service provider.

Please provide the following information:

Your name:

Best way to reach you (phone/address/email):

### *FOR STAFF USE ONLY*

1. Date of objection: \_\_/\_\_/\_\_

2. Referral (check one):

- Individual was referred to (name of alternate provider and contact information):
- Individual was given State agency-provided referral information (i.e. a website, hotline, or list of other service providers funded by the State agency)
- Individual left without a referral
- No alternate service provider is available—summarize below what efforts you made to identify an alternate provider (including reaching out to State agency or local or eligible recipient agency):

This Institution is an Equal Opportunity Provider

## 17. Appendix L: TEFAP Food Complaint Process

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# OREGON FOOD BANK NETWORK

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### TEFAP Food Complaint Process

- When a client reports a food safety issue, the distributing Partner Agency (PA) must immediately inform the Regional food Bank (RFB). An issue could be: evidence of spoilage (for example sour smell, taste or visible mold) evidence of foreign material (for example, metal or plastic), packaging failure or an undeclared allergen (missing labeling).
- The PA will arrange for the exchange of replacement product with the client.
- The RFB promptly investigates the complaint with the PA – determine the scope and scale of the issue (identify all points of distribution for the product in question). Quarantine and hold any product remaining in inventory.
- The RFB reports serious client health issues stemming from the complaint to the local or state health department.
- The RFB reports food safety issues to the OFB Inventory Manager and/or the OFB Network Compliance Manager.
- OFB Inventory Manager generates a report indicating which RFB/Agencies have been shipped the product. OFB Inventory and Network Compliance staff will contact Agencies to determine if there are similar complaints.
- The OFB Compliance Manager submits a written report of each complaint to DHS (documenting the complaint and steps taken).
- OFB Inventory Manager enters the complaint in the USDA WBSCM system.
- DHS reviews and investigates the complaint within 30 days of the complaint. DHS will report serious irregularities to USDA Food and Nutrition Services (FNS) immediately upon discovery.
- DHS will advise OFB of the investigation and final determination made of the complaint.
- OFB will cascade this information to the RFB, the RFB will cascade to the PA.

## 18. Appendix M: Electronic Intake Poster:

# PAPERLESS SIGN-IN



### What will I be asked to share?

Basic information about the people in your household so we can better assist you.

You are only required to tell us:

- Your name
- Your address
- The number of people in your household
- You must also provide your signature declaring that the above information is true and that your household's income meets the current USDA/TEFAP eligibility requirements.

You must review the USDA-TEFAP eligibility guidelines poster at this location for the current income amounts.

No services will be denied if you choose not to answer the additional questions. Your information will remain confidential.

This institution is an equal opportunity provider.

**OREGON**  
FOOD BANK  
NETWORK