

# CSFP



## PROGRAM STANDARDS and REQUIREMENTS MAY 2019

### NEW MEXICO



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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](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](mailto:program.intake@usda.gov).

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## SECTION 1 BACKGROUND AND INFORMATION

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The New Mexico Human Services Department (NMHSD) Food and Nutrition Services Bureau (FANS) provides the New Mexico Commodity Supplemental Food Program (CSFP) Standards and Requirements manual to clarify state policy and program procedures for those agencies that are assisting in the administration of CSFP. The intent of this manual is to establish and maintain a consistent statewide minimum level of service for the network distribution of CSFP USDA Foods. The manual provides the framework for acceptable compliance to program guidelines established by the Food and Nutrition Services Bureau and the United States Department of Agriculture (USDA) federal program regulations, found in the Code of Federal Regulations (CFR), Distribution of Donated Foods, 7CFR 250 and the Commodity Supplemental Food Program, 7CFR 247.

New Mexico CSFP Program Standards and Requirements contains information about the rules, regulations, reports and forms for CSFP recipient agencies and their sub distributing agencies that have agreements with the Human Services Department to administer the CSFP program in the State of New Mexico. The manual may be changed and updated without prior notice. Notices of the changes and updates will be available in a timely manner as appropriate.

The New Mexico Commodity Supplemental Food Program (CSFP) shall be administered in accordance with federal regulations, the State Plan, and the Program Standards and Requirements Manual.

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### AVAILABILITY OF MANUAL

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All agencies participating in CSFP must have and maintain a physical manual or readily accessible digital manual on site.

To request an electronic or hardcopy of this manual please contact FANS at the following address:

**CSFP Manager  
HSD/Food and Nutrition Services Bureau  
1425 William SE  
Albuquerque, NM 87102-4661**

**Office Phone: 505-841-2693 or 1-800-648-7167**

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## SECTION 2      DEFINITIONS AND ACRONYMS

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### DEFINITIONS

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**PURPOSE & POLICY:** To provide standard definitions for terms used in the administration of the New Mexico Commodity Supplemental Food Program.

#### **Applicant**

Any person who applies to receive program benefits. Applicants include program participants applying for recertification.

#### **Administrative Services Division**

The Administrative Services Division (ASD) provides the New Mexico Human Services Department (HSD) with support services, financial control and reporting activities for more than \$5.8 billion.

#### **Caseload**

The number of persons the State agency may serve on an average monthly basis over the course of the caseload cycle.

#### **Caseload Cycle**

The period from January 1 through the following December 31.

#### **Certification**

The period of time that a participant may continue to receive program benefits without a review of his or her eligibility.

#### **Civil Rights (CR)**

The nonpolitical rights of a citizen; the rights of personal liberty guaranteed to U.S. citizens by the 13<sup>th</sup> and 14<sup>th</sup> Amendments to the U.S. Constitution and by acts of Congress.

#### **Civil Rights Act and Regulations**

Title VI of the Civil Rights Act of 1964 and other authorities as outlined in FNS Instruction 113-1 (November 8, 2005).

#### **Client Choice**

Refers to the practice of allowing CSFP recipients a choice in determining the content of the food package received. The agency should allow a choice of products within the same category. Items from different categories may not be substituted.

#### **Code of Federal Regulations (CFR)**

The regulations governing federal programs. The regulations for CSFP are located at Title 7CFR 247 and 7CFR 250 as applicable.

#### **Commodities**

Nutritious foods purchased by USDA to supplement the diets of CSFP recipients.

### **Complainant**

A person or group of persons who allege discrimination in the delivery of program benefits or services by a State agency, local agency, or other sub-recipient agency.

### **Complaint**

A verbal or written allegation of discrimination that indicates an FNS-conducted or -assisted program is administered or operated in such a manner that it results in disparity of treatment or services being provided to persons or groups of persons because of their protected bases.

### **Department**

The U.S. Department of Agriculture (USDA)

### **Disqualification**

The act of ending Program participation of a participant as a punitive sanction

### **Dual Participation**

Participation by an individual in CSFP at more than one distribution site.

Simultaneous participation by an individual in CSFP and the WIC Program. (Only applicable through final expiration of WIC participation during 2014. Farm Bill 2014 changed eligibility from WIC and senior-eligible to Senior only. WIC participants are allowed to age out of the program.)

There are no remaining WIC eligible children in New Mexico.

### **Elderly Person(s) – Referred to as Seniors**

Persons at least 60 (sixty) years of age or older

### **Extension of Certification**

Verification of personal information to provide the recipient benefits for another six months

### **Farm Service Agency - FSA**

The Farm Service Agency implements agricultural policy, administers credit and loan programs, and manages conservation, commodity, disaster and farm marketing programs through a national network of offices.

### **Federal Fiscal Year (FFY)**

The twelve-month period, from October 1 - September 30, used by the federal government for accounting and reporting purposes.

### **Federal Poverty Guidelines (FPL)**

Established by the United States Department of Health and Human Services (DHHS) as an indicator of poverty based on income and utilized in establishing income-based eligibility standards for program recipients. The guidelines are updated annually.

## **Food and Nutrition Service (FNS)**

The USDA agency responsible for the nationwide administration of several federal nutrition programs including CSFP. The regional office for our region is in Dallas, TX.

## **Food and Nutrition Services Bureau (FANS)**

The Bureau within New Mexico's Human Services Department, Income Support Division responsible for administering CSFP through a permanent agreement with USDA. The terms State Distributing Agency (SDA) or State Agency (SA) are also used.

## **Homebound Seniors**

Persons who are unable to obtain monthly food packages without the assistance provided by or through the local agency. Homebound eligibility is determined by the local agency. A determination of Homebound eligibility does not guarantee an eligible recipient will receive Homebound services for CSFP.

## **Homeless Shelter**

A facility where the primary purpose is to provide temporary or transitional shelter for homeless individuals and families in general or for specific group populations (i.e. battered women, run-away youth) of homeless individuals and families.

## **Household**

Means any of the following individuals or groups of individuals, exclusive of boarders or residents of an institution:

An individual living alone;

An individual living with others, but customarily purchasing food and preparing meals for home consumption separate and apart from the others;

A group of individuals living together who customarily purchase and prepare meals in common for home consumption; and

Other individuals or groups of individuals, as provided in FNS regulations, specific to particular food assistance programs.

## **Household Programs**

Means CSFP (Commodity Supplemental Food Program), FDPIR (Food Distribution Program on Indian Reservations) and TEFAP (The Emergency Food Assistance Program)

## **HSD – New Mexico Human Services Department**

### **Integrated CSFP Operating System (ICOS)**

The computer program used by Contractors and the State Agency to track inventory, participation and distribution information

### **Income Support Division (ISD)**

Income Support Division is a division of the New Mexico Human Services Department.

### **Infants**

Persons under one (1) year of age

### **Limited English Proficiency – LEP**

Persons who do not speak English as their primary language and who have a limited ability to read, speak, write, or understand English. These individuals may be entitled to language assistance with respect to a particular type of service, benefit, or encounter.

**Local Agency or Contractor**

A public or private nonprofit agency, which enters into an agreement with the State agency to administer CSFP at the local level.

**New Mexico Department of Health (DOH or NM DOH)**

**New Mexico Human Services Department (HSD or NM HSD)**

**No-Show Participants**

Enrolled persons who fail to pick up their food during a distribution or during one month.

**Nonprofit Agency**

A private agency or organization with tax-exempt status under the Internal Revenue Code, or that has applied for tax-exempt status with the Internal Revenue Service.

**Proxy**

Any person designated by a participant to obtain supplemental food on behalf of the participant.

**Recipient(s)**

A needy person(s) has or have been determined eligible for CSFP.

**Regional Service Area**

A specified area of the state identified as no smaller than a recognized state county.

**State Fiscal Year (SFY)**

The twelve-month period, from July 1 – June 30, used by the State of New Mexico for accounting and reporting purposes.

**Southwest Regional Office (SWRO)**

USDA/FNS Southwest (SW) Region, located in Dallas, Texas, responsible for USDA programs in New Mexico, Arkansas, Louisiana, Oklahoma and Texas.

**State Agency (SA) or State Distributing Agency (SDA)**

State agency means the State government unit designated by the Governor or other appropriate State executive authority which has entered into an agreement with the United States Department of Agriculture under 7 CFR§247.4 (a) 2.

**Sub-Distributing Agency**

An agency or organization that has entered into an agreement with the State agency to perform functions normally performed by the State, such as entering into agreements with eligible recipient agencies under which commodities are made available, ordering commodities and/or arranging for the storage and delivery of such commodities on behalf of eligible recipient agencies.

**United States Department of Agriculture (USDA)**

The United States Department of Agriculture (USDA) is the federal department responsible for developing and executing U.S. federal government policy on farming, agriculture and food. It aims to meet the needs of farmers and ranchers, promote natural resources, foster rural communities and end hunger in the United States and abroad.

### **USDA Foods**

Food donated by USDA for distribution through CSFP (formerly known as Commodities).

### **Web Based Supply Chain Management (WBSCM)**

An on-line ordering system developed and maintained by USDA for the placement, tracking and delivery of USDA Foods orders for the nutrition assistance programs.

### **WIC Program**

The Special Supplemental Nutrition Program for Women, Infants and Children

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## ACRONYMS

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The following acronyms are used throughout this manual.

<b>CSFP:</b>	Commodity Supplemental Food Program.
<b>FANS:</b>	New Mexico Human Services Department, Food and Nutrition Services Bureau
<b>FDPIR</b>	Food Distribution Program on Indian Reservations
<b>FNS:</b>	Food and Nutrition Service of the United States Department of Agriculture
<b>FFY:</b>	Federal Fiscal Year
<b>ICOS:</b>	Integrated CSFP Operating System
<b>LA:</b>	Local Agency, or provider
<b>NM DOH:</b>	New Mexico Department of Health
<b>NM HSD:</b>	New Mexico Human Services Department
<b>PID:</b>	Personal Identification Number – ICOS Case Number
<b>SWRO:</b>	USDA Southwest Region Office
<b>SA:</b>	State Agency
<b>SFY:</b>	State Fiscal Year
<b>SOW:</b>	Scope of Work
<b>SFMNP:</b>	Senior Farmers’ Market Nutrition Program
<b>SNAP:</b>	Supplemental Nutrition Assistance Program
<b>USDA:</b>	United States Department of Agriculture
<b>WIC:</b>	Women, Infants and Children Program

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## SECTION 3 PROGRAM ADMINISTRATION

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### STATE ADMINISTRATION

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The USDA has designated The New Mexico Human Services Department, Income Support Division, Food and Nutrition Services Bureau (FANS) as the distributing agency responsible for the administration of the Commodity Supplemental Food Program in New Mexico. In accordance with 7CFR 247 and applicable regulations in 7CFR 250, FANS is responsible for effective program administration. NMHSD/FANS issues contracts and contract amendments for regional and local level administration of the programs.

#### **LEGAL BASIS:**

The program is authorized under Section 4(a) of the Agriculture and Consumer Protection Act of 1973.

#### **FEDERAL REGULATIONS:**

The CSFP is defined in Title 7 – Agriculture, Code of Federal Regulations Chapter II – Food and Nutrition Service, Department of Agriculture, Parts 247 and 250 referred to here after as 7 CFR 247 and 7 CFR 250. Local Agencies shall comply with all applicable parts of this and related federal regulations. Regulations are available at:

7CFR 247: <https://www.ecfr.gov/cgi-bin/text-idx?SID=f3e0ec327e87ddc6a7ad12034c095872&mc=true&node=pt7.4.247&rgn=div5>

And

7CFR 250: <https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=ee21a1c6a6a452f05a6e3870f934e4ab&mc=true&r=PART&n=pt7.4.250>

Food Distribution National Policy Memoranda issued about the CSFP serve to clarify the regulations and provide guidelines. Local Agencies shall comply with all Food Distribution National Policy Memoranda CSFP and Food Distribution Policy Memoranda are available at:

<https://www.fns.usda.gov/resources?f%5B0%5D=program%3A26&f%5B1%5D=resource%3A160>

Information about other USDA Food Distribution Programs may be found at:

<https://www.usda.gov/topics/food-and-nutrition/food-distribution>

The State Plan must be submitted by August 15 to take effect for the federal fiscal year beginning October 1 of the same calendar year. FNS will provide notification of the approval or disapproval of the State Plan within 30 days of receipt, and will notify the State agency within 15 days of receipt, if additional information is needed. Disapproval of the Plan will include a reason for the disapproval. Approval of the Plan is a prerequisite to the assignment of caseload and allocation of administrative funds, but does not ensure that caseload and funds will be provided.

The State Agency must submit for approval by the appropriate FNS Regional Office a state plan that contains:

A description of how the State agency will operate CSFP and the caseload needed to serve eligible applicants.

The names and addresses of all local agencies and sub-distributing agencies with which the State agency has entered into an agreement

The income eligibility standards to be used for the remaining child, and the options to be used relating to income or other eligibility requirements, as provided under 7CFR 247.9

The nutritional risk criteria to be used, if the State chooses to establish such criteria.

Currently New Mexico does not use nutritional risk criteria.

A description of plans for serving participants and the caseload needed to serve them

A description to plans for conducting outreach to seniors

A description of the system for storing and distributing commodities

A description of plans for providing nutrition education to participants

A description of the means by which the state agency will detect and prevent dual participation.

A description of the standards the State agency will use in determining if the pursuit of a claim against a participant is cost effective

A description of the means by which the State will meet the needs of the homebound seniors and

Copies of all agreements entered into by the State agency

The State agency must submit amendments to FNS to reflect any changes in program operations or administration described in the State Plan, and to request additional caseload for the following caseload cycle. FNS may require that the State plan be amended to reflect changes in Federal law or policy. The State agency may submit amendments to the State Plan at any time during the fiscal year, for FNS approval. The amendments will take effect immediately upon approval, unless otherwise specified by FNS. If a State agency would like

to receive additional caseload for the caseload cycle beginning the following January 1, it must submit an amendment to the Plan which conveys the request for additional caseload by November 5. The State agency must also describe in this submission any plans for serving participants at new sites. FNS action on the State agency's request for additional caseload is part of the caseload assignment process, as described under 7 CFR 247.21.

The SWRO, USDA Food and Nutrition Services must approve the plan. A copy of the plan is available by request from the FANS CSFP Manager or FANS Bureau Chief.

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## REGIONAL DISTRIBUTION PLAN

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Each Contractor must have a plan for their assigned service region. It must include:  
Criteria for soliciting, maintaining and evaluating agencies for their part of the network  
Procedure for the distribution of product throughout region  
Procedure for inventory control  
Procedure for local distribution delivery and/or pick-up  
Procedure for informing their agencies of FANS or USDA policy changes

The Contractor shall submit updates of the agencies in its service region to FANS annually and more often as changes occur or as necessary by maintaining accurate distribution sites in ICOS. This item is part of the FANS Management Evaluations of the Contractors.

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## SHIPMENT OF PRODUCT FROM USDA TO CONTRACTORS

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FANS or its designee must use the most cost effective distribution system for Direct and Multi Food shipments from USDA to the Contractors. Contractors should maintain an average monthly inventory of a specific food category of 2.5 to 3.0 month supply. Currently the State agency is responsible for all CSFP food ordering. The Contractors are responsible for monitoring their current inventory and their expected inventory via physical inventory, ICOS and WBSCM.

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## CONTRACTORS

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FANS Bureau administers the CSFP program for all of New Mexico's 33 counties through four (4) Contractors and five (5) warehouses. All Contractors must have a sub-distributing agency contractual agreement with FANS for CSFP local administration. Contractors are required to follow the Code of Federal Regulations, Distribution of Donated Foods, 7CFR 250 and the Commodity Supplemental Food Program, 7CFR 247 and any applicable State laws and regulations.

Five Warehouses that administer CSFP in the following New Mexico counties:

**ECHO, Inc. Albuquerque:**

Bernalillo, Colfax, Cibola, Harding, Los Alamos, Mc Kinley, Mora, Quay, San Miguel, Sandoval, Santa Fe, Socorro, Taos, Torrance, Union, Valencia and Guadalupe/Santa Rosa.

**ECHO, Inc. Farmington:**

Rio Arriba, San Juan

**Loaves & Fishes, Inc. Las Cruces:**

Dona Ana, Luna and Sierra

**The Salvation Army Roswell Corps Roswell:**

Chaves, Curry, DeBaca, Eddy, Lea, Lincoln, Otero, Roosevelt and Guadalupe/Vaughn

**The Wellness Coalition Lordsburg:**

Catron, Grant and Hidalgo

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## DISTRIBUTION SITES

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Local Agencies, also referred to as Contractors, are federally tax exempt, nonprofit charitable organizations recognized as Internal Revenue Service Code 501 (c) (3) organizations. They are legally authorized to operate in the State of New Mexico. The State issues a Request for Proposal (RFP) every 4 years to determine service areas within the state. The minimum area of service for a Contractor is one county. The HSD Secretary awards the counties of service to successful RFP respondents, based on recommendations that are most advantageous to the HSD.

The Contractors develop their distribution sites based on the zip codes and geographic features in their counties of operation. Contractors have agreements with Distribution Sites. The Distribution Sites operate within an assigned service area to avoid dual participation.

Any Distribution Site that is responsible for enrolling or recertifying recipients and distributing CSFP USDA Foods must sign an Agreement to Receive USDA Foods (**ATTACHMENT A-1 or A-2 as applicable**). They must agree to abide by all guidelines established for the distribution of USDA Foods.

All Distribution Sites must sign a receipt for USDA Foods that they receive. This is available as the Packing List or a Roster and Menu available in ICOS for that specific site.

Contractors must conduct pre-approval reviews to ensure that new distribution sites have the ability to administer CSFP within Federal requirements, including Civil Rights. **ATTACHMENTS B-1 and B-2**

Contractors must conduct annual reviews of all of the sites under their jurisdiction. Please refer to Section 10, Management Reviews & Program Monitoring for additional information. **ATTACHMENT B-2** is the site review form that contractors must use. It is the same form used for existing sites.

The CSFP Manager and/or the Contractor will provide training and technical assistance to Distribution Sites for CSFP Policies and Procedures. This includes the requirement to

provide Civil Rights training annually. Please refer to Section 7 for Civil Rights requirements.

Distribution sites should make reasonable efforts to inform low-income seniors in their community of the availability of CSFP, the hours of distribution and the eligibility criteria.

All distribution sites should post or advertise signs in English and/or languages of the recipient groups in the service area.

It must include the following:

the days and hours of operation

the main contact phone number

the Civil Rights non-discrimination statement

Distribution sites and the contractor are required to conduct outreach. Please see Section 6, Outreach.

Households seeking food assistance are frequently eligible for other assistance programs that may provide much needed resources. This includes TEFAP (The Emergency Food Assistance Program), SNAP (Supplemental Nutrition Assistance Program), senior meal sites, Meals-On-Wheels, SFMNP (Senior Farmers' Market Nutrition Program) and non-nutrition programs like Medicaid, LIHEAP (Low Income Energy Assistance Program). Participation in non-nutrition programs can improve household food security by reducing other expenses and leaving more money in the household budget to purchase food at grocery stores.

### **Where can I get eligibility information on federal assistance programs?**

The NMHSD website has information and links to programs and resources

<http://www.hsd.state.nm.us/LookingForAssistance/Default.aspx>

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## SECTION 4 APPLICATION, ELIGIBILITY AND RE-CERTIFICATION

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Prior to the issuance of program benefits, trained certifying officials shall verify that each applicant is eligible, determine availability of caseload, make written notifications, and maintain required documentation in accordance with program regulations.

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### APPLICATION PROCEDURES

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Local agencies shall assure certifying officials are trained and demonstrate understanding of the requirements of the certification process.

All certification data for each applicant shall be recorded on the CSFP Participant Application form. The same information shall be recorded in ICOS.

Any individual requesting to apply shall be allowed to complete the CSFP Participant Application.

If caseload is not available, eligible applicants shall be placed on a waiting list

All CSFP Participant Applications must be retained for a period of three years following the end of the federal fiscal year to which the records pertain, including those of applicants determined to be ineligible.

Per 7CFR 247. 29 Reports and Recordkeeping

*What recordkeeping requirements must State and local agencies meet?* State and local agencies must maintain accurate and complete records relating to the receipt, disposal, and inventory of commodities, the receipt and disbursement of administrative funds and other funds, eligibility determinations, fair hearings, and other program activities.

State and local agencies must also maintain records pertaining to liability for any improper distribution of, use of, loss of, or damage to commodities, and the results obtained from the pursuit of claims arising in favor of the State or local agency.

All records must be retained for a period of three years from the end of the fiscal year to which they pertain, or, if they are related to unresolved claims actions, audits, or investigations, until those activities have been resolved.

All records must be available during normal business hours for use in management reviews, audits, investigations, or reports of the General Accounting Office.

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### INDIVIDUALS APPLYING TO PARTICIPATE IN CSFP 7CFR 247.8

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To apply for CSFP benefits the applicant or the proxy of the applicant must provide the following information on the application **ATTACHMENT C-1 or C-2**:

Name

Address

Identification for each applicant

Household income

Household size

Age

The application form must include a nondiscrimination statement that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex or disability.

The applicant or the proxy of the applicant must be informed of their Rights and Responsibilities in accordance with 7CFR 247.12. This is included in the ICOS applications. Separate notices are available **ATTACHMENTS D-1 & D-2**.

The local agency must ensure that the applicant or the proxy of the applicant signs the application form beneath the following pre-printed statement.

The statement must be read by or to the applicant or the proxy of the applicant before signing.

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

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

YES

NO

Eligible recipients must receive information about their distribution site including the day, date, time of distribution, the name and contact information for the warehouse responsible for the distribution site.

The eligible recipient must be notified if they are or will be placed on a waiting list.

Recipients receiving CSFP outside of their assigned service area must receive information about other CSFP sites serving in the area where they live.

Boarders or residents of an institution do not meet the definition for household. They are not eligible for CSFP.

Homeless persons may be eligible for CSFP



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Individuals must be at least 60 years of age  
United States Citizenship or Legal Residency Status **is not** a requirement to receive CSFP.

## INCOME ELIGIBILITY

7CFR 247.9

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The State agency must use a household income limit at or below 130 percent of the Federal Poverty Income Guidelines. **ATTACHMENT E -1 and E-2**

Each year, FNS will notify State agencies, by memorandum, of adjusted income guidelines by household size at 185 percent, 130 percent and 100 percent of the Federal Poverty Income Guidelines. The memorandum will reflect the annual adjustments to the Federal Poverty Income Guidelines issued by the Department of Health and Human Services. The State agency must implement the adjusted guidelines for senior applicants immediately upon receipt of the memorandum.

Income Definition and Consideration:

**Gross Income before deductions.** Income is gross cash income before any deductions including those for:

Income Taxes

Employee's Social Security Taxes

Insurance Premiums

Retirement

Any other Deductions, such as Bonds or Garnishments

**Proof of Income is Required.** Documents accepted for proof of income include but are not limited to:

Social Security Statement

Retirement Income Statement

Annuity Statement

Any Document that Includes Gross Income

Bank Statements may be used, but they are not preferred. They may not correctly include all Gross Income. When using a bank statement the recipient must be asked specifically if any income is automatically deducted prior to being deposited. Social Security often deducts Medicare premiums. These premiums must be included in the Gross Income.

**The local agency may exclude from consideration the following sources of income listed under the WIC regulations at 7 CFR 246.7 (d)(2)(iv) of this chapter:**

Any basic allowance for housing received by military services personnel residing off military installations; and

The value of In-Kind Housing or other Benefits

The State agency must exclude from consideration all income sources excluded by legislation, which are listed in 7 CFR 246.7 (d) (2) (iv) (D) of this chapter. FNS will notify State agencies of any new forms of income excluded by statute through program policy memoranda.

Payments or benefits provided under certain Federal programs or acts are excluded from consideration as income by legislative prohibition. The payments or benefits which must be excluded from consideration as income include, but are not limited to:

Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (Pub. L. 91-646, sec. 216, 42 U.S.C. 4636);

Any payment to volunteers under Title I (VISTA and others) and Title II (RSVP, foster grandparents, and others) of the Domestic Volunteer Service Act of 1973 (Pub. L. 93-113, sec. 404(g), 42 U.S.C. 5044(g)) to the extent excluded by that Act;

Payment to volunteers under section 8(b) (1) (B) of the Small Business Act (SCORE and ACE) (Pub. L. 95-510, sec. 101, 15 U.S.C. 637(b)(1)(D));

Income derived from certain submarginal land of the United States which is held in trust for certain Indian tribes (Pub. L. 94-114, sec. 6, 25 U.S.C. 459e);

Payments received under the Job Training Partnership Act (Pub. L. 97-300, sec. 142(b), 29 U.S.C. 1552(b));

Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Pub. L. 94-540, sec. 6);

Payments received under the Alaska Native Claims Settlement Act (Pub. L. 100-241, sec. 15, 43 U.S.C. sec. 1626(c));

The value of assistance to children or their families under the National School Lunch Act, as amended (Pub. L. 94-105, sec. 9(d), 42 U.S.C. sec. 1760(e)), the Child Nutrition Act of 1966 (Pub. L. 89-642, sec. 11(b), 42 U.S.C. sec. 1780(b)), and the Food and Nutrition Act of 2008 (Pub. L. 95-113, sec. 1301, 7 U.S.C. sec. 2017(b));

Payments by the Indian Claims Commission to the Confederated Tribes and Bands of the Yakima Indian Nation or the Apache Tribe of the Mescalero Reservation (Pub. L. 95-433, sec. 2, 25 U.S.C. 609c-1);

Payments to the Passamaquoddy Tribe and the Penobscot Nation or any of their members received pursuant to the Maine Indian Claims Settlement Act of 1980 (Pub. L. 96-420, sec. 6, 9(c), 25 U.S.C. 1725(i), 1728(c));

Payments under the Low-income Home Energy Assistance Act, as amended (Pub. L. 99-125, sec. 504(c), 42 U.S.C. sec. 8624(f));

Student financial assistance received from any program funded in whole or part under Title IV of the Higher Education Act of 1965, including the Pell Grant, Supplemental Educational Opportunity Grant, State Student Incentive Grants, National Direct Student Loan, PLUS,

College Work Study, and Byrd Honor Scholarship programs, which is used for costs described in section 472 (1) and (2) of that Act (Pub. L. 99-498, section 479B, 20 U.S.C. 1087uu). The specified costs set forth in section 472 (1) and (2) of the Higher Education Act are tuition and fees normally assessed a student carrying the same academic workload as determined by the institution, and including the costs for rental or purchase of any equipment, materials, or supplies required of all students in the same course of study; and an allowance for books, supplies, transportation, and miscellaneous personal expenses for a student attending the institution on at least a half-time basis, as determined by the institution. The specified costs set forth in section 472 (1) and (2) of the Act are those costs which are related to the costs of attendance at the educational institution and do not include room and board and dependent care expenses;

Payments under the Disaster Relief Act of 1974, as amended by the Disaster Relief and Emergency Assistance Amendments of 1989 (Pub. L. 100-707, sec. 105(i), 42 U.S.C. sec. 5155(d));

Effective July 1, 1991, payments received under the Carl D. Perkins Vocational Education Act, as amended by the Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990 (Pub. L. 101-392, sec. 501, 20 U.S.C. sec. 2466d);

Payments pursuant to the Agent Orange Compensation Exclusion Act (Pub. L. 101-201, sec. 1);

Payments received for Wartime Relocation of Civilians under the Civil Liberties Act of 1988 (Pub. L. 100-383, sec. 105(f)(2), 50 App. U.S.C. sec. 1989b-4(f)(2));

Value of any child care payments made under section 402(g) (1) (E) of the Social Security Act, as amended by the Family Support Act (Pub. L. 100-485, sec. 301, 42 U.S.C. sec. 602 (g)(1)(E));

Value of any "at-risk" block grant child care payments made under section 5081 of Pub. L. 101-508, which amended section 402(i) of the Social Security Act;

Value of any child care provided or paid for under the Child Care and Development Block Grant Act, as amended (Pub. L. 102-586, Sec. 8(b)), 42 U.S.C. 9858q);

Mandatory salary reduction amount for military service personnel which is used to fund the Veteran's Educational Assistance Act of 1984 (GI Bill), as amended (Pub. L. 99-576, sec. 303(a)(1), 38 U.S.C. sec. 1411 (b));

Payments received under the Old Age Assistance Claims Settlement Act, except for per capita shares in excess of \$2,000 (Pub. L. 98-500, sec. 8, 25 U.S.C. sec. 2307);

Payments received under the Cranston-Gonzales National Affordable Housing Act, unless the income of the family equals or exceeds 80 percent of the median income of the area (Pub. L. 101-625, sec. 522(i)(4), 42 U.S.C. sec. 1437f nt);

Payments received under the Housing and Community Development Act of 1987, unless the income of the family increases at any time to not less than 50 percent of the median income of the area (Pub. L. 100-242, sec. 126(c)(5)(A), 25 U.S.C. sec. 2307);

Payments received under the Sac and Fox Indian claims agreement (Pub. L. 94-189, sec. 6);

Payments received under the Judgment Award Authorization Act, as amended (Pub. L. 97-458, sec. 4, 25 U.S.C. sec. 1407 and Pub. L. 98-64, sec. 2(b), 25 U.S.C. sec. 117b(b));

Payments for the relocation assistance of members of Navajo and Hopi Tribes (Pub. L. 93-531, sec. 22, 22 U.S.C. sec. 640d-21);

Payments to the Turtle Mountain Band of Chippewas, Arizona (Pub. L. 97-403, sec. 9);

Payments to the Blackfeet, Grosventre, and Assiniboine tribes (Montana) and the Papago (Arizona) (Pub. L. 97-408, sec. 8(d));

Payments to the Assiniboine Tribe of the Fort Belknap Indian community and the Assiniboine Tribe of the Fort Peck Indian Reservation (Montana) (Pub. L. 98-124, sec. 5);

Payments to the Red Lake Band of Chippewas (Pub. L. 98-123, sec. 3);

Payments received under the Saginaw Chippewa Indian Tribe of Michigan Distribution of Judgment Funds Act (Pub. L. 99-346, sec. 6(b)(2));

Payments to the Chippewas of Mississippi (Pub. L. 99-377, sec. 4(b));

Payments received by members of the Armed Forces and their families under the Family Supplemental Subsistence Allowance from the Department of Defense (Pub. L. 109-163, sec. 608); and

Payments received by property owners under the National Flood Insurance Program (Pub. L. 109-64).

Combat pay received by the household member under Chapter 5 of Title 37 or as otherwise designated by the Secretary.

## IDENTIFICATION

7 CFR 247.8

### **THE ELIGIBLE RECIPIENT OR THEIR PROXY MUST PROVIDE IDENTIFICATION:**

- ◆ **AT APPLICATION**
- ◆ **AT RE-CERTIFICATION AND**
- ◆ **FOR THE RECEIPT OF USDA FOODS.**

Identification documents can be a driver's license, a State ID card, another form of a picture ID, or any other form that proves identity.

**It does not need to be current.**

**The document can be issued by another state or country.**

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PROXY

POLICY MEMORANDUM FD – 099 ATTACHMENT F

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A proxy is any person designated by the participant to obtain supplemental USDA Foods on behalf of the participant. The use of proxies in CSFP significantly reduces a barrier to participation in the program for eligible homebound seniors and other qualified individuals with limited mobility.

LOCAL AGENCIES MUST:

OBTAIN proxy designations in writing, including the period of time the designations are intended to cover. The proxy letter does not need to be on a specific form.

**ATTACHMENT G – 1 and G – 2** are sample proxy notices in English and Spanish.

MAINTAIN all written proxy designations either with the application, distribution records or in a designated proxy file.

REVIEW proxy identification when a proxy is certifying, re-certifying or picking up a USDA Food package.

PROVIDE nutrition education and health care referrals to the participant or the participant's proxy.

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RESIDENCY REQUIREMENTS

7 CFR 247.9 (F) 2

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Recipients must be New Mexico residents.

A minimum length of stay is not required to prove residency.

Local agencies are authorized to serve residents from counties within their service area. CSFP sites operate within an assigned service area developed with the Contractors and FANS to avoid duplication of CSFP services.

Proof of residency is required. Any document that provides the physical address that the applicant or recipient identifies as their physical address. Accepted documents for Proof of Residency include, but are not limited to:

Utility Bill

Driver's License

State Issued Identification Card

A Letter Addressed to the Applicant

Mortgage or Rent Documents

A Written Statement from the Landlord

An Indication from an Employer that residency is in New Mexico

Eligible recipients seeking food assistance at CSFP sites not within their determined service area, during posted distribution times, may be provided food assistance one time. The recipient is certified for one month.

If the determined service area lies within the jurisdiction of only one contractor, the contractor may determine which site the eligible recipient may access.

The recipient may only access one CSFP site in a 30-day period.

If the determined service area is outside the jurisdiction of the contractor, the contractor must contact the contractor in the recipients determined service area. The contractor determining initial eligibility is responsible for transferring the recipient to the correct warehouse and notifying the warehouse of the new eligible person. Both contractors must agree to these arrangements. If they cannot agree, FANS should be contacted immediately for a determination.

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## PARTICIPATION IN OTHER USDA FOOD PROGRAMS

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Persons who participate in CSFP can apply for ***and if they are eligible*** receive benefits from SNAP or FDPIR, TEFAP, WIC, CACFP or NSLP.

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## RE-CERTIFICATION

7 CFR 247.16

Certification periods may not exceed 12 months. Recipients must re-certify annually based on the current application standards of Income Eligibility and Residency. At re-certification, the applicant or their proxy **MUST**:

- ◆ Provide Identification for themselves
- ◆ Proof of Income for the Recipient
- ◆ Proof of Residency for the Recipient
- ◆ Ensure a current Proxy Authorization is in effect

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## INITIAL APPLICATION ADDITIONAL INFORMATION

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An eligible recipient can receive CSFP once in 30 days or once per month. It is possible for an eligible recipient to receive CSFP on the last day of the month and again the next day on the first day of the following month. This practice should be an exception. Eligible recipients must receive information about their distribution site.

The information must include:

The day or date of the normal distribution

The time of distribution

The distribution type (Shopping Cart or Pick Up at Warehouse, Tailgate, or Drop Off/Pick Up)

The name and contact information for the warehouse responsible for their distribution site

If or when the recipient has been placed on a wait list

Eligible recipients or their designated proxy must show identification.

Eligible recipients or their designated proxy must sign for the receipt of CSFP USDA Foods.

The approved forms for an eligible recipient or proxy signing for receipt of CSFP USDA Foods are a Roster or Menu.

The Roster or Menu is available in the HSD ISD FANS Integrated CSFP Operating System – ICOS.

## 7 CFR 247.10 Distribution and use of CSFP commodities.

**(B) What must the local agency do to ensure that commodities are distributed only to CSFP Participants?** The local agency **Must Require** each participant, or participant's proxy, to present some form of identification before distributing commodities to that person.

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### RECIPIENT CONFIDENTIALITY

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Recipient confidentiality must be acknowledged and maintained at all times. Recipients seeking food assistance are providing household information at the time they complete eligibility certifications. This information is confidential and every step should be taken to ensure that the information is protected. Only immediate staff and volunteers should have access to this information. Distribution Sites and the Contractors must ensure that there are procedures in place to respect recipient confidentiality when seeking food assistance. For example:

Recipient information and names should be kept confidential during the food distribution process.

Using a first or last name when calling a person to receive services is acceptable

Using a numbering system as an alternative to calling out recipient names.

Using a piece of paper or cardboard to cover the previous lines on a signature sheet helps protect privacy of written or signature documents

Files must be secure from unauthorized entry or disclosure.

Recipient files must be handled to maintain recipient confidentiality.

Recipient files must not be left unattended during distribution.

Recipient files should not be taken to other places except as required.

Files should be transported to maintain confidentiality

When transported the files should be in the possession of the contractor or responsible distribution site person at all times.

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### VOLUNTEER CONFIDENTIALITY

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A volunteer providing services associated with the CSFP must maintain all information regarding the individuals and households receiving food assistance in the strictest confidence. Volunteers have a legal and ethical responsibility to protect the confidentiality and security of all protected data and information to which they have access in carrying out their duties. Confidential information may include, but is not limited to household composition, names, addresses, and phone numbers. It may be from any source or in any form (oral, written or electronic). A Confidentiality and Disclosure Acknowledge Form **or a similar form** must be completed by volunteers and maintained by the Contractor.

**ATTACHMENT H - 1 and H - 2**



The New Mexico HSD FANS Bureau assigns and distributes caseload to each contractor. The contractors in turn allot caseloads to each distribution site. When the number of recipients consistently exceeds the assigned caseload level, the local agency shall assure the certification sites implement waiting lists using ICOS.

Eligible persons put on a waiting list must be notified in writing **within 10 days of their request for benefits** when waiting lists are in place. **ATTACHMENT I-1 or I-2 Waitlist Certification Notice** should be used to notify applicants.

The date the written notice was provided or mailed to the applicant must be recorded on the Application. ICOS should record the date the Waitlist Certification Notice was first issued.

Applicants should be qualified before being placed on the waiting list. It is not a requirement that an applicant be qualified to be placed on the waiting list.

Applicants on the waiting list will be served on a first come, first serve basis when slots become available and per FD – 099 Questions & Answers About Waiting Lists, Caseload Management at: <https://www.fns.usda.gov/questions-and-answers-about-waiting-lists-and-caseload-management-revised> and **ATTACHMENT F**.

When a waiting list is required, available caseload authorizations must be offered to the first individual listed. Reasonable efforts must be made to contact individuals in the order they were placed on the list until all available caseload authorizations are filled.

When there are waiting applicants, at least 15 days before the expiration of a certification period, participants not eligible for certification extension must be notified in writing that eligibility for the Program is about to expire using the Notice of Expiration of Certification Period, **ATTACHMENT J- 1 or J-2**. The written notification must include a statement that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex or disability.

To facilitate caseload management, the State authorizes one-month certification periods for waiting applicants when food boxes remain undistributed at the end of the monthly distribution period.

Participants offered a one-month certification must sign the One-Month Certification Statement and Sign-In Sheet **ATTACHMENT K**. The recipient is acknowledging that they understand that the certification is for one month and they return to being a waitlist applicant after receiving one food package. This process may be repeated each month that there are undistributed food packages after the monthly distribution period ends. Each time this process is repeated, the certifying official must start with the first person on the waiting list.

Contractors should establish a monthly distribution period ending prior to the end of the distribution month. All participants must be notified of the distribution period and of the “No-Show” policy when boxes are not picked up during the monthly distribution period.



When there are “No-Shows” or when boxes remain undistributed after the monthly distribution period, sites may offer a one-month certification to waiting individuals starting with the first person on the list.

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NO-SHOW POLICY FD-099 QUESTIONS & ANSWERS ABOUT WAITING LISTS... AND  
FD-079 RETROACTIVE FOOD PACKAGES

**ATTACHMENT F, ATTACHMENT L, ATTACHMENT M-1 & M-2, ATTACHMENT N-1 & N-2**

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NM HSD/FANS Bureau has established a “No-Show” policy. The maximum allowable period that persons may fail to pick up food packages and remain enrolled in the program may not exceed 90 days.

- A recipient may pick up at the warehouse any time during the distribution period that the contractor is open.
- Participants who are required to be in the hospital for extended stays retain their participant status.
- They must be issued food in the month within their certification period for which they had at least one day at home.
- Retroactive food boxes are not allowed. Please see FD-079 Retroactive Food Packages – **ATTACHMENT L**
- If a participant has an extended hospital stay that covers every day of the month, they should not receive a food package for that month.

Violation of the “No-Show” policy shall result in discontinuance of CSFP benefits.

