



Commodity Supplemental Food Program



Policy and Procedure Manual



COMMODITY SUPPLEMENTAL FOOD PROGRAM

POLICY AND PROCEDURE MANUAL

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SUBJECT: Program Administration	Chapter: 1
	Section: 1.1
REFERENCES: 7 CFR 247 and 7 CFR 250	Page: 1 of 1
	Revised: 04-2011

PURPOSE: To outline the regulatory and procedural guidelines for administering CSFP.

POLICY: The Missouri Commodity Supplemental Food Program (CSFP) shall be administered in accordance with federal regulations, the State Plan, the contract Scope of Work (SOW) and the Policy and Procedure Manual.

PROCEDURES:

- A. 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 http://www.fns.usda.gov/fdd/programs/csf/csfp_regs.htm
- B. Food Distribution National Policy Memoranda issued about the CSFP serve to clarify the regulation and provide guidelines. Local Agencies shall comply with all Food Distribution National Policy Memoranda. Policy Memoranda are available at: http://www.fns.usda.gov/fdd/Policy/csfp_policies.htm
- C. The Missouri State Plan, here after referred to as the Plan, describes how the Missouri Department of Health and Senior Services administers the CSFP. The plan is permanent and has been approved by the Food and Nutrition Service of the Department of Agriculture. Local Agencies shall be familiar and comply with the Plan, available at <http://www.health.mo.gov/living/wellness/nutrition/foodprograms/csfp>. See Policy and Procedures Section 7.1 State Planning.
- D. The contract SOW is the written agreement between the State and the Local Agency detailing the responsibilities of both parties.
- E. This reference, Commodity Supplemental Food Program Policy and Procedure Manual, interprets and defines federal regulations, policy memoranda and the Plan providing for consistency of implementation of the Missouri CSFP. Attachment 1.1 describes the Missouri CSFP.



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SUBJECT: Definitions	Chapter: 1
	Section: 1.2
REFERENCES: 7 CFR 247.1	Page: 1 of 3
	Revised: 12-2005

PURPOSE: To provide standard definition for terms used in the administration of the Missouri Commodity Supplemental Food Program.

POLICY: The definitions in the federal regulation and herein shall be used when administering the Missouri Commodity Supplemental Food Program.

PROCEDURES:

Applicant: any person who applies to receive program benefits. Applicants include program participants applying for recertification.

Breastfeeding women: women up to one year postpartum who are breastfeeding their infants.

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 use of procedures to determine an applicant's eligibility for the program.

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

Children: persons who are at least one year of age but have not reached their sixth birthday.

Commodities: nutritious foods purchased by USDA to supplement the diets of CSFP participants.

CSFP: the Commodity Supplemental Food Program. See attachment 1.1.

Department: the U. S. Department of Agriculture.

Disqualification: the act of ending Program participation of the participant as a punitive sanction.

Dual participation: simultaneous participation by an individual in CSFP and the WIC Program, or in CSFP at more than one distribution site.

Elderly persons: persons at least 60 years of age.



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Fiscal year: the period from October 1 through the following September 30.

FNS: the Food and Nutrition Service of the U. S. Department of Agriculture.

Food banks: MDHSS enters into single source contractual agreements with Second Harvest Food Banks in Missouri to serve as local and subdistributing agencies of CSFP.

Homebound elderly persons: persons who are, in the judgment of the local agency, unable to obtain monthly food packages without assistance provided by or through the local agency.

Infants: persons under one year of age.

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

MDHSS: Missouri Department of Health and Senior Services.

No-show participants: enrolled persons who fail to pick-up food during a 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.

Postpartum Woman: a woman who is up to one year after termination of pregnancy.

Proxy: any person designated by a participant, or by the participant's adult parent or caretaker, to obtain supplemental food on behalf of the participant.

7 CFS part 250: the Department's regulations pertaining to the donation of foods for use in USDA food distribution programs.

7 CFS part 3016: the Department's regulations pertaining to administrative requirements for grants and cooperative agreements with State, local, and Indian tribal governments.

7 CFS part 3019: the Department's regulations pertaining to administrative requirements for grants and cooperative agreements with nonprofit organizations.

7 CFS part 3052: the Department's regulations pertaining to audits of States, local governments, and nonprofit organizations.



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State: any of the 50 States, the District of Columbia, the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, the Trust Territory of the Pacific Islands, and the Northern Mariana Islands.

State agency: the Missouri Department of Health and Senior Services, the agency designated by the State to administer CSFP at the State level.

State Plan: the document that describes the manner in which the State agency intends to administer the program in the State.

Subdistributing 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 making arrangements for the storage and delivery of such commodities on behalf of eligible recipient agencies.

WIC Program: the Special Supplemental Nutrition Program for Women, Infants, and Children.



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SUBJECT: Acronyms	Chapter: 1
	Section: 1.3
REFERENCES: 7 CFR 247	Page: 1 of 1
	Revised: 8-12-04

PURPOSE: To define common acronyms relating to the administration of the CSFP.

POLICY: The acronyms herein will be used throughout this manual and in connection with administering the Missouri CSFP. Acronyms not defined herein must be defined at least the first time it appears in any document.

PROCEDURES:

The following acronyms will be used throughout this manual.

- CSFP: Commodity Supplemental Food Program.
- FNS: Food and Nutrition Service of the United States Department of Agriculture
- LA: Local Agency
- MDHSS: Missouri Department of Health and Senior Services
- MPRO: Mountain Plains Regional Office
- SA: State Agency
- SOW: Scope of Work
- USDA: United States Department of Agriculture or U.S. Department of Agriculture
- WIC: Supplemental Nutrition Program for Women, Infants and Children.

Missouri Commodity Supplemental Food Program (CSFP)

What is the CSFP?

The Missouri Commodity Supplemental Food Program (CSFP) works to improve the health of low-income pregnant and breastfeeding women, other new mothers up to one year postpartum, infants, children up to their sixth birthday, and older persons at least 60 years of age by supplementing their diets with nutritious USDA commodity foods. The Missouri Department of Health and Senior Services (MDHSS) administers the CSFP.

The population served by CSFP is similar to that served by USDA's Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), but CSFP also serves older persons, and provides food packages rather than the vouchers that WIC participants receive. Eligible women, infants and children cannot participate in both programs at the same time.

CSFP food packages do not provide a complete diet, but rather are good sources of the nutrients typically lacking in the diets of the target population. These include vitamins A and C, calcium and iron.

How does the program operate?

USDA purchases food and makes it available to MDHSS along with funds for administrative costs. MDHSS distributes the food to public and non-profit private local agencies from the USDA distribution center in Carthage, Missouri. Local agencies determine the eligibility of applicants, distribute the foods, and provide nutrition education. Local agencies also provide referrals to other welfare, nutrition, and health care programs such as WIC, food stamps, Medicaid, and Medicare.

What are the requirements to get food through CSFP?

Women, infants, children, and the elderly must reside in the state of Missouri. Women, infants, and children must meet income eligibility requirements (currently 185 percent of the Federal Poverty Income Guidelines), while older persons must have income at or below 130 percent of the Federal Poverty Income Guidelines (currently \$19,123 annually for a family of two).

What foods are provided to participants?

Food packages include a variety of foods, such as non-fat dry milk, evaporated milk, juice, hot or ready-to-eat cereal, rice or pasta, peanut butter or dry beans or peas, canned meat or poultry or tuna or salmon or egg mix, and canned fruits and vegetables. Infants receive dehydrated iron-fortified infant formula and infant cereal.

For more information go to

<http://www.health.mo.gov/living/wellness/nutrition/foodprograms/csfp/index.php> or contact:

CSFP Program Manager
Bureau of Community Food and Nutrition Assistance
Missouri Department of Health and Senior Services
P.O. Box 570
Jefferson City, MO 65102
1-800-733-6251



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SUBJECT: Certification	Chapter: 2
	Section: 2.1
REFERENCES: 7 CFR 247.8 through 247.17	Page: 1 of 5
	Revised: 10-2008

PURPOSE: To provide guidance for the certification process and completion of the CSFP Participant Application, Attachment 2.1.

POLICY: 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.

PROCEDURES:

- A. Local agencies shall assure certifying officials are trained and demonstrate understanding of the requirements of the certification process.
- B. All certification data for each applicant shall be recorded on the CSFP Participant Application. Local agencies may choose between two versions of the form. Attachment 2.1A is a one page version. Attachment 2.1B is a two page version with large print.
 - 1. 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 the waiting list.. See Section 2.6.
 - 2. All completed CSFP Participant Applications shall be retained for a period of three years, including those of applicants determined to be ineligible and all previous applicants and participants.
- C. All qualifying household members may be placed on the same Participant Application. There is space on the form for three household members, the applicant plus two additional qualifying household members. If there are additional qualifying household members the required information may be provided on the back of the form.
- D. To be eligible for CSFP, certifying official must determine applicant meets the following criteria:
 - 1. Can be classified in one of the following population groups: infants, children, pregnant women, breastfeeding woman, post-partum woman or elderly person. See Section 2.2.
 - 2. Meets residency requirements. See Section 2.3.