The local agency must provide the participant with a written notification of discontinuance. It must:

- Include the reason for discontinuance at least 15 days before the effective date of discontinuance.
- **ATTACHMENT L-1 or L-2**, “Notice of Disqualification, Discontinuance” form should be used.
- Documentation of the notification shall be maintained on a log or copy retained in the individual’s file.
- Participants who are removed from the program for violation of the “No-Show” policy are allowed to reapply for benefits.
- If a waiting list exists, the participants reapplying must be treated the same as all applicants.

They must be placed on the waiting list in the order in which the application was received.

Contractors must use ICOS for developing their wait list.

- Participants who violate the “No-Show” policy a third time within the past twelve months may be disqualified from CSFP for a period of up to one year. Unless the local agency determines that disqualification would result in a serious health risk.

The “No-Show” policy **ATTACHMENT N – 1 & N – 2** must be available at all distributions. They can be posted or available as handouts.

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DISCONTINUANCE OR DISQUALIFICATION NOTIFICATION  
7 CFR 247.17 & 7 CFR 247.20

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Per 7 CFR 247, there are certain requirements for notifying a participant when they are being discontinued or disqualified from the program or ineligible for CSFP. Discontinuance, Disqualification and Ineligibility are three (3) different actions.

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DISCONTINUANCE                      7 CFR 247.17

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**7 CFR 247.17 Notification of discontinuance of participant.**

(a) *What must a local agency do if it has evidence that a participant is no longer eligible for CSFP benefits during the certification period?* If a local agency has evidence that a participant is no longer eligible for CSFP benefits during the certification period, it must provide the participant with a written notification of discontinuance at least 15 days before the effective date of discontinuance.

(b) *What must a local agency do if it has to discontinue a participant from participation in the program prior to the end of the certification period due to the lack of resources necessary to continue providing benefits to the participant?* If a local agency does not have sufficient resources, such as a sufficient number of caseload slots, to continue providing benefits to the participant(s) for the entire certification period, it must provide the participant(s) with a written notification of discontinuance at least 15 days before the effective date of discontinuance.

(c) *What must be included in the notification of discontinuance?* The notification of discontinuance must include the effective date of discontinuance, the reason for the participant's discontinuance, a statement of the individual's right to appeal the discontinuance through the fair hearing process, in accordance with §247.33(a), and a statement that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex, or disability. **ATTACHMENT M-1 & M-2**

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DISQUALIFICATION                      7 CFR 247.20

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It is the responsibility of the State Agency to determine a participants' disqualification from CSFP. CSFP applicants or participants, or proxies of applicants or participants, who commit program violations, may be disqualified for a period of up to one year. The local agency must provide the participant with a written Notice of Disqualification, Discontinuance **ATTACHMENT M-1 or M-2**. The notice must include the **reason for disqualification** and be provided **at least 15 days before the effective date of disqualification**. Documentation of the notification must be entered in ICOS. A copy of the notification must be retained in the individual's file or a file of Adverse Actions.

## 7 CFR 247.20 Program violations.

(a) *What are program violations in CSFP?* Program violations are actions taken by CSFP applicants or participants, or caretakers of applicants or participants, to obtain or use CSFP benefits improperly. Program violations include the following actions:

- (1) Intentionally making false or misleading statements, orally or in writing;
- (2) Intentionally withholding information pertaining to eligibility in CSFP;
- (3) Selling commodities obtained in the program, or exchanging them for non-food items;
- (4) Physical abuse, or threat of physical abuse, of program staff; or
- (5) Committing dual participation.

(b) *What are the penalties for committing program violations?* If applicants or participants, or caretakers of applicants or participants, commit program violations, the State agency may require local agencies to disqualify the applicants or participants for a period of up to one year. However, if the local agency determines that disqualification would result in a serious health risk, the disqualification may be waived. For program violations that involve fraud, the State agency must require local agencies to disqualify the participant from CSFP for a period of up to one year, unless the local agency determines that disqualification would result in a serious health risk. The State agency must require local agencies to permanently disqualify a participant who commits three program violations that involve fraud. For purposes of this program, fraud includes:

- (1) Intentionally making false or misleading statements to obtain CSFP commodities;
- (2) Intentionally withholding information to obtain CSFP commodities; or
- (3) Selling CSFP commodities, or exchanging them for non-food items.

**(c) *What must the local agency do to notify the individual of disqualification from CSFP?*** The local agency must provide the individual with written notification of disqualification from CSFP at least 15 days before the effective date of disqualification. The notification must include the effective date and period of disqualification, the reason for the disqualification, and a statement that the individual may appeal the disqualification through the fair hearing process, in accordance with §247.33(a).

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### INELIGIBILITY

### 7 CFR 247.15

The statement, “You may appeal any decision made by the local agency regarding your denial or termination from the program” appears on the APPLICATION **ATTACHMENT C-1 & C-2**. It must be read by or to each applicant as part of the certification and recertification.

A person found ineligible for the Program during the certification process shall be advised in writing of the reasons for ineligibility and of the right to a fair hearing using [ATTACHMENT O-1 or O-2](#), Certification Notice – Ineligible. They must receive the notification **within 10 days from the date of application**. ICOS provides a Certification Notice – Ineligible that should be printed. ICOS date stamps the date the written notice was available for printing.

Please see SECTION 5 for information on FAIR HEARINGS.

## **7 CFR 247.15 Notification of eligibility or ineligibility of applicant.**

a) *What is the timeframe for notifying an applicant of eligibility or ineligibility for CSFP benefits?* Local agencies must notify applicants of their eligibility or ineligibility for CSFP benefits, or their placement on a waiting list, within 10 days from the date of application.

(b) *What must be included in the notification of eligibility or ineligibility?* The notification of eligibility must include information on the time, location, and means of food distribution, and the length of the certification period. Notification of ineligibility must be in writing, and must include the reason the applicant is not eligible, a statement of the individual's right to a fair hearing to appeal the decision, and a statement that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex, or disability. [ATTACHMENT O-1, O-2, P-1 or P-2](#).

### **Can distribution sites impose other eligibility criteria?**

**No.** Distribution sites that distribute USDA Foods agree to use only the declared household income, residency and the age requirement of 60 years old and older as the basis for determining eligibility for the CSFP USDA Foods they distribute.

### **What if a participant lives outside a distribution site service area?**

It is the policy of NMHSD that participants seeking CSFP food assistance at CSFP sites should be provided food assistance if they are eligible at the first visit. At that time, they should be given information about the contractor and their zip code assigned distribution site. The agency first contacted should determine eligibility, if the applicant is available and has the required verification. If they are eligible, they are certified for one month. The determining agency should transfer them to the appropriate contractor. The contractor and FANS should be notified via email or a phone call using the recipients PID. If the contractor or FANS has any questions, they should contact the contractor that determined eligibility of the recipient.

### **How can distribution sites serve homebound participants and determine eligibility?**

CSFP Contractors and Distribution Sites should allow authorized persons (proxies) to pick up food for other participants. The eligible participant must have a current application on file. An original or copy of a proxy note must be on file with the Contractor or Distribution

Site. The eligible participant should sign the note. It should state that they are eligible for CSFP and provide the name of their proxy. The proxy must show identification and sign the form attesting to the receipt of food on the participant's behalf.

Distribution Sites that provide home deliveries must have an application on file for eligible recipients. The eligible recipient must sign for the receipt of USDA Foods at each delivery. A new eligible participant must complete the eligibility form prior to or at the time of delivery.

### **Can CSFP recipients sell USDA Foods?**

**No.** USDA Foods are intended solely for private consumption by eligible recipients. The sale, trade, exchange or other disposal of USDA Foods or use of USDA Foods for personal gain is strictly prohibited and subject to federal and/or state prosecution.

### **What if it is suspected that a CSFP recipient is misrepresenting their income, residency or age?**

Intentional Program Violations should be investigated. It is acceptable to question the participant to provide the corroboration needed to support the information and verification already provided. If the contractor requires additional verification, the contractor should contact FANS. If the contractor needs assistance with an investigation, they should contact FANS.

### **Can Contractor or distribution site staff and volunteers receive USDA Foods?**

**YES.** Staff and volunteers may receive USDA Foods if they meet CSFP age, income and residency requirements just like any other recipient. They must complete the CSFP eligibility form and they cannot receive preferential treatment or larger food packages than others. When possible eligible recipients should receive their CSFP packages separate from the site they serve.

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Individuals have a right to a fair hearing and may appeal any decision made by the local agency regarding denial or discontinuance of program benefits, disqualification from the program or a claim to repay the value of CSFP USDA Foods received because of fraud.

Program applicants, participants or their proxy must be informed of his or her right to a fair hearing.

Recipients should be given a copy of Fair Hearings & Appeals [ATTACHMENT Q-1 or Q-2](#).

An individual, or their proxy, may request a fair hearing by making a clear expression, verbal or written, to a State or local agency official, that an appeal of the adverse action or discontinuance is desired.

The request for the appeal must be made within 60 days from the date the agency mails or gives the individual, or their proxy the Notice of Disqualification, Discontinuance or Ineligibility [ATTACHMENTS M-1 or M-2, OR O-1 & O-2](#).

The State or local agency may deny a request for a fair hearing when:

- The request is not received within 60 days
- The request is withdrawn in writing by the individual requesting the hearing or by an authorized representative of the individual or
- The individual fails to appear, without good cause, for the scheduled hearing

Participants who appeal the **DISCONTINUANCE OF PROGRAM BENEFITS** within the 15 day Advance Notification Period required under 7 CFR 247.17 and 7 CFR 247.20 must be permitted to continue to receive benefits until a decision on the appeal is made by the hearing official, or until the end of the participant's certification period, whichever occurs first.

If the hearing decision finds that a participant received program benefits fraudulently, the local agency must include the value of benefits received during the time that the hearing was pending, as well as for any previous period, in its initiation and pursuit of a claim against the participant.

The State or local agency must provide and individual with at least 10 days' advance written notice of the time and place of the hearing and must include the rules of the procedure for the hearing.

The individual may:

- Examine documents supporting the State or local agency's decision before and during the hearing
- Be assisted or represented by an attorney or other persons
- Bring witnesses
- Present arguments
- Question or refute testimony or evidence, including an opportunity to confront and cross-examine others at the hearing
- Submit evidence to help establish facts and circumstances

The Human Services Department Fair Hearings Bureau appoints the hearing officer.

The hearing official is responsible for:

- Administering oaths or affirmations, as required by the State
- Ensuring that all relevant issues are considered

- Ensuring that all evidence necessary for a decision to be made is presented at the hearing, and included in the record of the hearing
- Ensuring that the hearing is conducted in an orderly manner, in accordance with due process
- Making a hearing decision

The hearing decision must be made, and the individual notified of the decision, in writing, within 45 days of the request for the hearing.

If the decision is in favor of an applicant who was denied CSFP benefits, the receipt of the benefits must begin within 45 days from the date that the hearing was requested, if the applicant is still eligible for the program.

If the hearing decision is against the participant, the State or local agency must discontinue benefits as soon as possible, or at a date determined the hearing official.

A hearing report shall be available for the public inspection and copying but shall assure confidentiality.

FAIR HEARINGS & APPEALS [ATTACHMENT Q- 1 & Q – 2](#) and RIGHTS & RESPONSIBILITIES [ATTACHMENT D-1 & D-2](#) must be at all distributions. They can be posted or available as handouts.



**SECTION 6      DISTRIBUTION AND USE OF CSFP COMMODITIES**  
**7 CFR 247.10**

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The local agency must distribute a package of commodities to participants each month, or a two-month supply of commodities every other month, in accordance with the food package guide rates established by FNS.

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**COMMODITY SUPPLEMENTAL FOOD PACKAGE DESCRIPTION**

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CSFP USDA FOODS SUPPLEMENT the food intake of Seniors in order to meet their special nutrition needs.

See the chart below. [ATTACHMENT R-1 or R-2](#)

<b>Food Type, Package size</b>	<b>SENIORS, 60 and OLDER Number per person</b>
<b>Canned Meat</b> 24-29 oz. can	<b>1</b>
<b>Canned Vegetables</b> 14-16 oz. can	<b>4</b>
<b>Canned Fruits</b> 14-16 oz. can	<b>2</b>
<b>Cereal</b> (Varies from 12-18 oz.) box	<b>2</b>
<b>Cheese</b> 2 lbs. carton	<b>1</b>
<b>Pasta, rice, or potatoes</b> 1lb. or 2 lbs. bag	<b>2-1</b>
<b>UHT Fluid Milk 1%</b> 32 oz. carton	<b>2</b>
<b>Dry Beans or Peanut butter</b> 1 lb. bag or 18 oz. jar	<b>1</b>
<b>Dry Milk</b> 24 oz. box	<b>.5 (every other month)</b>
<b>Juice, 100%</b> 64 oz. bottle	<b>2</b>

**As of US Farm Bill, March 2014, WIC-eligible persons are no longer eligible for CSFP. WIC participants remaining on the rolls July 2014 will be allowed to age out of the program.**

**Eligibility is limited to Seniors: adults 60 years of age or older.**

## Monthly Food Package Effective November 1, 2019

### ATTACHMENT S-1 or S-2

Commodity Food Group Package	Food Item	Amount Each Month
<b>Fruits and Juice</b>	Canned Fruit (15.5 oz.) Juice (64 oz.) Raisins (15 oz.)	1 Juice and 3 cans Fruit; <b>or</b> 2 Juices and 2 cans Fruit; <b>or</b> 1 package Raisins, 1 Juice and 2 cans Fruit; <b>or</b> 1 package Raisins, 2 Juices and 1 can Fruit
<b>Vegetables</b>	Canned Vegetables or Soup (10.5 – 15.5 oz.) Dehydrated Potatoes (1 lb.)	8 cans Vegetables or Soup; <b>or</b> 6 cans Vegetables or Soup and 1 package Dehydrated Potatoes.
<b>Cheese</b>	Cheese (2 lb.)	1 package Cheese
<b>Milk</b>	UHT Fluid Milk 1% (32 oz.) Instant Nonfat Dry Milk (12.8 oz.)	2 UHT Milk; <b>or</b> 1 UHT Milk and 1 package Nonfat Dry Milk
<b>Meat, Poultry and Fish Can or Pouch</b>	Beef, Beef Stew or Chili (24 oz.) Chicken (10 – 15 oz.) Tuna (12 oz.) Salmon (14.75 oz.)	1 (24 oz.) shelf-stable package Meat and 1 (10 -15 oz.) shelf-stable package Poultry or Fish; <b>or</b> 3 (10-15 oz.) shelf-stable packages Poultry and/or Fish in any combination
<b>Plant-Based Protein</b>	Peanut Butter (16 oz.) Canned Beans (15.5 oz.) Dry Beans (1 to 2*lb.) Dry Lentils (1 lb.)	3 Units of any combination of Canned Beans, (1lb.) Dry Beans or Lentils, and Peanut Butter <b>or</b> 1(2*lb.) unit Dry Beans and 1 unit Canned Beans, Peanut Butter or (1 lb.) Dry Beans or Lentils
<b>Cereals</b>	Dry Cereal (12 – 18 oz.) Farina (18 oz.) Rolled Oats (18 oz.) Grits (2 lb.)	2 Units of any combination of Cereal, Farina, Rolled Oats (18 oz.) and Grits (2 lb.)
<b>Pasta and Rice</b>	Pasta (1 lb.) White or Brown Rice (1 lb.) White Rice (2*lb.)	2 Units of any combination of Pasta and (1 lb.) Rice <b>or</b> 1 (2*lb.) unit Rice

If you have additional special dietary needs, please notify the certification or distribution staff. They may be able to suggest ways to select adequate diets.

Available with your food package or at the distribution site are:

Recipes and nutrition tips suggesting ways to select appropriate diets:

<https://whatscooking.fns.usda.gov/fdd/household-material-fact-sheets>

Information on the use of the supplemental foods and on the nutritional value of the foods:

<https://www.nal.usda.gov/fnic/older-individuals>

## USDA CSFP FOODS AVAILABLE LIST 2018

The Following USDA Foods Available List **ATTACHMENT T** is available at:  
<https://www.fns.usda.gov/csfp/commodity-supplemental-food-program-csfp>



### USDA Foods Available List for The Commodity Supplemental Food Program (CSFP) October 2018



USDA Foods Description	WBSCM ID	PACK SIZE
<b>FRUITS</b>		
Apple Juice, 100%, Unsweetened	100893	8/64 ounce bottle
Applesauce, Unsweetened, Canned	100207	24/15.5 ounce can
Apricots, Halves, Extra Light Syrup, Canned	100210	24/15.5 ounce can
Cranberry Apple Juice, 100%, Unsweetened	100899	8/64 ounce bottle
Grape Juice, Concord, 100%, Unsweetened	100895	8/64 ounce bottle
Mixed Fruit, Extra Light Syrup, Canned	100211	24/15.5 ounce can
Orange Juice, 100%, Unsweetened	100897	8/64 ounce bottle
Peaches, Sliced, Extra Light Syrup, Canned	100218	24/15.5 ounce can
Pears, Extra Light Syrup, Canned	100223	24/15.5 ounce can
Plums, Purple, Canned	100233	24/15.5 ounce can

USDA Foods Description	WBSCM ID	PACK SIZE
<b>PROTEIN FOODS</b>		
Beans, Great Northern, Dry	100380	12/2 pound bag
Beans, Kidney, Light Red, Dry	100385	12/2 pound bag
Beans, Lima, Baby, Dry	100378	12/2 pound bag
Beans, Pinto, Dry	100382	12/2 pound bag
Beef, Canned/Pouch	100127	24/24 ounce package
Beef Chili, Without Beans, Canned/Pouch	100138	24/24 ounce package
Beef Stew, Canned/Pouch	100526	24/24 ounce package
Chicken, Canned	110478	24/15 ounce can
Peanut Butter, Smooth	100395	12/18 ounce jar
Salmon, Pink, Canned	110563	24/14.75 ounce can
Tuna, Chunk Light, Canned (K)	100194	24/12 ounce can

USDA Foods Description	WBSCM ID	PACK SIZE
<b>DAIRY</b>		
Cheese, American, Reduced Fat, Loaves, Refrigerated	100035	12/2 pound package
Milk, 1%, Shelf-Stable UHT	100050	12/32 ounce carton
Milk, Instant Nonfat Dry	111006	24/12.8 ounce package

KEY:
DG - Dark Green Vegetable Subgroup
OTH - Other Vegetable Subgroup
RO - Red/Orange Vegetable Subgroup
ST - Starchy Vegetable Subgroup
LG - Legume Vegetable Subgroup
WG - Whole Grain
K - Kosher Certification Required
UHT - Ultra-High Temperature Pasteurization

USDA Foods Description	WBSCM ID	PACK SIZE	SUBGROUP
<b>VEGETABLES</b>			
Beans, Green, Low-sodium, Canned	100306	24/15.5 ounce can	OTH
Beans, Vegetarian, Low-sodium, Canned	100363	24/15.5 ounce can	LG
Carrots, Sliced, Low-sodium, Canned	100308	24/15.5 ounce can	RO
Corn, Whole Kernel, No Salt Added, Canned	100311	24/15.5 ounce can	ST
Mixed Vegetables, 7-Way Blend, Low-sodium, Canned	100320	24/15.5 ounce can	OTH
Peas, Green, Low-sodium, Canned	100314	24/15.5 ounce can	ST
Potatoes, Sliced, Low-sodium, Canned	100331	24/15.5 ounce can	ST
Spaghetti Sauce, Low-sodium, Canned	100335	24/15.5 ounce can	RO
Spinach, Low-sodium, Canned	100323	24/15.5 ounce can	DG
Sweet Potatoes, Light Syrup, No Salt Added, Canned	100316	24/15.5 ounce can	RO
Tomato Juice, 100%, Low-sodium	100898	8/64 ounce bottle	RO
Tomatoes, Diced, No Salt Added, Canned	100328	24/15.5 ounce can	RO

USDA Foods Description	WBSCM ID	PACK SIZE	SUBGROUP
<b>GRAINS</b>			
Cereal, Corn Flakes	100449	12/18 ounce package	
Cereal, Corn/Rice Biscuits	110265	14/12 ounce package	
Cereal, Corn Squares	110740	14/12 ounce package	
Cereal, Oat Circles	100929	12/14 ounce package	WG
Cereal, Rice Crisp	100457	16/12 ounce package	
Cereal, Wheat Bran Flakes	100933	14/17.3 ounce package	WG
Cereal, Wheat Farina, Enriched	110880	10/18 ounce package	
Cereal, Wheat, Shredded	110374	10/16.4 ounce package	WG
Grits, Corn, White	100470	8/5 pound bag	
Oats, Rolled, Quick Cooking	100465	12/42 ounce package	WG
Pasta, Macaroni, Enriched	110511	20/1 pound box	
Pasta, Rotini, Whole Grain	110777	12/1 pound box	WG
Pasta, Spaghetti, Enriched	110450	20/1 pound box	
Rice, Long Grain	100491	24/2 pound bag	
Rice, Long Grain	100492	30/2 pound bag	
Rice, Medium Grain	100487	24/2 pound bag	
Rice, Medium Grain	100488	30/2 pound bag	

Foods are arranged based on the food group categories found at ChooseMyPlate.gov. The subgroup information is provided as a tool to support program sites with planning orders and to encourage variety in CSFP food distributions. The ChooseMyPlate.gov site also provides additional information on vegetable subgroups, whole grains and a variety of nutrition education resources that can be used to support CSFP food distribution.

Note: This list is subject to change based on market availability. Please refer to the WBSCM catalog which contains the most up to date list of available USDA Foods.

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SECTION 7      NUTRITION EDUCATION AND OUTREACH  
7 CFR 247.10

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NUTRITION EDUCATION      7 CFR 247.18

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**Contractors are required to provide a quarterly or monthly Nutrition Education report.** It is strongly encouraged that contractors submit to FANS an annual or semi-annual (6 months) Nutrition Education plan.

Contractors shall provide nutrition education to its participants and to their proxies. This includes at off-site distribution sites and drop – off sites. The nutrition education materials must be easy to understand and should relate to their nutrition needs and household situations.

The nutrition education provided should include the following information. It should account for specific ethnic and cultural characteristics whenever possible:

- 1) The nutritional value of CSFP foods, and their relationship to the overall dietary needs of the population groups served;
- 2) Nutritious ways to use CSFP foods;
- 3) Special nutritional needs of participants and how those needs may be met;
- 4) The importance of health care and the role nutrition plays in maintaining good health; **And**
- 5) The importance of the use of the foods by the participant to whom they are distributed and they should not be given to another person

Contractors and their distribution sites should work with ICAN educators where they are available. Use the ICAN website: <https://ican.nmsu.edu/ican-county-teams.html> for contact information. For sites not receiving nutrition education a USDA Food Fact Sheet or Nutrition Education Handout should be provided with each food package. It is acceptable to provide handouts at the distribution for recipients to decide if they would like to take one.

CSFP foods may be used in cooking demonstrations by the local agency or SNAP-ED educators as part of the nutrition education provided to program participants per 7 CFR 247.18 (d).

USDA Food Fact Sheets and Recipes are available at:

<https://whatscooking.fns.usda.gov/fdd/household-material-fact-sheets>

Additional resources are available at: <https://whatscooking.fns.usda.gov/>

Alternative acceptable Nutrition Education Handouts are available at the following websites:

<https://www.fns.usda.gov/csfp/nutrition-education-resources-csfp>

<https://www.choosemyplate.gov/>

[www.nutrition.gov](http://www.nutrition.gov)

The Contractor's representatives shall discuss with applicants key points of the COMMODITY SUPPLEMENTAL FOOD PACKAGE DESCRIPTION. The food package is changing November 1, 2019. **Before November 1, 2019** use **ATTACHMENT R-1 or R-2**, **After November 1, 2019** use **ATTACHMENT S-1 or S-2**.

Contractors should also make available **ATTACHMENT U**, CSFP Nutrition Resources on the Web.

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#### NUTRITION EDUCATION EVALUATION REQUIREMENTS

7 CFR 247.18

The HSD FANS Bureau shall provide copies of the CSFP FOOD PROGRAM SURVEY **ATTACHMENT V-1 & V-2** or other approved evaluation tool to Contractors for distribution to CSFP participants at least annually.

Contractors and their distribution site personnel shall ensure the survey or other tool is distributed according to the instructions provided.

Each distribution site shall provide space for the comfortable completion of the survey or other tool and have sufficient pencils or pens available. Please contact FANS if you need assistance with obtaining tools to complete the survey or evaluation tool.

Surveys or the approved evaluation tool should be completed and collected on site as part of the CSFP distribution process. Distribution site personnel shall offer the survey to each CSFP participant during the distribution.

Site personnel shall explain to each participant receiving a survey that the information the participant provides is strictly confidential. The information is used to improve the quality and effectiveness of the nutrition education efforts.

If a participant refuses a survey, is unable to complete the survey or has difficulty reading the survey, site personnel should offer assistance with completing the forms.

Distribution site staff should offer assistance to read the questions or help with completing the forms and should initial the top to indicate the participant had assistance completing the forms.

Distribution site staff should draw a line through a survey that was offered to a participant who refused to complete the form.

## OUTREACH AND REFERRALS

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### AGREEMENTS

### 7 CFR 247.4 (C)(1)(2)

**(c) *What other assurances or information must be included in agreements between State and local agencies?*** In addition to the requirements under paragraph (b) of this section, agreements between State and local agencies must contain the following:

(1) And assurance that the local agency will provide, or cause to be provided, nutrition education to participants, as required in 7 CFR 247.18.

(2) An assurance that the local agency will provide information to participants on other health, nutrition, and public assistance programs, and make referrals as appropriate, as required in §247.14;

### STATE AND LOCAL AGENCY RESPONSIBILITIES

7 CFR 247.5 (a)(7) and 7 CFR 247.5 (c)(5)

**(a) *What are the major responsibilities shared by State and local agencies?*** The major responsibilities shared by State and local agencies include:

**(7) Conducting program outreach**

**(c) *What are the local agency responsibilities?*** The major local agency responsibilities include:

**(5) Providing nutrition education and information on the availability of other nutrition and health assistance programs to participants;**

HSD and Contractors share the responsibility for outreach. FANS Bureau participates in several outreach events throughout the year. Contractors are encouraged to participate in events in their service area. Outreach expenses are allowable costs for reimbursement.

Outreach to potential recipients is especially important when an agency has a large service area or serves people in more than one community.

Languages in addition to English should be utilized as warranted.

All material must include the Civil Rights non-discrimination statement.

Contractors should assist distribution sites with outreach.

Ideas for Outreach include:

Listing your agency on local public service websites for food assistance

Contacting organizations for inclusion in their newsletters

Public service announcements in the media (Radio, Newspapers and Magazines) may be at no cost or lower rates.

Contact community agencies that make referrals such as social services, school counselors, churches, police, and other low-income serving organizations

Place posters in stores, Laundromats and libraries, senior and community centers

The local agency must provide applicants with written information on the following programs and make referrals, as appropriate:

## OTHER PUBLIC ASSISTANCE PROGRAMS

7 CFR 247.14 (b) (1-3)

**(b) What information on other public assistance programs must the local agency provide to elderly applicants?** The local agency must provide elderly applicants with written information on the following programs, and make referrals, as appropriate:

(1) Supplemental security income benefits provided under Title XVI of the Social Security Act (42 U.S.C. 1381 *et seq.*);

(2) Medical assistance provided under Title XIX of the Social Security Act (42 U.S.C. 1396 *et seq.*), including medical assistance provided to a qualified Medicare beneficiary (42 U.S.C. 1395(p) and 1396d(5)); and

(3) The Food Stamp Program (7 U.S.C. 2011 *et seq.*).

This program is called SNAP, the Supplemental Nutrition Assistance Program.

Recipients must receive a copy of the CSFP SERVICES REFERRAL FORM [ATTACHMENT W-1 or W-2](#).



## SECTION 8 CIVIL RIGHTS COMPLIANCE FNS INSTRUCTION 113-1

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### REQUIRED NON-DISCRIMINATION STATEMENT

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*All information materials and sources*, including Web sites, developed or used by State Agencies their Contractors or other sub-recipients to inform the public about services and benefits must contain a nondiscrimination statement. It is not required that the nondiscrimination statement be included on every page of the program information Web site. At the minimum, the nondiscrimination statement, or a link to it, must be included on the home page of the program information.

Printed material **must** contain the following nondiscrimination 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, 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](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](mailto:program.intake@usda.gov).

**This institution is an equal opportunity provider.**

**Los demás programas de asistencia nutricional del FNS, las agencias estatales y locales, y sus beneficiarios secundarios, deben publicar el siguiente Aviso de No Discriminación:**

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 discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] 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: [http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish\\_Form\\_508\\_Compliant\\_6\\_8\\_12\\_0.pdf](http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf). 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](mailto:program.intake@usda.gov).

**Esta institución es un proveedor que ofrece igualdad de oportunidades.**



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## COMPLAINT OF DISCRIMINATION

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Any individual has the right to file a complaint with the Distribution Site, Contractor, FANS, USDA or the Department of Justice if they think they are or have been discriminated against because of race, color, national origin, age, sex or disability.

Any person or their representative alleging such discrimination has the right to file a complaint within 180 days of the alleged discriminatory action.

Only the USDA Secretary may extend this time under special circumstances.

The complainant must be advised of confidentiality and Privacy Act applications.

The complainant and the entity that the complaint is filed against will be encouraged to resolve the issue at the lowest possible level and as expeditiously as possible.

This requirement does not replace the requirement to report all Civil Rights complaints to the CSFP Manager (NMHSD/ISD/FANS).

All complaints written or verbal reported to or filed with a Distribution Site or Contractor must be forwarded to the CSFP Manager (NMHSD/ISD/FANS) or designee.

Age discrimination complaints must be forwarded within 24 hours.

All other discrimination complaints must be forwarded within 3 working days.

Civil Rights complaints received by the CSFP Manager or FANS designee will be forwarded within 3 working days to USDA/FNS/ for investigation.

FNS will investigate the case.

Distribution Site and Warehouse Personnel and Volunteers must know the procedure for filing a complaint.

Everyone (Staff, Volunteers, State Agency Employees and USDA Staff) working with CSFP must advise people who allege discrimination how to file a complaint.

Anonymous complaints are handled the same as any other complaints, to the extent feasible, based on available information.

When possible utilize the Civil Rights Complaint Form **ATTACHMENT Y-1 or Y-2** for all complaints. **It is not a requirement or mandatory to use a specific form.**

Complaints may be sent or faxed (505-841-2691) to:

ISD/ISD/FANS – Attn: CSFP Manager/ Civil Rights  
1425 William St. SE, Albuquerque, NM 87102-4661

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), found online at

[http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office,

Or call (866)632-9992 to request the form, or you may also write a letter containing all of the information requested in the form.

Send your completed complaint form or letter to us by mail at:

U.S. Department of Agriculture Director, Office of Adjudication  
1400 Independence Avenue, S.W.

Washington, D.C. 20250-9410

By fax (202)690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800)877-8339 or (800)845-6136 (Spanish)

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## VERBAL COMPLAINTS OF DISCRIMINATION

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In the event a complainant makes the allegations verbally or in person and refuses or is not inclined to place such allegations in writing, the person to whom the allegations are made must write up the elements of the complaint for the complainant.

Every effort should be made to have the complainant provide the following information:

Name, address, and telephone number or other means of contacting the complainant

The specific location and name of the State agency, local agency, or other sub recipient agency delivering the service or benefit

The nature of the incident or action that led the complainant to feel discrimination was a factor, and an example of the method of administration that is having a disparate effect on the public, potential eligible persons, applicants, or participants

The basis on which the complainant believes discrimination exists. The bases for discrimination in CSFP are race, color, national origin, age, sex or disability.

The names, telephone numbers, titles, and business or personal addresses of persons who may have knowledge of the alleged discriminatory action

The date(s) during which the alleged discriminatory actions occurred or, if continuing, the duration of such actions.

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## LIMITED ENGLISH PROFICIENCY (LEP)

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USDA/FNS requires that all Contractors and Distribution Sites comply with the guidelines for providing services to Limited English Proficiency participants. Access for LEP individuals includes interpretation for oral communication and translation for written documents and information. The following factors are used to determine the provision of LEP services:

The number or proportion of LEP persons eligible to be served or likely to be encountered by the program or grantee/recipient

The frequency with which LEP individuals come in contact with the program

The nature and importance of the program, activity, or service provided by the program to people's lives

The resources available to the grantee/recipient and costs

Program applications and written materials should be available in both English and Spanish. Based on the above guidelines, FANS with the Contractors and Distribution Sites will identify when applications and written materials should be available in other languages.

It is the responsibility of the Contractors and Distribution Sites to provide adequate

language access. Though not encouraged, recipients may choose to bring their own interpreter. If a recipient waives their right to free interpretation services, the Contractor or Distribution Site must make sure the recipient completes a Waiver of Rights to Free Interpreter and Translation Services when applicable **ATTACHMENT Z-1 or Z-2**. The Contractor or Distribution Site is responsible for keeping a signed copy in the client's file. Contractors and Distribution Sites should provide interpretation and translation services based on the above guidelines.

HSD/ISD/FANS can provide translation services via phone translation. Please call the FANS Bureau when you need translation. A FANS Bureau staff member will call the translation services for you. A Translation Card and Tips and Advice for utilizing the translation services, **ATTACHMENT AA**, should be distributed or available to all staff during distributions. Please contact the FANS Bureau CSFP Manager for more information.

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## ACCOMMODATING THE NEEDS OF PERSONS WITH DISABILITIES

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**Americans with Disabilities Act** (28 CFR Part 35, Title II, Subtitle A), which prohibits discrimination on the basis of disability in all services, programs, and activities provided to the public by State and local governments, except public transportation services.

**Section 504 of the Rehabilitation Act of 1973**, which prohibits discrimination based on disability; and USDA Implementing Regulation, 7 CFR Part 15 b.

Under Title II of the ADA, all state and local governments are required to take steps to ensure that their communications with people with disabilities are as effective as communications with others. There are many ways that we can provide equal access to communications for people with disabilities. These different ways are provided through "auxiliary aids and services." "Auxiliary aids and services" are devices or services that enable effective communication for people with disabilities. Generally, the requirement to provide an auxiliary aid or service is triggered when a person with a disability requests it.

For those who are blind or have low vision, this may include large print, audio recordings, emails or compact discs, or Braille. The requesting person's choice does not have to be followed if:

the public entity can demonstrate that another equally effective means of communication is available;

use of the means chosen would result in a fundamental alteration in the service, program, or activity; or

The means chosen would result in an undue financial and administrative burden.

For all requests of an auxiliary aid or service, the recipient agency must contact the State Agency CSFP Manager. The State agency will refer all requests for alternative formats for CSFP recipients with visual disabilities to the Human Services Department ADA Coordinator.



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## CIVIL RIGHTS TRAINING

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In accordance with FNS Instruction 113-1 (November 8, 2005), Volunteers and staff, who frequently interact with program participants/applicants, handle personal information or determine eligibility must receive full civil rights training on an annual basis.

The CSFP Manager or FANS designee will provide annual Civil Rights training for all Contractor and Warehouse Personnel (Staff and Volunteers).

Contractors and Warehouses will provide annual Civil Rights training for all Distribution Site Personnel in their service area.

Contractors and Warehouses will maintain copies of the subject matter and attendance sheets for all Civil Rights trainings.

Civil Rights training materials for Contractor and Warehouse Personnel is available on the USDA CSFP Website: <https://www.fns.usda.gov/csfp/usda-presentations-national-csfp-association-annual-conference>. A paper copy of this training is available **ATTACHMENT BB**. Please request it from the CSFP Manager or FANS designee.

Specific subject matter that must be included in all Civil Rights training includes, but is not limited to:

Knowledge of Protected Classes

Types of Discrimination Complaints That Can be Filed

Volunteer Roles

Responsibilities

Collection and use of data

Effective public notification systems

Complaint procedures

Compliance review techniques

Resolution of noncompliance

Requirements for reasonable accommodation of persons with disabilities (ADA)

Requirements for language assistance (LEP)

Conflict resolution

Customer service

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WRITTEN NOTICE AND REFERRAL REQUIREMENTS FOR BENEFICIARIES RECEIVING CSFP  
BENEFITS FROM RELIGIOUS ORGANIZATIONS (7 CFR PART 16, FD-138)

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In accordance with 7 CFR Part 16.4(f), faith-based or religious organizations that receive USDA Foods or administrative funds for CSFP must give written notice in the manner prescribed in FD-138 to all beneficiaries and prospective beneficiaries of the right to be referred to an alternate provider when available. Please see and refer to [ATTACHMENTS CC, DD-1, DD-2, EE-1 and EE-2](#).

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CIVIL RIGHTS QUESTIONS & ANSWERS

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**Must all Distribution Sites display the “And Justice for All” poster?**

**Yes.** It must be posted where all participants can see it. Distribution sites should contact their warehouse to request additional copies.

**Can distribution sites choose to serve some income eligible people but not others?**

**No.** Federal laws prohibit discrimination based on race, color, national origin, sex, age, or disability.

**How do local agencies serve non-English speaking people who request food assistance?**

Service must be provided – but there can be flexibility in how it is provided. Volunteers may be used, but make sure they understand participant confidentiality. Contact FANS if an interpreter is needed for a participant. Agencies are required to develop methods for ensuring meaningful and accurate communication for **Limited English Proficiency** groups in their service delivery area. When using volunteers for interpretation they should be proficient in English and the client’s language. They **must** be at least 18 years old.

**Can distribution sites give participants political or religious materials during distribution?**

Per 7 CFR 16.4 (USDA Policy Memorandum FD – 142, Further Clarification on the Prohibition Against Explicitly Religious Activities as Part of TEFAP and CSFP Activities) 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 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.

**Can distribution sites ask recipients for donations?**

**No.** Distribution sites that receive federal USDA Foods may not ask recipients to donate money, materials or services in exchange for food. Distribution sites may not post signs requesting “voluntary” donations nor place donation containers in the area where recipients are served.

**Can distribution sites require recipients to participate in activities unrelated to the food distribution?**

**No.** Activities unrelated to the distribution of CSFP Foods may be conducted at distribution sites as long as the person(s) conducting the activity makes clear that the activity is not part of CSFP and is not endorsed by the Department. The activity must not disrupt the distribution of CSFP USDA Foods. It must not be required.

The person(s) conducting the activity must make it clear that cooperation is not a condition of the receipt of CSFP Foods for home consumption. Cooperation includes contributing money, signing petitions, or conversing with the person(s)).

Additional activities not allowed include required volunteerism or in kind service, political endorsements or activities and religious activities.

Impermissible activities include information not related to CSFP placed in or printed on bags, boxes or other containers in which USDA Foods are distributed.

Recipes or information about USDA Foods dates of future distributions, hours of operations or other Federal, State, or local government programs or services for the needy should be distributed without a clarification that the Department does not endorse the information.

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## DELIVERY

Standards are set forth in Distribution and Control of Donated Foods, 7 CFR 250 Subpart B – Delivery, Distribution and Control of Donated 7 CFR 250.10 through 7 CFR 250.16;  
[https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=af5dd6790063e1a4ef0db19236501039&mc=true&r=PART&n=pt7.4.250#se7.4.250\\_116](https://www.ecfr.gov/cgi-bin/retrieveECFR?gp=&SID=af5dd6790063e1a4ef0db19236501039&mc=true&r=PART&n=pt7.4.250#se7.4.250_116)

Food Distribution Policy Memorandum 709-5, Rev. 3  
<https://www.fns.usda.gov/fdd/instructions-handbooks> **ATTACHMENT FF** and

Food Distribution Policy Memorandum, FD-107, Donated Food Storage, Distribution and Product Dating (Revised)  
<https://www.fns.usda.gov/storage-and-inventory-management-usda-donated-foods>  
**ATTACHMENT JJ**

Every shipment of USDA Foods must be inspected upon delivery for possible shortages, overages and/or damage before the product is accepted.

Required Records. The consignee must maintain documentation of:

The serial number of the high security seal(s)

The temperature of a freezer or refrigerated truck or trailer upon arrival.

The result of any inspections by State or local health authorities or a USDA certification agent to determine the condition of USDA Foods.

The disposition of USDA Foods received out-of-condition, including, as applicable, the destruction of such foods, or a signed salvage receipt from the vendor or carrier.

Retention of Records. All records must be retained for a period of three (3) years from the close of the Federal Fiscal Year (FFY).

**ATTACHMENT GG BOL (Bill of Lading) Sample – Direct Delivery**

**ATTACHMENT HH BOL (Bill of Lading) Sample – Multi Food Delivery from the National Warehouse**

**Delivery Appointment:**

Vendors must comply with all provisions of the Agricultural Marketing Service (AMS) Master Solicitation for Commodity Procurements, including delivery appointment requirements. Delivery appointments must be made as far in advance of the expected delivery as possible, but not less than **72 hours** prior to delivery.

For split shipments (i.e., shipments that are split between two (2) or more consignees), the vendor or carrier may make an earlier delivery than scheduled only if a new delivery date is arranged that is acceptable to the consignee and USDA personnel are available, as necessary, to perform any required inspections; otherwise, the original delivery date must be honored.

Shipments originating from a National Multi-Food Warehouse, the National Multi-Food Warehouse must arrange regular delivery dates with each consignee. If an order includes multiple truck loads, every effort must be made to arrange for all deliveries on the same date. The consignee must negotiate any tailgating by the National Multi-Food Warehouse when setting the delivery date(s). The consignee is responsible for accepting shipments on the prearrange delivery date. If the regularly scheduled delivery must be postponed (e.g., as a result of inclement weather or equipment failure), the National Multi-Food Warehouse will immediately contact the consignee to determine a revised delivery date that is agreeable to both parties.

Vendor or Carrier unable to deliver USDA Foods. If a vendor or carrier arrives at the delivery location at the appointed time and is unable to unload USDA Foods as a result of action or inaction by the consignee, the vendor or carrier may place USDA Foods in storage or move them to another location, which may subject the consignee to additional charges. Any disputes between the consignee and the vendor or carrier regarding liability for such charges that are not resolved at the HSD FANS level must be referred to FNS SWRO.

**General Requirements:** The consignee must inspect each shipment and commercial delivery receipt (e.g. BOL) carefully prior to unloading to ensure that the high security seal(s) is/are intact, to determine the overall condition of the USDA Foods and the number of units in the shipment, and to ensure the accuracy of the receipt.

**Seal:** The consignee must ensure that the high security seal(s) on the door or other point of entry of the truck or trailer is/are intact and must make a record of the serial number of the seal. If the high security seal is broken or lacking, or the serial number on the seal does not match the number on supporting documentation (e.g., BOL), the consignee must refuse the shipment, including split shipments, and immediately notify FANS, which must in turn notify the USDA FNS SWRO. USDA FNS SWRO will notify the appropriate Contracting Office or the National Multi-Food Warehouse, as applicable.

**Removal of Seal:** The consignee is responsible for the removal of the high security seal(s), which must be done with bolt cutters or a similar tool.

**Temperature Check:** For frozen or refrigerated foods, at a minimum, the consignee must check the thermometer, which is usually located outside of the truck, to ensure the temperature in the freezer or refrigeration unit is at an acceptable level, in accordance with USDA guidance, and must ensure that the unit is switched on and working.

**Quantity of USDA Foods:** The consignee must determine if there is any obvious discrepancy from the quantity of USDA Foods ordered (e.g. overage or shortage). A more careful count must be conducted as the shipment is unloaded and prior to the vendor or carrier departing.

**Observing Condition of USDA Foods:** The consignee must inspect the shipment to determine if USDA Foods have been delivered in good condition and with no evidence of product tampering.

**Out-of-Condition USDA Foods and Required Notification:** For shipments originating from a vendor (i.e., any shipment not originating from the National Multi-Food Warehouse), if consignee inspection indicates that all, or a major portion, of the USDA Foods in a shipment are out-of-condition, the consignee must immediately notify FANS. FANS must in turn notify the USDA FNS SWRO.

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## ACCEPTING AND RECEIPTING FOR THE SHIPMENT

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### **Acceptance of Shipment:**

**For shipments originating from a vendor** (i.e., any shipment not originating from a National Multi-Food Warehouse), if the consignee inspection indicates that some, but not a major portion, of the USDA Foods in the shipment are out-of-condition, or that there is only a minor discrepancy from the quantity of USDA Foods, ordered,

The consignee may accept the entire shipment and segregate any out-of-condition USDA Foods.

The consignee must notify HSD FANS of the out-of-condition foods, as applicable.  
HSD FANS must notify USDA FNS SWRO

FNS will consult with the appropriate Contracting Office to determine a course of action.

The consignee has the option to immediately notify HSD FANS, of the out-of-condition foods upon receipt, requesting refusal of that part of the shipment.

HSD FANS must notify USDA FNS SWRO and file a complaint in WBSCM when a goods receipt is entered in WBSCM

FNS will consult with the appropriate Contracting Office to determine a course of action

This course of action may lead to part of the shipment being rejected.

**For shipments originating from a National Multi-Food Warehouse** that include out-of-condition USDA Foods or that do not have the quantity of USDA Foods ordered, the consignee must accept the entire shipment, segregate unusable products, and report the loss or shortage to HSD FANS.

HSD FANS must notify USDA FNS SWRO and request guidance on disposing of any out-of-condition foods in accordance with Section XII, FNS Instruction 709-5, Rev. 3 and file a complaint in WBSCM when the order is receipted for issue tracking purposes.

For latent product defects observed by the consignee after acceptance of the shipment, the consignee must notify HSD FANS of the out-of-condition foods.

HSD FANS must notify USDA FNS SWRO and file a complaint in WBSCM when the order has been receipted.

### **Delivery Receipt:**

The consignee must ensure that the delivery receipt (e.g., BOL) indicates the quantity of USDA Foods received, including product that is rejected at the time of receipt for being out-of-condition and the quantity received in good condition, before signing and dating such receipt and returning it to the vendor or carrier.

The carrier, and not the consignee, is responsible for providing the vendor with the signed delivery receipt.

The signed delivery receipt must match the Goods Receipt quantity entered in WBSCM.

### **WBSCM Goods Receipt:**

**The consignee is responsible for entering the Goods Receipt in WBSCM within two (2) calendar days of receipt of the product. The Goods Receipt must indicate the quantity received in good condition and, if applicable, the quantity received damaged or rejected. Please see [ATTACHMENT FF](#), FNS Instruction 709-5, Rev. 3, page 9, Section X C.**

If the consignee has not entered a Goods Receipt within two (2) calendar days of delivery and the Contracting Office has received an invoice for the shipment, the Contracting Office will enter a Goods Receipt in WBSCM in order to meet prompt payment requirements. The Good Receipt entry will be based on vendor – or – carrier provided proof of delivery documentation such as a signed BOL.

Note that if an entire shipment is rejected by the Contracting Office, no information is required or should be entered in WBSCM.

### **Unloading the Shipment:**

The consignee is responsible for unloading the shipment of USDA Foods and for removing and disposing of dunnage and other debris.

The consignee may request reimbursement for cost associated with restacking items that

arrive unpalletized or pallets that arrive poorly stacked if appropriate documentation, including photographs, is provided via HSD FANS to USDA FNS SWRO within a reasonable timeframe. A complaint should be entered in WBSCM documenting the issue.

Fees levied on the vendor or carrier (e.g., gate fees or lumper fees) are not permissible

For shipments of frozen or refrigerated foods, the consignee must ensure that the freezer or refrigeration unit remains on during unloading.

For shipments originating from a National Multi-Food Warehouse, the consignee is responsible for unloading their entire order, including items that may be segregated (e.g., frozen under bulkhead), and ensuring that proper temperature is maintained.

The vendor or carrier is responsible for shipping product on pallets or equivalent (e.g., slip sheets) that are in acceptable condition, in accordance with applicable contract specifications.

If pallet exchange is desired, the vendor or carrier must arrange for pallet exchange with the consignee prior to delivery.

Fees levied on the consignee (e.g., lumper fees) are not permissible

All shipments originating from a National Multi-Food Warehouse will arrive on pallets that must be positioned to facilitate timely unloading of USDA Foods (e.g., no pinwheeling).

The National Multi-Food Warehouse Carrier is responsible for tailgating if previously arranged with the consignee

**Please refer to [ATTACHMENT FF](#) – FNS Instruction 709-5, Rev. 3 Shipment and Receipt of USDA Foods**

**[ATTACHMENT II](#) – Pallet Markers (Sample)**

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## WAREHOUSE AND STORAGE PRACTICES

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### **7 CFR 247.28, 7 CFR 250.14 and Policy Memorandum, FD-107 Donated Food Storage, Distribution and Product Dating (Revised) [ATTACHMENT JJ](#)**

In order to guarantee its quality and safety, each Contractor is responsible for the proper storage and handling of USDA Foods products according to 7 CFR 247.28 Storage and Inventory of Commodities, 7 CFR 250.14 Storage and Inventory Management at the Recipient Agency Level and Food Distribution Policy Memorandum, FD-107 Donated Food Storage, Distribution, and Product Dating (Revised).

State and local agencies must provide for storage of commodities that protects them from theft, spoilage, damage or destruction, or other loss. The required standards for warehousing and distribution systems, and for contracts with storage facilities, are included under 7 CFR 250.14. Premature deterioration of food products is often the result of improper storage conditions and practices. Every effort must be made to reduce loss due to spoilage, pest infestation and theft by following accepted warehousing methods. This action not only ensures that quality products are distributed; it also protects the

contractor and distribution sites from claim action by USDA/FANS to recover the value of the spoiled or lost product. Food storage areas should provide protection from weather, fire, theft and pests. Aisles between pallets should be wide enough to provide easy access for inspection, inventory and pulling of product. All USDA Foods products are to be stored according to the following guidelines:

Functional thermometers must be present and visible in all storage areas (dry, refrigerators and freezers).

**Temperature logs must be maintained** for all dry, refrigerator and freezer storage areas [ATTACHMENT KK -1](#) Electronic logs may be used.

**Tailgate Temperature logs for the refrigerated Cheese must be maintained** [ATTACHMENT KK-2](#) Electronic logs may be used.

The log should document the date, time, the registered temperature and the signature or initials of the person checking the temperatures.

**The Temperature Log is an important document to support the ongoing maintenance of proper storage conditions.**

CSFP contractors and distribution sites must follow good warehouse and storage practices. General Storage and Maintenance Guidelines include but are not limited to the following:

- ◆ **Refrigerated food products must be:**
  - Refrigerated at temperatures of 35-40 degrees F
  - **CSFP USDA Cheese must be refrigerated** and maintained at temperatures of 35 – 40 degrees F
  - See Storage Information for USDA Foods – Cheese [ATTACHMENTS LL-1 & LL-2](#)
  
- ◆ **Frozen food products must be:**
  - Stored in a freezer at 0 degrees F or below,
  
- ◆ Frozen Poultry must be maintained at the appropriate frozen (0 degrees or below) temperatures through distribution,
  
- ◆ Keep all food 4” off floor, stored on pallets, platforms or shelves
  
- ◆ Keep all food away from walls. This promotes air circulation and assists with pest control.
  
- ◆ Keep dry foods away from direct sunlight, when possible.
  
- ◆ Keep all non-food items separate from food.
  - Toxic items (soap, bleach, cleaning supplies, etc.) must be kept away from food items.



- ◆ Keep floors, pallets and shelving clean.
  - Maintain a regular cleaning schedule.
  - Maintain a Cleaning Log.
  
- ◆ Keep doors, windows and roofs well sealed to prevent pest entry and water damage.
  
- ◆ The building, grounds and equipment should be inspected regularly for signs of fire hazard, security problems, needed repairs and pest infestation
  
- ◆ Maintain equipment including regularly checking for leaky compressors in freezer and refrigeration units, hydraulic forklift leaks, etc.
  
- ◆ Maintain a good pest control system.
  - Have a qualified person on staff or contract with a licensed firm to handle pest control management.
  - Maintain a Pest Control log
  
- ◆ First, In, First Out (FIFO) for Inventory Control is the standard Best Practice and should be followed.
  - Items received must be marked with the date of receipt at the warehouse. See [ATTACHMENT II](#) for a sample sheet for marking pallets.
  - USDA Foods should be stored in their original cases until distribution.

Items with the oldest “USE BY” dates should be used first. See [ATTACHMENT JJ](#)- FD-107 Donated Food Storage, Distribution, and Product Dating (Revised) for additional guidance.

◆ 7 CFR 250.12 (b)

Recipient agencies in household programs must store donated foods in a manner that permits them to be distinguished from other foods in storage  
 Recipient agencies must maintain a separate inventory record of donated foods.  
 The system of inventory management must ensure that donated foods are distributed to recipients in a timely manner that permits use of such foods while still in optimal condition.  
 Annually, FANS must conduct a physical review of donated food inventories at all contractors and must reconcile physical and book inventories of donated foods.  
 FANS must report donated food losses to FNS and ensure that restitution is made for such losses. SECTION 9 USDA Foods Hold, Recalls, Loss & Complaints

◆ 7 CFR 250.12 (c) 2 Inventory Limitations

- For CSFP inventories of each category of donated food in the food package may not exceed an amount needed for a three month period, based on an average amount of donated food that the distributing agency can reasonably utilize in that period to meet CSFP caseload.
- Staff shall routinely monitor product levels to assure that CSFP product inventories are not excessive. In no case may the inventory level of each donated food in storage exceed a three (3) month supply unless sufficient

justification for additional inventory has been submitted and approved by USDA/SWRO.

◆ 7 CFR 250.12 (d) Inventory Protection

- The distributing agency must obtain insurance to protect the value of donated foods at its storage facilities. The amount of such insurance must be at least equal to the average monthly value of donated food inventories at such facilities in the previous fiscal year. The distributing agency must also ensure that the following entities obtain insurance to protect the value of their donated food inventories, in the same amount required of the distributing agency in this paragraph (d):

Sub distributing agencies;

Recipient agencies in household programs that have an agreement with the distributing agency or sub-distributing agency to store and distribute foods (except those recipient agencies, which maintain inventories with a value of donated foods that do not exceed a defined threshold, as determined in FNS policy)

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## STORAGE & HANDLING QUESTIONS & ANSWERS

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### **Can CSFP USDA Foods be repackaged or substituted?**

**No.** CSFP USDA Foods must be distributed in their original packaging to ensure food safety. Repackaging of USDA Foods in any form is strictly prohibited. USDA Foods are not to be opened, altered or removed from the unit containers. Substituting CSFP Foods from one category for another category is prohibited. Retroactive CSFP food distribution is restricted. **ATTACHMENT L, FD-079 Retroactive Food Package Distribution** provides additional guidance

### **Can distribution sites give or trade USDA Foods among themselves?**

**No.** Trading or giving CSFP Foods among themselves is not allowed.

### **Can distribution sites decide whether to give fixed food packages or let recipients choose the food?**

**Yes & No.** The contractors determine the items sent to the distribution sites. The contractor ensures that all category items are sent in the correct serving amounts.

CSFP is a monthly nutritionally balanced package designed to help meet the nutritional needs of our senior population. There are reasons a recipient may decline an item or items and they must be allowed the right of refusal. CSFP allows for recipients to refuse items. Additionally three of the Contractor sites have become “Shopping Cart Sites”. A “Shopping Cart” or “Client Choice” sometimes allows a recipient to choose an item from several items available in a category. You cannot substitute an item in one category with an item from a different category.

## **How often do distribution sites receive USDA Foods?**

Contractors coordinate with their distribution sites to receive CSFP packages once a month or once every other month based on the delivery schedule determined by the contractor. Direct Delivery USDA Foods to the Contractors have delivery dates of the 15<sup>th</sup> or the 30<sup>th</sup> of the month. Vendors are expected to schedule those deliveries prior to the 15<sup>th</sup> or between the 15<sup>th</sup> and the 30<sup>th</sup> of the month. Contractors schedule Multi Food Deliveries monthly with the National Warehouse. This normally takes place prior to the start of the current calendar year.

## **What is FIFO?**

First In, First Out. A system of warehouse and inventory management that ensures that food received first is the first to be distributed. The best way to ensure this happens is to mark cases when they arrive with the month, day and year of receipt. The oldest stock is moved in front, where it is used first. The recently received food is put above, below or to the back of the older stock.

## **When should temperatures be reviewed and recorded?**

Check all storage temperatures and record in the log, [ATTACHMENT KK-1](#), each day that CSFP USDA foods are distributed or the days that the facility is open. An electronic log can be used in place of a paper log. Distribution sites may be closed for days or even weeks in between open hours of operation. It is important to check and record all temperatures prior to opening.

Tailgate temperature logs, [ATTACHMENT KK-2](#), for the USDA Cheese are required. The temperature should be recorded at a minimum of two (2) hour intervals. Cheese should not go above 41° for more than a total of 2 hours.

## **How long can USDA Foods be stored?**

Contractors should manage their inventory carefully so that USDA Foods are distributed promptly. Clearly marking cases with the month and year of receipt and the best by date will help ensure food is distributed in a timely manner.

## **What if a product passes the best if used by date?**

Some products may have a “best-if-used-by” date. This date means that the manufacturer recommends using the product by this date for the best flavor or quality. **In order to ensure optimum quality, donated foods that have passed such dates should not be distributed to program recipients.** Importantly, program recipients should have the opportunity to consume all donated foods before product end dates have passed. Please refer to [ATTACHMENT JJ - FD 107, Donated Food Storage, Distribution and Product Dating](#) for additional guidance.

Additional Food Safety Food Product Dating Information from USDA can be found at:  
<https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/food-labeling/food-product-dating/food-product-dating>

## SECTION 9     USDA FOODS HOLD, RECALLS, LOSS & COMPLAINTS

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### HOLD & RECALL OF USDA FOODS

7CFR 250.15

USDA guidance on Hold and Recall Procedures of USDA Foods are available at <https://www.fns.usda.gov/ofs/usda-food-recall-resources>. A copy of the instructions, **Responding to a Food Recall, Procedures for Recalls of USDA Foods** is available in **ATTACHMENT MM** or by contacting the CSFP Manager. Upon receipt of a recall notification, the CSFP Manager or FANS designee will contact each affected contractor as soon as possible, but **no later than 24 hours** after receiving the recall notification.

FNS uses the Rapid Alert System (RAS) in the Web-Based Supply Chain Management (WBSCM) system to notify the State agencies about recalls involving USDA Foods.

The notification message includes specific product identification

The RAS sends the FNS notification, with the case information, directly to all food safety contacts in each affected state.

Food safety contacts are notified by telephone, email or fax until the list of contact options is expended.

The food safety contact at the State agency checks WBSCM to determine the details of the recall.

The State agency modifies the FNS message so that it meets the situation in that state and sends the message to the contractor/local agency.

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### CONTRACTOR/WAREHOUSE RESPONSIBILITIES FOR HOLD & RECALL OF USDA FOODS

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Each Warehouse is responsible for appointing a Food Safety Coordinator and providing the name, title, email address, phone, and fax numbers to the CSFP Manager to enter in WBSCM.

In the event of a USDA Foods recall, affected contractors/warehouses will receive a recall notification request. The recall notification will provide the name of the product, the affected lot numbers, and other product information. Additional information will be included to assist contractors/warehouses to respond to requests from media, clients, and others.

Contractors/Warehouses must provide the location and quantity of:

Product in Storage

Amount of Product Already Distributed

Contractors/Warehouses must immediately notify their Distribution Sites of the recall

Identify the location of the affected products

Verify that the food items bear the product identification codes

Isolate the USDA Foods to avoid accidental use. Use **ATTACHMENT NN – FANS Hold Tag (Sample)**

Take an accurate inventory by location

The quantity and location of the product must be submitted to the CSFP Manager **within five (5) calendar days of the recall.**

The CSFP Manager or FANS designee will email the recall notification, press information and other information needed to track the product and assist in documenting reimbursable costs to affected contractors.

The CSFP Manager or FANS designee will notify the appropriate contact at the warehouse, directing them to place the USDA Foods on hold and to determine:

The amount of recalled product still in storage at the regional level, and

The location and amount of product delivered to the distribution sites and recipients

FANS will be in constant communication with the contractors and warehouses to provide instruction on the course of action for disposition of recalled product or release of hold. In the event that pick-up of a recalled product is required, the recalled product should be consolidated for pick-up as soon as possible, but no later than 30 days after the date of the recall notification.

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## USDA FOODS LOSS & COMPLAINTS

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### DAMAGED/OUT-OF CONDITION/FOREIGN OBJECTS IN PRODUCTS

#### 7 CFR §250.15

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**All food products must be inspected upon receipt.** Damaged/Out-Of-Condition products are those food products, which appear to be contaminated, deteriorated, spoiled, infested, or have latent defects. Some examples are:

Bulging or Dented Cans

Broken or Ripped Boxes or Bags

Hidden damage or condition problems may be found after the product has been accepted into the warehouse.

All incidents of USDA Foods problems must be reported to the CSFP Manager or FANS designee:

**(505) 841-2693, (505) 841-2690 or 1-800-648-7167**

It is important to send complaints about USDA Foods to the CSFP Manager. The CSFP Manager is responsible for reporting them to USDA FNS.

All complaints reported to the CSFP Manager should include as much detail as possible. The information included in the complaint should include:

WBSCM/USDA Product Name and Number  
Description of the Problem  
Date the agency Received the Product  
Quantity of Product Involved (Units)  
Quantity and Physical Address of the Remaining Product  
Purchase Order Number  
Sales Order Number, including the Sales Order Line Item Number  
Advance Shipping Notification Number  
Any Lot Numbers or Can Codes Printed on the Packaging  
Establishment Number of the Plant Processing any Meat or Poultry Product  
Your Name or Agency Name, Address and Phone Number  
If the Complaint comes from Someone Else, their Name and Contact Information  
Report of any Illness or Injury  
Ask if a Doctor was Seen  
Has or Is the Health Department Conducted or Conducting an Investigation  
Photograph of Foreign Object or Problem  
Photographs should be submitted, when it is feasible  
Measurement of the Foreign Object

Do not dispose of USDA Foods without contacting and receiving prior approval from the CSFP Manager, FANS designee or authorized USDA representative.

When the product is approved for disposal, please document the destruction on [ATTACHMENT OO – Verification of Destruction of USDA Foods Hold or Recall](#)

The Purchase Order Number, Sales Order Number, SO Line Item Number, Date the Product was Received and Advance Shipping Notification Number are all available in WBSCM. Some of the information may be on the paperwork you received with the USDA Foods shipment. If you need assistance finding the information, contact the CSFP Manager or FANS designee.

**Important: When Damage, Out-of-Condition problems or Foreign Objects are found, the USDA Foods must be:**

Placed on HOLD  
Clearly Marked **Do Not Use**. Please use [ATTACHMENT NN – FANS Hold Tag \(Sample\)](#)  
Put in a place where it will not be distributed  
Save the container and/or the product for inspection  
Retain the Foreign Object  
Retain Any Uneaten Portion of the Food.

Confer with the CSFP Manager or FANS Designee to determine if the Food should be kept Refrigerated or Frozen.

Please take a picture and send it to the CSFP Manager or FANS designee, whenever possible. Digital pictures are preferred.

You will receive instructions for what must be done with the USDA Foods and where to send the picture and/or object.

You may be asked for additional information until the complaint is resolved.

The CSFP Manager or FANS designee will decide whether your complaint can be resolved at the state level. If not, The CSFP Manager or FANS designee will enter your complaint into the National USDA Foods Complaint System WBSCM.

If you are requesting a replacement, you should retain the unopened product until further notice from the USDA Foods Complaint Team, so that the vendor can exercise his right to examine or retrieve the product.

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#### CLAIMS ACTION

7CFR 250.16 & 7 CFR 247.30

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FANS shall begin claim action immediately upon receipt of information concerning the improper distribution, loss of or damage to USDA Foods.

A claim determination must be made within thirty days of the receipt of information, as described in FNS Instruction 410-1, Non-Audit Claims-Food Distribution.

The **Commodity Hold/Loss Information** Form **ATTACHMENT PP** is used.

The funds received from the collection of claims will be returned to FNS. In instances where it is determined by USDA that the collection of funds will have a significant adverse effect on the operation of the program, USDA may permit in-kind replacement of the donated foods in lieu of payment to FNS. Replacement in-kind is only permitted under such terms and conditions as agreed to by the Secretary of USDA.

If FANS determines that a claim exists against a CSFP Contractor, warehouseman, carrier or any other entity and the value of the lost USDA Foods **exceeds \$2500:**

FANS shall immediately transmit the claim determination to the SWRO with full documentation about the circumstances.

If FNS determines from its review of the claim determination that a claim exists, FANS shall make demand for restitution upon the liable entity immediately upon receipt of notice from the SWRO.

In the event FANS determines that a claim exists against a CSFP Contractor, warehouseman, carrier or any other entity and the value of the lost USDA Foods **does not exceed \$2500:**

The state agency shall immediately proceed to collect the claim.



No claim determination shall be required where the value of the lost USDA Foods is **\$100 or less**. However, no such claim shall be disregarded where:

There is evidence of fraud or a violation of Federal, State or local criminal law.

The state agency shall maintain records and substantiating documents on all claim actions and adjustments including documentation of those cases in which no claim was asserted because of the minimal amount involved.

In making final claim determinations for USDA Foods losses incurred by eligible recipient agencies when there is no evidence of fraud or negligence, FANS and SWRO shall consider the special needs and circumstances of the eligible recipient agencies, and adjust the claim and/or conditions for claim collection as appropriate.

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## SECTION 10 MANAGEMENT REVIEWS 7 CFR 247.34

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### STATE AGENCY REVIEWS

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FANS will comply with federal program regulations set forth in 7 CFR 247.34 Management Reviews. The purpose of the monitoring process is to ensure that local agencies, sub-distributing agencies and other agencies conducting program activities meet program requirements and objectives.

The State agency must perform an on-site review of all local agencies and all storage facilities utilized by local agencies at least once every two years. **ATTACHMENT QQ – HSD ISD FANS Contractor Monitoring Form** is the state monitoring form the state uses to review the contractors. **ATTACHMENT RR- Training Log** is included in the monitoring form and is for the contractor to use for verification of staff and volunteer trainings. FANS will conduct at least three (3) distribution site reviews that will be conducted using the CSFP Distribution Site Review Form **ATTACHMENT B-2**. The FANS Distribution Site Reviews should be included with and completed before a Management Evaluation of the Contractor.

The State agency must evaluate all aspects of program administration, including certification procedures, nutrition education, civil rights compliance, food storage practices, inventory controls and financial management systems.

The State agency must evaluate program administration of the Contractors on an ongoing basis by reviewing financial reports, audit reports, food orders, inventory reports and other relevant information. See the next Section Audits for more information.

The monitoring visit provides an opportunity for the participating agency to ask questions, discuss concerns and make suggestions about the program. The review is to provide technical assistance for program improvement.

FANS will issue a report of review findings detailing recommended and or required corrective action to the participating agency.

The participating agency will have forty-five days to respond to the findings and document compliance with corrective action.

Upon concurrence by FNS, reviews of eligible recipient agencies, conducted by FNS Regional Office personnel, may be incorporated into the minimum coverage required by USDA.

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### AUDITS

7 CFR 247.31

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The purpose of an audit is to ensure that:  
Financial operations are properly conducted

Financial reports are fairly presented  
Proper inventory controls are maintained  
Applicable laws, regulations and administrative requirements are followed

The Department may conduct an audit of the program at the State or local agency at its discretion, or may investigate an allegation that the State or local agency has not complied with Federal requirements. An investigation may include a review of any State or local agency policies or practices related to the specific area of concern.

In responding to an audit by the Department, the State agency must:  
Provide access to any records or documents compiled by the State or local agencies, or contractors

Submit a response or statement to FNS describing the actions planned or taken in response to audit findings or recommendations.

The corrective plan must include:  
Time frames for implementation  
Completion of actions  
FNS will determine if actions or planned actions adequately respond to the program deficiencies identified in the audit

If additional actions are needed, FNS will schedule a follow-up review and allow sufficient time for further corrective actions

The State agency may also take exception to particular audit findings or recommendations

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#### REQUIREMENTS FOR DISTRIBUTING AND RECIPIENT AGENCIES

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Audit requirements for State or local government agencies and nonprofit organizations that receive Federal awards or grants (including distributing and recipient agencies under this part) are included in 2 CFR part 200, subpart F and appendix XI, Compliance Supplement, and USDA implementing regulations at 2 CFR part 400.

In accordance with such regulations, the value of Federal grants or awards expended in a fiscal year determine if the distributing or recipient agency is required to obtain an audit in that year.

The value of donated foods must be considered as part of the Federal grants or awards in determining if an audit is required. FNS provides guidance for distributing and recipient agencies in valuing donated foods for audit purposes, and in determining whether an audit must be obtained.

A financial desk review of all CSFP Contractors should be completed annually by the State Agency. **ATTACHMENT SS- CSFP Sub-Recipient Monitoring Desk Review of Audit**

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## CONTRACTOR REVIEWS OF DISTRIBUTION SITES

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Contractors must review their distribution sites at least once every two years. Reviews must be conducted, to the maximum extent feasible, simultaneously with actual distribution of USDA Foods and/or eligibility determinations. **ATTACHMENT B-2** should be used for conducting the reviews.

Each review must encompass, as applicable:

Eligibility Determinations

Food Ordering Procedures

Storage and Warehousing Practices

Inventory Controls

Approval of Distribution Sites

Reporting and Recordkeeping Requirements

Civil Rights Compliance and Training

Contractors must maintain a copy of the review. Copies are kept for 3 years plus the current Federal Fiscal Year.

Contractors must ensure that corrective action is taken to eliminate the deficiencies identified.

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## REPORTS AND RECORDKEEPING

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7 CFR 247.29

State and local agencies must maintain accurate and complete record relating to the receipt, disposal and inventory of commodities, the receipt and disbursement of administrative and other funds, eligibility determinations, fair hearings and other program activities.

State and local agencies must also maintain records pertaining to liability for any improper distribution of, loss of or damage to commodities and the results obtained from the pursuit of claims arising in favor of the State or local agency.

All records must be retained for a period of three years, from the end of the fiscal year to which they pertain. A longer period may be required if it is related to an audit or investigation in progress.

The records must be available during normal business hours for use in management reviews, site reviews, audits, investigations or reports of the General Accounting Office. The records are subject to review and audit by FANS and/or USDA during normal business hours.

FANS Bureau is required to submit the FNS-425, FNS-153 and FNS-191 to FNS via the Food Programs Reporting System (FPRS):

### **SF-425, Federal Financial Report**

This reports the financial status of the program at the close of the Federal Fiscal Year. It must be submitted within 90 days of the end of the Federal Fiscal Year. Obligations must be reported for the fiscal year in which they occur. Revised reports may be submitted at a later date, but FNS will not be responsible for reimbursing unpaid obligations later than one year after the end of the fiscal year in which they were incurred.

### **FNS-153, Monthly Report of the Commodity Supplemental Food Program and Quarterly Administrative Financial Status Report. [ATTACHMENT TT](#)**

The report must be received in the FANS office by the 10<sup>th</sup> of the month following the month to which the reports pertain (e.g., April 2020 is due May 10, 2020).

The State agency must submit the FNS-153 on a monthly basis. The report to USDA must be submitted within 30 days after the end of the reporting period.

On the FNS-153 the State agency reports:

The number of senior program participants.

The receipt and distribution of commodities, and beginning and ending inventories, as well as other data

On a quarterly basis, the cumulative amount of administrative funds expended and obligated and the remaining unobligated amount.

### **FNS – 191, Racial/Ethnic Group Participation. [ATTACHMENT UU](#)**

Contractors must submit a report of racial/ethnic participation each year.

The report is specific for the month of April

The report is specific to the actual persons served in the month of April

Persons receiving advance issuance in the month of April are counted both times in April and their race/ethnicity is included two times

The FNS 191 is due to FANS no later than May 31.

The FNS 191 may be a copy. The local agency must retain the original.

FNS may require State and local agencies to provide data collected in the program to aid in the evaluation of the effect of program benefits on the low-income populations served. Any such requests for data will not include identification of particular individuals.

**Requests for Reimbursement** must be on an original invoice. They are due no later than the 10<sup>th</sup> of the following month. They must be sent via regular mail (USPS or other carrier) to:

CSFP Manager  
HSD/ISD/FANS  
1425 William SE  
Albuquerque, NM 87102-4661

The Request for Reimbursement/Original Invoice is available in ICOS. Reports – Federal – Reimbursement and Expenditures [ATTACHMENT VV](#)

**Physical Inventory Count Reports** must be sent monthly. These are the actual inventory counts conducted by staff and volunteers. [ATTACHMENT WW](#)

Reports may be submitted to the CSFP Manager, by FAX: 505-841-2691, email or regular mail. The reports must be received in the FANS office by the 10<sup>th</sup> of the month following the month to which the reports pertain.

Records and reports must be sent to FANS/USDA upon request.

Failure by a sub-distributing agency, recipient agency warehouse or other entity to maintain records required by USDA shall be considered prima facie evidence of improper distribution or loss of donated foods and the agency or entity shall be subject to the provisions of 7 CFR 250.13.

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**SECTION 11 ATTACHMENTS**

<b>FORM NAME</b>	<b>Attachment Designation</b>	<b>Page Number</b>
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ICOS FNS 191 (SAMPLE)	UU	215
ICOS CSFP Request for Reimbursement	VV	217
CSFP Physical Inventory Sheet	WW	219

ATTACHMENT A-1

AGREEMENT TO RECEIVE AND DISTRIBUTE USDA FOODS FOR THE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

WE \_\_\_\_\_ (Distribution Site) located at  
want to receive and distribute USDA Foods- CSFP from  
(Name of Contractor).

7 CFR 247.4 governs the terms of agreements.

WE \_\_\_\_\_ (Distribution Site) **AGREE TO:**

Administer the program in accordance with the provisions of part 7 CFR 247 and with the provisions of part 250 of this chapter, unless they are inconsistent with the provisions of this part. Provider must comply with all FNS USDA instructions and regulations. Operate CSFP in accordance with New Mexico CSFP policies and procedures, and HSD – FANS directives and all applicable Federal regulations. Violations of program requirements may result in withholdings or recovering reimbursement, or termination of the agreement and possible exclusion from future program participation.

Comply with requests made and directives provided by (Name of Contractor).

Shall maintain accurate and complete records for a period of three (3) years from the end of the fiscal year to which they pertain, or, if they are related to unresolved claims actions, audits or investigations, until those activities have been resolved.

Follow the established procedures for resolving complaints about USDA Foods – CSFP.

Provide nutrition education to participants, as required in 7 CFR 247.18.

Provide information to participants on other health, nutrition and public assistance programs and make referrals as appropriate, as required in 7 CFR 247.14.

Issue CSFP USDA Foods to participants in accordance with the approved food package guide rates

Take steps to prevent and detect dual participation at more than one CSFP site per 7 CFR 247.8, 247.19 and 247.20.

Not subject any person to discrimination under the program on the grounds of race, color, national origin, age, sex or disability

Comply with fiscal and operational requirements established by HSD-FANS

Inform applicants of their rights and responsibilities in the program.

Meet the special needs of homebound seniors, to the extent possible.

Determine eligibility of applicants in accordance with 7 CFR 247.8 and 247.9.

Comply with warehouse standards as required by USDA in 7 CFR 247.28 and 7 CFR 250.14 and state regulations as applicable.

Provide adequate space for the determination of eligibility that allows for client privacy to the maximum extent possible.

Maintain food inventory records as required by FNS USDA to account for all receipts, distribution, refusals and losses monthly.

Attend required trainings and meetings by HSD - FANS.

Agree to caseload adjustments as requested by (Name of Contractor).

Fully cooperate with and participate in program reviews conducted by (Name of Contractor), HSD - FANS and/or USDA to achieve full compliance.

Providers must comply with civil rights requirements as defined in 7 CFR 247.9 and 247.37. The program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR Part SO.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the program applicant receives Federal financial assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

The terms of the agreement are effective from the date of signature through September 30, 2019. New agreements must be obtained, when the contractor enters into a new contract with the state agency.

Either party may terminate this agreement by providing written notice to the other.

The minimum number of days of advance notice that must be given prior to termination of an agreement is at least 30 days

**CSFP Contractor Representative:**

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Print Name	Title	Signature	Date
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**CSFP Distributing Agency Representative:**

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Print Name	Title	Signature	Date
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**MOU SITE/LOCATION/SPACE USE AGREEMENT FOR DISTRIBUTION OF USDA FOODS FOR THE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)**

We (Distribution Site Name) located at (Distribution Site Address) enter this Memorandum of Understanding (MOU) with (Contractor Name), (Contractor Address) for use of this site/location/space for the Eligibility Determination and/or Distribution of USDA Foods for CSFP.

**CSFP Contractor Representative:**

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Print Name	Title	Signature	Date
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**CSFP Distributing Agency Representative:**

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Print Name	Title	Signature	Date
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(Distribution Site) will support the program in the following ways (Check Applicable Terms):

- Provide a volunteer or designated staff member to help with logistics on site
  - For Certification
  - For Food Distribution
  - For Client Assistance (Bringing Boxes to Recipients Cars)

- Provide indoor space adequate for program certifications
  - Waiting Area with Seating
  - A table & 2 chairs for (Contractor Name) staff/volunteers

- Provide adequate parking for (Contractor Name) truck
  - Outdoor space for setting up a drive-through pick up of food boxes
  - Adequate recipient parking and ADA accessibility

Provide Delivery of CSFP to permanent homebound recipients

Provide Delivery of CSFP to temporarily homebound recipients

**These services must be provided at no charge to applicants or recipients, or their proxies by either (Distribution Site) or (Contractor Name).**

(Distribution Site) will not charge (Contractor Name) for use of the site.

(Contractor Name) will not charge (Distribution Site) for participation in the program.

**7 CFR 247.4** governs the terms of agreements.

WE \_\_\_\_\_ (Distribution Site) **AGREE TO:**

Administer the program in accordance with the provisions of part 7 CFR 247 and with the provisions of part 250 of this chapter, unless they are inconsistent with the provisions of this part. Provider must comply with all FNS USDA instructions and regulations. Operate CSFP in accordance with New Mexico CSFP policies and procedures, HSD – FANS directives and all applicable Federal regulations. Violations of program requirements may result in withholdings or recovering reimbursement, or termination of the agreement and possible exclusion from future program participation.

Comply with requests made and directives provided by (Name of Contractor).

Shall maintain accurate and complete records for a period of three (3) years from the end of the fiscal year to which they pertain, or, if they are related to unresolved claims actions, audits or investigations, until those activities have been resolved.

Follow the established procedures for resolving complaints about USDA Foods – CSFP.

Be responsible for any loss resulting from improper distribution, or improper storage, care or handling of USDA Foods - CSFP.

Be responsible for any misuse of program funds that they receive as a result/based on this contract.

Not subject any person to discrimination under the program on the grounds of race, color, national origin, age sex or disability

Comply with fiscal and operational requirements established by HSD-FANS

Meet the special needs of homebound seniors, to the extent possible.

Provide adequate space for the determination of eligibility that allows for client privacy to the maximum extent possible.

Attend required trainings and meetings by HSD - FANS.

Agree to caseload adjustments as requested by (Name of Contractor).

Fully cooperate with and participate in program reviews conducted by (Name of Contractor), HSD - FANS and/or USDA to achieve full compliance.

Providers must comply with civil rights requirements as defined in 7 CFR 247.9 and 247.37.