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3. Meets the income eligibility. See Sections 2.2, 2.4 and 2.5 and Attachment 2.2.
 - a. Women, infants and children are income eligible if they are certified as receiving food stamps, are a member of a family that is certified eligible to receive assistance under TANF, are a member of a family in which a pregnant woman or an infant is certified eligible to receive assistance under Medicaid or have household income at or below 185% of federal poverty income guidelines.
 - b. Elderly persons are income eligible if they have household income at or below 130% of federal poverty income guidelines.
- E. Applicants must be informed:
1. Certifying officials must assure the sentences located in the double lined boxes on the application are read by, or read to, the applicant or the applicant's parent or caretaker, in the appropriate translation, at the time of certification. The required sentences are located above the Name of Applicant block, to the left of the household income section and above the Signature of Applicant or Guardian.
 2. Attachment 12.1 the "Appeals Process" shall be posted at all certification and distribution sites and copies shall be available upon request.
 3. Attachment 11.1 the "And Justice for All" poster must be posted in a prominent location at all certification sites. This poster is also available on the web at <http://www.fns.usda.gov/cr/justice.htm> including translations into several different languages.
- F. At the time of certification, a copy of Attachment 2.4, "Health and Social Services Referral Information" must be provided to each applicant and key points discussed (see Section 4.1). By checking the "Y" box next to "H&SS Handout Given" at the bottom of the Participant Application the Certifying Official affirms the applicant received Attachment 2.4.
- G. Applicants eligible for both CSFP and WIC shall be provided information on the WIC Program to assist them in choosing the program in which they wish to participate. By checking the "Y" box next to "WIC Handout Given" at the bottom of the Participant Application the Certifying Official affirms the applicant received WIC information.



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- H. Certifications shall be established in accordance with the time frames explained in Section 2.8.
- I. Certifying officials shall complete the lines under “FOR CERTIFYING AGENCY USE ONLY” on Attachment 2.1, Participant Application.
1. Proof of Identity/Age/Eligibility – Describe the method/document/s used to determine identity, age and population group eligibility. See Section 2.2.
 2. Residency Verified – Check when residency has been verified. See Section 2.3.
 3. H&SS Handout Given – Check when a copy of Attachment 2.4 has been provided to the applicant.
 4. WIC Handout Given – Check when applicants who are also eligible for the Special Supplemental Nutrition Program for Women, Infants and Children (WIC) have been given information to help them choose between WIC and CSFP.
 5. Applicant Eligible? – Check yes or no based on an assessment of all eligibility requirements including income. See Sections 2.2, 2.4, 2.5 and Attachment 2.2.
 6. Category – Circle the appropriate category. (PG = pregnant women, PP = post-partum woman, BF = breastfeeding woman, INF = infants, CH = children, or ELD = elderly person). See Section 2.2.
 7. Caseload Available – Check yes or no base on an assessment of available caseload. If applicant is eligible but caseload is not available the applicant must be placed on a waiting list.
 8. Indicate the date written notice of eligibility, ineligibility or placement on a waiting list was provided to applicant. See paragraph J. below.
 9. Sign, print name, and title. Complete the “Date Certified” only when applicant is certified to receive CSFP benefits. If applicant is placed on a waiting list they are not certified. See Section 2.6. When an applicant is certified after being on a waiting list they must review and update their Participant Application. They must sign and date the second signature line. Then the certifying official shall complete the “Date Certified” and “Period of Certification.”



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10. Enter the first and last months of the period of certification. See Section 2.8.
- J. **Within 10 days from the date of application**, certifying officials must notify applicants in writing of their eligibility or ineligibility for CSFP benefits, or their placement on a waiting list.
- Notification of eligibility must be in writing and must include the length of the certification period, and information on the time, location, and means of food distribution.** Attachment 2.6, Notification of Applicant Status may be used (see Section 2.6). Key points contained in Attachment 2.3, “The CSFP Food Package is.” must be discussed with eligible applicants, (see Section 4.1). **The date written notice was provided to applicant must be entered on the Participant Application.**
 - Notification of ineligibility must be in writing on Attachment 2.7, Notice of Adverse Action** (See Section 2.7) and must include the reason the applicant is not eligible. **The date written notice was provided to applicant must be entered on the Participant Application.**
 - Notification of placement on a waiting list must be in writing.** Attachment 2.6, Notification of Applicant Status may be used. When applicants exceed available caseload, certifying officials must maintain a waiting list of individuals who apply for the Program. See Section 2.6 and Attachments 2.5 and 2.6. **The date written notice was provided to applicant must be entered on the Participant Application.**
- K. If there is no waiting list, a person determined eligible for program benefits shall receive supplemental foods at the next regularly scheduled distribution after notification of eligibility.
- L. Elderly participant certification periods may be extended using Attachment 2.1C “Elderly Participant Extension of Certification Period,” **as long as all of the following conditions are met:**
- The person’s address and continued interest in receiving program benefits are verified;



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2. The local agency has sufficient reason to believe that the person still meets the income eligibility standards (e.g. the elderly person has a fixed income);
 3. The certifying official notifies the elderly participant verbally or in writing of the period of the extension. Attachment 2.6, "Notice of Certification Status" may be used for written notice of certification period extension.
 4. The certifying official signs and completes the next extension blocks on the participant's Attachment 2.1C "Elderly Participant Extension of Certification Period" certifying all conditions are met.
- M. **At least 15 days before the expiration of a certification period** participants must be notified in writing that eligibility for the Program is about to expire using Attachment 2.6 Notice of Certification Status. See Sections 2.6 and Section 2.8. Documentation of the notification shall be maintained on a log, the monthly sign-in sheets or a copy retained in the individual's file. This notification is not required when an elderly participant's certification period is extended in accordance with paragraph L. above because the period is not expiring.
- N. Verification of Certification forms shall be available upon request by any participant relocating during the certification period and such forms from other CSFP locations or states shall be honored in accordance with Section 2.9 and Attachment 2.8.
- O. Local agencies shall submit information about women, infants and children participating in the Program to the State on a semiannual basis. Such information will be compared to the WIC Program participation rolls to determine whether dual participation has occurred. See Section 2.10 and Attachment 2.9.



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SUBJECT: Eligible Population Groups	Chapter: 2
	Section: 2.2
REFERENCES: 7 CFR 247.9	Page: 1 of 2
	Revised: 12-2005

PURPOSE: To define population groups of individuals who are eligible to receive CSFP food packages and documents required to verify eligibility.

POLICY: The certifying official shall determine whether individuals are eligible to receive CSFP benefits in accordance with federal regulation.

PROCEDURES: The following chart defines population groups eligible to receive CSFP benefits and verification criteria:

POPULATION GROUP	DEFINITION	VERIFICATION OF ELIGIBILITY	INCOME VERIFICATION
Elderly	Persons 60 years of age or older.	Birth certificate or hospital record of birth are preferred; if not available, may use any of the following which must show the applicant's name, age or date of birth: state identity card, insurance policy, driver's license, clinic, doctor, or hospital record, U.S. passport or U.S. citizen ID card, marriage or divorce record, voter's registration, military record, newspaper notice of birth, welfare card, any other document providing identifying data sufficient to establish age.	Self declared. See Sections 2.4 and 2.5.
Pregnant Woman	Woman determined to have one or more fetuses in utero. ¹	Visual observation if the woman is obviously pregnant. Written note from a physician if pregnancy is not obvious.	Eligibility based on 247.9(b) ² or self declared income (see Sections 2.4 and 2.5).
Postpartum Woman	Woman up to 12 months after termination of pregnancy.	Birth certificate or hospital record of birth or newspaper notice of birth of infant (with date indicated) or physician's notice of an otherwise termination of pregnancy.	Same as pregnant woman.



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CATEGORY	DEFINITION	VERIFICATION OF ELIGIBILITY	INCOME VERIFICATION
Breastfeeding Woman	Woman up to one year postpartum who is breastfeeding her infant.	Same as postpartum woman and woman does not take more than six cans of concentrate or 2 cans of powdered supplementary formula for her infant and states she is breastfeeding.	Same as pregnant woman.
Child	Person who is at least one year of age but has not reached their sixth birthday.	Birth certificate or hospital record of birth; if not available, use any of the following showing name and birthday: immunization record, adoption record, clinic, doctor or hospital record, U.S. passport or U.S. citizen ID card, welfare ID card, or any other document providing identifying data sufficient to establish proper age.	Same as pregnant woman.
Infant	Person under one year of age.	Same as for children.	Same as pregnant woman.

¹ Each fetus is counted as a family member when determining household size.

² In accordance with 247.9(b), applicant women, infants and children must be accepted as income-eligible, regardless of actual income, if they are certified as eligible to receive food stamps, Temporary Assistance for Needy Families (TANF) or Medical Assistance (Medicaid) or a member of a family that is certified eligible to receive assistance under TANF, or a member of a family in which a pregnant woman or an infant is certified eligible to receive assistance under Medicaid.



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SUBJECT: Residency Requirement	Chapter: 2
	Section: 2.3
REFERENCES: 7 CFR 247.9(f)(2)	Page: 1 of 1
	Revised: 12-2005

PURPOSE: To define the residency requirement for participation in the Missouri Commodity Supplemental Food Program.

POLICY: Person's eligible for Missouri's CSFP must reside in Missouri, within the normal service area of the local agency or distribution site. There are no duration or fixed residency requirements. Migrant and seasonal farm workers are considered as meeting the residency requirement.