The program applicant hereby agrees that it will comply with Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d et seq.), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 et seq.), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), the Age Discrimination Act of 1975 (42 U.S.C. § 6101 et seq.); all provisions required by the implementing regulations of the Department of Agriculture; Department of Justice Enforcement Guidelines, 28 CFR Part SO.3 and 42; and FNS directives and guidelines, to the effect that, no person shall, on the grounds of race, color, national origin, sex, age, or disability, be excluded from participation in, be denied benefits of, or otherwise be subject to discrimination under any program or activity for which the program applicant receives Federal financial

assistance from FNS; and hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

The terms of the agreement are effective from the date of signature through September 30, 2019. New agreements must be obtained, when the contractor enters into a new contract with the state agency.

Either party may terminate this agreement by providing written notice to the other.

The minimum number of days of advance notice that must be given prior to termination of an agreement is at least 30 days

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ATTACHMENT B-1 CSFP Survey New Agency Questionnaire

We are exploring the possibility of starting a Commodity Supplemental Food Program distribution in your area. The following information will help us in making a determination on services that would be a best fit for your area. Thank you for taking time to help us gather this very important information.

Proposed service area/location:

Sponsoring Facility/Entity:

Distance from paved State or federal Highway \_\_\_\_\_ Which Highway? \_\_\_\_\_.

No. of paved parking spaces:\_\_\_\_\_.

Available indoor waiting room table:  YES  NO & # of waiting room chairs:

Street address:

Mailing address:

Phone:

Fax:

Email:

Contacts/Responsible Parties:

Number of regular volunteers available for:

Program Documentation \_\_\_\_\_ Assisting Recipients \_\_\_\_\_ Food Distribution

Anticipated Food Boxes Needed

	Estimated # Below HH Income CSFP	# Able to Pick up on own at set time/date	# Needing an alternate/proxy	Estimated # Receiving SNAP/FDPIR or TEFAP
Seniors 60 years old & up				
Low-Income households with individuals 18-59 years of age				
Other situations exist? Please Describe.				

This information will be evaluated. Completion of this form does not guarantee we will be able to accommodate your area with a CSFP food distribution. You may be provided with other alternatives.

**Please return to: The Agency Name, Address & Zip Code**

**Phone: 505/575-XXX-XXXX**

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## 2019 DISTRIBUTION SITE REVIEW FORM

GENERAL INFORMATION				
SITE NAME	CONTRACTOR NAME			
ADDRESS	DATE			
CONTACT PERSON	AUTHORIZED CASELOAD			
SECTION 1. CERTIFICATION AND DISTRIBUTION (Section 247.8 thru 247.17 and 247.20)				
	YES	NO	NA	COMMENTS
Is each applicant certified prior to the issuance of program benefits?				
Is applicant information complete?				
Is certifying information complete?				
Do certifying officials make notifications in accordance with Program policies and procedures?				
Is written notice given within 10 days of eligibility, ineligibility or placement on waiting list? 247.15				
Is written notice given at least 15 days prior to expiration of certification period? 247.16(d)				
Is written notice of discontinuance provided at least 15 days before the effective date of discontinuance? 247.17(a)&(b)				
Is written notice of disqualification provided at least 15 days before the effective date of disqualification? 247.20(c)				
Do the notification forms (5-8 above) contain the information that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex or disability?				
Are certification periods maintained in accordance with Program policies and procedures? 247.16(a)				
Are waiting lists maintained in accordance with Program policies and procedures? 247.11(a)				
Do sites offering one-month certification have a designated distribution period posted in a prominent location and communicated to all participants?				
Is reasonable effort made to contact people on the waiting list in order, beginning with the first person each month for the purpose of offering the one-month certification?				
Is the no-show policy posted in a prominent location during distribution?				
Is the no-show policy enforced?				
Is the "Fair Hearings and Appeals Process" posted and copies available on request and during distribution?				
Are participants or proxy signatures and dates maintained and available verifying receipt of food each time it is issued?				
Are participants or proxy required to show IDs each time food is issued? 247.10(b)				
Are undistributed food boxes reported by certifying officials in accordance with Program policies and procedures?				
Are food packages delivered to homebound or transportation limited participants? Describe the process in the Comments Section.				
Are procedures in place to prevent and detect dual participation at more than one CSFP site within the contractor's service area?				

**SECTION II. NUTRITION EDUCATION (Section 247.18)**

	YES	NO	NA	COMMENTS
Is nutrition education provided as directed by the contractor				
Are Supplemental Foods used for food demonstrations documented on the FNS 153 and supported with participant sign-in log sheets?				
Does the distribution site work with SNAP-ED Contractors in their service area? Please provide the name of the provider (s) or providing organization(s).				

**SECTION III. CIVIL RIGHTS (247.12 and 247.13 and 7 CFR Part 16)**

	YES	NO	NA	COMMENTS
Do all persons have an equal opportunity and accessibility to participate in the program regardless of race, color, national origin, age, sex or disability?				
Organizations that receive direct USDA assistance under any USDA program may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services supported with direct USDA assistance. If an organization conducts such activities, the activities must be offered separately, in time or location, from the programs or services supported with direct assistance from USDA, and participation must be voluntary for beneficiaries of the programs or services supported with such direct assistance.  Do they understand and comply?				
Do all materials used to publicize CSFP to the public contain the nondiscrimination statement and procedure for filing a complaint? (Attach copies)				
Is the Civil Rights poster displayed in a prominent location during the distribution?				
Is the correct version of the Civil Rights poster displayed 475 – A?				
Are program information and compliance procedures available on request in the appropriate translation?				
Have there been any Civil Rights complaints filed against this site since the last review?				
<b>If yes</b> , did the site follow the established procedure to correctly handle the Civil Rights complaint? A Corrective Action Plan must be provided if the procedure was not followed correctly.				
Do the site personnel know the procedure for assistance with Language Interpretation?				
<b>If no:</b> What are the areas of noncompliance? (The back of the form or a separate sheet may be used) What are the recommendations for corrective action and follow-up? (The back of the form or separate sheet may be used)				
Has the required staff and volunteers completed annual civil rights training?				
Does the site have access to the internet?				
<b>If yes</b> , do site personnel utilize the USDA CSFP Civil Rights Training available at:				

<a href="http://www.fns.usda.gov/sites/default/files/csfp/Civil-Rights-Training.pdf">http://www.fns.usda.gov/sites/default/files/csfp/Civil-Rights-Training.pdf</a> ?				
Does the agency comply with ADA requirements?				
<b>If yes</b> , Describe how the agency complies with ADA requirements.				
Is the agency providing information for other public assistance programs? SSI – Supplemental Security Income Medical Assistance including qualified Medicare beneficiaries SNAP				
Describe how the agency informs the public – potential recipients – of the availability of CSFP in their service area or community.				
<b>SECTION IV. FOOD STORAGE PRACTICES AND INVENTORY CONTROL OF COMMODITIES (Section 247.10)</b>				
<b>IS THIS A DROP OFF SITE? IF YES, CONTINUE. IF NO, SKIP TO QUESTION #55</b>				
	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
Are commodities received and stored in accordance with federal regulations and industry standards? (7 CFR 250)				
Is food stored four inches off the floor?				
Is food stored away from the walls?				
Is the food storage area kept clean and secure?				
Reviewed Cleaning Schedule Log?				
Describe the Cleaning Schedule Procedure				
Reviewed Pest Control Schedule Log?				
Describe the Pest Control Schedule Procedure				
Reviewed Temperature Log?				
Temperature Observed for: _____ Cooler 1 _____ Cooler 2 _____ Warehouse 1 _____ Warehouse 2 _____ Cheese at Distribution Site				
Is there a system in place to assure first-in, first-out? Describe the procedure used. The back of the form or a separate sheet may be used.				

Are monthly physical inventories provided timely to the contractor?				
Reviewer must conduct a physical inventory of the site during the review. List all CSFP Foods currently on the site. Attach a copy of the most recent EOM physical inventory.				
Are there currently any items in excess of 3 months inventory? Please list the items and the amounts.				
Describe any deficiencies, observations noted or best practices of the distribution site practices and/or procedures. The back of the form or a separate sheet may be used.				

**SECTION V. RECORDS (247.29) COMPLETE THE RECORDS REVIEW PORTION**

	SITE	CONTRACTOR			COMMENTS
Are the following items <i>on file</i> with the site or <b><u>THE CONTRACTOR NAME HERE?</u></b>					
Agreement with <b><u>THE CONTRACTOR NAME HERE?</u></b>					
Monthly Participation Reports					
Monthly physical inventories					
Applications for participants, ineligible applicants, discontinued and disqualified recipients as applicable. The current Federal Fiscal Year plus the past 3 years.					
Bills of Lading from Received Shipments with: Date Received Signature of Receiving Person Over/Short Noted Damaged Noted					

	YES	NO	NA	COMMENTS
Has the distribution site provided the following <i>reports timely?</i>				
Monthly Participation Reports				
Monthly physical inventories				
Does the site use forms provided by <b><u>THE CONTRACTOR NAME HERE</u></b> and/or HSD/ISD/FANS to collect the required data?				
<b>IF No,</b> Do the forms used by the site collect all the required data? Do they include all of the required elements?				

Please note any deficiencies. The back of the review form or separate sheet may be used.

Does the site receive annual CSFP Training?			
Are there documents to show the date, location, topic(s) and names of participants?			

Please note any Deficiencies, Findings or Observations in the records reviewed. The back of the form or a separate sheet may be used.

**SECTION VI. SUPPLEMENTARY QUESTIONS AND CORRECTIVE ACTIONS**

	YES	NO	NA	COMMENTS
Are there adequate supervisory and operational personnel for effective management and monitoring?				

**IF NO**, Please provide a Corrective Action Plan for ensuring adequate personnel are available or provided for supervisory and operations management and monitoring.

**Date of last monitoring**

**Major Findings from last Review**

**Have Findings been corrected?**     YES     NO    **If Not, What Problems Continue**

**Findings, Observations and Commendations from this Review**

**Corrective Action Plan Developed with the Site Coordinator**

**SECTION VII. REVIEW PRESENTED BY AND TO**

<b>REVIEW GIVEN TO THE AGENCY BY (PRINTED NAME)</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>I ACKNOWLEDGE THAT FANS BUREAU WAS HERE AND OBSERVED THIS DISTRIBUTION (PRINTED NAME)</b>	<b>SIGNATURE</b>	

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**APPLICATION FOR NEW MEXICO COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)**

Warehouse \_\_\_\_\_

Site \_\_\_\_\_

Application Date \_\_\_\_\_

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Language \_\_\_\_\_

Email \_\_\_\_\_

Address \_\_\_\_\_ Stop Mailings? \_\_\_\_\_

**Number of Household Members** \_\_\_\_\_

**Total Gross Income (before deductions) of Household Members** \_\_\_\_\_

**Note: SNAP benefits do not count as income.** \_\_\_\_\_

**ADDITIONAL ELIGIBLE PARTICIPANT(S)**

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

Date of Birth \_\_\_\_\_ Gender \_\_\_\_\_ Language \_\_\_\_\_

**PROXY OR PROXIES**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Phone Number	Phone Type	Primary
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Address	Type (select one)
	<input type="checkbox"/> Physical <input type="checkbox"/> Mailing
	<input type="checkbox"/> Physical <input type="checkbox"/> Mailing

**Certification** — This application is being completed in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive both CSFP and WIC benefits simultaneously, and I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation. Improper receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against the individual to recover the value of the benefits, and may lead to disqualification from CSFP. I have been advised of my rights and obligations under the Program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge. I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate your decision by placing a checkmark in the appropriate box.)  **Yes**  **No**

Applicant or Proxy Signature \_\_\_\_\_ Date \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Race	
American Indian or Alaskan Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>

Ethnicity	
Hispanic or Latino	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Race	
American Indian or Alaskan Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
White	<input type="checkbox"/>

Ethnicity	
Hispanic or Latino	<input type="checkbox"/>
Not Hispanic or Latino	<input type="checkbox"/>

**DATE REFERRALS PROVIDED**

FOR OFFICE USE ONLY - VERIFICATION DOCUMENTS	
Record supporting documentation, e.g. Income: W2 form	
DOB _____	Income _____
ID _____	Residency _____

FOR OFFICE USE ONLY					
Applicant PID _____	Application ID _____	Family ID _____			
Hard Copy Signature on File _____		Application Status _____			
Certification Date _____	Certification In Process _____	Renewal Date _____			
Certification Status: _____	60+ ID Verif _____	Inc Elig _____	NM Res _____	Zip Served _____	

**PROXY**

---

**Last Name** \_\_\_\_\_ **First Name** \_\_\_\_\_ **Middle Name** \_\_\_\_\_

Organization \_\_\_\_\_ Stop Mailings? \_\_\_\_\_

Email Address \_\_\_\_\_ Language \_\_\_\_\_

Phone Number \_\_\_\_\_ Phone Type \_\_\_\_\_ Primary

Phone Number \_\_\_\_\_ Phone Type \_\_\_\_\_ Primary

**Proxy Roles (Select One)**

All Proxy Roles

Pick up commodities

Fill out application

Re-certify application

**SOLICITUD DE NUEVO MÉXICO COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)**

Almacén \_\_\_\_\_  
 Sitio \_\_\_\_\_  
 Fecha \_\_\_\_\_

**Apellido** \_\_\_\_\_ **Primer Nombre** \_\_\_\_\_ **Inicial del Segundo Nombre** \_\_\_\_\_  
 Fecha de Nacimiento \_\_\_\_\_ **Generó** \_\_\_\_\_ **Idioma** \_\_\_\_\_  
 Dirección de Correo Electrónico \_\_\_\_\_ **Detener Correspondencia** \_\_\_\_\_

**Numero del Miembro del Hogar** \_\_\_\_\_

**Ingreso Bruto Total (Antes de Deducciones) de los Miembros del Hogar**  
**Nota: Los beneficios del Programa Suplementario de Asistencia Para Nutrición (Supplemental Nutrition Assistance Program, SNAP) no cuentan como ingreso.**

**PERSONA(S) ELIGIBLE(S) ADICIONAL(ES)**

**Apellido** \_\_\_\_\_ **Primer Nombre** \_\_\_\_\_ **Inicial del Segundo Nombre** \_\_\_\_\_  
 Fecha de Nacimiento \_\_\_\_\_ **Generó** \_\_\_\_\_ **Idioma** \_\_\_\_\_

Número de Teléfono	Tipo de Teléfono	Primero
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

Domicilio	Tipo (seleccione uno)
	<input type="checkbox"/> Dirección <input type="checkbox"/> Dirección de Envío
	<input type="checkbox"/> Dirección <input type="checkbox"/> Dirección de Envío

Certificación — Esta solicitud se completa en relación con la recepción de la ayuda federal. Los funcionarios del programa pueden verificar la información en este formulario. Estoy consciente de que la falsificación deliberada puede hacerme objeto de un proceso judicial según los estatutos estatales y federales correspondientes. También estoy consciente de que no puedo recibir de forma simultánea los beneficios del CSFP y los del Programa Suplementario de Alimentación para Mujeres y Niños (Special Supplemental Nutrition Program for Women, Infants, and Children, WIC) y tampoco puedo recibir los beneficios del CSFP en más un lugar del CSFP a la vez. Asimismo, estoy consciente de que la información suministrada puede ser compartida con otras organizaciones para detectar y evitar la doble participación. La recepción inadecuada de los beneficios del CSFP como resultado de una doble participación u otras violaciones al programa puede resultar en un reclamo en contra del individuo para recuperar el valor de los beneficios y puede resultar en la descalificación para el CSFP. Se me ha informado de mis derechos y obligaciones dentro del programa. Certifico que la información que he suministrado para mi determinación de elegibilidad es correcta según mi leal saber y entender. Autorizo la divulgación de la información provista en este formulario de solicitud a otras organizaciones que administran programas de asistencia para usarlas en la determinación de mi elegibilidad para participar en otros programas de asistencia pública y para fines de divulgación del programa. (Indique su decisión marcando la casilla correspondiente).  Sí  No

Firma del Proxy o Representante Autorizado \_\_\_\_\_

Fecha \_\_\_\_\_

Apellido \_\_\_\_\_

Primer Nombre \_\_\_\_\_

Raza	
Indigena Americano o Nativo de Alaska	<input type="checkbox"/>
Asiático	<input type="checkbox"/>
Negro o Afroamericano	<input type="checkbox"/>
Nativo de Hawaii o Otro Isla del Pacifico	<input type="checkbox"/>
Blanco	<input type="checkbox"/>

Ethnicidad	
Hispano(a) o Latino(a)	<input type="checkbox"/>
No Hispano(a) o Latino(a)	<input type="checkbox"/>

\_\_\_\_\_  
Firma del Proxy o Representante Autorizado

\_\_\_\_\_  
Fecha

Ethnicidad	
Hispano(a) o Latino(a)	<input type="checkbox"/>
No Hispano(a) o Latino(a)	<input type="checkbox"/>

Raza	
Indigena Americano o Nativo de Alaska	<input type="checkbox"/>
Asiático	<input type="checkbox"/>
Negro o Afroamericano	<input type="checkbox"/>
Nativo de Hawaii o Otro Isla del Pacifico	<input type="checkbox"/>
Blanco	<input type="checkbox"/>

\_\_\_\_\_  
Firma del Proxy o Representante Autorizad

\_\_\_\_\_  
Fecha

FOR OFFICE USE ONLY - VERIFICATION DOCUMENTS  
Record supporting documentation, e.g. Income: W2 form

DOB \_\_\_\_\_  
ID \_\_\_\_\_

Income \_\_\_\_\_  
Residency \_\_\_\_\_

**FOR OFFICE USE ONLY**

Applicant PID \_\_\_\_\_ Application ID \_\_\_\_\_ Family ID \_\_\_\_\_

Hard Copy Signature on \_\_\_\_\_ Application Status \_\_\_\_\_  
File \_\_\_\_\_

Certification Date \_\_\_\_\_ Certification In Process \_\_\_\_\_ Renewal Date \_\_\_\_\_

Certification Status: 60+ ID \_\_\_\_\_ Inc NM \_\_\_\_\_ Zip \_\_\_\_\_  
Verif \_\_\_\_\_ Elig Res \_\_\_\_\_ Served \_\_\_\_\_

**PROXY O REPRESENTANTE AUTORIZADO**

**Apellido** \_\_\_\_\_ **Primier Nombre** \_\_\_\_\_ **Inicial del Segundo Nombre** \_\_\_\_\_

Organización \_\_\_\_\_ Detener Correspondencia \_\_\_\_\_

Dirección de Correo Electrónico \_\_\_\_\_ Idioma \_\_\_\_\_

Número de Teléfono	Tipo de Teléfono	Primero
		<input type="checkbox"/>
		<input type="checkbox"/>

**Función Proxy (Selección Uno)**

- Total Función Proxy
- Solicitar (Apply)
- Recibir
- Entregar

**Apellido** \_\_\_\_\_ **Primer Nombre** \_\_\_\_\_

## RIGHTS AND RESPONSIBILITIES

### **You Have Certain Rights While You Participate in CSFP**

You must be notified of eligibility, ineligibility or placement on a waiting list, within 10 days from the date of application.

You must be provided the date, time, location and type of distribution for your service area.

You must be notified of the length of your certification period. Currently it is 6 months.

You must be notified in writing if you have been denied benefits or are terminated from the program.

You must be provided the reason why you are not or are no longer eligible.

You have the right to a fair hearing if you are denied benefits or terminated from the program.

You must be provided written information and receive appropriate referrals for:

Supplemental Security Income benefits provided under Title XVI of the Social Security Act (42 U.S.C. 1381 et seq.)

Medical assistance provided under Title XIX of the Social Act (42 U.S.C. 1396 et seq.) including medical assistance provided to a qualified Medicare beneficiary (42 U.S.C. 1395(p) and 1396d(5))

The Food Stamp Program (7 U.S.C. 2011 et. seq.) currently known as SNAP (Supplemental Nutrition Assistance Program)

Nutrition Education must be available to all adult participants or their proxies. You will be encouraged to participate.

### **You Have Certain Responsibilities While You Participate in CSFP**

You must meet age, income and residency guidelines as determined by USDA and the New Mexico Human Services Department

You must report changes in household income or composition within 10 days after the change(s) become known to the household.

Every 6 months you must provide the necessary verification to continue receiving CSFP.

Improper use or receipt of CSFP benefits as a result of dual participation or other program violations may lead to a claim against the individual to recover the value of the benefits, and may lead to disqualification from CSFP.

If applicants or participants, or the proxies of applicants or participants, commit program violations, the State agency may require the local agency to disqualify the applicants or participants for a period of up to one year.

Program Violations Include:

Intentionally making false or misleading statements, orally or in writing

Intentionally withholding information pertaining to eligibility in CSFP

Selling commodities obtained in the program, or exchanging them for non-food items

Physical abuse, or threat of physical abuse of program staff

Committing dual participation

## DERECHOS Y RESPONSABILIDADES

### **Usted tiene ciertos derechos mientras participa en CSFP**

Usted debe ser notificado de elegibilidad, inelegibilidad o colocación en una lista de espera, dentro de los 10 días de la fecha de la solicitud.

Se le debe proporcionar la fecha, hora, lugar y tipo de distribución para su área de servicio.

Usted debe ser notificado de la duración de su período de certificación.

Usted debe ser notificado por escrito si se le han negado beneficios o se le da de baja del programa.

Se le debe proporcionar la razón por la que no está o ya no es elegible.

Usted tiene el derecho a una audiencia imparcial si se le niegan los beneficios o se le da de baja del programa.

Se le debe proporcionar información por escrito y recibir referencias apropiadas para:

Beneficios de Ingresos de Seguridad Suplementarios proveídos bajo el Título XVI de la Ley de Seguro Social (42 U.S.C. 1381 et seq.)

Asistencia médica proporcionada bajo el Título XIX de la Ley Social (42 U.S.C. 1396 et seq.) Incluyendo

asistencia médica proporcionada a un beneficiario calificado de Medicare (42 USC 1395 (p) y 1396d (5)

El Programa de Cupones de Alimentos (7 U.S.C. 2011 et seq.) Actualmente conocido como SNAP (Programa de Asistencia de Nutrición Suplementaria)

La educación nutricional debe estar disponible para todos los participantes adultos y, si corresponde, para los padres o cuidadores de los niños participantes. Se le animará a participar.

### **Usted tiene ciertas responsabilidades mientras participa en CSFP**

Usted debe cumplir con las directrices de edad, ingreso y residencia según lo determinado por el USDA y el Departamento de Servicios Humanos de Nuevo México

Debe informar los cambios en el ingreso o la composición del hogar dentro de 10 días después de que los cambios sean conocidos por el hogar.

Cada 6 meses debe proporcionar la verificación necesaria para continuar recibiendo CSFP.

El uso indebido o la recepción de los beneficios de la CSFP como resultado de la doble participación u otras violaciones del programa puede conducir a una reclamación contra el individuo para recuperar el valor de los beneficios y puede conducir a la descalificación de la CSFP.

Si los solicitantes o los participantes, o los cuidadores de los solicitantes o participantes, cometen infracciones del programa, la agencia estatal puede requerir que la agencia local descalifique a los solicitantes o participantes por un período de hasta un año.

Violaciones del Programa Incluyen: de hasta un año.

Hacer intencionalmente declaraciones falsas o engañosas, oralmente o por escrito

Retención intencional de información referente a la elegibilidad en CSFP

Vender los productos obtenidos en el programa o intercambiarlos por artículos no alimentarios

Abuso físico o amenaza de abuso físico del personal del programa

Compromiso de doble participación



**EFFECTIVE FEBRUARY 4, 2019**
**NM HSD FANS CFSP INCOME GUIDELINES**  
**FEDERAL SENIOR POVERTY GUIDELINES 130%**

No. of Household Members	Total Income		
	Annual	Monthly	Weekly
<b>1</b>	<b>\$16,237</b>	<b>\$1,354</b>	<b>\$313</b>
<b>2</b>	<b>\$21,983</b>	<b>\$1,832</b>	<b>\$423</b>
<b>3</b>	<b>\$27,729</b>	<b>\$2,311</b>	<b>\$534</b>
<b>4</b>	<b>\$33,475</b>	<b>\$2,790</b>	<b>\$644</b>
<b>5</b>	<b>\$39,221</b>	<b>\$3,269</b>	<b>\$755</b>
<b>6</b>	<b>\$44,967</b>	<b>\$3,748</b>	<b>\$865</b>
<b>7</b>	<b>\$50,713</b>	<b>\$4,227</b>	<b>\$976</b>
<b>8</b>	<b>\$56,459</b>	<b>\$4,705</b>	<b>\$1,086</b>
<b>For each additional family member, add</b>	<b>+\$5,746</b>	<b>+\$479</b>	<b>+\$111</b>

**EFFECTIVO 4 DE FEBRERO DE 2019****NM HSD FANS DIRECTRICES DE LA PESCA CFSP GUIDELINES****DIRECTRICES FEDERALES DE LA POBREZA DEL SÉNIOR 130%**

<b>Número de Miembros del Hogar</b>	<b>Ingresos Totales</b>		
	<b>Anual</b>	<b>Mensual</b>	<b>Semanal</b>
<b>1</b>	<b>\$16,237</b>	<b>\$1,354</b>	<b>\$313</b>
<b>2</b>	<b>\$21,983</b>	<b>\$1,832</b>	<b>\$423</b>
<b>3</b>	<b>\$27,729</b>	<b>\$2,311</b>	<b>\$534</b>
<b>4</b>	<b>\$33,475</b>	<b>\$2,790</b>	<b>\$644</b>
<b>5</b>	<b>\$39,221</b>	<b>\$3,269</b>	<b>\$755</b>
<b>6</b>	<b>\$44,967</b>	<b>\$3,748</b>	<b>\$865</b>
<b>7</b>	<b>\$50,713</b>	<b>\$4,227</b>	<b>\$976</b>
<b>8</b>	<b>\$56,459</b>	<b>\$4,705</b>	<b>\$1,086</b>
<b>Para cada Miembro Adicional del Hogar, Agregue</b>	<b>+\$5,746</b>	<b>+\$479</b>	<b>+\$111</b>



United States Department of Agriculture

Food and  
Nutrition  
Service

Park Office  
Center

3101 Park  
Center Drive  
Alexandria  
VA 22302

**DATE:** May 5, 2016

**POLICY NO:** FD-099: Commodity Supplemental Food Program (CSFP)

**SUBJECT:** Questions and Answers about Waiting Lists, and Available Flexibilities in Caseload Management (Revised)

Many States have lost caseload in recent years by underusing caseload they were authorized to serve. This memorandum provides further clarification and guidance on policies and procedures regarding CSFP waiting lists and caseload management, and replaces the previous FD-099, dated January 6, 2010. Relevant information regarding caseload management may be found in the CSFP regulations at 7 CFR 247.21 and other sections as noted in the questions and answers below.

**1. Must a local agency prioritize applicants on a waiting list in any particular order?**

No. However, local agencies must meet civil rights requirements at 7 CFR 247.37, ensuring that no person is subject to discrimination on the grounds of that person's race, color, national origin, age, sex, or disability. For example, consistent with 7 CFR 247.11, a local agency may certify eligible individuals from the waiting list based on the date the application was received on a first-come, first-served basis.

**2. Must the State agency require its local agencies to certify applicants as eligible for CSFP before placement on the waiting list?**

No. However, State agencies may permit this practice. Certification of individuals as eligible for CSFP before placement on the waiting list may eliminate the need to do so when a caseload slot opens up, thus saving time. This is because seniors may have fixed incomes, which can be verified at the initial eligibility determination. In such instances where an applicant with a fixed income was deemed eligible for CSFP before placement on the waiting list and a caseload slot opens up, the local agency must at minimum:

- a. Verify the individual's address and continued interest in receiving program benefits, and
- b. Have sufficient reason to believe that the individual still is eligible for program benefits.

It should be noted that, for an individual who has remained on the waiting list for greater than six months, the local agency must perform a full certification before providing that individual with benefits. This ensures program integrity.

**3. What is the minimum period by which an eligible individual can be certified to participate in the program? May the State agency permit a**

**certification period of one month?**

Participants must receive at least one month's worth of supplemental foods per CSFP regulations at 7 CFR 247.10 and applicable guide rates; therefore, the minimum participant certification period is one month.

As a background, the maximum participant certification periods are provided at 7 CFR 247.16. In general, certification periods may be up to six months in length. Elderly certification periods may be extended if certain conditions are met (please reference 7 CFR 247.16(a)(2)). However, participant certifications for these timeframes may not be feasible when a regular program participant misses a scheduled distribution, and the local agency cannot reach the individual for food package pickup or delivery after making every reasonable effort to do so. In order to fully use caseload and serve as many food packages as authorized, the State agency may permit its local agencies to provide temporary CSFP benefits to participants on waiting lists.

If certifying a participant for only one month, the local agency must provide the participant notification of placement back on the waiting list at the time of issuance. The individual temporarily certified should not have any expectation that he or she will receive benefits for successive months, if the local agency does not expect to have caseload open to do so. By permitting a local agency to provide CSFP benefits in this fashion, the State agency can maximize caseload use each month.

**4. What methods of communication can local agencies use to maximize program participation within assigned caseload?**

Communication is critical to ensuring that participants know where and when scheduled distributions will take place, including home deliveries. Per the regulations at 7 CFR 247.15, the local agency must inform the new participant of the time, location, and means of food distribution, as well as the length of the certification period. Many local agencies provide participants with printed calendars showing the distribution times, dates, and locations, including the dates for delivery to homebound individuals. In addition, some local agencies regularly contact participants via telephone prior to the distribution to confirm the date, time, and location, as well as participants' intent to participate that month. By proactively and frequently communicating with CSFP participants in a positive manner, local agencies can provide clear expectations to such participants, address challenges with food package pickup or home delivery, prevent customer service complaints, and ultimately help ensure full caseload use.

**5. Should local agencies, to the extent feasible, distribute CSFP food packages early in the month?**

Yes. Distributing food packages early in the month allows local agencies additional time to make alternate arrangements if a participant is unable to make a scheduled distribution, or unforeseen circumstances (e.g., hazardous weather) prevent the local agency from distributing CSFP food packages.

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Yes. Please reference 7 CFR 247.21 for the regulatory requirements regarding caseload assignments, particularly how caseload is determined for each State. Within available national resources, each State's caseload is determined primarily by the State's performance in using caseload in the prior year. Each caseload slot represents the State's authority to serve a monthly CSFP food package to an individual in need for a year. Each CSFP State is expected to be proactive in working with its local agencies to achieve full caseload use early in the year.

CSFP State agencies must proactively monitor participation and caseload usage rates on a monthly basis, and ensure that participation does not exceed assigned caseload on an average monthly basis. The FNS-153, Monthly Report of the Commodity Supplemental Food Program and Quarterly Administrative Financial Status Report, contains the reported data necessary to accomplish this task. In addition, State agencies should use electronic means, such as commonly available off-the-shelf spreadsheet software (e.g., Microsoft Excel), to proactively and promptly identify and address caseload usage issues.

**9. May State agencies institute a participant no-show policy, or allow their local agencies to do so?**

Yes. In some States, after a participant misses two or three consecutive distributions, that individual is discontinued from the program with 15 days' written notice prior to the effective date, consistent with CSFP regulations at 7 CFR 247.17. This enables the local agency to better serve individuals on the waiting list. State agencies may also permit local agencies to provide temporary one-month benefits to eligible individuals off waiting lists, should a regular program participant choose to forego benefits for that month. Please reference the answer to Question Number 3 for further details.

Having a waiting list of eligible seniors ready to go on the date of a distribution can help account for no-shows. Local agencies can identify individuals who may be eligible to participate in the program through existing connections at partnering agencies, senior housing communities, and other sites that primarily cater to low-income seniors. Waiting lists allow local agencies to more effectively maintain a caseload usage rate closer to 100 percent on an average monthly basis.

**10. Is the State agency permitted to adjust local agencies' caseloads based on past performance?**

Yes. State agencies may adjust their local agencies' caseload and administrative funding allocations periodically, based on caseload usage rates. These adjustments may be performed annually or at another frequency, provided the State agency communicates its expectations up front, preferably in a written agreement between the State and local agency. For example, a State agency may choose to issue CSFP administrative funding on a quarterly basis, rather than for the full fiscal year, based on each local agency's caseload assignment for that quarter. This allows the State agency to reassess each local agency's performance on a quarterly basis and reassign caseload slots, as needed, within the State's total allotment. This is an acceptable practice and may

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provide an incentive for local agencies to manage their caseloads effectively. However, the State agency must ensure that program participants currently being served by the local agency or agencies are not discontinued from CSFP due to the performance adjustment(s).

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

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**NEW MEXICO COMMODITY SUPPLEMENTAL FOOD PROGRAM**

**USDA Foods - CSFP Proxy Authorization**

I, \_\_\_\_\_ (Recipient Name), hereby authorize

\_\_\_\_\_ to **\_\_\_\_\_ apply** for and/or \_\_\_\_\_ receive and deliver  
(Printed Name of Proxy 1 authorized)

\_\_\_\_\_ to **\_\_\_\_\_ apply** for and/or \_\_\_\_\_ receive and deliver  
(Printed Name of Proxy 2 authorized)

\_\_\_\_\_ to **\_\_\_\_\_ apply** for and/or \_\_\_\_\_ receive and deliver  
(Printed Name of Proxy 3 authorized)

the Commodity Supplemental Food Program (USDA Foods – CSFP) on my behalf.

\_\_\_\_\_ (Name of Certifying Agency) has the option of having someone they designate to deliver the food to your residence.

I am unable to apply and/or pick up CSFP food for myself. This Authorization shall remain in effect until \_\_\_\_\_ or 12 months from today’s date.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Representative (Printed & Signature)

\_\_\_\_\_  
Date Received

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](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](mailto:program.intake@usda.gov).

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NEW MEXICO COMMODITY SUPPLEMENTAL FOOD PROGRAM



**USDA Foods - CSFP Proxy Authorization**

Yo, \_\_\_\_\_ (Nombre del Participante), por la presente autorizo

\_\_\_\_\_ para **\_\_\_\_\_ solicitar y/o \_\_\_\_\_** recibir y entregar  
(Nombre impreso de la Proxy 1 autorizado)

\_\_\_\_\_ para **\_\_\_\_\_ solicitar y/o \_\_\_\_\_** recibir y entregar  
(Nombre impreso de la Proxy 2 autorizado)

\_\_\_\_\_ para **\_\_\_\_\_ solicitar y/o \_\_\_\_\_** recibir y entregar  
(Nombre impreso de la Proxy 3 autorizado)

El Programa de Alimentos Suplementarios de Productos Básicos (Commodity Supplemental Food Program, CSFP -USDA Foods) en mi nombre.

\_\_\_\_\_ (Nombre de la Agencia Certificadora) tiene la opción de tener a alguien a quien ellos designen para entregar la comida a su residencia.

No soy capaz de aplicar y/o recoger alimentos de CSFP para mi. Esta Autorización permanecerá vigente hasta \_\_\_\_\_ o 12 meses a partir de la fecha de hoy.

\_\_\_\_\_  
Firma del Participante

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Representante de la Agencia (Impreso y Firma)

\_\_\_\_\_  
Fecha de recepción

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 discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) que está disponible en línea en: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) 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](mailto:program.intake@usda.gov).

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## NAME OF AGENCY

### Volunteer Confidentiality and Disclosure Acknowledgement Form

As a volunteer of this organization, I understand that I may have access to confidential information, both verbal and written, relating to clients, volunteers or staff and the organization.

I understand, and agree, that all such information is to be treated confidentially and discussed only within the boundaries of my volunteer position at this organization.

I also agree not to discuss these same matters after I have left my volunteer position at this organization. I further understand that breach of this agreement shall constitute grounds for and may result in termination of my volunteer status with this organization.

I will not disclose any information obtained in the course of my volunteer placement to any third parties without prior written consent from the organization. This includes but is not limited to information pertaining to financial status and operations such as budget information, donations of money or gifts in kind, salary information, information pertaining to clients, staff or other volunteers except where such disclosure is consistent with stated policy and relevant legislation.

No information concerning any volunteer will be divulged without prior written consent of the volunteer. This includes addresses, telephone numbers, etc.

Failure to comply with the confidentiality policies of the organization may result in disciplinary actions, including the dismissal of the volunteer.

I understand the above and agree to uphold the confidentiality of these matters both during and following my volunteer service with the organization.

Please sign below to indicate your acceptance and agreement with these terms outlined above.

**Volunteer Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish).  
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**NOMBRE DE LA AGENCIA**

**Voluntarios de Confidencialidad y Divulgación de Acuse de Recibo**

Como voluntario de esta organización, entiendo que yo pueda tener acceso a información confidencial, tanto verbal como escrita, en relación con los clientes, los voluntarios o el personal y la organización.

Yo entiendo y estoy de acuerdo, que toda esa información debe ser tratada de forma confidencial y sólo se discutió dentro de los límites de mi posición de voluntario en esta organización.

También estoy de acuerdo de no hablar de estas mismas cuestiones después de haber dejado mi puesto de voluntario en esta organización. Además, entiendo que el incumplimiento de este acuerdo servirá de fundamento para y puede resultar en la terminación de mi condición de voluntario en esta organización.

Yo no voy a revelar cualquier información obtenida en el curso de mi trabajo voluntario a terceros sin el consentimiento previo por escrito de la organización. Esto incluye pero no se limita a la información relativa a la situación financiera y las operaciones, tales como información sobre el presupuesto, las donaciones de dinero o regalos en especie, la información sobre salarios, la información relativa a clientes, empleados o voluntarios de otras, salvo que dicha divulgación es consistente con la política declarada y relevante legislación.

No hay información relativa a cualquier voluntario será divulgada sin el consentimiento previo por escrito de los voluntarios. Esto incluye direcciones, números de teléfono, etc.

El incumplimiento de las políticas de confidencialidad de la organización puede dar lugar a acciones disciplinarias, incluyendo el despido de los voluntarios.

Entiendo lo anterior y de acuerdo con mantener la confidencialidad de estas cuestiones durante y después de mi servicio voluntario en la organización.

Por favor firme abajo para indicar su aceptación y acuerdo con estos términos antes expuestos.

Voluntarios Firma: \_\_\_\_\_

Fecha: \_\_\_\_\_

El Departamento de Agricultura de los ESTADOS UNIDOS prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por motivos de raza, color, origen nacional, edad, discapacidad, sexo, identidad de género, religión, represalias y, donde sea aplicable, creencias políticas, estado civil, estado familiar o paternal, orientación sexual, O la totalidad o parte de los ingresos de un individuo es derivado de cualquier programa de asistencia pública, o información genética protegida en el empleo o en cualquier programa o actividad conducido o financiado por el Departamento. (No todas las bases prohibidas se aplicarán a todos los programas y/o actividades de empleo.)

Si usted desea presentar una demanda de programa de Derechos Civil de la discriminación, complete el [Formulario de Queja de Discriminación de Programa USDA](#), encuéntralo en línea [en http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), o en cualquier oficina

USDA, o llame (866) 632-9992 para solicitar el formulario. Usted también puede escribir una carta que contenga toda la información solicitada en el formulario. Envíe a nosotros por correo su formulario de queja o una carta al Departamento de Agricultura de EE.UU. Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410, por fax (202) 690-7442 o al correo electrónico [program.intake@usda.gov](mailto:program.intake@usda.gov). Las personas sordas, con problemas de audición o discapacidades del habla pueden comunicarse con el USDA a través del Federal Relay Service al (800) 877-8339 o (800) 845-6136 (español).

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**CERTIFICATION NOTICE**

1223008667

Mother Goose

123 Fairy Tale

Albuquerque NM, 87110

04/15/2019



Dear Mother Goose,

This is to inform you of your CSFP Benefit Status:

**Date:** 04/15/2019

**Status:** WAITLIST - Eligible

**Reason:** Met All Requirements

**Warehouse:** ECHO ALBUQUERQUE

**Site:** Encino Villa Senior Apartments

**Site Address:** 1501 Montano St. Santa Fe

**Day:** Third Tuesday of every month

**Time:** approx. 2:30pm

**Distribution Type:** Drop Off

**Certification Period:** 04/15/2019 - 03/31/2020

You are eligible to receive CSFP benefits. However, we are at maximum caseload. You will be placed on a waiting list and contacted when slots become available. If we have not met our caseload for the current month, you may be contacted to receive food on a month-by-month basis. This assists us with meeting our caseload distributions monthly.

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, audiotope, 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](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.

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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).

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**ESTADO DEL AVISO DE CERTIFICACIÓN**

04/15/2019

1223008667

Mother Goose

123 Fairy Tale

Albuquerque NM, 87110



Estimado/a Mother Goose,

Esto es para informarle de su Estado de beneficios de CSFP:

**Fecha:** 04/15/2019

**Estado:** WAITLIST - Eligible

**Razón:** Met All Requirements

**Almacén:** ECHO ALBUQUERQUE

**Sitio:** Encino Villa Senior Apartments

**Dirrección del Sitio :** 1501 Montano St. Santa Fe

**Día:** Third Tuesday of every month

**Hora:** approx. 2:30pm

**Tipo de Distribución:** Carrito de Compras – Shopping Cart, Portón-Tailgate, Para Entregar-Drop Off

**Período de Certificación:** 04/15/2019 - 3/31/2020

Es elegible para recibir beneficios del CSFP. Sin embargo, alcanzamos nuestra capacidad máxima. Será colocado en una lista de espera y contactado cuando hayan puestos disponibles. Si no hemos cubierto nuestros casos para el mes actual, usted será contactado para recibir comida cada mes. Esto nos ayuda a cumplir con nuestras distribuciones de casos mensualmente.

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 discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

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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](mailto:program.intake@usda.gov).

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**NOTICE OF EXPIRATION OF CERTIFICATION PERIOD** 04/15/2019

1223008667

Mother Goose

123 FairyTale

Albuquerque NM, 87110



This is to inform you of your CSFP Benefit Status:

**Date:** 04/15/2019

**Status:** Eligible

**Reason:** Met All Requirements

**Warehouse:** ECHO ALBUQUERQUE

**Site:** Encino Villa Senior Apartments

**Site Address:** 1501 Montano St. Santa Fe

**Day:** Third Tuesday of every month

**Time:** approx. 2:30pm

**Distribution Type:** Drop Off

**Certification Period:** 06/15/2018 - 05/31/2019

Dear Mother Goose,

Your eligibility for CSFP benefits will expire effective the last day of the month of the certification period. In order to continue receiving benefits we need to know if anything has changed. Please bring verification/proof of income for everyone in the household, verification/proof of your physical address and identification (photo preferred). Please contact the Certifying Agency listed above for additional information or if you have any questions.

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.

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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).

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**NOTIFICACIÓN SU ELEGIBILIDAD PARA LOS BENEFICIOS DEL CSFP  
FINALIZARÁ**

04/15/2019

1223008667

Mother Goose

123 Fairy Tale

Albuquerque NM, 87110

Esto es para informarle de su Estado de beneficios de CSFP:

**Fecha:** 04/15/2019**Estado:** Eligible**Razón:** Met All Requirements**Almacén:** ECHO ALBUQUERQUE**Sitio:** Encino Villa Senior Apartments**Dirección del Almacén:** 1501 Montano St. Santa Fe**Día:** Third Tuesday of every month**Hora:** approx. 2:30pm**Tipo de Distribución:** Carrito de Compras – Shopping Cart, Portón-Tailgate, Para Entregar-Drop Off**Período de Certificación:** 06/15/2018 - 05/31/2020

Estimado/a Mother Goose,

Su elegibilidad para los beneficios del CSFP finalizará el último día del mes del período de certificación. Con el fin de continuar recibiendo beneficios, necesitamos saber si hay algún cambio. Traiga la prueba/verificación del ingreso de todos los miembros de la familia, verificación/prueba de su dirección física e identificación (preferiblemente con foto). Comuníquese con la agencia certificadora antes indicada para obtener información adicional o si tiene alguna pregunta.

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 discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] 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: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) 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](mailto:program.intake@usda.gov).

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ATTACHMENT K

**ONE-MONTH CERTIFICATION STATEMENT AND SIGN IN SHEET**  
**DECLARACIÓN DE CERTIFICACIÓN POR UN MES Y HOJA DE REGISTRO**

>>> READ THIS STATEMENT BEFORE SIGNING <<<

>>> LEA ESTA DECLARACIÓN ANTES DE FIRMAR<<<

The undersigned waiting list applicants received one-month certifications and one food package on the date indicated. Immediately following receipt of one food package, the one-month certification ends and the undersigned return to their place on the wait list of eligible applicants. This is in accordance with Chapter 4, Section 4.1 of the New Mexico CSFP Policy and Procedure Manual and with USDA FD-099 (Food Distribution Policy Memorandum, issued May 5, 2016).

Los solicitantes que se suscribieron ala lista de espera recibieron certificaciones de un mes y un paquete de comida en la fecha indicada. Inmediatamente después de recibir un paquete de comida, la certificación por un mes expira y el suscrito vuelve a su lugar en la lista de espera para solicitantes elegibles. Esto se hace de conformidad con el Capítulo 4, Sección 4.1 del Manual de Política y Procedimiento del CSFP de Nuevo México y con el USDA FD-099 (Memorándum de Política de Distribución de Alimentos, emitido el 5 de mayo de 2016)

PRINTED NAME OF ONE MONTH PARTICIPANT	SIGNATURE OF ONE MONTH PARTICIPANT	DATE FOOD PACKAGE RECEIVED
NOMBRE EN LETRA DE MOLDE DEL PARTICIPANTE POR UN MES	FIRMA DEL PARTICIPANTE POR UN MES	FECHA DE RECEPCIÓN DEL PAQUETE DE COMIDA
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		

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United States Department of Agriculture

Food and  
Nutrition  
Service

**DATE:** May 4, 2016  
**POLICY NO:** FD-079: Commodity Supplemental Food Program (CSFP)  
**SUBJECT:** Retroactive Food Package Distributions (Revised)

Park Office  
Center

3101 Park  
Center Drive  
Alexandria  
VA 22302

The purpose of this memorandum is to clarify Food and Nutrition Service (FNS) policy regarding CSFP retroactive food package distributions. Per CSFP regulations at 7 CFR Part 247.10(a), the local agency must distribute a food package to participants each month, or a two month supply of food to participants every other month. These food packages must be distributed in accordance with established guide rates and must not be distributed retroactively under normal circumstances.

To the greatest extent practical, CSFP State agencies should work with their local agencies to distribute CSFP food packages early in the month to allow for unforeseen circumstances and maximize caseload use. Further, CSFP regulations provide flexibility to ensure that participants may receive food packages in instances when they cannot get to a distribution center. State and local agencies should review current policies and procedures to ensure, to the greatest extent possible, continued service to participants who are unable to pick up food packages. Per program regulations at § 247.6(c), CSFP State agencies must include in their State Plans a description of the means by which the State will meet the needs of homebound seniors. Per CSFP regulations at § 247.5(c), local agencies must, to the extent possible, meet the special needs of these individuals. These requirements extend to those individuals who may be temporarily homebound.

CSFP State agencies may permit the use of proxies, particularly when participants are unable to pick up food packages in a given month. Proxy designations must be in writing, must indicate the period of time such designations are intended to cover, and must be maintained on file by the local agency. A designated proxy must provide some form of identification prior to picking up a CSFP food package (see CSFP Policy Memorandum FD-099, "Questions and Answers about Waiting Lists and Caseload Management").

There may be rare instances where a local agency is unable to distribute CSFP food packages, or participants may be unable to pick up such food packages in a given month. This could be due to unforeseen circumstances including road closures, lack of electricity, staff shortages, or unsafe conditions. In such extreme circumstances, if

an alternate CSFP food package delivery date cannot be scheduled within the same month, the State agency must immediately seek guidance from its respective FNS Regional Office on how to proceed. The FNS Regional Offices and FNS Headquarters will work together with State agencies to address such situations.

*/s/ Original Signature on file*

Laura Castro

Director

Food Distribution Division

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**Certification Notice**

04/15/2019

CLIENT NAME,

This is to inform you of your CSFP Benefit Status:

**Date:** 04/15/2019  
**Status:** Disqualified  
Discontinued  
**Reason:** Dual Participation

**The Period of Disqualification is from \_\_\_\_\_ to \_\_\_\_\_.**

**Warehouse:** ECHO ALBUQUERQUE  
**Address:** 300 Menaul NW, Albuquerque, NM  
**Phone:** 505-242-6777

You have a right to request a fair hearing if you do not agree with the action taken. You must request a hearing within 60 days from the date this notice is mailed. Your request for a fair hearing must be made verbally or in writing to the certifying agency listed above. Use this tear off portion of the form for written notification. Please complete the information below and mail or deliver to the certifying agency.

If you have been notified of discontinuance or disqualification for CSFP participation and you request a fair hearing prior to the effective date indicated above, you may continue to receive benefits until a hearing decision is announced or until the end of your current certification period, whichever occurs first. However, if the Agency is upheld in its decision, a claim against the household shall be established for all over issuance of USDA foods.

If the hearing decision upholds the action taken by the State or local agency, your CSFP benefits will discontinue as soon as possible or at a date determined by the hearing official.

.....

I WISH TO REQUEST A FAIR HEARING \_\_\_ YES \_\_\_ NO

NAME: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY, STATE, ZIP: \_\_\_\_\_



**ESTADO DEL AVISO DE CERTIFICACIÓN**

04/15/2019

EL NOMBRE DEL CLIENTE,

Esto es para informarle de su estado de beneficio de CSFP:

**Date:** 04/15/2019  
**Estado:** Descalificado  
Interrumpido  
**Razón:** Doble Participación

El período de descalificación es desde \_\_\_\_\_ hasta \_\_\_\_\_.

**Almacén:** ECHO ALBUQUERQUE  
**Dirección del Almacén:** 300 Menaul NW, Albuquerque, NM  
**Telefono:** 505-242-6777

Tiene derecho a solicitar una audiencia justa si no está de acuerdo con la medida adoptada. Debe solicitar una audiencia justa en un lapso de 60 días a partir de la fecha de envío de este aviso. Su solicitud de audiencia justa debe hacerla de forma verbal o escrita a la agencia certificadora antes indicada.

Si ha sido notificado de la interrupción o descalificación para su participación en el CSFP y solicita una audiencia justa antes de la fecha efectiva antes indicada, puede continuar recibiendo los beneficios hasta que se anuncie una decisión de la audiencia justa o hasta el final de su período actual de certificación, lo que ocurra primero. Sin embargo, si la agencia mantiene su decisión, se entablará un reclamo contra el grupo familiar por toda la emisión de alimentos del USDA.

Si la decisión de la audiencia justa mantiene la medida adoptada por la agencia local o estatal, se interrumpirán sus beneficios lo más pronto posible o en una fecha determinada por el funcionario de la audiencia justa.

.....

DESEO SOLICITAR UNA AUDIENCIA JUSTA \_\_\_ SI \_\_\_ NO

NOMBRE: \_\_\_\_\_

TELEPHONO: \_\_\_\_\_

DIRRECIION ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

## “NO SHOW” Policy while Participating in CSFP

NM HSD/FANS Bureau has established a “no-show” policy. The maximum allowable period that persons may fail to pick-up food packages and remain enrolled in the program **may not exceed 90 days**.

Participants who are required to be in the hospital for extended stays may retain their participant status.

They must be issued food in the month within their certification period for which they had at least one day at home.

Retroactive food boxes are not allowed. If they have extended hospital stays covering every day of the month, they should not receive a food package for that month.

Violation of the “no-show” policy shall result in discontinuance of CSFP benefits. The local agency must provide the participant with a written notification of discontinuance including the reason for discontinuance at least 15 days before the effective date of discontinuance. The “Notice of Discontinuance” form should be used. Documentation of the notification shall be maintained. It can be retained in the individual’s file or in a separate Notice of Discontinuance file.

Participants who are removed from the program for violation of the “No-Show” policy are allowed to reapply for benefits. If a waiting list exists, participants reapplying after violating the “no-show” policy must be treated the same as all applicants and must be placed on the list in the order which they contacted the agency.

Participants who violate the “no-show” policy a third time within the past twelve months may be disqualified from CSFP for a period of up to one year, unless the local agency determines that disqualification would result in a serious health risk.

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## **Política “NO PRESENTACIÓN” mientras participa en CSFP**

NM HSD/FANS Bureau ha establecido una política de “no-presentación”. El período máximo permitido para que las personas no reciban paquetes de alimentos y permanezcan inscritos en el program **no puede exceder 90 días**.

Los participantes ancianos que tienen que estar en el hospital para estancias prolongadas pueden conservar su estatus de participante.

Pueden recibir alimentos para cualquier mes dentro de su período de certificación para el cual tuvieron al menos un día en casa.

No se permiten cajas de alimentos retroactivas. Si tienen estancias hospitalarias extendidas que cubren todos los días del mes, no deben recibir un paquete de alimentos para ese mes.

La violación de la política de “no-presentación” resultará en la interrupción de los beneficios de las CSFP. La agencia local debe proporcionar al participante una notificación por escrito de la interrupción incluyendo la razón de la interrupción por lo menos 15 días antes de la fecha efectiva de interrupción. Debe usarse el formulario de “Aviso de Discontinuidad”. Se conservará la documentación de la notificación. Puede conservarse en el archivo de la persona o en un archivo separado de Aviso de Descontinuación.

A los participantes que se retiren del programa por violación de la política de “no-presentación” se les permite evolver a solicitar beneficios. Si existe una lista de espera, los participantes que re-aplican después de violar la política de “no-presentación” deben ser tratados de la misma manera que todos los solicitantes y deben ser colocados en la lista en el orden en que presentaron su solicitud.

Los participantes que violen la política de “no-presentación” por tercera vez durante los últimos doce meses deben ser descalificados de la CSFP por un período de hasta un año, a menos que la agencia local determine que la descalificación resultaría en un riesgo grave para la salud.

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CERTIFICATION NOTICE

04/15/2019

Dear Mother Goose,

This is to inform you of your CSFP Benefit Status:

Date: 04/15/2019
Status: Ineligible
Reason: Over Income

Warehouse: ECHO ALBUQUERQUE
Address: 300 Menaul NW, Albuquerque, NM
Phone: 505-242-6777

You have a right to request a fair hearing if you do not agree with the action taken. You must request a hearing within 60 days from the date this notice is mailed. Your request for a fair hearing must be made verbally or in writing to the certifying agency listed above. Use this tear off portion of the form for written notification. Please complete the information below and mail or deliver to the certifying agency.

If you have been notified of discontinuance or disqualification for CSFP participation and you request a fair hearing prior to the effective date indicated above, you may continue to receive benefits until a hearing decision is announced or until the end of your current certification period, whichever occurs first. However, if the Agency is upheld in its decision, a claim against the household shall be established for all over issuance of USDA foods.

If the hearing decision upholds the action taken by the State or local agency, your CSFP benefits will discontinue as soon as possible or at a date determined by the hearing official.

Use the tear off portion of this form for written notification.

I WISH TO REQUEST A FAIR HEARING \_\_\_ YES \_\_\_ NO

NAME:
PHONE:
ADDRESS:
CITY, STATE, ZIP:

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, 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.

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## AVISO DE CERTIFICACION

04/15/2019

Estimado/a Mother Goose,

Esto es para informarle de su estado de beneficio de CSFP:

Fecha: 04/15/2019

Estado: No Eligible

Razón: Sobre ingresos

Almacén: ECHO ALBUQUERQUE

Dirección: 300 Menaul NW, Albuquerque, NM

Teléfono: 505-242-6777

Tiene derecho a solicitar una audiencia justa si no está de acuerdo con la medida adoptada. Debe solicitar una audiencia justa en un lapso de 60 días a partir de la fecha de envío de este aviso. Su solicitud de audiencia justa debe hacerla de forma verbal o escrita a la agencia certificadora antes indicada.

Si ha sido notificado de la interrupción o descalificación para su participación en el CSFP y solicita una audiencia justa antes de la fecha efectiva antes indicada, puede continuar recibiendo los beneficios hasta que se anuncie una decisión de la audiencia justa o hasta el final de su período actual de certificación, lo que ocurra primero. Sin embargo, si la agencia mantiene su decisión, se entablará un reclamo contra el grupo familiar por toda la emisión de alimentos del USDA.

Si la decisión de la audiencia justa mantiene la medida adoptada por la agencia local o estatal, se interrumpirán sus beneficios lo más pronto posible o en una fecha determinada por el funcionario de la audiencia justa.

Use la porción separable de este formulario para la notificación escrita.

-----  
 DESEO SOLICITAR UNA AUDIENCIA JUSTA \_\_\_ SI \_\_\_ NO

NOMBRE: \_\_\_\_\_

TELEPHONO: \_\_\_\_\_

DIRRECCION ADDRESS: \_\_\_\_\_

CUIDAD, ESTAT, ZIP: \_\_\_\_\_

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 discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) que está disponible en línea en: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) 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:

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 1400 Independence Avenue, SW  
 Washington, D.C. 20250-9410;

(2) Fax: (202) 690-7442; o (3) Correo Electrónico: [program.intake@usda.gov](mailto:program.intake@usda.gov).

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## Certification Notice

1223008667  
 Mother Goose  
 123 Fairy Tale  
 Albuquerque NM, 87110

04/15/2019

Dear Mother Goose,

This is to inform you of your CSFP Benefit Status:

**Application Date:** 05/15/2018  
**Certification Date:** 04/15/2019  
**Status:** Eligible  
**Reason:** Met All Requirements  
**Warehouse:** ECHO ALBUQUERQUE (ABQ)  
**Site:** ECHO ALBUQUERQUE (ABQ)  
**Site Address:** 300 Menaul NW  
**Day & Time:** OPEN  
 Monday-Thursday 7:00 a.m. – 12:00 p.m. & 12:45 p.m. – 5:45 p.m.  
 Fridays 10:00 a.m. to 2:00 p.m.

### CLOSED

Holidays and after 12 pm on last business day of each month

**Certification Period:** 04/01/2019 - 03/31/2020

During the above Certification Period, you are eligible to receive CSFP benefits from the above Warehouse and Site, on the Day and Time listed above.

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.

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- (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).

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**Certification Notice**

1223008667  
Mother Goose  
123 Fairy Tale  
Albuquerque NM, 87110

04/15/2019

04/15/2019

Estimado/a Mother Goose,  
Esto es para informarle de su estado de beneficio de CSFP:

**Fecha de Aplicación:** 05/15/2018  
**Fecha de Certificación:** 04/15/2019  
**Estado:** Eligible  
**Razón:** Cumplió con todos los requisitos  
**Almacén:** ECHO ALBUQUERQUE (ABQ)  
**Sitio:** ECHO ALBUQUERQUE (ABQ)  
**Dirección del Sitio:** 300 Menaul NW  
**Día y Hora:** ABIERTO  
**Lunes a Jueves de 7:00 a.m. – 12:00 p.m. y 12:45 p.m. – 5:45 p.m.**  
**Viernes de 10:00 a.m. a 2:00 p.m.**

Cerrado

**Vacaciones y después de las 12 pm el ultimo día hábil de cada mes.****Período de Certificación:** 04/01/2019 - 03/31/2020

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 discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

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- (1) Correo: U.S. Department of Agriculture  
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## **FAIR HEARINGS & APPEALS**

Appealable Actions 7 CFR 247.33 (a)  
Denial or discontinuance of program benefits.

Disqualification from the program.

A claim to repay the value of commodities received as a result of fraud.

Appeal Procedures 7 CFR 247.33 (b) thru (i)

An individual, or their proxy, may request a fair hearing by making a clear expression, verbal or written, to a State or local agency official, that an appeal of the adverse action or discontinuance, is desired.

The request for appeal must be made within 60 days from the date the agency mails or gives the individual the notification of Discontinuance.

The state or local agency may deny a request for a fair hearing when:

The request is not received within 60 days;

the request is withdrawn in writing by the individual requesting the hearing or by an authorized representative of the individual or

The individual fails to appear, without good cause, for the scheduled hearing.

Participants who appeal the discontinuance of program benefits within the 15 day advance notification period required under 7 CFR 247.17 and 7 CFR 247.20 must be permitted to continue to receive benefits until a decision on the appeal is made by the hearing official, or until the end of the participant's certification period, whichever occurs first. However, if the hearing decision finds that a participant received program benefits fraudulently, the local agency must include the value of benefits received during the time that the hearing was pending, as well as for any previous period, in its initiation and pursuit of a claim against the participant.

The State or local agency must provide an individual with at least 10 days' advance written notice of the time and place of the hearing, and must include the rules of procedure for the hearing.

The individual may

examine documents supporting the State or local agency's decision before and during the hearing;

be assisted or represented by an attorney or other persons;

bring witnesses;

present arguments;

question or refute testimony or evidence, including an opportunity to confront and cross-examine others at the hearing; and

Submit evidence to help establish facts and circumstances.

Appeal Decisions 7 CFR 247.33 (j) thru (l)

The hearing officer must be an impartial official who does not have any personal stake or involvement in the decision and was not directly involved in the initial Notice of Discontinuance that resulted in the hearing. The Human Services Department Fair Hearings Division appoints the hearing officer. The hearing official is responsible for:

Administering oaths or affirmations, as required by the State

Ensuring that all relevant issues are considered

Ensuring that all evidence necessary for a decision to be made is presented at the hearing, and included in the record of the hearing

Ensuring that the hearing is conducted in an orderly manner, in accordance with due process

## Making a hearing decision

A hearing decision must be made, and the individual notified of the decision, in writing, within 45 days of the request for the hearing.

If the decision is in favor of an applicant who was denied CSFP benefits, the receipt of benefits must begin within 45 days from the date that the hearing was requested, if the applicant is still eligible for the program.

If the hearing decision is against the participant, the State or local agency must discontinue benefits as soon as possible, or at a date determined by the hearing official.

A hearing report shall be available for public inspection and copying but shall assure confidentiality.

If you have any questions, please contact:

### LOCAL AGENCY CONTACT INFORMATION HERE:

JulieAnn Wold – CSFP Manager  
505-841-2693 [julieann.wold@state.nm.us](mailto:julieann.wold@state.nm.us)  
1425 William SE  
Albuquerque, NM 87102

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](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](mailto:program.intake@usda.gov).

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## AUDIENCIAS JUSTAS Y APELACIONES

### **Acciones apelables** 7 CFR 247.33 (a)

Negación o interrupción de los beneficios del programa

Descalificación del programa

Un reclamo para volver a pagar el valor de los productos recibidos como resultado de fraude

### **Procedimientos apelables** 7 CFR 247.33 (b) thru (i)

Un individuo o el cuidador de un individuo pueden solicitar una audiencia justa al presentar una expresión clara, verbal o escrita, a un funcionario de la agencia local o estatal donde indica que desea hacer una apelación de la acción adversa o interrupción.

La solicitud de apelación debe hacerse en un lapso de 60 días a partir de la fecha en que la agencia envíe por correo o le entregue al individuo la notificación de la interrupción.

La agencia estatal o local puede desestimar una solicitud para una audiencia justa cuando:

La solicitud no se recibe en el lapso de 60 días;

la solicitud es retirada por escrito por el individuo que solicitó la audiencia justa o por un representante autorizado de dicho individuo, o;

el individuo no compareció a la audiencia programada sin motivo justificado.

A los participantes que apelen la interrupción de los beneficios del programa en el lapso de 15 días del período de notificación previa, requerido según el Código de Regulaciones Federales (Code of Federal Regulations, CFR) 7 CFR 247.17 y el 7 CFR 247.20, se les debe permitir continuar recibiendo los beneficios hasta que el funcionario de la audiencia justa tome una decisión sobre la apelación, o hasta el final del período de certificación del participante, lo que ocurra primero. Sin embargo, si la decisión de la audiencia justa determina que un participante recibió beneficios del programa de manera fraudulenta, la agencia local debe incluir el valor de los beneficios recibidos durante el tiempo en el que la audiencia justa estaba pendiente, así como por cualquier período previo, en su inicio y prosecución de un reclamo en contra del participante.

La agencia local o el Departamento de Servicios Humanos (Human Services Department, HSD)/Servicios de Alimentación y Nutrición (Food and Nutrition Services, FANS) debe proporcionar con al menos 10 días de antelación un aviso escrito de la hora y lugar de la audiencia justa. Las normas de procedimiento de la audiencia justa estarán incluidas en el aviso escrito.

Normas de procedimiento de las audiencias justas

El individuo puede examinar, antes o durante la audiencia justa,

los documentos que sustentan la decisión de la agencia local o estatal;

ser asistido o representado por un abogado u otras personas

traer testigos

presentar argumentos;

cuestionar o refutar el testimonio o las pruebas, esto incluye una oportunidad de confrontar y hacer

verificación cruzada de otros en la audiencia justa;

y presentar pruebas que ayuden a establecer los hechos y las circunstancias.

### **Apelar decisiones** 7 CFR 247.33 (j) hasta (l)

El funcionario de la audiencia debe ser un funcionario imparcial que no tiene ninguna participación o participación personal en la decisión y que no estuvo directamente involucrado en el Aviso Inicial de

Discontinuación que resultó en la audiencia.

La División de Audiencias Justas el Departamento de Servicios Humanos nombra al oficial de audiencias. El oficial de la audiencia es responsable de:

La administración juramentos o afirmaciones, según lo requiera el Estado

Garantizar que todas las cuestiones pertinentes se consideren

Asegurar que toda la evidencia necesaria para la toma de decisiones se presenta en la audiencia y se incluye en el acta de la audiencia

Asegurar que la audiencia se lleve a cabo de manera ordenada, de acuerdo con el debido proceso

Tomar una decisión de audiencia

Se debe tomar una decisión en la audiencia justa y el individuo debe ser notificado de la decisión por escrito, en un lapso de 45 días a partir de la solicitud de la audiencia justa.

Si la decisión es a favor de un solicitante al que le fueron negados los servicios del CSFP, la recepción de los servicios debe comenzar en un lapso de 45 días a partir de la fecha en que fue solicitada la audiencia justa, si el solicitante aún es elegible para el programa..

Si la decisión de la audiencia justa es en contra del participante, la agencia local o estatal debe interrumpir los beneficios lo más pronto posible, o en una fecha determinada por el funcionario de la audiencia justa.

Un informe de la audiencia justa deberá estar disponible para la inspección pública y copia, pero se deberá asegurar la confidencialidad.

Si tiene alguna pregunta comuníquese con:

## **INFORMACIÓN DE LA AGENCIA LOCAL AQUÍ:**

JulieAnn Wold – CSFP Manager

505-841-2693 [julieann.wold@state.nm.us](mailto:julieann.wold@state.nm.us)

1425 William SE

Albuquerque, NM 87102

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 discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] 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: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) 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](mailto:program.intake@usda.gov).

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## Commodity Supplemental Food Package Description

CSFP USDA FOODS SUPPLEMENT the food intake of seniors in order to meet their special nutrition needs. See the chart below.

If you have additional special dietary needs, please notify the certification or distribution staff. They may be able to suggest ways to select adequate diets.

Food Type, Package Size	SENIORS, 60 and OLDER Number per Person
<b>Canned Meat</b> 24-29 oz. can	<b>1</b>
<b>Canned Vegetables</b> 14-16 oz. can	<b>4</b>
<b>Canned Fruits</b> 14-16 oz. can	<b>2</b>
<b>Cereal</b> (Varies: from 12-18 oz.) box	<b>2</b>
<b>Cheese</b> 2 lbs. carton	<b>1</b>
<b>Pasta or Rice</b> 1lb. or 2 lbs. bag	<b>2-1</b>
<b>UHT Fluid Milk 1%</b> 32 oz. carton	<b>2</b>
<b>Dry Beans or Peanut butter</b> 1 lb. bag or 18 oz. jar	<b>1</b>
<b>Dry Milk</b> 24 oz. box	<b>.5 (every other month)</b>
<b>Juice, 100%</b> 64 oz. bottle	<b>2</b>

**As of US Farm Bill, March 2014, WIC-eligible persons are no longer eligible for CSFP. Eligibility is limited to Seniors: adults 60 years of age or older.**

**WIC participants remaining on the rolls July 2014 will be allowed to age out of the program.**

Available with your food package or at the distribution site are:

Recipes and nutrition tips suggesting ways to select appropriate diets.

[www.fns.usda.gov/csfp/csfp-foods-fact-sheets-recipes](http://www.fns.usda.gov/csfp/csfp-foods-fact-sheets-recipes)

Information on the use of the supplemental foods and on the nutritional value of the foods.

[www.fns.usda.gov/csfp/commodity-supplemental-food-program-csfp](http://www.fns.usda.gov/csfp/commodity-supplemental-food-program-csfp)

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## Commodity Supplemental Food Package Description

CSFP USDA ALIMENTOS SUPLEMENTO de la ingesta de alimentos de los ancianos con el fin de satisfacer sus necesidades especiales de nutrición. Vea la table abajo.

Si usted tiene necesidades dietéticas especiales adicionales, por favor notifique al personal de certificación o distribución. Pueden ser capaces de sugerir maneras de seleccionar dietas adecuadas.

Tipo de Alimento Tamaño del Paquete	SENIORS, 60 años y MAYORES Número por Persona
<b>Carne Enlatada</b> 24-29 oz. can	1
<b>Vegetales Enlatados</b> 14-16 oz. can	4
<b>Frutas Enlatadas</b> 14-16 oz. can	2
<b>Cereal</b> (Varía de 12-18 oz.) caja	2
<b>Queso</b> 2 libras de cartón	1
<b>Pasta o Arroz</b> Bolsa de 1 o 2 libras	2-1
<b>Leche Fluida UHT 1%</b> Caja de 32 oz.	2
<b>Frijoles Secos o Mantequilla de Maní</b>	1
<b>Leche en Polvo</b> 24 oz. Caja	.5 (todos los demás meses)
<b>Jugo, 100%</b> 64 oz. botella	2

**A partir de la Farm Bill de los Estados Unidos, en Marzo de 2014, las personas eligible para WIC ya no son elegibles para CSFP.**

**La elegibilidad se limita a personas de la tercera edad: adultos de 60 años o más.**

**Los participantes de WIC que permanecen en las listas de Julio de 2014 podrán salir del programa.**

Recetas y sugerencias nutricionales que sugieren maneras de seleccionar dietas apropiadas:

<https://whatscooking.fns.usda.gov/es/hojas-informativas-de-los-alimentos-y-material-de-familias>

Información sobre el uso de los alimentos suplementarios y sobre el valor nutricional de los alimentos:

<https://www.fns.usda.gov/es/csfp>

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**Monthly Food Package Effective November 1, 2019**

Commodity Food Group Package	Food Item	Amount Each Month
<b>Fruits and Juice</b>	Canned Fruit (15.5 oz.) Juice (64 oz.) Raisins (15 oz.)	1 Juice and 3 cans Fruit; <b>or</b> 2 Juices and 2 cans Fruit; <b>or</b> 1 package Raisins, 1 Juice and 2 cans Fruit; <b>or</b> 1 package Raisins, 2 Juices and 1 can Fruit
<b>Vegetables</b>	Canned Vegetables or Soup (10.5 – 15.5 oz.) Dehydrated Potatoes (1 lb.)	8 cans Vegetables or Soup; <b>or</b> 6 cans Vegetables or Soup and 1 package Dehydrated Potatoes.
<b>Cheese</b>	Cheese (2 lb.)	1 package Cheese
<b>Milk</b>	UHT Fluid Milk 1% (32 oz.) Instant Nonfat Dry Milk (12.8 oz.)	2 UHT Milk; <b>or</b> 1 UHT Milk and 1 package Nonfat Dry Milk
<b>Meat, Poultry and Fish Can or Pouch</b>	Beef, Beef Stew or Chili (24 oz.) Chicken (10 – 15 oz.) Tuna (12 oz.) Salmon (14.75 oz.)	1 (24 oz.) shelf-stable package Meat and 1 (10 -15 oz.) shelf-stable package Poultry or Fish; <b>or</b> 3 (10-15 oz.) shelf-stable packages Poultry and/or Fish in any combination
<b>Plant-Based Protein</b>	Peanut Butter (16 oz.) Canned Beans (15.5 oz.) Dry Beans (1 to 2*lb.) Dry Lentils (1 lb.)	3 Units of any combination of Canned Beans, (1lb.) Dry Beans or Lentils, and Peanut Butter <b>or</b> 1(2*lb.) unit Dry Beans and 1 unit Canned Beans, Peanut Butter or (1 lb.) Dry Beans or Lentils
<b>Cereals</b>	Dry Cereal (12 – 18 oz.) Farina (18 oz.) Rolled Oats (18 oz.) Grits (2 lb.)	2 Units of any combination of Cereal, Farina, Rolled Oats (18 oz.) and Grits (2 lb.)
<b>Pasta and Rice</b>	Pasta (1 lb.) White or Brown Rice (1 lb.) White Rice (2*lb.)	2 Units of any combination of Pasta and (1 lb.) Rice <b>or</b> 1 (2*lb.) unit Rice

If you have additional special dietary needs, please notify the certification or distribution staff. They may be able to suggest ways to select adequate diets.

Available with your food package or at the distribution site are:

Recipes and nutrition tips suggesting ways to select appropriate diets:

<https://whatscooking.fns.usda.gov/fdd/household-material-fact-sheets>

Information on the use of the supplemental foods and on the nutritional value of the foods:

<https://www.nal.usda.gov/fnic/older-individuals>

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**Monthly Food Package Effective November 1, 2019**

Commodity Food Group Package	Food Item	Amount Each Month
<b>Frutas y Jugo</b>	Frutas Enlatadas (15.5 oz.) Jugo (64 oz.) Las Pasas (15 oz.)	1 Jugo y 3 Frutas enlatadas; <b>o</b> 2 Jugo y 2 Frutas enlatadas; <b>o</b> 1 paquete las Pasas, 1 Jugo y 2 Frutas enlatadas; <b>o</b> 1 paquete las Pasas, 2 Jugos y 1 Frutas enlatadas
<b>Los Vegetales</b>	Vegetales Enlatados o el Caldo o la Sopa (10.5 – 15.5 oz.) Papas Deshidratadas (1 lb.)	8 Vegetales enlatados o el Caldo o la Sopa; <b>or</b> 6 Vegetales o el Caldo o la Sopa and 1 paquete Papas Deshidratadas
<b>El Queso</b>	Queso (2 lb.)	1 paquete Queso
<b>La Leche</b>	UHT Lech Fluida 1% (32 oz.) Leche en Polvo (12.8 oz.)	2 UHT Leche Fluida; <b>o</b> 1 UHT Leche Fluida y 1 paquete Leche en Polvo
<b>Carne, Poultry y Pescado Lata o Bolsa</b>	Carne, Guiso de Carne o Chile (24 oz.) Pollo (10 – 15 oz.) Atún (12 oz.) Salmón (14.75 oz.)	1 (24 oz.) estante paquete estable Carne y 1 (10 -15 oz.) estante paquete Pollo o Pescado; <b>o</b> 3 (10-15 oz.) estantería estable para Pollo y/o Pescado en cualquier combinación.
<b>Proteína Basada en Plantas</b>	Mantequilla de Maní (16 oz.) Frijoles Enlatados (15.5 oz.) Frijoles Secos (1 to 2*lb.) Lentejas Secas (1 lb.)	3 Unidades de cualquier combinación de Frijoles Enlatados, (1lb.) Frijoles Secos o Lentejas Secas, y Mantequilla de Maní <b>o</b> 1(2*lb.) unidad Frijoles Secos, y 1 unidad Frijoles Enlatados, Mantequilla de Maní o (1 lb.) Frijoles Secos o Lentejas Secas
<b>Cereals</b>	Dry Cereal (12 – 18 oz.) Farina (18 oz.) Copos de Avena (18 oz.) Sémola (2 lb.)	2 Unidades de cualquier combinación de Cereal, Farina, Copos de Avena (18 oz.) y Sémola (2 lb.)
<b>Pasta o Arroz</b>	Pasta (1 lb.) Arroz Blanco o Marrón (1 lb.) Arroz Blanco (2*lb.)	2 Unidades de cualquier combinación de Pasta (1 lb.) y (1 lb.) Arroz Blanco o Marrón <b>o</b> 1 (2*lb.) unidad de Arroz Blanco

Si tiene necesidades dietéticas especiales adicionales, notifique al personal de certificación o distribución. Pueden sugerir formas de seleccionar dietas adecuadas.

**Disponible con su paquete de alimentos o en el sitio de distribución:**

Recetas y sugerencias nutricionales que sugieren maneras de seleccionar dietas apropiadas:

<https://whatscooking.fns.usda.gov/es/hojas-informativas-de-los-alimentos-y-material-de-familias>

Información sobre el uso de los alimentos suplementarios y sobre el valor nutricional de los alimentos:

<https://www.fns.usda.gov/es/csfp>

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## USDA Foods Available List for The Commodity Supplemental Food Program (CSFP) October 2018



USDA Foods Description	WBCSM ID	PACK SIZE
<b>FRUITS</b>		
Apple Juice, 100%, Unsweetened	100893	8/64 ounce bottle
Applesauce, Unsweetened, Canned	100207	24/15.5 ounce can
Apricots, Halves, Extra Light Syrup, Canned	100210	24/15.5 ounce can
Cranberry Apple Juice, 100%, Unsweetened	100899	8/64 ounce bottle
Grape Juice, Concord, 100%, Unsweetened	100895	8/64 ounce bottle
Mixed Fruit, Extra Light Syrup, Canned	100211	24/15.5 ounce can
Orange Juice, 100%, Unsweetened	100897	8/64 ounce bottle
Peaches, Sliced, Extra Light Syrup, Canned	100218	24/15.5 ounce can
Pears, Extra Light Syrup, Canned	100223	24/15.5 ounce can
Plums, Purple, Canned	100233	24/15.5 ounce can

USDA Foods Description	WBCSM ID	PACK SIZE
<b>PROTEIN FOODS</b>		
Beans, Great Northern, Dry	100380	12/2 pound bag
Beans, Kidney, Light Red, Dry	100385	12/2 pound bag
Beans, Lima, Baby, Dry	100378	12/2 pound bag
Beans, Pinto, Dry	100382	12/2 pound bag
Beef, Canned/Pouch	100127	24/24 ounce package
Beef Chili, Without Beans, Canned/Pouch	100138	24/24 ounce package
Beef Stew, Canned/Pouch	100526	24/24 ounce package
Chicken, Canned	110478	24/15 ounce can
Peanut Butter, Smooth	100395	12/18 ounce jar
Salmon, Pink, Canned	110563	24/14.75 ounce can
Tuna, Chunk Light, Canned (K)	100194	24/12 ounce can

USDA Foods Description	WBCSM ID	PACK SIZE
<b>DAIRY</b>		
Cheese, American, Reduced Fat, Loaves, Refrigerated	100035	12/2 pound package
Milk, 1%, Shelf-Stable UHT	100050	12/32 ounce carton
Milk, Instant Nonfat Dry	111006	24/12.8 ounce package

KEY:	
DG	- Dark Green Vegetable Subgroup
OTH	- Other Vegetable Subgroup
RO	- Red/Orange Vegetable Subgroup
ST	- Starchy Vegetable Subgroup
LG	- Legume Vegetable Subgroup
WG	- Whole Grain
K	- Kosher Certification Required
UHT	- Ultra-High Temperature Pasteurization

USDA Foods Description	WBCSM ID	PACK SIZE	SUBGROUP
<b>VEGETABLES</b>			
Beans, Green, Low-sodium, Canned	100306	24/15.5 ounce can	OTH
Beans, Vegetarian, Low-sodium, Canned	100363	24/15.5 ounce can	LG
Carrots, Sliced, Low-sodium, Canned	100308	24/15.5 ounce can	RO
Corn, Whole Kernel, No Salt Added, Canned	100311	24/15.5 ounce can	ST
Mixed Vegetables, 7-Way Blend, Low-sodium, Canned	100320	24/15.5 ounce can	OTH
Peas, Green, Low-sodium, Canned	100314	24/15.5 ounce can	ST
Potatoes, Sliced, Low-sodium, Canned	100331	24/15.5 ounce can	ST
Spaghetti Sauce, Low-sodium, Canned	100335	24/15.5 ounce can	RO
Spinach, Low-sodium, Canned	100323	24/15.5 ounce can	DG
Sweet Potatoes, Light Syrup, No Salt Added, Canned	100316	24/15.5 ounce can	RO
Tomato Juice, 100%, Low-sodium	100898	8/64 ounce bottle	RO
Tomatoes, Diced, No Salt Added, Canned	100328	24/15.5 ounce can	RO

USDA Foods Description	WBCSM ID	PACK SIZE	SUBGROUP
<b>GRAINS</b>			
Cereal, Corn Flakes	100449	12/18 ounce package	
Cereal, Corn/Rice Biscuits	110265	14/12 ounce package	
Cereal, Corn Squares	110740	14/12 ounce package	
Cereal, Oat Circles	100929	12/14 ounce package	WG
Cereal, Rice Crisp	100457	16/12 ounce package	
Cereal, Wheat Bran Flakes	100933	14/17.3 ounce package	WG
Cereal, Wheat Farina, Enriched	110880	10/18 ounce package	
Cereal, Wheat, Shredded	110374	10/16.4 ounce package	WG
Grits, Corn, White	100470	8/5 pound bag	
Oats, Rolled, Quick Cooking	100465	12/42 ounce package	WG
Pasta, Macaroni, Enriched	110511	20/1 pound box	
Pasta, Rotini, Whole Grain	110777	12/1 pound box	WG
Pasta, Spaghetti, Enriched	110450	20/1 pound box	
Rice, Long Grain	100491	24/2 pound bag	
Rice, Long Grain	100492	30/2 pound bag	
Rice, Medium Grain	100487	24/2 pound bag	
Rice, Medium Grain	100488	30/2 pound bag	

Foods are arranged based on the food group categories found at ChooseMyPlate.gov. The subgroup information is provided as a tool to support program sites with planning orders and to encourage variety in CSFP food distributions. The ChooseMyPlate.gov site also provides additional information on vegetable subgroups, whole grains and a variety of nutrition education resources that can be used to support CSFP food distribution.