PROCEDURES:

- A. Local agencies are authorized to serve residents from counties within their normal service area as defined by Second Harvest. In special cases, local agencies may serve residents from counties outside their service area as long as the area does not overlap another local agency's CSFP service area.
- B. Local agencies will establish distinct, non-overlapping service areas for distribution and certification sites under their jurisdiction.
- C. Elderly persons living in nursing homes are not eligible for CSFP benefits.
- D. Verification of residency may include a utility bill, driver's license, welfare identification card, a letter addressed to the applicant, or an indication from an employer that residency is in Missouri.



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SUBJECT:	Participant Income	Chapter:	2
		Section:	2.4
REFERENCES:	7 CFR 247.9(b) and (e) and CFR 246.7(d)(2)(ii and iv)	Page:	1 of 2
		Revised:	12-2005

PURPOSE: To define what is considered income for purposes of CSFP income eligibility assessment.

POLICY: The local agency shall use the definition of income established in the federal regulations.

PROCEDURES:

- A. Income is gross cash income before any deductions including those for:
 - 1. Income taxes.
 - 2. Employee's social security taxes.
 - 3. Insurance premiums.
 - 4. Retirement.
 - 5. Any other deductions, such as bonds or garnishments.

- B. The local agency shall count as income the following.
 - 1. Monetary compensation for services, including:
 - a. Wages or salary.
 - b. Commissions.
 - c. Fees.
 - d. Tips.
 - e. Training stipends, except where elsewhere excluded. (See Section 2.5)
 - 2. Net income (gross receipts less operating expenses) from:
 - a. Farming self-employment.
 - b. Non-farming self-employment.
 - c. Rental property.
 - d. Royalties.
 - 3. Social Security benefits.
 - 4. Public assistance or welfare payments.
 - 5. Unemployment compensation.
 - 6. Strike benefits.
 - 7. Workmen's compensation.
 - 8. Pensions, retirement pay or annuities from:
 - a. Government.
 - b. Military or veteran's agencies.
 - c. Private companies.
 - 9. Alimony received.
 - 10. Child support received.
 - 11. Dividends or interest received.



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REFERENCES:	7 CFR 247.9(b) and (e) and CFR 246.7(d)(2)(ii and iv)	Page:	2 of 2
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12. Income from estates or trust accounts.
13. Regular contributions from a person not living in the household, such as parental assistance to students.
14. Other cash income such as:
 - a. Prizes.
 - b. Military housing allowance if assigned to a high cost of living area in the continental United States. (continental United States cost-of-living allowance CONUS COLA) See Section 2.5 for overseas allowance (OCONUS COLA).
 - c. Withdrawal from savings or investments.
 - d. Student financial assistance that does not meet specific exclusions. (See Section 2.5)
 - e. Loans that do not need to be repaid.
 - f. Capital gains.
 - g. Lump sum payments that are not reimbursements for lost assets or injuries, (e.g. lottery winnings, settlements over and above loss of assets).
 - i. The agency should treat these in a way that most accurately reflects the economic situation of the household.
 - ii. The agency should count these as annual income, not current monthly income. The agency may divide the total amount by 12 to calculate monthly income.
 - h. Family Subsistence Supplemental Allowances (FSSA) provided by the Department of Defense (DOD) to low-income members of the Armed Forces.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT:	Income Exclusion	Chapter:	2
		Section:	2.5
REFERENCES:	7 CFR 247. 9(b) and (e) and CFR 246.7(d)(2)(iv,v)	Page:	1 of 3
		Revised:	12-2005

PURPOSE: To define what is not considered income in determining CSFP income eligibility.

POLICY: The local agency shall not count as income anything excluded by federal regulations.

PROCEDURES:

- A. Non-cash income or benefits will not be considered income by the local agency.
- B. The local agency shall not count as income the following.
 - 1. The value of:
 - a. In-kind housing or other benefits.
 - b. Bartered services.
 - 2. Housing allowances for military service personnel:
 - a. The basic allowance for housing (BAH) received by military families, living in the United States. This includes payments for both off-base housing and for privatized on-base housing.
 - b. Family separation housing (FSH) provided to military personnel in overseas housing with military families continuing to receive BAH in the United States.
 - c. Overseas housing allowance (OHA) provided to military personnel living overseas.
 - 3. The cost of living allowance the family receives when the military member is assigned and lives overseas, but the family (participant) lives within the United States. This is referred to as overseas continental United States cost-of-living allowance (OCONUS COLA).
 - 4. Volunteer payments through:
 - a. Title I and II of the Domestic Volunteer Service Act of 1973 (VISTA and others, and RSVP, SCP, foster grandparents and others).
 - b. Section 8(b)(1)(B) of the Small Business Act (SCORE and ACE).
 - 5. Payments through:
 - a. The Job Training Partnership Act (JTPA).
 - b. Summer youth employment and training programs (SYETP).
 - c. Programs for Native Americans.
 - d. Migrant and Seasonal Farmworkers Program.
 - e. Veterans Employment Programs.
 - f. Job Corps.
 - g. HUD rent subsidies.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT:	Income Exclusion	Chapter:	2
		Section:	2.5
REFERENCES:	7 CFR 247. 9(b) and (e) and CFR 246.7(d)(2)(iv,v)	Page:	2 of 3
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- h. The Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 as amended in 1987. This is for persons displaced from their homes by federal or state projects.
 - i. The Civil Liberties Act of 1988 (Japanese internment camps).
 - j. Dislocated worker programs.
 - k. The prescription drug discount card program.
- 6. Cash stipend from the Division of Mental Retardation & Developmental Disabilities for purchasing goods & services for a family member with a developmental disability.
- 7. The value of assistance to children or their families under the:
 - a. National School Lunch Act.
 - b. Child Nutrition Act of 1966 (Special Milk, School Breakfast, Summer Food Service, and Child & Adult Care Food Programs).
 - c. Food Stamp Act of 1977.
- 8. Benefits received through childcare grant programs under:
 - a. Section 402(g)(1)(E) of the Social Security Act, as amended by the Family Support Act. These include these programs operated through Family Services.
 - i. Transitional Child Care (At-Risk) program.
 - ii. Futures (JOBS) program.
 - b. Childcare and Development Block Grant.
- 9. Student financial assistance that meets all the following criteria.
 - a. Used to pay for costs of attending the institution at least half-time, but not for room and board or dependent care. Institutional attendance costs include:
 - i. Tuition and fees.
 - ii. Books and supplies.
 - iii. Transportation.
 - iv. Miscellaneous personal expenses for the student.
 - b. Provided through any of the following under Title IV of the Higher Education Act of 1965:
 - i. Pell Grants.
 - ii. Supplemental Educational Opportunity Grant.
 - iii. Stafford Loans.
 - iv. Perkins Loans.
 - v. PLUS Loans/Supplemental loans for students.
 - vi. College Work Study.
 - vii. Byrd Honor Scholarship programs.



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SUBJECT:	Income Exclusion	Chapter:	2
		Section:	2.5
REFERENCES:	7 CFR 247. 9(b) and (e) and CFR 246.7(d)(2)(iv,v)	Page:	3 of 3
		Revised:	12-2005

10. Tax refunds.
 - a. Federal tax refunds
 - b. State tax refunds
 - c. Earned Income Tax Credit (EITC), federal and/or state
11. Gifts periodically given.
12. Loans of any kind that must be repaid.
13. Reimbursements for expenses incurred such as:
 - a. Business expenses.
 - b. Medical bills.
14. Lump sum payments or large cash settlements received by family (economic unit) as reimbursements for lost assets or injuries. For other cash income, see Section 2.4, "Participant Income."



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Waiting Lists	Chapter: 2
	Section: 2.6
REFERENCES: 7 CFR 247.11 and 247.15(a) and Public Law 110-246, Section 4221	Page: 1 of 2
	Revised: 04-2011

PURPOSE: To provide guidance for establishing and serving from a waiting list of individuals who apply for the Missouri Commodity Supplemental Food Program when applications exceed the caseload level.

POLICY: If all caseload has been filled, the local agency shall assure that certification sites maintain a waiting list of individuals who apply for the program in accordance with federal regulation.