Note: This list is subject to change based on market availability. Please refer to the WBCSM catalog which contains the most up to date list of available USDA Foods.

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## Nutrition Resources on the Web Recursos de Nutrición en la Web

<https://www.nutrition.gov/>

Your complete guide to nutrition and health information on Federal Government Websites.

<https://www.nutrition.gov/es/inicio>

Su guía complete de información sobre nutrición y salud en los sitios web del Gobierno Federal.

<https://www.choosemyplate.gov/older-adults>

MyPlate is a reminder to find your healthy eating style and build it throughout your lifetime. Everything you eat and drink matters. The right mix can help you be healthier now and in the future. This means:

Focus on variety, amount, and nutrition.

Choose foods and beverages with less saturated fat, sodium, and added sugars.

Start with small changes to build healthier eating styles.

Support healthy eating for everyone.

Eating healthy is a journey shaped by many factors, including our stage of life, situations, preferences, access to food, culture, traditions, and the personal decisions we make over time. All your food and beverage choices count. MyPlate offers ideas and tips to help you create a healthier eating style that meets your individual needs and improves your health.

<https://www.choosemyplate.gov/multilanguage-spanish>

MyPlate es un recordatorio para encontrar su estilo de alimentación saludable y construirlo a lo largo de su vida. Todo lo que come y bebe es importante. La mezcla adecuada puede ayudarle a estar más saludable ahora y en el futuro. Esto significa:

Concéntrese en variedad, cantidad y nutrición.

Elija alimentos y bebidas con menos grasas saturadas, sodio y azúcares añadidos.

Comience con pequeños cambios para construir estilos de alimentación más saludables.

Apoyar una alimentación saludable para todos.

Comer sano es un viaje formado por muchos factores, incluyendo nuestra etapa de la vida, las situaciones, las preferencias, el acceso a la comida, la cultura, las tradiciones y las decisiones personales que tomamos con el tiempo. Todas sus opciones de alimentos y bebidas cuentan. MyPlate ofrece ideas y consejos para ayudarle a crear un estilo de alimentación saludable que satisfaga sus necesidades individuales y mejore su salud.

<https://www.nia.nih.gov/health>

A senior-friendly website from the National Institute on Aging and the National Library of Medicine. This simple-to-use website features popular health topics for older adults. It has large type and a “talking” function that reads text out loud.

<https://www.nia.nih.gov/health/espanol/temas>

Un sitio web de alto nivel del Instituto Nacional sobre el Envejecimiento y la Biblioteca Nacional de Medicina – National Institute on Aging and the National Library of Medicine. Este sitio web sencillo de usar presenta temas de salud populares para los adultos mayores. Tiene un tipo grande y una función “hablando” que lee el texto en voz alta.

## **Nutrition Resources on the Web (continued)**

## **Recursos de Nutrición en la Web (continuar)**

<https://medlineplus.gov/>

MedlinePlus brings together authoritative information from the U.S. National Library of Medicine (NLM), the National Institutes of Health (NIH), and other government agencies and health-related organizations. Search the site for Health Topics including Nutrition, and Nutrition for Seniors.

<https://medlineplus.gov/spanish/>

MedlinePlus reúne información autorizada de la Biblioteca Nacional de Medicina de EE.UU – National Library of Medicine (NLM), los Institutos Nacionales de Salud – National Institutes of Health (NIH) y otras agencias gubernamentales y organizaciones relacionadas con la salud. Busque en el sitio los temas de salud, incluyendo nutrición y nutrición para personas de la tercera edad.

<https://www.foodsafety.gov/>

The gateway to government food safety information.

<https://espanol.foodsafety.gov/>

La puerta de entrada a la información de seguridad alimentaria del gobierno.

<https://www.fda.gov/Food/>

The home site for the U.S. Food and Drug Administration

<https://www.fda.gov/about-fda/fda-en-espanol>

El sitio web de la Administración de Alimentos y Medicamentos de los Estados Unidos – U.S. Food and Drug Administration

<https://www.fda.gov/AboutFDA/CentersOffices/OfficeofFoods/CFSAN/default.htm>

Center for Food Safety and Applied Nutrition.

Centro de Seguridad Alimentaria y Nutrición Aplicada - Center for Food Safety and Applied Nutrition.

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](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](mailto:program.intake@usda.gov).

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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 discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) que está disponible en línea en: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) 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](mailto:program.intake@usda.gov).

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## Food Program Survey

**We are using this survey to improve the New Mexico Commodity Supplemental Food Program. Your answers will be kept strictly confidential and will not affect your benefits.**

Age: \_\_\_\_\_ Gender: \_\_\_ Female \_\_\_ Male \_\_\_ Other

Zip Code (Home address): \_\_\_\_\_

Ethnicity: \_\_\_ Hispanic or Latino \_\_\_ Not Hispanic or Latino

**Race: (Please mark one or more)**

\_\_\_ American Indian      \_\_\_ Asian      \_\_\_ Black or African American

\_\_\_ Native Hawaiian or Other Pacific Islander      \_\_\_ Alaska Native      \_\_\_ White

**Please check mark the column that indicates how you feel about the items below.**

	Strongly Agree 1	Agree 2	Neutral 3	Disagree 4	Strongly Disagree 5
1. I would like to know more about good nutrition and healthy eating.					
2. I want more information on how to prepare the food in my monthly food box.					
3. The handouts I receive with my monthly food boxes help me eat right.					
4. The handouts I receive with my monthly food boxes help me use all the food provided.					
5. I would attend a class on nutrition or cooking.					
6. I have problems chewing food.					
7. I have problems with lack of running water.					
8. I have problems with lack of electricity					

**PLEASE TURN OVER**

	Strongly Agree 1	Agree 2	Neutral 3	Disagree 4	Strongly Disagree 5
9. I have limited cooking equipment					
10. I have limited refrigerator space or none.					
11. In the last 12 months I have worried about having enough money to buy food.					
12. In the last 12 months I cut the size of meals or skipped meals due to lack of money for food.					
13. I eat most of my meals alone; at least 4-5 days a week.					
14. For good health I should eat at least 2-3 servings of meat or protein every day.					
15. For good health I should eat at least 5 servings of vegetables and fruits every day.					
16. Other:					
17. Check the number of servings of vegetables and fruits you eat each day.	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+ <input type="checkbox"/> 0 <input type="checkbox"/> Don't Know/Unsure				
18. How do you describe your weight?  Current weight: _____  Current Height: _____.	<input type="checkbox"/> Very Underweight <input type="checkbox"/> Slightly Underweight <input type="checkbox"/> About the Right Weight <input type="checkbox"/> Over Weight <input type="checkbox"/> Very Over Weight				
Would you like to receive other information with your food boxes?					
Do you have comments or concerns about CSFP in general?					

**THANK YOU FOR YOUR HELP**

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## Encuesta Sobre Programas Alimentarios

**Estamos usando esta encuesta para mejorar el Programa de Alimentos Suplementarios de Mercancías de Nuevo México. Sus respuestas serán estrictamente confidenciales y no afectarán sus beneficios.**

**Años:** \_\_\_\_\_ **Género:** \_\_\_ Female \_\_\_ Male \_\_\_ Other

**Código postal (Direccion de Casa):** \_\_\_\_\_

**Etnicidad:** \_\_\_ Hispano(a) o Latino(a) \_\_\_ No Hispano(a) o Latino(a)

**Raza: (Seleccione Una o Mas Categoria)**

\_\_\_ Blanco \_\_\_ Indigena Americano o Nativo de Alaska \_\_\_ Asiático

\_\_\_ Negro o Afroamericano \_\_\_ Nativo de Hawaii o Otro Isla del Pacifico

**Marque la columna que indica cómo se siente acerca de los elementos a continuación.**

	Fuertemente De Acuerdo 1	De Acuerdo 2	Neutral 3	Discrepar 4	Fuertemente Discrepar 5
1. Me gustaría saber más sobre la Buena nutrición y la alimentación saludable.					
2. Quiero más información sobre cómo preparar la comida en mi caja de comida mensual.					
3. Los folletos que recibo con mis cajas mensuales de alimentos me ayudan a comer bien.					
4. Los folletos que recibo con mis cajas mensuales de alimentos me ayudan a usar toda la comida que se proporciona.					
5. Yo asistiría a una clase de nutrición o cocina.					
6. Tengo problemas para masticar comida.					
7. Tengo problemas con la falta de agua corriente.					
8. Tengo problemas con la falta de electricidad					

**POR FAVOR DESE LA VUELTA**

	Fuertemente De Acuerdo 1	De Acuerdo 2	Neutral 3	Discrepar 4	Fuertemente Discrepar 5
9. Tengo equipo de cocina limitado					
10. Tengo espacio limitado del refrigerador o ninguno					
11. En los últimos 12 meses me preocupa tener suficiente dinero para comprar comida					
12. En los últimos 12 meses he reducido el tamaño de las comidas o las comidas saltadas debido a la falta de dinero para la comida					
13. Yo como la mayoría de mis comidas solas; Al menos 4-5 días a la semana					
14. Para una buena salud debo comer al menos 2-3 porciones de carne o proteína todos los días					
15. Para una buena salud debo comer por los menos 5 porciones de verduras y frutas todos los días					
16. Otro:					
17. Marque el número de porciones de verduras y frutas que consume cada día	<input type="checkbox"/> 1-2 <input type="checkbox"/> 3-4 <input type="checkbox"/> 5+ <input type="checkbox"/> 0 <input type="checkbox"/> No sé				
18. ¿Cómo describe su peso? Peso Actual: _____.  Altura Actual: _____.	<input type="checkbox"/> Muy bajo peso <input type="checkbox"/> Ligeramente bajo peso <input type="checkbox"/> Sobre el peso adecuado <input type="checkbox"/> Exceso de peso <input type="checkbox"/> Muy sobre peso				
19. ¿Desea recibir más información con sus cajas de alimentos?					
¿Tiene comentarios o preocupaciones acerca de CSFP en general?					

**GRACIAS POR TU AYUDA**

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**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)  
SERVICES REFERRAL INFORMATION**

YOU MAY BE ELIGIBLE TO RECEIVE ASSISTANCE FROM MORE  
THAN ONE PROGRAM

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**SUPPLEMENTAL SECURITY INCOME (SSI)**

SSI pays monthly benefits to people who are 65 and older, or for people of any age who are blind, or have a disability and who don't own much, and are low income.

To apply, visit your local Social Security Office, call **1-800-772-1213** or visit  
<https://www.ssa.gov/site/menu/en/>

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**MEDICARE AND MEDICAID**

Medicare provides health insurance to persons aged 65 and over, disabled persons under the age of 65 who have received social security disability cash benefits for at least 24 months, and persons with end stage renal disease (ESRD). Part A of Medicare covers inpatient hospitalizations, short term skilled nursing facility care, home health, and hospice care for the terminally ill. Part B covers physician's services, outpatient hospital care, therapy, ambulance transportation, lab and x-ray services, durable medical equipment, and home health services. Various deductibles and cost sharing amounts are the responsibility of the beneficiary or any supplemental insurance they may have. Medicare benefits can be received through a fee-for-service system or managed care plans in some areas of the state.

For more information call **1-800-MEDICARE (1-800-633-4227)** or visit  
<https://www.medicare.gov/>

To apply for Medicaid: <https://www.yes.state.nm.us/yesnm/home/index>

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**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)**

Eligible households receive an allotment of food benefits that may be used to purchase any food or food products prepared for human consumption except for alcoholic beverages and tobacco. Food may be purchased using SNAP benefits from any grocery/ retail store anywhere in the U.S. that has been authorized by USDA.

Special Uses: Although SNAP benefits were originally intended to be used by eligible households to purchase food for home consumption, certain households are authorized to use SNAP benefits to obtain prepared meals or to facilitate their obtaining food. Please see NMAC 8.139.610.11 B Special Uses.

It is possible to receive SNAP or FDPIR (Food Distribution Program on Indian Reservations) and CSFP and TEFAP. It is not allowed to receive SNAP and FDPIR.

For more information call **1-800-283-4465** or visit  
[http://www.hsd.state.nm.us/LookingForAssistance/Supplemental\\_Nutrition\\_Assistance\\_Program\\_SNAP\\_.aspx](http://www.hsd.state.nm.us/LookingForAssistance/Supplemental_Nutrition_Assistance_Program_SNAP_.aspx)

To apply for SNAP: <https://www.yes.state.nm.us/yesnm/home/index>

**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)  
SERVICES REFERRAL INFORMATION (CONTINUED)**

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**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)**

CSFP works to improve the health of low-income persons at least 60 years of age by supplementing their diets with a monthly food package of nutritious USDA foods. Food packages include a variety of foods, such as non-fat dry milk, shelf stable UHT 1% milk, juice, hot or ready-to-eat cereal, rice or pasta, peanut butter or dry beans, canned meat or poultry, tuna or salmon, and canned fruits and vegetables.

It is possible to receive SNAP or FDPIR (Food Distribution Program on Indian Reservations) and CSFP and TEFAP. It is not allowed to receive SNAP and FDPIR.

For more information call **1-800-648-7167** or visit

<http://www.hsd.state.nm.us/LookingForAssistance/commodity-supplemental-food-program.aspx>

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**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)**

TEFAP is a Federal program that helps supplement the diets of low-income Americans, including elderly people, by providing them with emergency food and nutrition assistance at no cost. USDA provides food and administrative funds to States to supplement the diets of these groups. It is possible to receive SNAP or FDPIR (Food Distribution Program on Indian Reservations) and CSFP and TEFAP. It is not allowed to receive SNAP and FDPIR.

For more information call **1-800-648-7167**

[http://www.hsd.state.nm.us/LookingForAssistance/Emergency\\_Food\\_Assistance.aspx](http://www.hsd.state.nm.us/LookingForAssistance/Emergency_Food_Assistance.aspx)

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**LOW INCOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

LIHEAP assists eligible persons and families with their heating or cooling costs. Applications for the program are accepted at your nearest Human Services Department Office or through the YesNM Portal. To qualify, you must be responsible for paying heating costs and meet specific income guidelines based on household size.

For more information call **1-800-283-4465**

[http://www.hsd.state.nm.us/LookingForAssistance/Low\\_Income\\_Home\\_Energy\\_Assistance\\_Program.aspx](http://www.hsd.state.nm.us/LookingForAssistance/Low_Income_Home_Energy_Assistance_Program.aspx)

To apply for LIHEAP: <https://www.yes.state.nm.us/yesnm/home/index>

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**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)**

The Temporary Assistance for Needy Families (TANF) program, known in New Mexico as NMWorks, provides a monthly cash benefit used to meet basic family needs such as housing, utilities and clothing.

For more information call **1-800-283-4465** or visit

[http://www.hsd.state.nm.us/LookingForAssistance/Temporary\\_Assistance\\_for\\_Needy\\_Families.aspx](http://www.hsd.state.nm.us/LookingForAssistance/Temporary_Assistance_for_Needy_Families.aspx)

To apply for TANF: <https://www.yes.state.nm.us/yesnm/home/index>

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**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)  
SERVICES REFERRAL INFORMATION (CONTINUED)**

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**SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)**

The Senior Farmers' Market Nutrition Program (SFMNP) is available for income-eligible seniors age 60 and over and provides participants with checks that can be used to purchase fresh fruits and vegetables as well as honey at participating farmers' markets between July 1<sup>st</sup> and November 15<sup>th</sup> of the current market season. Checks come in \$5 or \$10 increments and no change can be given. Participants may send a proxy to shop for them if they are not able to go to the market themselves.

For more information: <http://farmersmarketsnm.org/resources/food-access/senior-farmers-market-nutrition-program/>

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**SNAP DOUBLE UP FOOD BUCKS  
FARMERS' MARKET NUTRITION PROGRAM**

Get more fruits and vegetables when you spend your SNAP EBT Card dollars at participating farmers' markets, farm stands, mobile markets and grocery stores. It's easy with Double Up Food Bucks!

For more information: <http://www.doubleupnm.org/how-it-works/>

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**NEW MEXICO AGING & LONG-TERM SERVICES DEPARTMENT  
(ALTSD)  
1-800-432-2080**

**If you suspect an adult is being abused, neglected, or exploited,**  
Call Adult Protective Services Statewide Intake,  
Toll-free at **1-866-654-3219** or **1-505-476-4912**  
<http://www.nmaging.state.nm.us/>

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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](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](mailto:program.intake@usda.gov).

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ATTACHMENT W-2

**PROGRAMA SUPLEMENTARIO DE COMESTIBLES BÁSICOS (CSFP)**  
**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)**  
**INFORMACIÓN DE REFERENCIA DE SERVICIOS**  
**PUEDE SER ELEGIBLE PARA RECIBIR ASISTENCIA DE MÁS DE UN PROGRAMA**

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**SUPPLEMENTAL SECURITY INCOME (SSI)**  
**INGRESO SUPLEMENTARIO DE SEGURIDAD**

SSI paga beneficios mensuales a personas de 65 años o más, o para personas de cualquier edad que son ciegas, o tienen una discapacidad y que no tienen mucho, ni tienen muchos ingresos.

Para solicitarlo, visite la oficina local del Seguro Social o llame al **1-800-772-1213** o visite

<https://www.ssa.gov/espanol/>

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**MEDICARE Y MEDICAID**

Medicare prove seguro de salud de personas de 65 años y más, personas discapacitadas menores 65 años que han recibido beneficios por discapacidad de la seguridad social durante al menos 24 meses y personas con enfermedad renal terminal (ESRD). La parte A de Medicare cubre hospitalizaciones para pacientes hospitalizados, atención domiciliaria y cuidados paliativos para enfermos terminales. La Parte B cubre servicios medicos, atención hospitalaria ambulatoria, terapia, transporte de ambulancia, servicios de laboratorio y rayos X, equipo medico duradero y servicios de salud en el hogar. Varios deducibles y costos compartidos son responsabilidad del beneficiario o cualquier seguro suplementario que puedan tener. Los beneficios de Medicare pueden ser recibidos a través de un Sistema de pago por servicio o planes de atención administrada en algunas áreas del estado.

Para más información llame **1-800-MEDICARE (1-800-633-4227)** o visite

<https://es.medicare.gov/>

Para solicitar Medicaid: [https://www.yes.state.nm.us/yesnm/home/index?lang=es\\_US](https://www.yes.state.nm.us/yesnm/home/index?lang=es_US)

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**PROGRAMA DE ASISTENCIA DE NUTRICIÓN SUPLEMENTARIA (SNAP)**  
**SUPPLEMENTAL NUTRITION ASSISTANCE PROGRAM (SNAP)**

Los hogares elegibles reciben una asignación de beneficios alimenticios que pueden usarse para comprar cualquier alimento o alimento preparado para el consume humano, excepto para bebidas alcohólicas y tabaco, alimentos calientes o alimentos preparados para el consumo inmediato. Los alimentos se pueden comprar usando los beneficios de cupones de alimentos de cualquier supermercado/tienda minorista en cualquier lugar en los Estados Unidos que haya sido autorizado por USDA.

Usos Especiales: aunque originalmente los beneficios de SNAP estaban destinados a ser utilizados por los hogares elegibles para comprar alimentos para el consumo doméstico, ciertos hogares están autorizados a utilizar los beneficios de SNAP para obtener comidas preparadas o para facilitar su obtención. Por favor vea NMAC 8.139.610.11 B Usos especiales.

Es posible recibir SNAP o FDPIR (Programa de Distribución de Alimentos en Reservaciones Indígenas) y CSFP y TEFAP. No está permitido recibir SNAP y FDPIR.

Para Más Información llame **1-800-283-4465** o visite

[http://www.hsd.state.nm.us/LookingForAssistance/Supplemental\\_Nutrition\\_Assistance\\_Program\\_SNAP.aspx](http://www.hsd.state.nm.us/LookingForAssistance/Supplemental_Nutrition_Assistance_Program_SNAP.aspx)

Para solicitar SNAP: [https://www.yes.state.nm.us/yesnm/home/index?lang=es\\_US](https://www.yes.state.nm.us/yesnm/home/index?lang=es_US)

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**PROGRAMA SUPLEMENTARIO DE COMESTIBLES BÁSICOS (CSFP)  
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)  
INFORMACIÓN DE REFERENCIA DE SERVICIOS (CONTINUADO)**

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**PROGRAMA SUPLEMENTARIO DE COMESTIBLES BÁSICOS (CSFP) COMMODITY  
SUPPLEMENTAL FOOD PROGRAM (CSFP)**

CSFP trabaja para mejorar la salud de las personas de bajos ingresos de al menos 60 años de edad complementando sus dietas con un paquete mensual de alimentos nutritivos del USDA. Los paquetes de alimentos incluyen una variedad de alimentos, tales como leche seca sin grasa, estante estable UHT leche 1%, jugo, cereal caliente o listo para comer, arroz o pasta, mantequilla de mani o frijoles secos, carne enlatado o aves, atún o salmon, y conservas de frutas y verduras.

Es posible recibir SNAP o FDPIR (Programa de Distribución de Alimentos en Reservaciones Indígenas) y CSFP y TEFAP. No está permitido recibir SNAP y FDPIR.

Para Más Información llame **1-800-648-7167** o visite

<http://www.hsd.state.nm.us/LookingForAssistance/commodity-supplemental-food-program.aspx>

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**PROGRAMA DE ASISTENCIA DE ALIMENTOS DE EMERGENCIA (TEFAP) THE  
EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)**

TEFAP es un programa federal que ayuda a complementar las dietas de los estadounidenses de bajos ingresos, incluidas las personas mayores, brindándoles asistencia alimentaria y nutricional de emergencia sin costo alguno. El USDA proporciona fondos administrativos y de alimentos a los estados para complementar las dietas de estos grupos.

Es posible recibir SNAP o FDPIR (Programa de Distribución de Alimentos en Reservaciones Indígenas) y CSFP y TEFAP. No está permitido recibir SNAP y FDPIR.

Para más información llame **1-800-648-7167** o visite

[http://www.hsd.state.nm.us/LookingForAssistance/Emergency\\_Food\\_Assistance.aspx](http://www.hsd.state.nm.us/LookingForAssistance/Emergency_Food_Assistance.aspx)

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**PROGRAMA DE ASISTENCIA DE ENERGÍA PARA HOGARES DE BAJOS INGRESOS  
(LIHEAP)  
LOW INCOME HOME ENERGY ASSISTANCE PROGRAM (LIHEAP)**

LIHEAP ayuda a las personas y familias elegibles con sus costos de calefacción o refrigeración. Las solicitudes para el programa se aceptan en la Oficina del Departamento de Servicios Humanos más cercana o a través del Portal YesNM. Para calificar, debe ser responsable de pagar los costos de calefacción o refrigeración y cumplir con las pautas de ingresos específicas según el tamaño del hogar.

Para más información llame **1-800-283-4465** o visite

[http://www.hsd.state.nm.us/LookingForAssistance/Low\\_Income\\_Home\\_Energy\\_Assistance\\_Program.aspx](http://www.hsd.state.nm.us/LookingForAssistance/Low_Income_Home_Energy_Assistance_Program.aspx)

Para solicitar LIHEAP: [https://www.yes.state.nm.us/yesnm/home/index?lang=es\\_US](https://www.yes.state.nm.us/yesnm/home/index?lang=es_US)

**PROGRAMA SUPLEMENTARIO DE COMESTIBLES BÁSICOS (CSFP)**  
**COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)**  
**INFORMACIÓN DE REFERENCIA DE SERVICIOS (CONTINUADO)**

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**ASISTENCIA EN EFECTIVO (TANF)**  
**TEMPORARY ASSISTANCE FOR NEEDY FAMILIES (TANF)**

El programa de Asistencia en Efectivo (TANF, por sus siglas en inglés), conocido en Nuevo México como NMWorks, proporciona un beneficio mensual en efectivo que se utiliza para satisfacer las necesidades familiares básicas, como vivienda, servicios públicos y ropa.

Para más información llame **1-800-283-4465** o visite

Para solicitar TANF: [https://www.yes.state.nm.us/yesnm/home/index?lang=es\\_US](https://www.yes.state.nm.us/yesnm/home/index?lang=es_US)

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**PROGRAMA DE NUTRICION DEL MERCADO DE GRANJEROS PARA ANCIANOS (SFMNP)**  
**SENIOR FARMERS' MARKET NUTRITION PROGRAM (SFMNP)**

El Programa de Nutrición y promoción para el Mercado de Granjeros para Personas Mayores (SFMNP) está disponible para personas mayores de 60 años o más que reúnen los requisitos de ingresos y les proporciona a los participantes cheques que pueden usarse para comprar frutas y verduras frescas, así como miel en los mercados de agricultores participantes entre el 1 de Julio y Noviembre 15 de la temporada actual del Mercado. Los cheques vienen en incrementos de \$5 o \$10 y se pueden enviar un apoderado para comprarlos si no pueden ir al Mercado ellos mismos.

Para más información visite: <http://farmersmarketsnm.org/resources/food-access/senior-farmers-market-nutrition-program/>

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**SNAP DOUBLE UP FOOD BUCKS**

Obtenga más frutas y verduras cuando gaste los dólares de su tarjeta SNAP EBT en los mercados de granjeros, puestos de granjas, mercados móviles y supermercados participantes. ¡Es fácil con Double Up Food Bucks!

Para más información visite: <http://www.doubleupnm.org/how-it-works/>

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**NEW MEXICO AGING & LONG-TERM SERVICES DEPARTMENT (ALTSD)**

**1-800-432-2080**

**If you suspect an adult is being abused, neglected, or exploited,**

Call Adult Protective Services Statewide Intake,

Toll-free at **1-866-654-3219** or **1-505-476-4912**

<http://www.nmaging.state.nm.us/>

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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 discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] 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: [http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish\\_Form\\_508\\_Compliant\\_6\\_8\\_12\\_0.pdf](http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf), 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](mailto:program.intake@usda.gov).  
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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.)

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 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. Additionally, program information is available in languages other than English.

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

**mail:**

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

**fax:**

(202) 690-7442; or

**email:**

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

This institution is an equal opportunity provider.

Conforme a las leyes federales y a los derechos civiles, reglamentos y políticas del Departamento de Agricultura de los Estados Unidos (U.S. Department of Agriculture, USDA), se prohíbe a esta institución discriminar por motivo de raza, color, nacionalidad, sexo, edad, discapacidad y reprimir o tomar represalias por actividades realizadas en el pasado relacionadas con los derechos civiles. (No todos los principios de prohibición se aplican a todos los programas).

Las personas discapacitadas que requieran medios alternos para que se les comunique la información de un programa (por ejemplo, braille, letra agrandada, grabación de audio, lenguaje de señas estadounidense, etc.) deberán comunicarse con la agencia estatal o local responsable de administrar el programa o 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. La información del programa también está disponible en otros idiomas además del inglés.

Para presentar una queja por alegada discriminación, complete el formulario de quejas por discriminación del programa del USDA, AD-3027, que podrá encontrar en línea en [http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish\\_Form\\_508\\_Compliant\\_6\\_8\\_12\\_0.pdf](http://www.ocio.usda.gov/sites/default/files/docs/2012/Spanish_Form_508_Compliant_6_8_12_0.pdf) o en cualquier oficina del USDA o escriba una carta dirigida al USDA que incluya toda la información solicitada en el formulario. Para solicitar una copia del formulario de presentación de quejas, comuníquese al (866) 632-9992. Envíe su formulario o carta completos al USDA por

**correo:**

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

**fax:**

(202) 690-7442; o

**correo electrónico:**

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

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**ATTACHMENT Y-1  
COMMODITY SUPPLEMENTAL FOOD – CSFP  
CIVIL RIGHTS DISCRIMINATION COMPLAINT FORM**

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](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](mailto:program.intake@usda.gov).

This institution is an equal opportunity provider.

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NAME OF COMPLAINANT:

ADDRESS:

TELEPHONE #:

---

NAME AND TITLE OF PERSON/PERSONS RESPONSIBLE FOR DISCRIMINATION:

ADDRESS:

DATE(S) OF INCIDENT:

BASIS FOR DISCRIMINATION:

- |                               |  |                                     |
|-------------------------------|--|-------------------------------------|
| <input type="checkbox"/> RACE | <input type="checkbox"/> COLOR           | <input type="checkbox"/> AGE        |
| <input type="checkbox"/> SEX  | <input type="checkbox"/> NATIONAL ORIGIN | <input type="checkbox"/> DISABILITY |

NATURE OF COMPLAINT: Describe fully; use additional pages if necessary

WITNESS(ES) TO DISCRIMINATION, if any: Name, Address, Telephone Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ATTACHMENT Y-2

**PROGRAMA SUPLEMENTARIO de PRODUCTOS BÁSICOS – CSFP  
(COMMODITY SUPPLEMENTAL FOOD PROGRAM)  
DERECHOS DE LA DISCRIMINACIÓN CIVIL FORMULARIO DE QUEJA**

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 discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] 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](http://www.ascr.usda.gov/complaint_filing_cust.html), (AD-3027) que está disponible en línea en: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) 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](mailto:program.intake@usda.gov).

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NOMBRE DEL DENUNCIANTE:

DIRECCIÓN:

TELÉFONO:

NOMBRE Y CARGO DE LA PERSONA o personas responsables de la discriminación:

DIRECCIÓN:

FECHA (S) DEL INCIDENTE:

Base para la discriminación:

- |                               |  |                                       |
|-------------------------------|--|---------------------------------------|
| <input type="checkbox"/> RAZA | <input type="checkbox"/> COLOR           | <input type="checkbox"/> EDAD         |
| <input type="checkbox"/> SEXO | <input type="checkbox"/> ORIGEN NACIONAL | <input type="checkbox"/> DISCAPACIDAD |

NATURALEZA DE LA QUEJA: Describa todos los detalles, use páginas adicionales si es necesario

Testigo (s) a la discriminación, en su caso: Nombre, dirección, número de teléfono

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha



**STATE OF NEW MEXICO**

**WAIVER OF RIGHTS TO FREE INTERPRETER AND/OR TRANSLATION SERVICES**

Free interpreter and translation services are available through \_\_\_\_\_ (Agency Name) or the New Mexico Human Services Department (HSD). \_\_\_\_\_ (Agency Name) or HSD will call an interpreter or translator after identifying the primary language in which you are able to communicate.

You are entitled to bring your own interpreter or translator; however, \_\_\_\_\_ (Agency Name) or HSD or its subsidiary agencies will not authorize payment for interpreters not previously secured or approved by HSD.

I, \_\_\_\_\_ (Customer Name), have been informed of my right to receive free interpretation and/or translation services from \_\_\_\_\_ (Agency Name) or HSD. I understand that I am entitled to interpretation and/or translation services at no cost to myself or to other family members, but do not wish to receive free services at this time.

I choose \_\_\_\_\_ (Interpreters Name) to act as my interpreter and/or translator from \_\_\_\_\_ (Date) until \_\_\_\_\_ (Date).

I understand that I may withdraw this waiver at any time and request the services of an interpreter or translator, which will be paid for by \_\_\_\_\_ (Agency Name) or HSD. To the best of my knowledge, the person I am using to act as my own interpreter and/or translator is over the age of 18. I understand that this waiver pertains to interpreter and translation services only and does not entitle my interpreter and/or translator to act as my Authorized Representative or proxy. I also understand that the service agency may secure a qualified or certified interpreter and/or translator of my choice during the interpreting and/or translating session to ensure accuracy of the communication and follow-up instructions.

The interpreter identified below orally translated this form to me.	
_____ (Customer's Signature)	_____ (Date)
_____ (Interpreter's Signature)	_____ (Date)
_____ (Interpreter Printed Name)	_____ (Date)
_____ (Staff Person Signature)	_____ (Date)

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**ESTADO DE NUEVO MÉXICO**

**Renuncia a mi Derecho Recibir los Servicios Gratuitos de un Interpreté**

Intérprete gratuito y servicios de traducción están disponibles a través de (Nombre de la agencia), o el de Nuevo México Departamento de Servicios Humanos (HSD). (Nombre de la agencia) o HSD llamar a un intérprete o traductor, después de identificar el idioma principal en el que son capaces de comunicarse.

Usted tiene derecho a traer su propio intérprete o traductor, sin embargo, \_\_\_\_\_(Nombre de la agencia) o HSD o sus organismos subsidiarios no se autorice el pago de los intérpretes que antes no protegidos o aprobado por HSD.

Yo, \_\_\_\_\_(nombre del cliente), ha sido informado de mi derecho a recibir la libre interpretación y / o servicios de traducción a partir de (Nombre de la agencia) o HSD. Yo entiendo que tengo derecho a la interpretación y / o servicios de traducción sin costo alguno para mí o para otros miembros de la familia, pero no desea recibir servicios gratuitos en este momento.

Elijo \_\_\_\_\_(Nombre Intérpretes) para que actúe como mi intérprete y / o traductor de \_\_\_\_\_(Fecha) hasta \_\_\_\_\_(Fecha). Entiendo que puedo retirar esta renuncia en cualquier momento y solicitar los servicios de un intérprete o traductor, el cual será pagado por \_\_\_\_\_(Nombre de la agencia) o HSD.

A lo mejor de mi conocimiento, la persona que estoy utilizando para actuar como mi propio intérprete y / o traductor está sobre la edad de 18 años. Yo entiendo que esta renuncia se refiere a los servicios de interpretación y traducción solamente y no da derecho a mi intérprete y / o traductor para actuar como mi representante autorizado o apoderado. También entiendo que la agencia de servicios pueden obtener un intérprete calificado o certificado y / o traductor de mi elección durante la interpretación y / o la traducción de la sesión para asegurar la exactitud de la comunicación y el seguimiento de instrucciones.

El siguiente intérprete tradujo verbalmente este formulario para mí.	
(Firma del Cliente)	(Fecha)
(Firma del Intérprete)	(Fecha)
(Imprima Nombre de Intérprete)	(Fecha)
(Firma del Empleado de la Oficina)	(Fecha)

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{ Over 240 languages 24:7:365 }

# CTS language link™

We speak your customer's language



## Point to your language

- |  |                         |
|--|-------------------------|
| (Arabic) العربية                           | 日本語 (Japanese)          |
| Bosanski (Bosnian)                         | 한국어 (Korean)            |
| Português do Brasil (Brazilian Portuguese) | ພາສາລາວ (Lao)           |
| ខ្មែរ (Cambodian)                          | 國語 (Mandarin)           |
| 廣東話 (Cantonese)                            | ਪੰਜਾਬੀ (Punjabi)        |
| (Farsi) فارسی                              | Română (Romanian)       |
| Français (French)                          | Русский (Russian)       |
| Deutsch (German)                           | Soomaali (Somali)       |
| Kreyòl Ayisyen (Haitian Creole)            | Español (Spanish)       |
| हिन्दी (Hindi)                             | ภาษาไทย (Thai)          |
| Hmoob (Hmong)                              | Tiếng Việt (Vietnamese) |



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[www.ctslanguageink.com](http://www.ctslanguageink.com)

## TIPS AND ADVICE

### *How to Work with a Telephone Interpreter*

#### **YOUR ROLE**

Telephone interpreters may receive several calls a day—each one requiring special attention in a specific field. When working with an interpreter over the phone, there are a few things you should keep in mind to ensure your call is handled quickly and successfully.

- Always speak in first person, just as you would in normal conversation. For example, say, "Do you have a fever?" rather than "Ask her if she has a fever, please."
- Immediately introduce yourself to the limited-English proficient (LEP) client and explain your reason for calling.
- Telephone interpretation is "consecutive" interpretation. That means you will experience pauses when the interpreter repeats each statement in the respective language.
- After you speak one-two sentences or finish a thought, pause to give the interpreter enough time to interpret.
- Be prepared to explain some things in more detail for the telephone interpreter. Some terminology and concepts may not have an equivalent in the target language.
- Control the conversation. The telephone interpreter is only there to interpret. You are responsible for making sure the LEP client receives the same service as an English-speaking client.
- Ask the interpreter and the LEP client questions to ensure they understand what you want to communicate.
- Avoid asking the interpreter for his/her opinion about the situation being interpreted.
- We can accommodate three-way telephone interpretation calls. Tell the call center agent the name and phone number of the third party, and they will arrange the call for you. The interpreter cannot facilitate this for you. You must ask the call center agent at the beginning of the call.
- Follow up by providing us with feedback about your interpretation services.

#### **YOUR TELEPHONE INTERPRETER'S ROLE**

We expect our interpreters to meet high standards and want to know when they are meeting our expectations. To that end, your feedback is critical

- Make sure your interpreter introduces himself/herself using a first name and ID number. They are not required to provide a last name.
- Your interpreter should not have a side conversation with you or the client. He or she must relay everything that is said back to you or your client. This includes any advice that the client may ask of the interpreter.
- Your interpreter should not discuss anything unrelated to the telephone interpretation assignment.

More questions about telephone interpretation? Contact us at 1-866-610-1338 or email [info@ctslanguageink.com](mailto:info@ctslanguageink.com).



United States Department of Agriculture

# **Civil Rights Training National Commodity Supplemental Food Program (CSFP) Association**

Civil Rights Division  
USDA, Food and Nutrition Service  
May 22, 2018

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**Food Distribution  
National Policy Memorandum**

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**United States Department of Agriculture**

Food and Nutrition Service

3101 Park Center Drive

Alexandria, VA 22302-1500

**DATE:** June 10, 2016

**POLICY NO:**FD-138: The Emergency Food Assistance Program (TEFAP), Commodity Supplemental Food Program (CSFP)

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

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:

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;

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;

The organization must separate in time or location any privately funded explicitly religious activities from activities supported by direct Federal financial assistance;

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

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/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>).

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



## Commodity Supplemental Food Program (CSFP) – Written Notice of Beneficiary Rights

Name of Organization:

Contact Information for Program Staff (name, phone number, and email address, if appropriate):

Because this program 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 our program or receive services from the program, as required by 7CFR part 16.

This Institution is an Equal Opportunity Provider

**Programa de Alimentos Suplementarios de Productos Básicos  
Commodity Supplemental Food Program (CSFP) –  
Aviso por Escrito Derechos del Beneficario**

Nombre de la Organización:

Información de Contacto para el Personal del Programa (nombre, telefono y and dirección de correo electrónico, si procede):

Debido a que este programa es apoyado en su totalidad o en parte por la asistencia financiera del Gobierno Federal, estamos obligados a hacerle saber que—

- No podemos discriminar contra usted en base a la religion o creencia religiosa, la negative a tener una creencia religiosa, o una negative a asistir o participar en una práctica religiosa;
- Es possible que no requiera que usted asista o participae en actividades explícitamente religiosas que nos ofrecen, y cualquier participación de usted en estas actividades deber ser puramente voluntaria;
- Debemos separar en el tiempo o la ubicación cualquier actividad explícitamente religiosa financiada con fondos privados de actividades apoyadas con la asistencia directa del USDA;
- Si usted se opone al carácter religioso de nuestra organización, debemos hacer esfuerzos razonables para identificarlo y referirlo a un proveedor alternative al que usted no tiene objeciones. No podemos garantizar, sin embargo, que en cada caso, un proveedor alternative estará disponible; y
- Usted puede reporter violaciones de estas protecciones (incluyendo denegaciones de servicios o beneficios) por una organización al la agencia estatal (<http://www.fns.usda.gov/fdd/food-distribution-contacts>). La agencia estatal responderá a la queja e informará de las presuntas violaciones a su respective Oficina Regional del USDA FNS (<http://www.fns.usda.gov/fns-regional-offices>).

Debemos proporcionarle este aviso por escrito antes de inscribirse en nuestro programa o recibir servicios del programa, según lo requierdo por 7CFR part 16.

Esta institución es un proveedor que ofrece igualdad de oportunidades

## 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

Date of objection: / /

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



**Programa de Alimentos Suplementarios de Productos Básicos  
Commodity Supplemental Food Program (CSFP) – Solicitud de Referencia  
del Beneficiario**

Nombre de la Organización:

Información de Contacto para el Personal del Programa (nombre, teléfono y dirección de correo electrónico, si procede):

Si usted se opone a recibir servicios de nosotros basados en el carácter religioso de nuestra organización, por favor complete este formulario y devuélvalo al contacto del programa identificado arriba. El uso de este formulario es voluntario.

Si usted se opone al carácter religioso de nuestra organización, debemos hacer esfuerzos razonables para identificarlo y referirlo a un proveedor alternativo al que usted no tiene objeciones. No podemos garantizar, sin embargo, que en cada caso, un proveedor alternativo estará disponible.

Por favor, compruebe si desea ser referido a otro proveedor de servicios. Por favor

proporciona la siguiente información:

Nombre:

La mejor manera de comunicarse con usted (teléfono/dirección/correo electrónico):

**PARA USO DEL PERSONAL SOLAMENTE**

Fecha de la objeción: / /

Referencia (marque uno)

El individuo fue referido (nombre del proveedor alternativo e información de contacto):

El individuo recibió información de remisión proporcionada por la agencia estatal (es decir, un sitio web, una línea directa o una lista de otros proveedores)

Individuo sin referencias

Ningún proveedor de servicios alternos está disponible. Resuma a continuación los esfuerzos que realizó para identificar a un proveedor alternativo (incluyendo llegar a una agencia estatal o una agencia local o elegible):

Esta institución es un proveedor que ofrece igualdad de oportunidades.

<b>F</b> ood & <b>N</b> utrition <b>S</b> ervice	<h1 style="margin: 0;">FNS INSTRUCTION</h1>	NUMBER
	U.S. DEPARTMENT OF AGRICULTURE 3101 PARK CENTER DRIVE ALEXANDRIA, VA 22302-1500	709-5 Rev 3

ACTION BY: Food and Nutrition Service National Office Food and Nutrition Service Regional Offices  
Agricultural Marketing Service

INFORMATION FOR: State Distributing Agencies

**SHIPMENT AND RECEIPT OF USDA FOODS**

**I PURPOSE**

The purpose of this Instruction is to establish the general standards and procedures that the State distributing agency (SDA), Indian Tribal Organization (ITO) or other consignee must follow in receiving shipments of USDA Foods (i.e., donated foods) in Department of Agriculture (USDA) food assistance programs, including the Commodity Supplemental Food Program (CSFP); the Food Distribution Program on Indian Reservations (FDPIR); The Emergency Food Assistance Program (TEFAP); the National School Lunch Program (NSLP); the Nutrition Services Incentive Program (NSIP), which is administered by the Department of Health and Human Services; and in other outlets; and to convey established responsibilities for other entities such as USDA Foods vendors and carriers. The standards and procedures established in this Instruction are necessary in determining if shipments of USDA Foods are received in optimal condition and in the quantities ordered, and ensuring the proper disposition and replacement of USDA Foods when circumstances warrant.

**II AUTHORITY**

This Instruction is based on Federal regulations in 7 CFR Part 250. III FORMS

FSA-21, *Public Voucher – Commodity Programs*

**IV RECORDS MANAGEMENT REQUIREMENTS**

A Required records. The consignee must maintain documentation of:

- 1 The serial number of the high security seal(s).
- 2 The temperature of a freezer or refrigerated truck or trailer upon arrival.

DATE:	MANUAL MAINTENANCE INSTRUCTIONS: Replace Revision 2 with this Instruction		
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**FORM FNS-620 (1-99) Previous editions obsolete**

RESPONSIBLE FOR PREPARATION AND MAINTENANCE:

FDD

**3** The result of any inspections by State or local health authorities or a USDA certification agent to determine the condition of USDA Foods.

**4** The disposition of USDA Foods received out-of-condition, including, as applicable, the destruction of such foods, or a signed salvage receipt from the vendor or carrier.

**B** Retention of records. All records must be retained for a period of three years from the close of the Federal fiscal year or school year to which they pertain.

**V** RESPONSIBILITIES

Not applicable

**VI** DEFINITIONS

**A** The definitions in 7 CFR 250 are applicable to this Instruction. **B** The following definitions are also applicable to this Instruction:

**1** Bill of lading (BOL). Documentation of the contents of a shipment and other pertinent information as required in the contract of carriage.

**2** Carrier. A commercial enterprise that transports USDA Foods from one location to another, but does not store such foods.

**3** Consignee. An entity (e.g., SDA, ITO, recipient agency, commercial storage facility, or processor) that receives a shipment of USDA Foods from a vendor or Federal storage facility.

**4** Contracting Office. The USDA office (e.g., Agricultural Marketing Service's Commodity Procurement Program) that awards or executes a contract for supplies or services.

**5** Demurrage. A charge assessed by the carrier for intermodal containers held beyond the specified free time.

**6** Detention charge. A penalty charge assessed by carriers for shipments held beyond the specified free time.

**7** Dunnage. The material used to protect or support freight during transit.

**8** Free time. The amount of time established by carriers for the unloading of freight before penalty charges apply.

**9** Goods receipt. The process of receipting for a delivery in the Web-Based Supply Chain Management system (WBSCM).

- 10** Household Programs. Programs which provide USDA Foods to participants for home consumption, including CSFP, FDPIR, and TEFAP.
- 11** In-kind replacement. The replacement of a loss of USDA Foods with the same type of food of U.S. origin, of equal or better quality as the USDA Food, and at least equal in value to the lost USDA Food.
- 12** Intermodal Container. A standardized shipping container used across different modes of transport from ship or rail to truck without unloading and reloading cargo.
- 13** Lumper fee. A fee assessed by a carrier to the consignee or vice versa for unloading a shipment. Lumper fees are not permitted when receiving USDA Foods.
- 14** Multi-food shipment. A shipment from a Federal storage facility that usually includes more than one type of USDA Food.
- 15** National Multi-Food Warehouse. A Federally-contracted storage facility that includes more than one type of USDA Food.
- 16** Out-of-condition USDA Foods. USDA Foods that are no longer fit for human consumption as a result of spoilage, contamination, infestation, adulteration, or damage.
- 17** Pallet. A platform for the placement of material for storage. Pinwheeling. A process of arranging pallets on a truck with varied positioning when handling items of different sizes.
- 18** Pinwheeling is not permitted for shipments originating from the National Multi-Food Warehouse.
- 19** Purchase order. The contract awarded to the vendor.
- 20** Refused Shipment Request. An SDA or ITO request to FNS to refuse all or part of a shipment due to out-of-condition USDA Foods. FNS in turn notifies the appropriate Contracting Office. In cases of issues relating to the integrity of high security seals (see Section IX, Inspecting the Shipment), shipments must be refused by the consignee.
- 21** Rejected Shipment. Official Contracting Office designation, upon consideration of an SDA or ITO refused shipment request with regard to out-of-condition USDA Foods.
- 22** Sales order. An order for a specific USDA Food that includes the material description, quantity, delivery period, and destination, and that is identified by a specific code.
- 23** Similar replacement. The replacement of a loss of USDA Foods with another type of food from the same food category (e.g., dairy, grain, meat/meat alternative, vegetable, fruit, etc.) that is of U.S. origin, of equal or better quality than that type of USDA Food, and at least equal in value to the lost USDA Food.
- 24** Slip sheet. A piece of cardboard used in place of a pallet.

**25** Split shipment. A shipment of USDA Foods from a vendor that is split between two or more SDAs, ITOs, or recipient agencies, and that usually includes more than one stop-off or delivery location.

**26** Tailgate. To move freight to the back end of a trailer for unloading.

**27** Vendor. A commercial food company from which USDA purchases foods for donation.

**28** WBSCM. Web-Based Supply Chain Management, an integrated food purchasing, tracking, and ordering system used by USDA and its customers, vendors, suppliers, and transportation personnel.

## **VII** OBJECTIVES

**A** This Instruction is applicable to shipments of USDA Foods received by an SDA, ITO, a recipient agency, or other consignee from a USDA-approved vendor or from a Federally- contracted storage facility, including a National Multi-Food Warehouse. This includes USDA Foods received at each delivery location in a split shipment, which is a type of direct delivery shipment from a vendor. Requirements specific to shipments from a National Multi-Food Warehouse are provided as applicable. Shipments of USDA Foods from a vendor may be delivered in the vendor’s truck or trailer, or in a truck or intermodal container belonging to a contracted commercial shipping company which, in this Instruction, is referred to as a carrier. A trailer or container may be transported to a specific location on a railcar, ship, or barge before delivery of its shipment of USDA Foods to the designated consignee. This method of delivery is sometimes referred to as an “intermodal” or “piggyback” shipment. This Instruction does not address issues related to Best-if-Used-By (BIUB) dates or equivalent. BIUB dates are addressed separately in Policy Memorandum FD-107, “Donated Food Storage, Distribution, and Product Dating (Revised)”.

**B** The Instruction is not applicable to USDA Foods received by a recipient agency or other consignee from an SDA, ITO, or recipient agency storage facility; to end products received from a commercial processor or distributor; or to products ordered through the USDA Department of Defense Fresh Fruit and Vegetable Program (USDA DoD Fresh).

## **VIII** ARRANGING FOR SHIPMENT AND DELIVERY

**A** Delivery appointment. Vendors must comply with all provisions of the AMS Master Solicitation for Commodity Procurements, including delivery appointment requirements. For shipments originating from a vendor (i.e., any shipment not originating from a National Multi-Food Warehouse), the vendor or carrier must arrange for a delivery appointment with the consignee as far in advance of the expected delivery as possible, but not less than 72 hours prior to delivery. All parties are highly encouraged to address any non-federal shipment or delivery requirements in advance of the delivery (e.g., additional paperwork required by the warehouse).

For split shipments (i.e., shipments that are split between two or more consignees), the vendor or carrier must arrange for a delivery appointment with each consignee. The vendor or carrier may make an earlier delivery than scheduled only if a new delivery date is arranged that is acceptable to the consignee and USDA personnel are available, as necessary, to perform any required inspections; otherwise, the original delivery date must be honored.

If the vendor or carrier arrives without a delivery appointment or is late for an appointment, the consignee should accept the shipment, if able, or work with the vendor or carrier to schedule delivery at a later time. When a carrier does not make a delivery appointment in advance, it is recommended that



the consignee report the issue and identify the carrier in the comment section of WBSCM when receipting for the delivery.

For shipments originating from a National Multi-Food Warehouse, the National Multi-Food Warehouse must arrange regular delivery dates with each consignee. If an order includes multiple truck loads, every effort must be made to arrange for all deliveries on the same day.

The consignee must negotiate any tailgating by the National Multi-Food Warehouse when setting the delivery date(s). The consignee is responsible for accepting shipments on the prearranged delivery date. If the regularly scheduled delivery must be postponed (e.g., as a result of inclement weather or equipment failure), the National Multi-Food Warehouse will immediately contact the consignee to determine a revised delivery date that is agreeable to both parties.

**B**     Advanced shipment notification. For shipments originating from a vendor (i.e., any shipment not originating from a National Multi-Food Warehouse), the vendor will create the Advance Shipping Notification (ASN) in WBSCM in advance of delivery of the USDA Foods shipment so as to provide the consignee sufficient advance notice of the delivery. The ordering organization and receiving destination designated in WBSCM will receive the ASN by email. It is recommended that the delivery appointment be arranged with the consignee before entering the ASN in WBSCM. The ASN will include the following information:

- 1**     Required delivery date.
- 2**     Expected delivery date.
- 3**     Delivery ship-to business partner.
- 4**     Nutrition program acronym (e.g., CSFP, NSLP).
- 5**     USDA Food product material number and description (e.g., material code).
- 6**     Sales order number (not applicable to shipments to a National Multi-Food Warehouse).
- 7**     Sales order item number.
- 8**     Quantity (e.g., cases, number of units) in shipment.
- 9**     Purchase order item number.
- 10**    Purchase order number.
- 11**    Product vendor information.

For shipments originating from a National Multi-Food Warehouse, the consignee will not receive an ASN notification. Specific delivery dates are pre-arranged between the consignee and the National Multi-Food Warehouse and reflected in WBSCM.

**C**     Destination changes. For shipments originating from a vendor (i.e., any shipment not originating from a National Multi-Food Warehouse), consignees wishing to change the shipment destination after the order is in “purchased” status in WBSCM must submit a request to the appropriate SDA

or ITO, if applicable (e.g., the consignee is a recipient agency which has an agreement with an SDA or ITO), which must in turn submit the request to the FNS Regional Office (FNSRO) for Household Programs or to the FNS National Office (FNSNO) Food Distribution Division (FDD) for Child Nutrition Programs at least 45 days in advance of the start of the delivery period.

For shipments originating from a National Multi-Food Warehouse, consignees wishing to change shipment destinations must notify the SDA or ITO, as applicable, which must in turn notify the National Multi-Food Warehouse.

**D** Vendor or carrier unable to deliver USDA Foods. If a vendor or carrier arrives at the delivery location at the appointed time and is unable to unload USDA Foods as a result of action or inaction by the consignee, the vendor or carrier may place the USDA Foods in storage or move them to another location which may subject the consignee to additional charges. Any disputes between the consignee and the vendor or carrier regarding liability for such charges that are not resolved at the SDA or ITO level must be referred to the FNSRO, or FNSNO FDD in the case of Child Nutrition Programs, for resolution by FNS and the Contracting Office, as applicable.

**E** Pallet exchange. For shipments originating from a vendor (i.e., any shipment not originating from a National Multi-Food Warehouse), pallet exchange (i.e., trading pallets of equal quantity and quality for those delivered with a shipment) is not required but may occur at the discretion of the consignee and should be arranged in advance of delivery.

For shipments originating from a National Multi-Food Warehouse, carriers do not exchange pallets.

## IX INSPECTING THE SHIPMENT

**A** General requirements. The consignee must inspect each shipment and commercial delivery receipt (e.g., BOL) carefully prior to unloading to ensure that the high security seal(s) is/are intact, to determine the overall condition of the USDA Foods and the number of units in the shipment, and to ensure the accuracy of the receipt.

**B** Seal. The consignee must ensure that the high security seal(s) on the door or other point of entry of the truck or trailer is/are intact and must make a record of the serial number of the seal(s). If the high security seal is broken or lacking, or the serial number on the seal does not match the number on supporting documentation (e.g., BOL), the consignee must refuse the shipment, including split shipments, and immediately notify the SDA or ITO, as applicable, which must in turn notify the FNSRO, or FNSNO FDD in the case of Child Nutrition programs. FNS will notify the appropriate Contracting Office or the National Multi-Food Warehouse, as applicable.

For shipments originating from a vendor (i.e., any shipment not originating from a National Multi-Food Warehouse), including split shipments, a previously refused shipment may only be accepted by the consignee after a Condition of Container Inspection has been performed by a USDA representative, as designated by the Contracting Office, and a Certificate of Quality and Condition has been issued which documents that the Condition of Container meets the applicable U.S. Standards for Condition of Food Containers. Any inspection costs must be paid by the vendor or carrier.

**C** Removal of seal. The consignee is responsible for the removal of the high security seal(s), which must be done with bolt cutters or a similar tool.

**D** Temperature check. For frozen or refrigerated foods, at a minimum, the consignee must check the thermometer, which is usually located outside of the truck, to ensure that the temperature in

the freezer or refrigeration unit is at an acceptable level, in accordance with USDA guidance, and must ensure that the unit is switched on and working.

**E** Quantity of USDA Foods. The consignee must determine if there is any obvious discrepancy from the quantity of USDA Foods ordered (e.g., an overage or shortage). A more careful count must be conducted as the shipment is unloaded and prior to the vendor or carrier departing.

**F** Observing Condition of USDA Foods. The consignee must inspect the shipment to determine if the USDA Foods have been delivered in good condition and with no evidence of product tampering. The consignee should take note of any odors, infestation (e.g., dead insects or nesting materials), or damage to inner or outer containers. For frozen foods, the consignee should look for signs of defrosting or signs of thawing and re-freezing of the foods that could have occurred prior to the arrival of the shipment. For USDA Foods that are not intended to be frozen (e.g., canned products), it is recommended that the consignee also check to ensure that such foods do not arrive in such manner.

Fresh fruit or vegetable shipments, with the exception of fresh apples, must be inspected by a USDA representative prior to unloading in accordance with contract specifications. The vendor must arrange for the inspection at each delivery destination and pay any costs associated with inspection.

**G** Out-of-condition USDA Foods and required notification. For shipments originating from a vendor (i.e., any shipment not originating from the National Multi-Food Warehouse), if consignee inspection indicates that all, or a major portion, of the USDA Foods in a shipment are out-of-condition, the consignee must immediately notify the SDA or ITO, as applicable, which must in turn notify the FNSRO, or FNSNO FDD in the case of Child Nutrition Programs.

FNS will consult with the Contracting Office, as applicable, to determine if the shipment is to be rejected, or if an inspection by State or local health authorities or an authorized USDA agent must first be obtained to determine the condition of the USDA Foods. If an inspection is required, the SDA or ITO, as applicable, must inform the FNSRO or FNSNO of the consignee's inspection results so that FNS and the appropriate Contracting Office can determine if the shipment should be rejected. The SDA, ITO, or consignee must also ensure that the vendor or carrier is aware of the results of the consignee's inspection, subsequent inspection by health authorities, as applicable, and the FNS/Contracting Office decision to accept or reject the shipment. The vendor or carrier is responsible for the prompt removal of a rejected shipment. The cost of the inspection must be paid by the consignee if it is determined that the USDA Foods are not out-of-condition. Inspection costs must otherwise be paid by the vendor or carrier.

For shipments originating from a National Multi-Food Warehouse, if consignee inspection indicates that all, or a major portion, of the USDA Foods in the shipment are out-of-condition, the consignee must immediately notify the SDA or ITO, as applicable, which must in turn notify the FNSRO. FNS will work with the National Multi-Food Warehouse to address the issue.

If there is a doubt as to the condition of the USDA Foods, or a disagreement with the vendor or carrier regarding their condition, the consignee must immediately notify the SDA or ITO, as applicable, which must in turn notify the FNSRO, or FNSNO FDD in the case of Child Nutrition Programs. FNS will consult with the Contracting Office or the National Multi-Food Warehouse, as applicable, to determine a course of action.

Any fresh fruit or vegetable delivery which fails to meet USDA specifications will be rejected by the USDA representative and Contracting Office. If any lot of fresh fruits or vegetables fails to meet the product or packaging requirements, the vendor may request in writing that USDA accept delivery of the lot. USDA, with agreement from the consignee, may, at its option, accept delivery.

## X ACCEPTING AND RECEIPTING FOR THE SHIPMENT

**A** Acceptance of shipment. For shipments originating from a vendor (i.e., any shipment not originating from a National Multi-Food Warehouse), if the consignee inspection indicates that some, but not a major portion, of the USDA Foods in the shipment are out-of-condition, or that there is only a minor discrepancy from the quantity of USDA Foods ordered, the consignee may accept the entire shipment and segregate any out-of-condition USDA Foods. The consignee must in turn notify the SDA or ITO of the out-of-condition foods, as applicable, which must in turn notify the FNSRO, or FNSNO FDD in the case of Child Nutrition Programs, and file a complaint in WBSCM. FNS will consult with the appropriate Contracting Office to determine a course of action.

Alternatively, when the consignee inspection indicates that some, but not a major portion, of the USDA Foods are out-of-condition, the consignee has the option to immediately notify the SDA or ITO, as applicable, of the out-of-condition foods upon receipt, requesting refusal of that part of the shipment. The SDA or ITO must in turn notify the FNSRO, or FNSNO FDD in the case of Child Nutrition Programs, and file a complaint in WBSCM when a goods receipt is entered in WBSCM. FNS will consult with the appropriate Contracting Office to determine a course of action. This course of action may lead to part of the shipment being rejected.

For shipments originating from a National Multi-Food Warehouse that include out-of-condition USDA Foods or that do not have the quantity of USDA Foods ordered, the consignee must accept the entire shipment, segregate unusable products, and report the loss or shortage to the SDA or ITO, as applicable, which must in turn inform the FNSRO and request guidance on disposing of any out-of-condition foods in accordance with Section XII of this Instruction, and file a complaint in WBSCM when the order is receipted for issue tracking purposes.

For latent product defects observed by the consignee after acceptance of the shipment, the consignee must notify the SDA or ITO of the out-of-condition foods, as applicable, which must in turn notify the FNSRO, or FNSNO FDD in the case of Child Nutrition Programs, and file a complaint in WBSCM when the order has been receipted.

See Section XII of this Instruction for details on the disposition and replacement of out-of-condition USDA Foods.

**B** Delivery receipt. The consignee must ensure that the delivery receipt (e.g., BOL) indicates the quantity of USDA Foods received, including product that is rejected at the time of receipt for being out-of-condition and the quantity received in good condition, before signing and dating such receipt and returning it to the vendor or carrier. The carrier, and not the consignee, is responsible for providing the vendor with the signed delivery receipt, with the exception of select bulk products for further processing (e.g. chicken), where grading certificates are provided by the consignee to the vendor. The signed delivery receipt must match the Goods Receipt quantity entered into WBSCM.

**C** WBSCM Goods Receipt. The consignee is responsible for entering the Goods Receipt into WBSCM within two (2) calendar days of receipt of the product. Electronic receipting within two (2) calendar days permits expeditious notification to FNS and other parties of the receipt of the shipment and allows payment to vendors in a timely manner. The Goods Receipt must indicate the quantity received in good condition and, if applicable, the quantity received damaged or rejected.

If the consignee has not entered a Goods Receipt within two (2) calendar days of delivery and the Contracting Office has received an invoice for the shipment, the Contracting Office will enter a Goods Receipt into WBSCM in order to meet prompt payment requirements. The Goods Receipt entry will be based on vendor- or carrier-provided proof of delivery documentation such as a signed BOL.

Note that if the entire shipment is rejected by the Contracting Office, no information is required or should be entered into WBSCM.

## XI UNLOADING THE SHIPMENT

**A** Consignee responsibilities. The consignee is responsible for unloading the shipment of USDA Foods and for removing and disposing of dunnage and other debris. The consignee may request reimbursement for costs associated with restacking items that arrive unpalletized or pallets that arrive poorly stacked if appropriate documentation, including photographs, is provided via the SDA or ITO, as applicable, to the FNSRO, or FNSNO FDD in the case of Child Nutrition Programs, within a reasonable timeframe. A complaint should be entered in WBSCM documenting the issue. Fees levied on the vendor or carrier (e.g., gate fees or lumper fees) are not permissible. For shipments of frozen or refrigerated foods, the consignee must ensure that the freezer or refrigeration unit remains on during unloading.

For shipments originating from a National Multi-Food Warehouse, the consignee is responsible for unloading their entire order, including items that may be segregated (e.g., frozen under bulkhead), and ensuring that proper temperature is maintained.

**B** Vendor or carrier responsibilities. The vendor or carrier is responsible for shipping product on pallets or equivalent (e.g., slip sheets) that are in acceptable condition, in accordance with applicable contract specifications. If pallet exchange is desired, the vendor or carrier must arrange for pallet exchange with the consignee prior to delivery. Fees levied on the consignee (e.g., lumper fees) are not permissible.

All shipments originating from a National Multi-Food Warehouse will arrive on pallets that must be positioned to facilitate timely unloading of USDA Foods (e.g., no pinwheeling). The National Multi-Food Warehouse Carrier is responsible for tailgating if previously arranged with the consignee.

**C** Free time. The consignee must complete the unloading of the shipment, and the removal of dunnage and other debris, within the period of free time. For palletized loads, free time is up to two (2) hours. For non-palletized loads, free time is up to six (6) hours. Failure to complete the unloading within the free time may incur a demurrage or detention charge, which the consignee may be obligated to pay.

**D** Segregating out-of-condition USDA Foods. As provided in Section X, if the consignee inspection indicates that some, but not a major portion, of the USDA Foods in the shipment are out-of-condition, or that there is only a minor discrepancy from the quantity of USDA Foods ordered, the consignee may accept the entire shipment and segregate any out-of-condition USDA Foods. In such circumstances, the consignee must identify cases or other units of USDA Foods, or those USDA Foods within a case or other unit, that are out-of-condition and segregate such foods from those that are in good condition, making note on the delivery documentation (e.g., BOL) as applicable. USDA Foods with cosmetic damage (e.g., small dents) should be retained for use as feasible.

Verifying quantity of USDA Foods, overages, and shortages. The consignee must confirm the quantity of USDA Foods received when unloading to determine if the quantity of foods delivered is the quantity ordered or if there is an overage or shortage of the quantity ordered. Any overages or shortages must be noted on the signed delivery receipt and reflected on the WBSCM Goods Receipt. Directions for entering quantities in WBSCM are found in the WBSCM Work Instructions under “Help”. See Section X for further details on receipting.



For shipments originating from a vendor (i.e., any shipment not originating from the National Multi-Food Warehouse), when there is a shortage of the quantity ordered, the SDA or ITO, as applicable, should notify the FNSRO, or FNSNO FDD in the case of Child Nutrition Programs, to address any need for additional USDA Foods or to credit entitlement for Child Nutrition Programs and TEFAP. As applicable, the FNSRO will work with FNSNO FDD to address the issue. For split shipments between two or more destinations, it is the responsibility of the consignee to unload the correct quantity at each delivery location in accordance with the Sales Orders. It is the responsibility of the SDA or ITO to make the necessary corrections in the event of an unloading error for split shipments.

For shipments originating from a National Multi-Food Warehouse that have less than the quantity of foods ordered, the consignee must notify the SDA or ITO, as applicable, which must in turn notify the FNSRO and make arrangements to receive the missing product as appropriate.

**F** Re-sealing for subsequent delivery. It is the responsibility of the vendor or carrier to re-seal/rebrace the truck for subsequent deliveries, such as in split shipments, or shipments originating from a National Multi-Food Warehouse. In a split shipment, the consignee, at the next delivery location, must ensure that the high security seal(s) is/are intact and that the serial number on the seal matches the number on supporting documentation. Issues related to re-sealing, such as broken or lacking seals, should be referred to the SDA or ITO, as applicable, which must in turn refer such issues to the FNSRO, or FNSNO FDD in the case of Child Nutrition programs.

For questions or issues regarding re-sealing for subsequent deliveries originating from the National Multi-Food Warehouse, the consignee should contact the SDA or ITO, which must in turn contact the FNSRO. Refer to Section IX of this Instruction for requirements with regard to seals.

**G** Delivery service upgrade requests. When notified of shipments, the consignee may request upgraded delivery services or delivery to an alternate warehouse; for example, delivery within the consignee's premises, direct delivery tailgating, or delivery to a specific room within a building. Note that such delivery terms are beyond USDA contractual requirements. Any negotiations to upgrade services are between the vendor or carrier and consignee and any additional charges for special delivery terms are between the consignee and vendor or carrier. Any charges invoiced to USDA for additional delivery services will be denied.

## XII DISPOSITION AND REPLACEMENT OF OUT-OF-CONDITION USDA FOODS

**A** Disposition of out-of-condition USDA Foods. For shipments originating from a vendor (i.e., any shipment not originating from a National Multi-Food Warehouse) that are found to contain out-of-condition USDA Foods, after taking the necessary steps provided in Sections IX through XI, as applicable, the consignee must provide the vendor or carrier with the opportunity to remove such out-of-condition USDA Foods for salvage. If the vendor or carrier chooses to remove such USDA Foods, the consignee must obtain a signed salvage receipt or equivalent and provide it to FNS via the SDA or ITO, as applicable, upon request.

If the vendor's shipment has already been accepted and the vendor or carrier is unwilling to remove such foods, it is the responsibility of the consignee to destroy or otherwise dispose of the out-of-condition USDA Foods, in accordance with State or local requirements pertaining to food safety and health. Out-of-condition USDA Foods may not be used in any USDA food assistance programs. Any USDA markings must be obliterated if the product is salvaged for other use.

For shipments originating from a National Multi-Food Warehouse, if the shipment has already been accepted, the consignee must contact the SDA or ITO, as applicable, which must in turn contact the FNSRO for guidance in disposing of any out-of-condition foods.

**B**     Replacement. For shipments originating from a vendor (i.e., any shipment not originating from the National Multi-Food Warehouse), the vendor is responsible for replacing USDA Foods shipments that are rejected by the Contracting Office in full or those USDA Foods that are delivered out-of-condition in an accepted shipment. Such replacement must be in-kind, unless FNS approves similar replacement. In certain limited cases, FNS, working with the appropriate Contracting Office, may pursue a claim against the vendor for payment of the value of the USDA Foods in lieu of physical replacement of the USDA Foods. The consignee must contact the SDA or ITO, as applicable, which must in turn contact the FNSRO, or FNSNO FDD in the case of Child Nutrition Programs, to make arrangements to receive replacement product as appropriate.

For shipments originating from a National Multi-Food Warehouse that contain out-of-condition USDA Foods, the consignee must work with the SDA or ITO, as applicable, which must in turn work with the FNSRO to make arrangements to receive replacement product as appropriate.

**C**     Claims against vendor or carrier. As applicable, FNS, in coordination with the appropriate Contracting Office, will pursue claims against vendors or carriers, as necessary, to ensure replacement of USDA Foods delivered out-of-condition, in accordance with FNS Instruction 420-1, “Managing Agency Debts”.

**D**     Reimbursement for expenses. The consignee may request, through the SDA or ITO, as applicable, from the FNSRO, or FNSNO FDD in the case of Child Nutrition Programs, reimbursement for expenses incurred in unloading, storing, inspecting, or disposing of USDA Foods that are delivered out-of-condition. In making such request for reimbursement, the consignee must use form FSA-21, “Public Voucher – Commodity Programs”, which must be submitted to the FNSRO, or FNSNO FDD in the case of Child Nutrition Programs.

DIANE M. KRIVISKI  
Deputy Administrator  
Supplemental Nutrition and Safety Programs

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05-18-19 12:07 PM; Fozar | Food Bank

19795231123



STRAIGHT BILL OF LADING - SHORT FORM - NOT NEGOTIABLE

B.O.L. No. 649022  
Load ID SALES  
OPCO PO



PST TIME: 14:04 DATE: 05/10/2019 Page:1

From: Lassonde Pappas & Co., Inc.  
At: 1755 East Annsia St  
Ontario, CA 91761

WH# 9110  
THIS BILL OF LADING IS ISSUED UNDER THE PROVISIONS OF THE UNIFORM COMMERCIAL CODE AND IS SUBJECT TO THE PROVISIONS OF THE UNIFORM BILL OF LADING ACT. THIS BILL OF LADING IS NOT NEGOTIABLE AND IS NOT A RECEIPT FOR THE GOODS DESCRIBED HEREIN. IT IS A DECLARATION OF THE CONTENTS OF THE GOODS AND IS NOT A CONTRACT. THE CARRIER IS NOT RESPONSIBLE FOR THE LOSS OF OR DAMAGE TO THE GOODS DESCRIBED HEREIN. THE CARRIER IS NOT RESPONSIBLE FOR THE LOSS OF OR DAMAGE TO THE GOODS DESCRIBED HEREIN. THE CARRIER IS NOT RESPONSIBLE FOR THE LOSS OF OR DAMAGE TO THE GOODS DESCRIBED HEREIN.

SALVATION ARMY 207 EAST CHISUM ROSWELL, NM 80203-5405 UNITED STATES	05000773	PALLET EXCHANGE RECORD IN OUT "A" 0 "A" 17 "B" 0 "CHEP" 0	3RD PARTY
--	----------	---	-----------

Lassonde Pappas Order #: 649022 Customer PO #: 4100016759-7

Date Shipped: 05/10/19	Ship Via: TRANSPLACE STUTTGART	Car or Vehicle Initials No: 6313
------------------------	--------------------------------	----------------------------------

Quantity	Kind of Packings, Description of Article, Specifications, Marks and Exceptions	Ship Weight	Weight in Cont.
1025 CS	Northland-USDA 8/64 Tomato/Jce LowSodDe PQ Line # 7 <i>Seal intact</i> <i>Qty Received 1025 CS (8200) units</i> <i>5-13-19</i> <i>Carl A. Harrison</i> <i>Carl A. Harrison</i> <i>#10</i> SHIPPER LOAD/DRIWER COUNT	39	38975
D PARTY: LASSONDE PAPPAS CO C/O TRASPLACE O, BOX 425 LOWELL AN 72745 200005873 5000471701 / 100 SEAL NOS.4997385 ORGANIC CERT NO.COPA Registration # 23205			

TOTAL QUANTITY: 1025	TOTAL WEIGHT: 38975
----------------------	---------------------

SHIPPER'S CERTIFICATION: The contents of this bill of lading are as stated on the face hereof. The shipper warrants that the goods are as described and that the weight and quantity are correct. The shipper warrants that the goods are as described and that the weight and quantity are correct.

Signature: *AL*

Signature of Consignor: LASSONDE PAPPAS & COMPANY

LASSONDE PAPPAS & COMPANY, INC.  
1 COLLINS DRIVE  
CARNEYS POINT, NJ 08069-3600

Shipper, Per: *Blaine Rye* Agent, Per: *K*



# CHEESE

**UNIT / SIZE**

**RECEIVING DATE**

**12/2LB**

**JULY - 20 -2020**

**TIE**

**HIGH**

**PALLET COUNT**

**12**

**5**

**60**

**CSFP**

**Best By Date:**

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Food and Nutrition Service

Park Office Center

3101 Park Center Drive Alexandria VA 22302

**DATE:** November 21, 2017**POLICY NO:** FD-107: National School Lunch Program (NSLP), Child and Adult Care Food Program (CACFP), Summer Food Service Program (SFSP), Commodity Supplemental Food Program (CSFP), Food Distribution Program on Indian Reservations (FDPIR), The Emergency Food Assistance Program (TEFAP), and Charitable Institutions**SUBJECT:** Donated Food Storage, Distribution, and Product Dating (Revised)

Product dates found on retail and donated foods are not federally regulated and can have a variety of definitions. Food manufacturers may voluntarily provide dating to help consumers and retailers decide when food is of best quality, but these dates are not an indicator of wholesomeness or food safety. This memorandum is meant to provide clarification and guidance on policies and procedures for donated food storage and distribution as they relate to product dating. This memorandum replaces the previous FD-107, dated June 9, 2010.

To ensure that donated foods are distributed in a timely manner and in optimal condition, proper ordering, inventory management, and storage practices are necessary. Factors including the length of time and temperature at which food is held during storage and distribution, the characteristics of the food, and the type of packaging will affect how long a product will remain at optimum quality. Distributing and recipient agencies should therefore consider their anticipated demand (i.e., average participation or caseload) to ensure the amount of product they order is distributed to participants in optimal condition and that inventory levels do not exceed amounts needed for a six-month period for TEFAP, NSLP, and other child nutrition programs, or a three-month period for CSFP and FDPIR, as outlined in 7 CFR 250.12(c). Anticipated demand should be based on historical data and should incorporate factors such as shifts in participant preferences, seasonality, and distribution logistics.

As a general rule, distributing and recipient agencies should use a first-in-first-out (FIFO) system of inventory management by marking food cases or other containers with the date of receipt at the storage facility. However, distributing and recipient agencies should also note food product dates provided by the manufacturer. Products marked with the earliest end date (e.g., “best-if-used-by”, “best-if-used-before”, etc.) should be distributed first, even if those items were received after a similar item in inventory. Distributing and recipient agencies must manage their inventories to ensure that recipients have an opportunity to consume donated foods before product end dates have passed. For further guidance on the receipt and storage of donated foods, please refer to [FNS Instruction 709-5](#), [Revision 2, “Shipment and Receipt of USDA Foods”](#), and regulatory requirements at 7 CFR 250.12 and 7 CFR 250.14.

The following paragraphs describe the meaning of some product dates that may be found on food products, including donated foods, in accordance with FNS regulation and USDA Food Safety and Inspection Service guidance. Some products, however, may not have dates printed on them. In such instances, distributing and recipient agencies should maintain records of when products are received and exercise effective inventory management and proper storage practices to ensure wholesomeness.

### **Product End Dates**

A “best-if-used-by” or “best-if-used-before” date indicates when a product will be of best flavor or quality. A “use-by” date is the last date the manufacturer recommends using the product while at peak quality. A “sell-by” date is also a product quality indicator and is the date by which the manufacturer recommends that a store sell the food product for inventory management purposes. Any of these dates could appear on retail or donated foods; however, they are not directly related to food safety. If handled properly, the donated food could still be wholesome and safe to consume beyond these dates until the food exhibits signs of spoilage, such as changes in odor, flavor, or texture. If handled improperly, the foods could lose quality prior to the date marked on the package. **In order to ensure optimum quality, donated foods that have passed such dates should not be distributed to program recipients.** Importantly, program recipients should have the opportunity to consume all donated foods before product end dates have passed.

### **Pack Codes, Date of Pack, and Manufacturing Dates**

A “pack code”, “date of pack”, or “manufacturing date” is a series of letters and/or numbers that indicates when the product was packaged, processed, or manufactured. For example, some donated foods such as canned items may contain manufacturing dates which indicate when the products were manufactured. Certain donated fruits and vegetables, such as canned or frozen peaches, pears, green beans, and corn, may contain pack codes or a date of pack instead. Foods with pack codes or a date of pack are packed shortly after harvest and may be delivered throughout the following year or until the next harvest season. Thus, distributing and recipient agencies may receive product packed or manufactured in the previous year (e.g., product packed in September 2017 may be delivered in July 2018).