PROCEDURES:

- A. The Missouri Department of Health and Senior Services assigns caseload to each local agency, who in turn, allots caseloads to each certification site. See Chapter 3. Caseload Management. When applications exceed the assigned caseload level the local agency shall assure the certification site implements waiting lists using Attachment 2.5, Participant Waiting List or similar document developed by the contractor.
- B. See Section 2.1, paragraph J (2), regarding notification in writing to applicants determined to be eligible **within 10 days of their request for benefits** when waiting lists are in place. Attachment 2.6, Notification of Applicant Status may be used to notify applicants. The date written notice was provided to applicant must be entered on the Participant Application. Applicants placed on the waiting list are determined to be qualified but ARE NOT certified.
- C. The certification period of elderly participants may be extended in accordance with Section 2.1 paragraph L. Applicants on the waiting list will be served on a first come first serve basis when caseload slots become available. Examples of when slots may become available are:
 - 1. The certification period expires for a women, infant or child participant.
 - 2. The certification period is not extended for an elderly participant.
 - 3. Current participant moves from the area, moves to a nursing home, or voluntarily stops participating in the program.
 - 4. Participant is discontinued or disqualified. See Sections 2.7 and 3.2.
 - 5. Site received additional caseload slots.
 - 6. Upon the death of a current participant.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Waiting Lists	Chapter: 2
	Section: 2.6
REFERENCES: 7 CFR 247.11 and 247.15(a) and Public Law 110-246, Section 4221	Page: 2 of 2
	Revised: 04-2011

- D. When waiting lists are 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.
- E. **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 Attachment 2.6 Notice of Certification Status (see Section 2.1 paragraph M)**. Notification of appeal rights is not required at the expiration of a certification period, per 7 CFR Ch. II, Part 247.33(a).
- F. When an applicant is certified after being on a waiting list, the applicant must review and update the Participant Application and then sign and date the second signature line. The certifying official must complete the “Date Certified” and “Period of Certification” and provide written notice in accordance with Section 2.1 paragraph J.1.
- G. To facilitate caseload management, the State authorizes one month certification periods to be offered to waiting applicants when food boxes remain undistributed at the end of the monthly distribution period.
1. Sites must 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, see Section 3.2.
 2. When there are “No Shows” or when boxes remain undistributed after the monthly distribution period, sites may offer one month certification to waiting individuals starting with the first person on the list as indicated in D above.
 3. Participants offered one month certification must sign the ONE MONTH CERTIFICATION STATEMENT AND SIGN-IN SHEET, Attachment 2.5B thus certifying they understand that the period of certification is one month and that they return to being a waiting applicant after receiving one food package.
 4. 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.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT:	Adverse Action Notifications	Chapter:	2
		Section:	2.7
REFERENCES:	7 CFR 247.15, 7 CFR 247.17, 7 CFR 247.20 and 7 CFR 247.33	Page:	1 of 3
		Revised:	10-2008

PURPOSE: To provide guidance for notifying individuals of ineligibility for, discontinuance of or disqualification from CSFP.

POLICY: Individuals must be given written notification of any decision made by the local agency regarding ineligibility for, discontinuance of or disqualification for CSFP benefits including the reason for the action and be provided within the time frames designated in accordance with the federal regulation.

PROCEDURES:

- A. The statement, “You may appeal any decision made by the local agency regarding your denial or termination from the Program” appears on the Participant Application, Attachment 2.1, and will be read by or to each applicant as part of certification.
- B. When certification periods expire, appeal rights notification is not required per 7 CFR 247.33(a). Certification and extension of certification periods depends on caseload availability, whether applicants are waiting, and eligibility. See Sections 2.1, 2.6 and 2.8.
- C. 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 2.7, Notice of Adverse Action **within 10 days from the date of application**. The date written notice was provided to participant must be entered on the Participant Application. See Section 2.1 paragraph J (2).
- D. 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 including the reason for discontinuance **at least 15 days before the effective date of discontinuance** using Attachment 2.7, Notice of Adverse Action. Documentation of the notification shall be maintained on a log or a copy retained in the individual’s file.
- E. If a participant is no longer eligible for CSFP benefits due to violation of the established “no-show” policy, 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** using Attachment 2.7, Notice of Adverse Action. Documentation of the notification shall be maintained on a log or a copy retained in the individual’s file.



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SUBJECT: Adverse Action Notifications	Chapter: 2
	Section: 2.7
REFERENCES: 7 CFR 247.15, 7 CFR 247.17, 7 CFR 247.20 and 7 CFR 247.33	Page: 2 of 3
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- F. 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 including the reason for discontinuance **at least 15 days before the effective date of discontinuance**. Documentation of the notification shall be maintained on a log or a copy retained in the individual's file.
- G. CSFP applicants or participants, or parents or caretakers of applicants or participants who commit program violations may be disqualified for a period of up to one year in accordance with 7 CFR 247.20. The local agency must provide the individual with written notification of disqualification for CSFP including the effective date and period of disqualification and the reason for the disqualification **at least 15 days before the effective date of disqualification** using Attachment 2.7, Notice of Adverse Action. 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, directed at program staff; or
 5. Participating in both WIC and CSFP or in two CSFP sites at the same time.
- H. Disqualification may be waived if the local agency determines that disqualification would result in a serious health risk. Waiver of disqualification must be documented and retained in the participant's file. A participant who commits three program violations that involve fraud must be permanently disqualified from participation in CSFP. In accordance with 7 CFR 247.20 (b), for the 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.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Adverse Action Notifications	Chapter: 2
	Section: 2.7
REFERENCES: 7 CFR 247.15, 7 CFR 247.17, 7 CFR 247.20 and 7 CFR 247.33	Page: 3 of 3
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- I. Attachment 2.7, Notice of Adverse Action must be used because it includes a statement of the individual's right to appeal the adverse action through the fair hearing process and a statement that informs the individual that program standards are applied without discrimination by race, color, national origin, age, sex or disability.
- J. Individuals wishing to appeal ineligibility for, discontinuance of or disqualification for CSFP benefits have **60 days from the date of notice of adverse action**. A request for a hearing is defined as any clear expression by the individual, guardian, or other representative that an opportunity to present its case to a Hearing Officer is desired.
- K. See Section 12.1 for details about fair hearings for individuals. Attachment 12.1 the "Appeals Process" shall be posted at all certification and distribution sites and copies shall be available upon request.



**COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL**

SUBJECT: Certification Periods	Chapter: 2
	Section: 2.8
REFERENCES: 7 CFR 247.16	Page: 1 of 4
	Revised: 12-2005

PURPOSE: To define the length of certification periods for program benefits according to participant category.

POLICY: Program benefits shall be based upon certifications established in accordance with the time frames designated by federal regulation.

PROCEDURES:

- A. Each participant is certified for Program benefits for the intervals described in Table 1.

TABLE 1.

CATEGORY	CERTIFICATION PERIOD
Elderly	An elderly applicant shall be certified at the time of entrance into the program for a period not to exceed six months based on information submitted on and with the Participant Application. The certification period may be extended without a formal review of eligibility for additional six-month periods, as long as the following conditions are met: <ol style="list-style-type: none"> 1. The person’s address and continued interest in receiving program benefits are verified; 2. The local agency has sufficient reason to believe that the person still meets the income eligibility standards (e.g. the elderly person has a fixed income); 3. The certifying official signs and completes the next extension blocks on the participants Attachment 2.1C “Elderly Participant Extension of Certification Period” certifying conditions 1, 2, and 3 above are met; and 4. The certifying official notifies the elderly participant verbally or in writing of the period of the extension. Attachment 2.6, “Notice of Certification Status” may be used for written notice of certification period extension.
Pregnant Woman	A pregnant woman will be certified at the time of entrance into the program for the duration of her pregnancy and for six weeks postpartum.
Postpartum Woman	A woman enrolled in the program during pregnancy will be screened for re-certification within six weeks of termination of the pregnancy for a six-month certification period based on an assessment of newly submitted eligibility information. She is eligible for benefits through the month her infant turns one year of age, using two certification periods.



**COMMODITY SUPPLEMENTAL FOOD PROGRAM
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SUBJECT: Certification Periods	Chapter: 2
	Section: 2.8
REFERENCES: 7 CFR 247.16	Page: 2 of 4
	Revised: 12-2005

CATEGORY	CERTIFICATION PERIOD
Postpartum Woman (continued)	A postpartum woman not enrolled during pregnancy may be screened for certification at any time up to one year postpartum by using six-month intervals, not to extend beyond the month her infant turns one year of age. Each six-month certification shall be based on an assessment of newly submitted eligibility information.
Breastfeeding Woman	<p>A post-partum woman who indicates at any certification period that she is breastfeed shall be certified to receive the breastfeeding food package. A woman will be certified as breastfeeding at intervals of six months based on an assessment of newly submitted eligibility information. A woman's status of breastfeeding ends when breastfeeding is discontinued during the baby's first year, or with the end of the month that the infant turns one year of age.</p> <p>If a breastfeeding woman participant stops breastfeeding at any time before the end of the six-month certification period, her condition status changes from breastfeeding to postpartum thus changing the type of food package she received. If waiting lists are imposed, she will continue to receive benefits until the end of her current certification period, at which time she will be re-evaluated based on availability of caseload.</p>
Child	A child will be certified at the time of entrance into the program and at six-month intervals thereafter based on an assessment of newly submitted eligibility information. A child will be discontinued from the CSFP no later than the end of the month in which the child has his/her sixth birthday.
Infant	<p>An infant will be certified at the time of entrance into the program and at six-month intervals thereafter based on an assessment of newly submitted eligibility information. An infant born to a CSFP mother can be issued food for one month based on the mother's eligibility, however, before the next month's food is issued, a certification screening must be completed for the infant.</p> <p>Category change from infant to child will take place at one year of age. Re-screening will not be required if six months has not lapsed. An infant's food package can be given the month the infant turns one year of age, or a child's package can be given at the mother's discretion.</p>



COMMODITY SUPPLEMENTAL FOOD PROGRAM
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REFERENCES: 7 CFR 247.16	Page: 3 of 4
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- B. Each certification period should allow for the issuance of food for a six-month period or to the end of the month in which eligibility expires as noted in Table 1 above. Certification periods for elderly participants may be shortened from six months to bring the certification visit of all family members together or to be consistent with an agency's standard six-month schedule.
- C. Each participant shall be notified in writing **at least 15 days before the expiration of each certification period** that eligibility for the Program is about to expire using Attachment 2.6 Notice of Certification Status. See Sections 2.1 paragraph M and Section 2.6. Documentation of the notification shall be maintained on a log, the monthly sign-in sheets or a copy retained in the individual's file. Notification is not required when certification period of an elderly participant is extended in accordance with Section 2.1 paragraph L and as indicated in Table 1. In such cases the elderly participant's certification period is not expiring, it is being extended.
- D. Agencies may choose to establish a standard six-month schedule to process the certifications and certification extensions of elderly CSFP participants. Applications must be accepted and processed in accordance with Section 2.1. However the initial certification period may be scheduled to end during the next scheduled processing month. From that point forward certifications or extensions shall be for six-month periods or to the end of the month in which eligibility expires.
- E. Table 2 on page 4 of 4 may be used to identify six-month intervals.
1. Agencies using a standard six-month schedule for elderly participants would follow one row. For example, an agency may choose April through September and October through March to be the standard six-month intervals. Notifications required in paragraph C above **MUST** be given prior to the 15th day of the sixth month, in this case March and September. Giving notifications during the fifth month of the interval, in this case February and August, could help to assure participants remember to bring needed verification information.
 2. Agencies not using a standard six-month schedule could follow the row corresponding to the certification month and could use the chart to determine the six-month certification period or period of certification extension and the months when required notifications and/or verifications must be accomplished.



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POLICY AND PROCEDURE MANUAL**

SUBJECT: Certification Periods	Chapter: 2
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TABLE 2

One six-month interval						Next six-month interval					
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan
Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb
Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug
Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT:	Transfer of Certification	Chapter:	2
		Section:	2.9
REFERENCES:	7 CFR 247.16(c)	Page:	1 of 1
		Revised:	12-2005

PURPOSE: To provide a mechanism for certified participants to retain eligibility if they relocate during the certification period.

POLICY: Participants who relocate during the certification period may request a Verification of Certification form, Attachment 2.8. Local agencies and their subcontractors will accept Verification of Certification forms from other CSFP agencies in accordance with federal regulation and this policy.

PROCEDURES:

- A. Local agencies and/or certification sites shall issue upon request Verification of Certification form, Attachment 2.8 to any participant who relocates during the certification period.
- B. Local agencies and/or certification sites shall accept Verification of Certification form, Attachment 2.8 issued by other local agencies or similar documents issued by other states.
- C. The verification of certification is valid until the certification period expires, and shall be accepted as proof of eligibility for Program benefits.
- D. If a receiving local agency has waiting lists for participation, the transferring participant shall be placed on the list ahead of all waiting applicants.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Dual Participation	Chapter: 2
	Section: 2.10
REFERENCES: 7 CFR 247.19	Page: 1 of 2
	Revised: 10-2008

PURPOSE: To provide a mechanism for detecting and preventing dual participation.

POLICY: Local agencies in conjunction with the Department are responsible for the detection and prevention of dual participation.

PROCEDURES:

- A. The following sentences appear on the application in the double lined blocks and must be read by, or read to, the applicant or the applicant's parent or caretaker, in the appropriate translation, at the time of certification, "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;" and "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." See Section 2.1.
- B. Local agencies shall establish safeguards against dual participation in two different CSFP programs at the same time by establishing procedures that identify participants who are participating in two different programs or by establishing specific service areas for each distribution site.
- C. Local agencies shall refer eligible women, infant and child applicants to the WIC Program, especially those who appear to be at high risk, while providing applicants with the right to choose between the two programs.
- D. The State Agency conducts research to detect dual participation in both the CSFP and the WIC program. On a semiannual basis, in July and January, the local agencies shall submit Attachment 2.9 electronically. For each woman, infant and child participating in CSFP list on this spreadsheet the name, client number (DCN), date of birth, county of residence, the sex, and social security numbers of the participant and the guardian (for infants and children). If the client number or social security number is not provided or not available, the participant's complete address must be provided.
- E. The State Agency will immediately notify appropriate local contractors of CSFP participants who are determined to be dually participating in CSFP and WIC, unless it is determined by WICNS that termination in the WIC program is more appropriate. The Local agency shall take action to disqualify the participant from CSFP for a period of up



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Dual Participation	Chapter: 2
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to one year, unless the local agency determines that disqualification would result in a serious health risk.

- F. Participants disqualified as a result of dual participation must be notified in writing **at least 15 days before the effective date of disqualification** using Notice of Adverse Action, Attachment 2.7. See Section 2.7. Documentation of the notification shall be maintained on a log or a copy retained in the individual's file. A copy of log or the Notice of Adverse Action must be submitted to the State to assure that dual participation has been suspended.



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

Is the applicant or any qualifying household member participating in WIC or CSFP at another site? YES NO
 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.

NAME OF APPLICANT _____ **NAME OF GUARDIAN (if applicable)** _____

ADDRESS _____ **CITY/STATE/ZIP CODE** _____ **TELEPHONE NUMBER** _____

Social Security No (SSN) or Client Case # (DCN)* _____ **APPLICANT'S DATE OF BIRTH** _____ **TOTAL NUMBER LIVING IN HOUSEHOLD** _____

NAMES OF QUALIFYING HOUSEHOLD MEMBERS (continue on back)	AGE	DATE OF BIRTH	SSN or DCN

* **Women, infants and children – enter applicant DCN and show proof of receiving food stamps or family member receiving TANF or Medical Assistance OR enter applicant SSN and complete income section below.**

CHANGES MUST BE REPORTED: Participants must report changes in household income or composition within 10 days after the change becomes known to the household.	Indicate the source and amount of current (last month's) income before any deductions, such as taxes and social security. This amount must include income of all household members. "Other" income would include commissions; strike benefits, income from trusts, contributions from relatives, etc. If last month's income is not representative of usual household income, also indicate household's average income during the previous 12 months.		
	HOUSEHOLD INCOME	AMOUNT	HOW OFTEN RECEIVED
	GROSS SALARY, WAGES		
	SOCIAL SECURITY		
	PUBLIC ASSISTANCE (WELFARE)		
	CHILD SUPPORT (ALIMONY)		
	PENSIONS/RETIREMENT		
	SELF-EMPLOYMENT		
	UNEMPLOYMENT		
	OTHER INCOME		
TOTAL HOUSEHOLD INCOME			

RACIAL ETHNIC DATA (OPTIONAL)

Are you of Hispanic or Latino origin? YES NO

What is your race? (Select one or more)

AMERICAN INDIAN OR ALASKA NATIVE	ASIAN	BLACK OR AFRICAN AMERICAN	NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	WHITE

BEFORE SIGNING, BE AWARE OF YOUR RIGHTS AND WHAT YOUR SIGNATURE MEANS:

- ✓ Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex, age and disability.
- ✓ You may appeal any decision made by the local agency regarding your denial or termination from the Program.
- ✓ You will be given nutrition, health and social services referral information and are encouraged to seek needed assistance.
- ✓ If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate.

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 on CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation. I have been advised of my rights and obligations under the Program. I certify that the information I have provided for my eligibility determination is correct to the best of my knowledge.

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

SIGNATURE OF APPLICANT OR GUARDIAN _____ DATE _____

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

***** **FOR CERTIFYING AGENCY USE ONLY** *****

<input type="checkbox"/> IDENTITY/ELIGIBILITY/AGE Describe proof:	<input type="checkbox"/> RESIDENCY VERIFIED <input type="checkbox"/> H&SS HANDOUT GIVEN <input type="checkbox"/> WIC HANDOUT GIVEN	APPLICANT ELIGIBLE? <input type="checkbox"/> Y <input type="checkbox"/> N	CATEGORY: PG PP BF INF CH ELD	CASELOAD AVAILABLE? <input type="checkbox"/> Y <input type="checkbox"/> N	DATE WRITTEN NOTICE GIVEN:
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SIGNATURE AND TITLE OF CERTIFYING OFFICIAL _____	DATE CERTIFIED _____	PERIOD OF CERTIFICATION 1 st Month: _____ Last Month: _____
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MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 COMMODITY SUPPLEMENTAL FOOD PROGRAM
PARTICIPANT APPLICATION

Appendix 2.1B

Is the applicant or any qualifying household member participating in WIC or CSFP at another site? YES NO

Improper use and 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.

NAME OF APPLICANT	NAME OF GUARDIAN (if applicable)
--------------------------	---

ADDRESS	CITY/STATE/ZIP CODE	TELEPHONE NUMBER
----------------	----------------------------	-------------------------

Social Security No (SSN) or Client Case # (DCN)*	APPLICANT'S DATE OF BIRTH	TOTAL NUMBER LIVING IN HOUSEHOLD
---	----------------------------------	---

NAMES OF QUALIFYING HOUSEHOLD MEMBERS	AGE	DATE OF BIRTH	SSN or DCN

* Women, infants and children – enter applicant DCN and show proof of receiving food stamps or family member receiving TANF or Medical Assistance OR enter applicant SSN and complete income section below.