Packing or manufacturing dates should not be interpreted the same as best-if-used-by or best-if-used before dates. While they may help determine the age of a product, these codes do not necessarily provide useful information on product wholesomeness or nutritional value. As described above, for products that only have packing or manufacturing dates rather than best-if-used-by dates, distributing and recipient agencies should maintain records of when products are received and exercise effective inventory management and

proper storage practices to ensure donated foods are distributed to program recipients in a timely manner and in optimal condition.

### **Out-of-Condition Foods**

“Out-of-condition” foods are foods that are no longer fit for human consumption as a result of spoilage, contamination, infestation, adulteration, or damage, per 7 CFR 250.2. Out-of-condition donated foods should not be consumed nor distributed regardless of product dates or when the foods were received. If there are no visible defects but there is a question as to the wholesomeness of donated foods, the distributing or recipient agency must have the foods inspected by State or local health authorities, as necessary, to ensure the donated foods are still safe. As directed in 7 CFR 250.15, the distributing or recipient agency must follow food recall and complaints procedures, as applicable, and ensure that out-of-condition donated foods are removed, destroyed, or otherwise disposed of, in accordance with FNS instruction and State or local requirements pertaining to food safety and health.

### **Foods with Special Handling Requirements**

Certain types of donated foods such as dried fruits, grain products, and string cheese are more sensitive to storage conditions. If handled improperly, they may go out-of-condition prior to the dates voluntarily marked on cases or containers. These types of items should be stored in a cool, dry place at refrigerator or freezer temperatures, as applicable and in accordance with proper storage guidelines, and should be distributed to program recipients as soon as possible. Please refer to the [USDA Foods Fact Sheets](#) for specific storage requirements for USDA Foods.

### **General Resources**

Recipient agencies should contact distributing agencies, and distributing agencies should contact their FNS regional offices with any questions or refer to the following resources for more information:

- USDA Food Safety and Inspection Service website on Food Product Dating: <https://www.fsis.usda.gov/wps/portal/fsis/topics/food-safety-education/get-answers/food-safety-fact-sheets/food-labeling/food-product-dating/food-product-dating>
- USDA Foods Complaint Procedures: <https://www.fns.usda.gov/fdd/how-file-complaint>

*/s/ Original Signature on File*

Laura Castro

Director

Food Distribution Division

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ATTACHMENT KK - 1  
**STATE OF NEW MEXICO**



**TEMPERATURE LOG:** \_\_\_\_\_ **MONTH & YEAR**

DATE & TIME	DRY 1	DRY 2	COOLER 1	COOLER 2	COOLER 3	COOLER 4	FREEZER 1	FREEZER 2	FREEZER 3	NAME OR INITIALS
1										
2										
3										
4										
5										
6										
7										
8										
9										
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28										
29										
30										
31										

STATE OF NEW MEXICO

TAILGATE TEMPERATURE LOG: \_\_\_\_\_ MONTH & YEAR

DAY OF MONTH	TAILGATE NAME	TIME	BEGINNING TEMPERATURE	TIME	TEMPERATURE	TIME	ENDING TEMPERATURE
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
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29							
30							
31							



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## Important Storage Information for USDA Foods Cheese



**Always**  
Keep USDA cheese in refrigerated areas



**Never**  
Store cheese on unrefrigerated shelves

### Why?

- USDA cheese is **100% pure cheese** and **not** shelf stable.
- It **must** be refrigerated (at or below 41° F) to prevent spoiling.
- Improperly stored cheese may be unsafe to eat — we want to keep everyone who eats USDA Foods healthy!

Remember to **always** check product labels to make sure foods are properly stored.

Thank you for all of the hard work that you do to help those in need!

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USDA is an equal opportunity provider, employer, and lender.



## More Storage Information for USDA Foods Cheese

### Best Practices

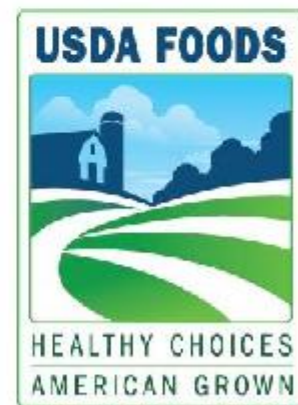
- ❖ **Storage Temperature:** Keep USDA Foods cheese products refrigerated at - **41° F or below** to avoid possible spoilage issues. Warmer temperatures may result in bacteria growth and possible food borne illness. Do not allow the products to freeze; freezing will affect the product's quality. Follow any manufacturer instructions on the package.
- ❖ **Transit and Distribution:** When refrigerated transportation or refrigerated holding is not possible, the items below may help to keep the cheese at required temperatures for short time periods.
  - Freezer blankets or insulated blankets
  - Coolers, insulated boxes, or bags
  - Ice packs
- ❖ **Time is important!**
  - Rule of thumb: Do not keep refrigerated cheese at temperatures above **41° F** for more than a total of 2 hours. After 2 hours, harmful bacteria may grow.
- ❖ **Tell Participants:** Think about signage and other messages for participants that will help them know they must refrigerate USDA Foods cheese quickly after they receive it. Provide them with the time and temperature information.
- ❖ **Check your Procedures:** Think about how you can check on the temperature of foods and maintain refrigerated storage areas to plan for best practice distribution.

January 2018. USDA is an equal opportunity provider, employer, and lender.

USDA WEBSITE LINK: <https://www.fns.usda.gov/ofs/usda-food-recall-resources>

# Responding to a Food Recall

## Procedures for Recalls of USDA Foods



**HOLD**

**UNIT / SIZE**

**RECEIVING DATE**

**12/2LB**

**JULY - 20 -2020**

**TIE**

**HIGH**

**PALLET COUNT**

**12**

**5**

**60**

**CSFP**

**Best By Date:**

**DO NOT DISTRIBUTE!**

**NOT FIT TO EAT!**

Responding to a Food Recall



**Sample Form of Information Needed to Verify Destruction of Recalled USDA Foods**

Name of State Agency \_\_\_\_\_

Recipient Agency \_\_\_\_\_

Commodity	# of Cases Destroyed	Contract #	Destruction Method

Witnesses	Print Name	Signature	Date Destruction Observed:
Witness 1			
Witness 2			

Contractor Contact Information:

Name and Title \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

To document costs associated with the destruction of this recalled product, State Distributing Agencies must complete a Public Voucher (FSA-21) form and attach all original bills/receipts for costs incurred to the assigned FNS Regional Office along with verification of destruction signed by two witnesses, if needed.

Note: This is a sample form. Please modify it to meet your program’s needs.

<b>COMMODITY LOSS INFORMATION FORM</b>								HUMAN SERVICES DEPARTMENT
All commodity losses must be reported to the Commodities Bureau no later than 10 calendar days after the date of the loss.								
Failure to do so may result in an automatic claim being filed against your agency for the full value of the loss.								
Complete the entire form and attach the following information which pertains to the loss.								
1) Copy of Environmental Improvement Division (EID) condemnation report on all losses.							<b>FOR OFFICIAL USE ONLY</b>	
2) Copies of temperature logs for the previous month surrounding loss (if spoiled or infested)							<b>CLAIM NUMBER</b>	
3) Copy of pest control contract or invoice (if infested)								
4) Copy of police report or fire marshall, if applicable.								
5) Copy of repair bills ( if cooler / freezer malfunctioned), when applicable								
Recipient Agency: (Please Print) ECHO, Inc. Albuquerque					TYPE OF LOSS		DATE OF LOSS	
Mailing Address:					THEFT			
Phone:					SPOILAGE			
Authorized Rep:					DAMAGE			
					INFESTED			
DESCRIPTION OF COMMODITIES LOST								
NAME OF COMMODITY	UNIT SIZE	AMOUNT OF LOSS		DATE RCVD	WBSM SALES ORDER #	SO ITEM #	WBSM COST/CASE	DOLLAR VALUE
		CASE	ODDS					
								Total Value
COMMODITY LOSS INFORMATION FORM								
Describe what happened?								
Items were not refrigerated as required.								
SIGNATURE OF AUTHORIZED REPRESENTATIVE				DATE				



## NEW MEXICO HUMAN SERVICES DEPARTMENT – FOOD AND NUTRITION SERVICES BUREAU

## COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)

## 2019 MANAGEMENT EVALUATION FORM

GENERAL INFORMATION				
AGENCY NAME	CONTRACT NUMBER			
ADDRESS	DATE			
CONTACT PERSON	NUMBER OF CSFP FOOD DISTRIBUTION SITES			
AUTHORIZED CASELOAD	NUMBER OF FOOD STORAGE SITES			
SECTION I. CERTIFICATION AND DISTRIBUTION (Section 247.8 through 247.20)				
Summary of Findings from Monitoring Reviews of CSFP Distributions and Certification Sites				
	YES	NO	N/A	COMMENTS
Is each applicant certified prior to the issuance of program benefits?				
Is application information complete?				
Is certifying information complete?				
Do certifying officials provide notifications in accordance with Program Policies and Procedures?				
Is written notice given within 10 days of eligibility, ineligibility of placement on a waiting list?				
Is written notice given at least 15 days prior to expiration of certification period?				
Is the written notice of discontinuance provided at least 15 days before the effective date of discontinuance?				
Is the written notice of disqualification provided at least 15 days before the effective date of disqualification?				
Do the notification forms (a-d above) contain the information that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex or disability?				
Are certification periods maintained in accordance with Program Policies and Procedures?				

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**SECTION I. CERTIFICATION AND DISTRIBUTION (Section 247.8 through 247.20)**

Summary of Findings from Monitoring Reviews of CSFP Distributions and Certification Sites (Continued)

	YES	NO	N/A	COMMENTS
Are waiting lists maintained in accordance with Program Policies and Procedures?				
Do sites offering one month certification provide notification in writing or posted in a prominent location? (FD-099 CSFP 5/5/2016 Questions and Answers about Waiting Lists, and Available Flexibilities in Caseload Management Revised)				
Is the waiting list and one month certification procedure communicated to all participants?				
Are persons on the waiting list contacted in the order they were placed on the waiting list for the purpose of offering one month – certification? (The standard is a reasonable effort) Describe the process if it is not first on, first called.				
Is the NO-SHOW Policy posted in a prominent location during distribution?				
Is the NO-SHOW Policy enforced?				
Is the FAIR HEARINGS AND APPEALS PROCESS Information Provided?				
Is it posted during distribution?				
Are copies available upon request for applicants and recipients during distribution?				
Are participants or proxy signatures and dates maintained and available verifying receipt of food each time it is issued?				
Are participants or proxies required to show ID each time food is issued?				
Are proxy authorizations maintained and available for review?				
Are food packages delivered to Home-Bound or NO-SHOW recipients prior to the end of month, or if not, are they delivered within five working days of a single distribution date?				

**SECTION II. NUTRITION EDUCATION (Section 247.18)**

Summary of Findings from Monitoring Reviews of CSFP Distributions and Certification Sites

Is Nutrition Education thoroughly integrated into Program Operations?				
Are CSFP/USDA Foods used for food demonstrations documented on the FNS 153 and supported with participant sign-in				

sheets?				
Does the contractor work with the SNAP-ED contractor(s) in their service area? Please provide the name of the provider (s) or the providing organization (s). NOTE: Currently NMSU ICAN is the SNAP-ED Contractor for our contractor main warehouse sites				
Is the contractor providing monthly reports for Nutrition Education with their request for Reimbursement? Please attach the most recent copy received.				

**SECTION III. CIVIL RIGHTS, RIGHTS AND RESPONSIBILITIES, PROVISIONS FOR NON-ENGLISH OR LIMITED ENGLISH SPEAKERS AND OTHER PUBLIC ASSISTANCE PROGRAMS (Section 247.12 - 247.14 and 7 CFR Part 16)**  
Summary of Findings from Monitoring Reviews of CSFP Distributions and Certification Sites

Do all persons have an equal opportunity and accessibility to participate in the program regardless of race, color, national origin, age, sex or disability?				
Organizations that receive direct USDA assistance under any USDA program may not engage in inherently religious activities, such as worship, religious instruction, or proselytization, as part of the programs or services supported with direct USDA assistance. If an organization conducts such activities, the activities must be offered separately, in time or location, from the programs or services supported with direct assistance from USDA, and participation must be voluntary for beneficiaries of the programs or services supported with such direct assistance. Do they understand and comply?				
Do all materials used to publicize CSFP to the public contain the nondiscrimination statement and procedure for filing a complaint? (Attach copies)				

**SECTION III. CIVIL RIGHTS, RIGHTS AND RESPONSIBILITIES, PROVISIONS FOR NON-ENGLISH OR LIMITED ENGLISH SPEAKERS AND OTHER PUBLIC ASSISTANCE PROGRAMS (Section 247.12 - 247.14 and 7 CFR Part 16)**  
Summary of Findings from Monitoring Reviews of CSFP Distributions and Certification Sites (Continued)

	YES	NO	N/A	COMMENTS
Is the Civil Rights poster displayed in a prominent location during the distribution?				
Is the correct version of the Civil Rights Poster Displayed? Form 475-A				
What languages other than English are used by Contractor and their Sites?				
Is Program information including Rights and				

Responsibilities, Fair Hearings, NO-SHOW, Waiting Lists and other Policies available in the appropriate language(s)?			
Have there been any Civil Rights complaints filed against the contractor or any of their Distribution Sites or Drop -Off Sites since the last review?			
<b>IF YES</b> , did the contractor follow the established procedure to correctly handle the Civil Rights complaint? A Corrective Action Plan must be provided if the procedure was not followed correctly.			
Does the contractor know the procedure for assistance with Language Interpretation?			
Has the contractor provided this information to their Distribution Sites and Drop-Off Sites?			
Based on information contained in this review and observation, does the contractor appear to be in compliance with Title VI of the Civil Rights Act of 1964?			
<b>IF NO:</b> What are the areas of noncompliance? (The back of the form or a separate sheet may be used.)			
What are the recommendations for Corrective Action and Follow Up? (The back of the form or a separate sheet may be used.)			
Has the contractor conducted Civil Rights training for their Staff and Distribution Sites Annually? Use the Monitoring And Training Worksheet Included in this Review Form – Pg. 10			
Has the reviewer observed the required training sign in sheet?			
Does the contractor utilize the USDA CSFP Civil Rights Training available at: <a href="http://www.fns.usda.gov/sites/default/files/csfp/Civil-Rights-Training.pdf">http://www.fns.usda.gov/sites/default/files/csfp/Civil-Rights-Training.pdf</a>			
Is the contractor providing outreach for other programs? Please describe the outreach.			

**SECTION III. CIVIL RIGHTS, RIGHTS AND RESPONSIBILITIES, PROVISIONS FOR NON-ENGLISH OR LIMITED ENGLISH SPEAKERS AND OTHER PUBLIC ASSISTANCE PROGRAMS (Section 247.12 - 247.14 and 7 CFR Part 16)**

Summary of Findings from Monitoring Reviews of CSFP Distributions and Certification Sites (Continued)

	YES	NO	N/A	COMMENTS
Does the contractor, their Distribution Sites and their Drop-Off Sites comply with ADA Requirements?				
<b>IF YES</b> , Describe how the contractor complies with ADA Requirements.				
<b>IF NO</b> , Provide a Corrective Action Plan to meet compliance standards.				

**SECTION IV. FOOD STORAGE PRACTICES AND INVENTORY CONTROL OF USDA FOODS (Section 247.28 and 250.14)**

	YES	NO	N/A	COMMENTS
Are USDA Foods received and stored in accordance with federal regulations and industry standards? (7 CFR 250)				
Is the warehouse clean and secure?				
Reviewed Cleaning Schedule Procedure – Describe				
Reviewed Pest Control Schedule Procedure - Describe				

Temperature Observed For: ___ Freezer/Cooler ___ Freezer/Cooler ___ Freezer/Cooler ___ Warehouse ___ Warehouse ___ Other			
Temperature Logs Reviewed (Last 30 Days) <b>IF Other Than Last 30 Days, Please Describe or Explain</b>			
Is there a system in place to assure First In, First Out (FIFO)? Describe the procedure used. The back of the form or a separate sheet may be used.			
Are monthly physical inventories provided timely to HSD/ISD/FANS?			
Reviewer must conduct a physical inventory of the contractor warehouse annually. <b>If conducted</b> during this review please attach a copy of the physical inventory.			
Are there currently any items in excess of 3 months inventory?			
<b>IF YES</b> , List the items and the total units counted. The back of the form or a separate sheet may be used.			
Are the items of assembled food packages included in the monthly physical inventory?			

**SECTION IV. FOOD STORAGE PRACTICES AND INVENTORY CONTROL OF USDA FOODS (Section 247.28 and 250.14)**  
 (Continued)

	YES	NO	N/A	COMMENTS
Are the contents of undistributed food packages located at Drop-Off sites included in the physical inventory?				
Does the contractor use the procedures provided by HSD/ISD/FANS to reconcile inventories in ICOS?				
Describe any deficiencies or observations noted in the warehouse practices or procedures. The back of the form or a separate sheet may be used.				

**SECTION V. FINANCIAL MANAGEMENT (247.27) AND RECORDS (247.29)**

	YES	NO	N/A	COMMENTS
Are the following items on file with the contractor for the current Federal Fiscal Year plus the past 3 Federal Fiscal Years?				
Contract with NM HSD/ISD/FANS CSFP				
Agreements with Distribution Sites and Drop-Off Sites				
Other Agreements for the Distribution of CSFP				
Monthly Requests for Reimbursements submitted to HSD/ISD/FANS for CSFP				
Monthly FNS 153 Reports submitted to				

HSD/ISD/FANS			
Monthly physical inventories submitted to HSD/ISD/FANS			
Applications for participants, ineligible applicants, discontinued and disqualified recipients as applicable			
Bills of Lading from Received Shipments with Date Received, Signature of Receiving Person, Seal Intact, Overages, Short and/or Damage noted			
Monthly Participation Reports submitted for Request for Reimbursements			
Are the following items submitted timely?			
Requests for Reimbursements including the expenses ledger			
Participation Reports			
Physical Inventories			
FNS 153			
Did the contractor provide their most recent independent or single audit and form 990 as required? <b>IF NO</b> , when will the audit report be available?			
Attach the desk review conducted by the CSFP Manager or other qualified HSD/ISD employee (s).			

**SECTION V. FINANCIAL MANAGEMENT (247.27) AND RECORDS (247.29)**

(Continued)

**Supporting documents for Reimbursement Requests submitted in the past 3 months must be reviewed. If irregularities are found in the most recent 3 months the reviewer must review the most recent 12 months.**

	Month # 1	Month #2	Month #3
Reimbursement Requests Amounts Provided - Invoice			
Expenses Provided			
Participation Provided			
Date Agency Received Reimbursement			

**SECTION VI. ALLOWABLE USES OF ADMINISTRATIVE FUNDS AND OTHER FUNDS (247.25)**

	YES	NO	N/A	COMMENTS
Has any equipment been purchased in whole or in part with CSFP Funds?				
<b>IF YES</b> , were purchases made in a manner to provide open and free competition? Describe the procedure used. The back of the form or a separate sheet may be used.				
Is a Property Inventory maintained using the approved HSD/ISD/FANS USDA property form? If a different form is used it must contain the following information: Description of the property Serial or ID number Source of Funds Used to Acquire the property Location of the Title to the property Date Acquired Total Cost				

Federal % of the Cost Physical Location of the item Use and Condition Disposition Date, if applicable Cost of Disposition or Sale Amount, as applicable A copy of the Property Inventory should be included in this report.			
Did the reviewer physically observe the equipment listed, as applicable?			
<b>IF NO</b> , Did the reviewer verify that the equipment was disposed of or sold according to HSD and USDA regulations?			
If Sold, did the reviewer verify that the funds obtained from the sale were used for the Program costs as required by USDA?			
Does the contractor use forms provided by HSD/ISD/FANS to collect the required data?			
<b>IF NO</b> , a Corrective Action Plan must be provided for using the correct forms. The back of the form or a separate sheet may be provided.			

**SECTION VII. ADMINISTRATION OF CSFP**

	YES	NO	N/A	COMMENTS
Does the contractor provide annual CSFP Training for their Distribution Sites and Drop-Off Sites? Use the Monitoring And Training Worksheet Included in this Review Form – Pg. 10				
Did the contractor provide the reviewer verification of the training? Did the verification include the following items: Date Location Topic(s) Names of Participants Please note any deficiencies in the records reviewed. The back of the form or a separate sheet may be used.				
Are there adequate supervisory and operational personnel for effective management and monitoring of the distribution of CSFP?				
<b>IF NO</b> , A Corrective Action Plan must be provided to ensure adequate personnel are available or provided for supervisory and operations management and monitoring. Describe the Corrective Action Plan. The back of the form or a separate sheet may be used.				
Describe the contractor’s method for monitoring program records for their Distribution Sites and Drop-Off Sites and providing feedback for noncompliance issues.				
Describe the contractor’s method for managing caseload assignments at their Distribution Sites and Drop-Off Sites.				

Describe the procedures in place for notifying Distribution Sites and Drop-Off Sites of the contractor's policies, procedures and changes to the policies and procedures implemented by contractor, HSD/ISD/FANS and USDA.

**SECTION VIII. CORRECTIVE ACTIONS**

Date of Last Monitoring by HSD

Name and Date (mo./yr.) of most recent monitoring by another agency, organization or program

**SECTION VIII. CORRECTIVE ACTIONS**

(Continued)

Findings from the last HSD/ISD/FANS/CSFP ME

Is a copy of the last ME or HSD/ISD/FANS CSFP Follow-Up Visit Available?

YES  NO

Have Findings been corrected?  YES  NO If NO, What Problems Continue

Findings, Observations and Commendations from this ME

Corrective Action Plan Developed with the Contractor

**SECTION IX. REVIEW PRESENTED BY AND TO**

A signature Acknowledges the Receipt of the Review Form. A signature does not imply agreement with the Findings and Observations. A written report with the Findings and Observations will be provided to the Authorized Agency



<b>Representative.</b>		
REVIEW PRESENTED BY (PRINTED NAME)	SIGNATURE	DATE
REVIEW PRESENTED TO (PRINTED NAME)	SIGNATURE	DATE





## Sub-Recipient Monitoring Desk Review of Audit Report

Entity Name:	
Fiscal Year Ending:	
Audit Firm:	
Date report received by HSD:	
Was audit received late?	
Date Desk Audit started:	

Log of calls made regarding questions or comments on audit report to either agency or IPA

Date	Phone #	Contact person	Message

**PREPARE MEMORANDUM OR LETTER FOR:**

Comments to <b>Program</b> :	Comments to <b>Auditor</b> :	Comments to <b>Entity</b> :

HSD Contract/Agreement made during the fiscal year:	Federal funds disbursed through June 30, 2017	State funds disbursed through June 30
		NA

<b>Comment:</b> (Comparison to <b>Schedule</b> should be made here, if needed. Were expenditures within 15% to our totals?)

What type of audit was performed?	
Based on the total federal funding expended, was the appropriate type of audit performed?	
What type of risk was this entity categorized as? (High or Low)	

	YES	NO	COMMENT
Was an <b>Auditor's Report (Letter)</b> done (unqualified opinion, qualified opinion, adverse opinion, or disclaimer of opinion) whether the <b>financial statements issued, materially represent conformity to GAGAS or 2 CFR 200?</b> (Agency wide)			(Note type of report)  Page ref:
Was a <b>report (letter)</b> on <b>Internal Control</b> done confirming that conditions were disclosed and whether any conditions were material weaknesses, reportable condition, or non-compliance?			(Note any problem comment)  Page ref:
If applicable, was a <b>report (letter)</b> on <b>Compliance (in accordance with 2 CFR 200) with grant agreements, contracts, laws, etc. for major programs</b> done and included any reportable conditions?			(Note any non-compliance comment)  Page ref:
If applicable, was a <b>report (letter)</b> on <b>Compliance (in accordance with 2 CFR 200) with grant agreements, contracts, laws, etc. for major programs</b> done and included any material weaknesses?			(Note any non-compliance comment)  Page ref:
For <b>2 CFR 200 Audits</b> was <b>Schedule of Expenditures of Federal Awards</b> done? Did it include the name of the pass-through entity and the id #? Did it provide the total federal award and CFDA # or other number?			Page ref:
Were there <b>findings</b> (either prior year or current year) that are directly related to HSD funding which need to be addressed if the corrective action response(s) were not sufficient?			( <b>Only list those</b> whose corrective action response(s) appear insufficient and indicate if finding is a <u>Reportable Condition</u> , and/or a <u>Material Weakness</u> .)  Page ref:
Page #	<u>Questioned Cost:</u>		<u>Finding(s):</u> (Indicate ON FRONT if program must request reimbursement.)

Desk Auditor Signature: \_\_\_\_\_

Completion Date: \_\_\_\_\_

MONTHLY REPORT OF THE COMMODITY SUPPLEMENTAL FOOD PROGRAM STATE AND LOCAL INVENTORY	REPORTING MONTH AND YEAR:	STATE AGENCY NAME:	REPORTING MEASUREMENT:
	April 2019	New Mexico Human Services Department	CASES ( ) OR UNITS ( )
STATE AND LOCAL DATA			

UNITED STATES DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE																	
MONTHLY REPORT OF THE COMMODITY SUPPLEMENTAL FOOD PROGRAM AND QUARTERLY ADMINISTRATIVE FINANCIAL STATUS REPORT																	
1. REPORTING MONTH AND YEAR April 2019	3. TYPE OF SUBMISSION <input type="checkbox"/> (A) - INITIAL <input type="checkbox"/> (B) - LATEST REV. <input type="checkbox"/> (C) - CLOSURE/INVENTORY	4. NUMBER OF PARTICIPANTS						5. REPORTING MEASUREMENTS									
		INFANTS (0-3 MONTHS) (A)	INFANTS (4-12 MONTHS) (B)	CHILDREN (1-8 YEARS) (C)	PREGNANT/BREAST FEEDING WOMEN (D)	POST-PARTUM WOMEN (E)	TOTAL NO. PART. 4A + B + C + D + E + F (F)	TOTAL NO. OF ELDERLY PART. (G)	(A) CASES	(B) UNITS							
2A. STATE AGENCY NAME HUMAN SERVICES DEPT									14979	<input type="checkbox"/>	<input type="checkbox"/>						
2B. DA CODE				STATE AND LOCAL DATA													
6. COMMODITY NAME	6A. CODE	6B. PACK SIZE	7. STATE AND LOCAL BEGINNING INVENTORY	8. RECEIPTS	9. REDUCTIONS IN	10. TOTAL INVENTORY AVAILABLE (7 + 8 + 9 = 10)	11. COMMODITY ISSUANCE		12. COMMODITY ACTIVITY				13. TOTAL ACTIVITY (12A + B + C + D = 13)	14. ADJUSTMENTS		15. STATE AND LOCAL ENDING INVENTORY (10 - 13) +/- 14A & B = 15	
							WH+C (A)	ELDERLY (B)	TOTAL NUMBER ISSUED (11A + B = 12)	REDUCTIONS OUT (C)	FOOD LOSS (D)	AMT USED FOR MJT ED (E)		POSITIVE (A)	NEGATIVE (B)		
MILK 1% MILKFAT UHT 1500 BOX	100050	BOX-32 FL OZ	94388	3600		97988		29785	29785			33		29798	70	17	68243
INSTANT MILK NDM	111008	PKG-12.8 OZ	27800			27800											27800
MILK INSTANT NDM PKG	100065	PKG-25.6 OZ	38994	8000		42894		8382	8382			28		8408	163	3459	30990
BEEF CAN	100127	CAN-24 OZ	29784			29784		872	872					872	11	2	29121
BEEF STEW CAN/POUCH	100528	CAN or PACKAGE - 24 OZ	1280			1280		201	201					201		87	992
CHICKEN BONED CAN	110478	24/15 OZ	11894			11894		8493	8493			2		8495	212	99	5312
CHILI BEEF CAN/POUCH	100138	CAN-24 OZ	11883			11883		5118	5118			6		5124	127	24	6982
SALMON PINK CAN	110583	CAN-14.75 OZ	26105			26105		10976	10976			3		10979	107	161	15072
TUNA CHUNK LIGHT CAN	100194	CAN-12 OZ	24			24										18	8
APPLESAUCE CAN	100207	CAN-#300	14438			14438		8051	8051			2		8053	21	22	8384
APRICOT HALVES CAN	100210	CAN-#300	2034			2034						8		8			2026
MIXED FRUIT CAN	100211	CAN-#300	3358			3358		2	2					2		22	3334
PEACHES CLING SLICES CAN	100218	CAN-#300	12082	38860		50942		8554	8554			8		8562		24	42388
PEARS CAN	100223	CAN-#300	47841	3000		50841		15195	15195			23		15218	40	59	35804
PLUMS PURPLE CAN	100233	CAN-#300	0	3000		3000											3000
BEANS GREEN CAN	100308	CAN-#300	23477			23477		9144	9144					9144	10	40	14303
BEANS VEGETARIAN CAN	100383	CAN-#300	4028			4028		1620	1620					1620		2	2408
CARROTS CAN	100308	CAN-#300	430			430		452	452					452	34		12
CORN WHOLE KERNEL CAN	100311	CAN-#300	48458			48458		14710	14710					14714		46	31898
PEAS CAN	100314	CAN-#300	4937			4937		4909	4909					4909			28

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U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

**RACIAL/ETHNIC GROUP PARTICIPATION  
COMMODITY SUPPLEMENTAL FOOD PROGRAM**

FNS INSTRUCTION 113-1

1. STATE	NEW MEXICO	2. STATE #		L/A #	46282	NO. OF SITES	48
3. REPORTING		LOCAL AGENCY NAME					
		ECHO ALBUQUERQUE (ABQ)					
		ADDRESS					
		1921 E. Murray Dr.					
		CITY					
		Farmington					
		STATE		NM		ZIP CODE	
				87401-5200			
		TELEPHONE NUMBER					
		505		242		6777	
4. REPORTING YEAR:		April 2019					

		<u>COLUMN A</u>	<u>COLUMN B</u>
		TOTAL NUMBER OF PARTICIPANTS BY RACE	NUMBER OF HISPANIC OR LATINO PARTICIPANTS REPORTED IN COLUMN A BY RACE
<u>PARTICIPANTS WHO MARKED ONLY ONE RACE</u>	5. AMERICAN INDIAN OR ALASKA NATIVE	75	6
	6. ASIAN	97	3
	7. BLACK OR AFRICAN AMERICAN	100	1
	8. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	17	1
	9. WHITE	5,616	4,534
<u>PARTICIPANTS WHO MARKED TWO RACE</u>	10. AMERICAN INDIAN OR ALASKA NATIVE AND WHITE	5	4
	11. ASIAN AND WHITE	5	4
	12. BLACK OR AFRICAN AMERICAN AND WHITE	2	0
	13. AMERICAN INDIAN OR ALASKA NATIVE AND BLACK OR AFRICAN AMERICAN	0	0
14. BALANCE REPORTING MORE THAN ONE RACE		0	0
		Total Records HISPANIC	
15. TOTAL (ADD ITEMS 5 THRU 14)		5,917	4,553

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Version 2018-04-04

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**Commodity Supplemental  
Food Program (CSFP)**



**REQUEST FOR REIMBURSEMENT**

**CONTRACT DATE: OCTOBER 2019 THRU SEPTEMBER 2023**

AGENCY NAME:  
ADDRESS:

VENDOR #

**REQUEST FOR THE MONTH OF:**

CONTRACT # HSD SC 19-630-XXXX-XXXX  
CFDA 10.565

PARTICIPANT TOTAL	0	YTD	0
PARTICIPANT TOTAL @ \$5.83	\$0.00		
MONTHLY REIMBURSEMENT REQUEST	\$0.00	YTD	\$0.00
SFY 2020 CONTRACT	\$0.00	TOTAL	\$0.00
BALANCE OF CONTRACT		YTD	\$0.00

Request Prepared By:

Signature

Date

Printed Name

I Hereby Certify That This Request for Reimbursement is True and Correct in All Respects.  
We are Requesting Reimbursement Based on the Number of Clients Served for the Month.  
The Requested Reimbursement has been Submitted with the Required Supporting Documentation.

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Warehouse:		Name:					Date:		
Category	USDA Comm. code / Food Item Unit of Issue / Pack Size	Back Warehouse		On Line Food		Advanced PrePacked	SUB-TOTAL	TOTAL UNITS	DAMAGE
		Cases	Units	Cases	Units	Units	Cases/Units		Units
DAIRY	100050 / MILK 1% MILKFAT UHT 1500 BOX-12/32 FL OZ / BOX:32 FL OZ								
DAIRY	111006 / MILK INSTANT NDM PKG-24/12.8 OZ / PKG-12.8 OZ								
MEAT, POULTRY & FISH	100127 / BEEF CAN-24/24 OZ								
MEAT, POULTRY & FISH	100138 / CHILI BEEF CAN-24/24 OZ								
MEAT, POULTRY & FISH	100526 / BEEF STEW CAN-24/24 OZ								
MEAT, POULTRY & FISH	110477 CHICKEN BONED POUCH - 36/10 OZ								
MEAT, POULTRY & FISH	110940 CHICKEN BONED CAN-24/12.5 OZ								
MEAT, POULTRY & FISH	110563 SALMON PINK CAN-24/14.75 OZ								
MEAT, POULTRY & FISH	100194 / TUNA CHUNK LIGHT CAN-24/12 OZ								
FRUITS & JUICE	100207 / APPLESAUCE CAN-24/300 / CAN-#300								
FRUITS & JUICE	100210 / APRICOT HALVES CAN-24/300 / CAN-#300								

Category	USDA Comm. code / Food Item Unit of Issue / Pack Size	Back Warehouse		On Line Food		Advanced PrePacked	SUB-TOTAL	TOTAL UNITS	DAMAGE
		Cases	Units	Cases	Units	Units	Cases/Units		Units
FRUITS & JUICE	100211 / MIXED FRUIT LIGHT SYRUP CAN-24/300 / CAN-#300								
FRUITS & JUICE	100218 / PEACHES CLING SLICES LIGHT SYRUP CAN-24/300 / CAN-#300								
FRUITS & JUICE	100223 / PEARS LIGHT SYRUP CAN-24/300 / CAN-#300								
FRUITS & JUICE	100233 / PLUMS PURPLE CAN-24/300 / CAN-#300								
FRUITS & JUICE	100295 / RAISINS -24/15 OZ BOX 24/15 OZ								
FRUITS & JUICE	100893 / APPLE JUICE PLST BTL-8/64 FL OZ / BOTTLE-64 FL OZ								
FRUITS & JUICE	100899 / CRANBERRYAPPLE JUICE PLST BTL-8/64 FL OZ / BOTTLE-64 FL OZ								
FRUITS & JUICE	100895 / GRAPE CONCORD JUICE PLST BTL-8/64 FL OZ / BOTTLE-64 FL OZ								
FRUITS & JUICE	100897 / ORANGE JUICE PLST BTL-8/64 FL OZ / BOTTLE-64 FL OZ								
FRUITS & JUICE	100898 / TOMATO JUICE PLST BTL-8/64 FL OZ / BOTTLE-64 FL OZ								
VEGETABLES	100306/BEANS GREEN CAN 24/300/CAN#300								
VEGETABLES	100308 / CARROTS CAN-24/300 / CAN-#300								
VEGETABLES	100311 / CORN WHOLE KERNEL CAN-24/300 / CAN-#300								
VEGETABLES	100314 / PEAS CAN-24/300 / CAN-#300								
VEGETABLES	100316 / SWEET POTATO CAN-24/300 CAN-#300								

Category	USDA Comm. code / Food Item Unit of Issue / Pack Size	Back Warehouse		On Line Food		Advanced PrePacked	SUB-TOTAL	TOTAL UNITS	DAMAGE
		Cases	Units	Cases	Units	Units	Cases/Units		Units
VEGETABLES	100320 / VEG MIX CAN-24/300 / CAN-#300								
VEGETABLES	100321 / SOUP VEGETABLE CAN 24/1 10.5 OZ								
VEGETABLES	100323/ SPINACH-24/300 CAN-#300								
VEGETABLES	100328 / TOMATO DICED CAN-24/300 / CAN-#300								
VEGETABLES	100331/ POTATOES WHT SLICES CAN-24/300 / CAN-#300								
VEGETABLES	100335 / SPAGHETTI SAUCE MEATLESS CAN-24/300 / CAN-#300								
VEGETABLES	100337 / POTATOES DEHYDRATED FLKS 12/1 LB PACKAGE								
PLANT BASED PROTEIN	100363 / BEANS VEGETARIAN CAN-24/300 / CAN-#300								
PLANT BASED PROTEIN	110020 / BEANS, BLACK,LS, CAN 24/15.5 OZ								
PLANT BASED PROTEIN	100372 / BEANS, KIDNEY LIGHT RED,LS, CAN 24/15.5 OZ								
PLANT BASED PROTEIN	111080 / BEANS KIDNEY DRY PKG-24/1 LB / BAG-1 LB								
PLANT BASED PROTEIN	111102 / BEANS LENTILS, DRY PKG-24/1 LB BAG -1 LB								
PLANT BASED PROTEIN	110021 / BEANS,PINTO ,LS, CAN 24/15.5 OZ								
PLANT BASED PROTEIN	111063 / BEANS PINTO DRY PKG-24/1 LB / BAG-1 LB								
PLANT BASED PROTEIN	111067 / BEANS GREAT NORTHERN, DRY PKG-24/1 LB BAG -1 LB								
PLANT BASED PROTEIN	111068 / BEANS LIMA DRY PKG-124/1 LB / BAG-1 LB								

Category	USDA Comm. code / Food Item Unit of Issue / Pack Size	Back Warehouse		On Line Food		Advanced PrePacked	SUB-TOTAL	TOTAL UNITS	DAMAGE
		Cases	Units	Cases	Units	Units	Cases/Units		Units
PLANT BASED PROTEIN	111081 / PEANUT BUTTER SMOOTH JAR-12/16 OZ / JAR-16 OZ								
CEREAL	100449 / CEREAL CORN FLKS 1080 PKG-12/18 OZ								
CEREAL	100929 / CEREAL OAT CIRCLES 1344 PKG-12/14 OZ								
CEREAL	110265/CEREAL CRISPY HEXAGONS (CORN RICE BISC) 1080 PKG-14/12 OZ								
CEREAL	100457 / CEREAL RICE CRISP 1008 PKG-16/12 OZ								
CEREAL	100933 / CEREAL WT BRAN FLKS 1344 PKG-14/17.3OZ								
CEREAL	110374 / CEREAL WT SHREDDED 2160 PKG-10/16.4 OZ								
CEREAL	110740/ CEREAL CORN - BISCUITS SQUARES 1344 PKG-14/12 OZ								
CEREAL	111022 / CEREAL WT BRAN FLKS 2160 PKG - 12/16 OZ								
CEREAL	111074 / OATS ROLLED, QUICK COOKING PKG-12/18 OZ								
CEREAL	110880 / FARINA WHEAT PKG-10/18 OZ								
CEREAL	111082 GRITS CORN WHITE , 12/2 LB PKG								
PASTA & RICE	110511/PASTA MACARONI PLAIN ELBOW BOX-20/1LB								
PASTA & RICE	110450 / PASTA SPAGHETTI BOX - 20/ 1 LB								
PASTA & RICE	110777 / WHOLE GRAIN PASTA ROTINI MAC BOX-12/1 LB PKG								
PASTA & RICE	111075 / RICE LONG GRAIN PKG-24/1 LB PKG								
PASTA & RICE	111083 / RICE BRN US#1 LONG PARBOILED PKG-30/1 LB								

Category	USDA Comm. code / Food Item Unit of Issue / Pack Size	Back Warehouse		On Line Food		Advanced PrePacked	SUB-TOTAL	TOTAL UNITS	DAMAGE
		Cases	Units	Cases	Units	Units	Cases/Units		Units
DAIRY	100035 / CHEESE BLEND AMER SKM LVS-12/2 LB / LVS-2 LB								

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