<p>CHANGES MUST BE REPORTED</p> <p>Participants must report changes in household income or composition within 10 days after the change becomes known to the household.</p>	<p>Indicate the source and amount of current (last month's) income before any deductions, such as taxes and social security. This amount must include income of all household members. "Other" income would include commissions; strike benefits, income from trusts, contributions from relatives, etc. If last month's income is not representative of usual household income, also indicate household's average income during the previous 12 months.</p>		
	HOUSEHOLD INCOME	AMOUNT	HOW OFTEN RECEIVED
	Gross Salary, Wages		
	Social Security		
	Public Assistance (Welfare)		
	Child Support (Alimony)		
	Pensions/Retirement		
	Self-Employment		
	Unemployment		
	Other Income		
Total Household Income			

NAME OF APPLICANT					
RACIAL ETHNIC DATA (OPTIONAL)					
Are you of Hispanic or Latino origin? <input type="checkbox"/> YES <input type="checkbox"/> NO					
What is your race? (Select one or more)	American Indian or Alaska Native	Asian	Black or African American	Native Hawaiian or Other Pacific Islander	White
BEFORE SIGNING, BE AWARE OF YOUR RIGHTS AND WHAT YOUR SIGNATURE MEANS:					
<ul style="list-style-type: none"> ✓ Standards for participation in the Program are the same for everyone regardless of race, color, national origin, sex, age and disability. ✓ You may appeal any decision made by the local agency regarding your denial or termination from the Program. ✓ You will be given nutrition, health and social services referral information and are encouraged to seek needed assistance. ✓ If your application is approved, the local agency will make nutrition education available to you and you are encouraged to participate. <p>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. 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.</p> <p>I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes. (Please indicate decision by placing a checkmark in the appropriate box.)</p> <p style="text-align: center;"><input type="checkbox"/> YES <input type="checkbox"/> NO</p>					
SIGNATURE OF APPLICANT OR GUARDIAN ▶				DATE	
UPDATE INFORMATION, SIGN AND DATE FOR CERTIFICATION AFTER WAITING ON LIST ▶				DATE	
***** FOR CERTIFYING AGENCY USE ONLY *****					
<input type="checkbox"/> IDENTITY/ELIGIBILITY/AGE – Describe proof:	<input type="checkbox"/> RESIDENCY VERIFIED <input type="checkbox"/> H&SS HANDOUT GIVEN <input type="checkbox"/> WIC HANDOUT GIVEN	APPLICANT ELIGIBLE? <input type="checkbox"/> Y <input type="checkbox"/> N	CATEGORY: PG PP BF INF CH ELD	CASELOAD AVAILABLE? <input type="checkbox"/> Y <input type="checkbox"/> N	DATE WRITTEN NOTICE GIVEN:
SIGNATURE AND TITLE OF CERTIFYING OFFICIAL			DATE CERTIFIED	PERIOD OF CERTIFICATION	
				1 ST MONTH: LAST MONTH:	



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 COMMODITY SUPPLEMENTAL FOOD PROGRAM

ELDERLY PARTICIPANT EXTENSION OF CERTIFICATION PERIOD

NAME OF PARTICIPANT		QUALIFYING HOUSEHOLD MEMBERS (continue on back)	
ADDRESS	CITY/STATE/ZIP CODE	TELEPHONE NUMBER	
***** FOR CERTIFYING AGENCY USE ONLY *****			
PARTICIPANT'S ADDRESS AND CONTINUED INTEREST IN RECEIVING CSFP BENEFITS HAS BEEN VERIFIED.			
LOCAL AGENCY HAS SUFFICIENT REASON TO BELIEVE PARTICIPANT/S STILL MEETS THE INCOME ELIGIBILITY STANDARDS (e.g. the elderly person has a fixed income)			
LOCAL AGENCY HAS NOTIFIED PARTICIPANT VERBALLY OR IN WRITING OF THE PERIOD OF THE EXTENSION.			
SIGNATURE AND TITLE OF CERTIFYING OFFICIAL		DATE CERTIFIED	PERIOD OF CERTIFICATION 1 st Month: Last Month:
***** FOR CERTIFYING AGENCY USE ONLY *****			
PARTICIPANT'S ADDRESS AND CONTINUED INTEREST IN RECEIVING CSFP BENEFITS HAS BEEN VERIFIED.			
LOCAL AGENCY HAS SUFFICIENT REASON TO BELIEVE PARTICIPANT/S STILL MEETS THE INCOME ELIGIBILITY STANDARDS (e.g. the elderly person has a fixed income)			
LOCAL AGENCY HAS NOTIFIED PARTICIPANT VERBALLY OR IN WRITING OF THE PERIOD OF THE EXTENSION.			
SIGNATURE AND TITLE OF CERTIFYING OFFICIAL		DATE CERTIFIED	PERIOD OF CERTIFICATION 1 st Month: Last Month:
***** FOR CERTIFYING AGENCY USE ONLY *****			
PARTICIPANT'S ADDRESS AND CONTINUED INTEREST IN RECEIVING CSFP BENEFITS HAS BEEN VERIFIED.			
LOCAL AGENCY HAS SUFFICIENT REASON TO BELIEVE PARTICIPANT/S STILL MEETS THE INCOME ELIGIBILITY STANDARDS (e.g. the elderly person has a fixed income)			
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LOCAL AGENCY HAS NOTIFIED PARTICIPANT VERBALLY OR IN WRITING OF THE PERIOD OF THE EXTENSION.			
SIGNATURE AND TITLE OF CERTIFYING OFFICIAL		DATE CERTIFIED	PERIOD OF CERTIFICATION 1 st Month: Last Month:

Women, Infants, and Children
 185 percent of the Federal Poverty Income Guidelines
 amounts valid from April 2011 until further notice

*Pregnant women are counted as **two** family members**

Family Size	Annual	Monthly	Weekly
1	\$20,147	\$1,679	\$388
2	\$27,214	\$2,268	\$524
3	\$34,281	\$2,857	\$660
4	\$41,348	\$3,446	\$796
5	\$48,415	\$4,035	\$932
6	\$55,482	\$4,624	\$1,067
7	\$62,549	\$5,213	\$1,203
8	\$69,616	\$5,802	\$1,339
Each additional family member	Plus \$7,067	Plus \$589	Plus \$136

* In the case of a known multiple birth pregnancy, each fetus will be counted as one family member.

Persons 60 Years and Older
 130 percent of the Federal Poverty Income Guidelines
 amounts valid from April 2011 until further notice

Family Size	Annual	Monthly	Weekly
1	\$14,157	\$1,180	\$273
2	\$19,123	\$1,594	\$368
3	\$24,089	\$2,008	\$464
4	\$29,055	\$2,422	\$559
5	\$34,021	\$2,836	\$655
6	\$38,987	\$3,249	\$750
7	\$43,953	\$3,663	\$846
8	\$48,919	\$4,077	\$941
Each additional family member	Plus \$4,966	Plus \$414	Plus \$96

This Institution is an Equal Opportunity Provider

The Commodity Supplemental Food Package is:

- ✓ for YOU, the participant, not for other family members.
- ✓ designed to SUPPLEMENT your food intake in order to meet YOUR 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.

COMMODITY Food Type Package size	INFANTS & CHILDREN			MOMS		SENIORS
	0-3 mos.	4-12 mos.	1-5 yrs	Pregnant or breastfeeding	Non-breastfeeding postpartum	60 yrs & over
Canned Meat 24-29 oz.			1	1	1	1
Canned Vegetables 14-16 oz.			4	6	4	4
Canned Fruits 14-16 oz.			2	4	2	2
Cereal Varies			1	1	1	1
Cheese 2 lbs			1	1	1	1
Pasta or rice or potatoes 2 lbs			1	1	1	1
Evaporated Milk 12 oz, or UHT Fluid Milk 1% 32 oz.			5 4	11 8	3 2	3 2
Dry Beans or Peanut butter 1 lbs 18 oz.			1	1	1	1
Dry Milk 1.8 lbs.			1	1	1	1
Juice, 100% 64 oz.			3	3	2	2
Infant Formula 14 oz powder	9	9				
Infant Cereal 8 oz.		2				

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

- ✓ Recipes and nutrition tips suggesting ways to select adequate diets.
http://www.fns.usda.gov/fdd/recipes/hp_cookbooks.htm.
- ✓ Information on the use of the supplemental foods and on the nutritional value of the foods. http://www.fns.usda.gov/fdd/programs/csfp/cfs_csfp.htm.
- ✓ Information on the benefits of breastfeeding.
<http://www.health.mo.gov/living/families/babies/breastfeeding/index.php>



Commodity Supplemental Food Program Health and Social Services Referral Information

Supplemental Nutrition Program for Women, Infants and Children (WIC)

- WIC is a nutrition education, health promotion and supplemental food program to assist women, infants and children who have nutritional needs. Benefits include: nutrition education guidance for women and their children at no cost, breastfeeding education and support, referrals for health care, and nutritious foods to supplement your diet, such as fresh or frozen fruits and vegetables, cheese, milk, eggs, cereal, infant formula and infant foods at no cost.

IMPORTANT NOTICE: Individuals MAY NOT participate in WIC and CSFP at the same time.

For more information call 1-800-392-8209 or visit <http://health.mo.gov/living/families/wic/>

Child Support Enforcement (CSE):

- CSE's responsibilities include locating parents, establishing paternity, establishing child and medical support orders, monitoring and enforcing compliance with child and medical support orders, and distributing support collections.

Call CSE toll free at 1-800-859-7999 or go to <http://www.dss.mo.gov/cse>.

Supplemental Nutrition Assistance Program (SNAP) formerly Food Stamp Program)

- 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, hot foods, or foods prepared for immediate consumption. Foods may be purchased using the food stamp benefits from any grocery or retail store anywhere in the U.S. that has been authorized by USDA.

Call the local Family Support Division Office or go to <http://www.dss.mo.gov/fsd/fstamp>.

Missouri HealthNet for Kids (MHK) Missouri's Health Insurance Program for Children

- MHK, part of the federal Children's Health Insurance Program is a healthcare program for uninsured children of low-income families who do not have access to affordable health insurance. Uninsured children, ages birth to 19, whose gross family income is up to 300% of the federal poverty level are eligible.

For more information, call 1-888-275-5908 or go to <http://www.dss.mo.gov/mhk/index.htm>

Missouri HealthNet

- The MO HealthNet program provides medical services to persons who meet eligibility requirements as determined by the Family Support Division. The goals of the program are to promote good health, to prevent illness and premature death, correct or limit disability, to treat illness, and to provide rehabilitation to persons with disabilities.

For more information, call 1-888-275-5908 or go to <http://www.dss.mo.gov/fsd/msmed.htm>

This Institution is an Equal Opportunity Provider

Temporary Assistance

- The Temporary Assistance Program provides assistance to needy families with children so they can be cared for in their own home. The program reduces dependency by promoting job preparation, work and marriage. Funds may also be used to prevent non-marital pregnancies and encourage the formation and maintenance of two-parent families.

Call the Family Support Division at 1-800-392-1261 or go to <http://www.dss.mo.gov/fsd/tempa.htm>

Supplemental Security Income (SSI)

- SSI pays monthly benefits to people who are 65 and older, or blind, or have a disability and who don't own much or have a lot of income. Many people who get SSI are also eligible to receive Food Stamps and Medicaid benefits.

To apply, visit your local Social Security Office or call 1-800-772-1213.

Medicare

- Medicare provides health insurance to persons aged 65 and over, disabled persons under the age of 65 whom have received social security disability cash benefits for at least 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 www.medicare.gov.

Energy Assistance Program

- The Missouri Low Income Home Energy Assistance Program is designed to help pay heating bills for those Missourians in need of assistance during the months of December, January, February, and March. Applications for the program are accepted by the Family Support Division from November through March. To qualify, you must be responsible for paying heating costs and meet specific income guidelines based on household size.

For more information call 1-800-392-1261 or go to <http://www.dss.mo.gov/fsd/liheap.htm>

TEL-LINK 1-800-835-5465

Tel-Link can connect you to services for: Family planning, prenatal care, parenting, sexually transmitted diseases, immunizations, alcohol and drug abuse, sexual assault or rape, family violence, pregnancy/infant loss, adoption, counseling, children with special health care needs, well-child clinics and more.

Other Important Numbers:

Child Abuse/Neglect Hotline – 1-800-392-3738
Parental Stress Helpline – 1-800-367-2543

Aging Information Hotline – 1-800-235-5503
Elderly Abuse or Neglect Hotline – 1-800-392-0210



Certifying Agency: _____ Date: _____

Certifying Agency Address: _____

Applicant's Name: _____

Address: _____

ELIGIBILITY CATEGORIES: Program standards are applied without discrimination by race, color, national origin, age, sex or disability.

- | | |
|---------------------------|--------------------------------|
| _____ PG – Pregnant Woman | _____ BF – Breastfeeding Woman |
| _____ PP – Postpartum | _____ INF – Infant |
| _____ CH – Child | _____ ELD – Elderly |

ELIGIBILITY DETERMINATION:

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

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

WAITING LIST NOTIFICATION:

_____ We have caseload openings now. Please be informed it is time to re-determine your eligibility for the CSFP. Complete the enclosed forms and bring them and the applicant listed above to our office located at the address above during the hours of _____ - _____ on these days or dates _____.

NOTICE OF CERTIFICATION PERIOD EXTENSION:

_____ Your eligibility for CSFP benefits may be extended through the month of _____ by presenting a document showing your current address to the Certifying Agency listed above prior to the end of the month of _____.

NOTICE OF EXPIRATION OF CERTIFICATION PERIOD:

_____ Your eligibility for CSFP benefits is about to expire effective the last day of the month of _____. Contact the Certifying Agency listed above for additional information.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 COMMODITY SUPPLEMENTAL FOOD PROGRAM
NOTICE OF ADVERSE ACTION

Attachment 2.7

Certifying Agency: _____ Date: _____

Certifying Agency Address: _____

Name of Applicant or Participant: _____

Address: _____

This is to inform you that the following action will be taken regarding your participation in the CSFP:

- You are ineligible to receive CSFP benefits for the reason listed below.
- Your CSFP benefits are being discontinued effective _____ for the reason listed below.
- You are disqualified to receive CSFP benefits for the reason listed below. The period of disqualification is from _____ to _____.

The reason for this action is:

Program standards are applied without discrimination by race, color, national origin, age, sex or disability.

Tear along the dotted line and return to the Certifying Agency:

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 is first. However, if the Agency is upheld in its decision, a claim against the household shall be established for all over-issuance of USDA foods.

I WISH TO REQUEST A FAIR HEARING YES NO

NAME: _____ PHONE: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

USDA is an equal opportunity provider and employer.

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 COMMODITY SUPPLEMENTAL FOOD PROGRAM
VERIFICATION OF CERTIFICATION

Name of Participant: _____

Date Certified: _____

Date Certification Expires: _____

Category: ELD – Elderly INF – Infant CH – Child
 PG – Pregnant Woman BF – Breastfeeding Woman PP – Postpartum

Verification Statement:

The participant named above has expressed intent to relocate and is eligible to participate in the Commodity Supplemental Food Program until the stated expiration date. This Verification of Certification form shall be accepted as proof of eligibility for Program benefits.

If a waiting list exists at the receiving local agency, the named participant shall be placed on the list ahead of all waiting applicants.

The CSFP Participant Application for the participant named above is on file at:

Certifying local agency

Agency code

Local agency address

Zip Code

Signature of local agency official

Date:

Title of local agency official
 (Please print or type)

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer. 6/06



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Caseload Management	Chapter: 3
	Section: 3.1
REFERENCES: 7 CFR 247.21 and 247.24	Page: 1 of 2
	Revised: 08-2010

PURPOSE: To provide guidelines for the process of caseload management.

POLICY: Assigning and management of caseload will be accomplished in accordance with federal regulations and department policies with a target of utilizing 100% of assigned caseload annually.

PROCEDURES:

A. The caseload assignment process is as follows:

1. The Missouri Department of Health and Senior Services –Community Food and Nutrition Assistance is granted caseload for the calendar year by the USDA Food and Nutrition Service to serve women, infants, children and elderly persons based on federal budget availability and program participation during the previous federal fiscal year.
2. USDA announces caseload allocation annually by December 31 or within 30 days after enactment of appropriations legislation covering the full fiscal year, whichever comes later. USDA evaluates requests for expansion caseload based on the actual caseload served during the previous federal fiscal. A State's base caseload will be the highest average level served during either the entire federal fiscal year or the final quarter of the federal fiscal year. If a State serves less than an average of 100% of the assigned caseload, the base caseload for the next calendar year will be set at the highest average level served.
3. Missouri allocates caseload to contractors based on the contractors' requests, their demonstrated capabilities, projected CSFP eligible population within their service area and actual number of participants served during the previous fiscal year.
4. Contractors shall allocate caseload to each distribution and certification site based on available caseload, estimated eligible population and the capacity of the site.
5. The authorized caseload assignment will be made in terms of a monthly level, i.e., a caseload assignment of 500 authorizes 500 participants to receive food packages each month for the caseload cycle (January 1 through December 31).
6. The State Agency may adjust caseload allocations when a local agency consistently fails to serve its assigned caseload.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Caseload Management	Chapter: 3
	Section: 3.1
REFERENCES: 7 CFR 247.21 and 247.24	Page: 2 of 2
	Revised: 08-2010

B. Monitor caseload utilization and make adjustments as needed.

1. Local agencies must report, by category, the number of participants who actually receive food packages each month on the FNS-153. See Sections 5.5 and 8.3 and Attachment 5.4.
2. Local agencies shall monitor participation to assure maximum use of caseload and to maintain caseload at assigned levels. If a distribution site consistently fails to serve its assigned caseload, local agencies should redistribute caseload to other distribution sites where waiting lists are being maintained.
3. Fluctuations in participation are expected. Monthly monitoring will allow local agencies to adjust outreach efforts appropriately. If participation is below the authorized level, outreach efforts should be directed to contact and enroll eligible persons. See Section 3.3. If participation exceeds the authorized level, outreach should be reduced. If necessary, waiting lists should be implemented. See Section 2.6.
4. When waiting lists are implemented, distribution sites with designated distribution periods may use One Month Certification as described in Section 2.6 to assure 100% of caseload is served.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT:	Participant No-show Policy	Chapter:	3
		Section:	3.2
REFERENCES:	7 CFR 247.17	Page:	1 of 1
		Revised:	12-2005

PURPOSE: To establish the maximum allowable period that persons may fail to pick-up food packages and remain enrolled in the program.

POLICY: To remain enrolled in the Commodity Supplemental Food Program, persons may fail to pick-up food during no more than two consecutive months.

PROCEDURES:

- A. Local agencies shall establish a “no-show” policy stating the maximum allowable period that persons may fail to pick-up food packages and remain enrolled in the program. The period may not exceed two consecutive months.
- B. The “no-show” policy shall be posted in a prominent location and each participant shall be informed of this policy during certification and recertification.
- C. Elderly participants who are required to be in the hospital for extended stays retain their participant status. They should not be removed from the program for missing two consecutive months. They can be issued food for any month within their certification period for which they had at least one day at home. If they have extended hospital stays covering every day of the month, they should not receive a food package for that month.
- D. Violation of the “no-show” policy shall result in discontinuance of CSFP benefits. If a participant violates the established “no-show” policy, 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** using Attachment 2.7, Notice of Adverse Action. Documentation of the notification shall be maintained on a log or a copy retained in the individual’s file, (see Section 2.7 paragraph E).
- E. Participants who are removed from the program for violation of the “no-show” policy are allowed to reapply for benefits unless they have violated the “no-show” policy twice previously. 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 by category, and in the order which they contacted the agency. Participants who violate the “no-show” policy a third time within the past twelve months must 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.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Outreach Efforts	Chapter: 3
	Section: 3.3
REFERENCES: 7 CFR 247	Page: 1 of 1
	Revised: 04-2011

PURPOSE: To outline outreach activities designed to maximize caseload utilization.

POLICY: Outreach activities shall be conducted at both the State and local agency level.

PROCEDURES:

- A. At the state level, activities are coordinated with the WIC state agency. All persons applying for the WIC program who cannot receive WIC benefits because of caseload limitations or lack of risk factors required for WIC certification are referred to the CSFP program nearest to them. Outreach efforts are specifically targeted to the WIC “graduates” such as non-breastfeeding women greater than six months postpartum and children beyond their 5th birthday.
- B. On an annual basis, MDHSS will submit a press release to appropriate Missouri newspapers, radio stations, and television stations, to announce the availability of the CSFP, on behalf of each local agency with available caseload. Eligibility criteria and income guidelines will be published with the press release. The press release will also be posted on the Department web page at <http://www.health.mo.gov>.
- C. Local agencies shall also work closely with the WIC agencies in their service areas to market the program. Outreach flyers are available to promote and advertise the CSFP in WIC agencies. See attachments 3.1 and 3.2.
- D. Outreach to elderly populations may be conducted through the Area Agencies on Aging, as well as through a variety of community venues. Flyers outlining the program benefits and criteria for participation are available to the agencies and the senior centers they serve. See attachments 3.2 and 3.3. A toll free number is provided to direct potential participants to the nearest CSFP local agency as well as the agency location interactive map posted on the web at <http://gis.dhss.mo.gov/Website/CSFPsites/CSFP.html#>.
- E. The state works closely with local agencies to assure that all outreach activities are conducted in accordance with the plan. Local agencies shall use the flyers to post and/or distribute to local businesses and other community agencies announcing the availability of the program and where to go to get benefits.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Homebound Elderly	Chapter: 3
	Section: 3.4
REFERENCES: 7 CFR 247.5 (c) (7) & 7CFR 247.6 (c) (10)	Page: 1 of 1
	Revised: 12-2005

PURPOSE: To outline efforts that are required to meet the needs of homebound elderly.

POLICY: Local agencies shall make arrangements to meet the needs of homebound elderly.

PROCEDURES:

- A. Local agencies shall coordinate efforts to meet the needs of homebound elderly with the local Area Agency on Aging (AAA) and the homebound “Meals on Wheels” program. Local agencies shall work with AAAs to identify potential homebound participants, to conduct outreach, and to conduct certification and delivery of food packages. Local agencies shall also allow designated proxies to pick up food packages for homebound elderly individuals. See Section 5.4 F for the requirements when proxies are used.
- B. When appropriate, local agencies shall conduct training to volunteers in the communities to take applications to elderly persons and to collect appropriate information and documentation. Actual certification of the homebound elderly shall occur at the certification sites.
- C. Food packages shall be delivered directly by the local agency, by volunteers and/or proxies or, if possible, by programs in the AAA, such as the “Meals on Wheels” program. The homebound elderly recipient or their proxy shall be required to sign a roster or receipt upon delivery of the food package.

Missouri Department of Health and Senior Services

Commodity Supplemental Food Program

Has your eligibility run out for the Supplemental Nutrition Program for Women, Infants and Children (WIC) or do you know older adults in need of supplemental nutrition?

Check out the eligibility criteria for the Commodity Supplemental Food Program (CSFP).



Who does CSFP serve?

If you are pregnant, breastfeeding, have given birth within the last year, have infants or children up to age six living in your home, have limited income, and **are not** participating in the WIC Program or if your eligibility for the WIC program has run out, you may be eligible to participate in the CSFP. Older adults, age sixty or older, who live in low-income households may also participate in CSFP.

What is the CSFP?

The CSFP provides nutritious commodity foods to eligible clients. Each food package is worth about \$50.00 and consists of canned fruits, vegetables, meat, cheese, cereals and grain products and milk products provided to each eligible individual each month.

What income criteria must be met?

Women, infants and children must live in households with a gross annual income at or below 185% of the federal poverty level (\$41,348 for a household of 4). Older adults must have gross annual incomes at or below 130% of federal poverty (\$19,123 for a household of 2).

What do I need to sign up?

Proof of residence (an I.D. with current address such as a driver's license) and a birth certificate (for eligible infants and children and for postpartum or breastfeeding verification). Pregnant women whose pregnancy is not visible will need a note from the doctor verifying the pregnancy.

Where do I go?

For a site near you, call 800-733-6251 or go to <http://www.health.mo.gov/living/wellness/nutrition/foodprograms/csfp>.



Do you have trouble making ends meet each month?
Do you sometimes have to choose between buying food and paying bills?
If so, the **Commodity Supplemental Food Program** can help you!!

What is the CSFP?

The CSFP provides nutritious commodity foods to women, infants, children who **are not** participating in the Supplemental Nutrition Program for Women, Infants and Children (the WIC Program) or whose eligibility for the WIC program has run out and older adults who live in low-income households. A food package worth about \$45.00, consisting of canned fruits, vegetables, meat, cheese, cereals and grain products and milk products, is provided to each eligible individual each month.

Who can receive a food package?

- ✓ Pregnant women
- ✓ Postpartum women up to one year after giving birth
(WIC eligibility expires at six months for some women)
- ✓ Breastfeeding women up to one year after giving birth
- ✓ Infants
- ✓ Children up to their sixth birthday
(WIC eligibility expires at their fifth birthday)
- ✓ Older adults, age 60 and above



What income criteria must be met?

Women, infants and children must have gross annual incomes at or below 185% of the federal poverty level (\$41,348 for a household of 4). Older adults must have gross annual incomes at or below 130% of federal poverty (\$19,123 for a household of 2).

What do I need to bring to sign up?

- ▶ Pregnant women - proof of current address and letter from doctor if the pregnancy is not showing.
- ▶ Postpartum women - proof of current address and birth certificate or other record of birth for infant less than one year of age.
- ▶ Breastfeeding women - proof of current address and birth certificate or other record of birth for infant less than one year of age.
- ▶ Infants - proof of current address and birth certificate or other record of birth.
- ▶ Children - proof of current address and birth certificate or other record of birth.
- ▶ Older adults - proof of current address and birth certificate or driver's license.



Where do I go?

For a site near you, call 800-733-6251 or go to

<http://www.health.mo.gov/living/wellness/nutrition/foodprograms/csfp/index.php>.

Missouri Department of Health and Senior Services
**The Commodity Supplemental Food Program
for Seniors**



If you are age 60 and older and have limited income, then the Commodity Supplemental Food Program (CSFP) is for you. The CSFP provides nutritious food packages to eligible seniors each month.

How do Seniors qualify?

If you are age 60 or older and have a limited income (\$19,123 for a household of 2), you are eligible to participate in CSFP.

What does the CSFP provide?

A food package worth about \$50.00, consisting of canned fruits, vegetables, meat, cheese, cereals and grain products and milk products, is provided each month.

What will I need to get signed up?

Proof of residence (an I.D. with current address), and a driver's license or a birth certificate.

Where do I go?

Call 1-800-733-6251 for a site near you or visit <http://www.health.mo.gov/living/wellness/nutrition/foodprograms/csfp>.

**The Commodity Supplemental Food Program
Your "key" to good health.**

4/11 This Institution is an Equal Opportunity Provider



Missouri Department of Health and Senior Services
**The Commodity Supplemental Food Program
for Seniors**



If you are age 60 and older and have limited income, then the Commodity Supplemental Food Program (CSFP) is for you. The CSFP provides nutritious food packages to eligible seniors each month.

How do Seniors qualify?

If you are age 60 or older and have a limited income (\$19,123 for a household of 2), you are eligible to participate in CSFP.

What does the CSFP provide?

A food package worth about \$50.00, consisting of canned fruits, vegetables, meat, cheese, cereals and grain products and milk products, is provided each month.

What will I need to get signed up?

Proof of residence (an I.D. with current address), and a driver's license or a birth certificate.

Where do I go?

Call 1-800-733-6251 for a site near you or visit <http://www.health.mo.gov/living/wellness/nutrition/foodprograms/csfp>.

**The Commodity Supplemental Food Program
Your "key" to good health.**

4/11 This Institution is an Equal Opportunity Provider





COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Nutrition Education	Chapter: 4
	Section: 4.1
REFERENCES: 7 CRF 247.6 (c) (7) and 7 CFR 247.18	Page: 1 of 1
	Revised: 4-2011

PURPOSE: To establish an overall nutrition education plan.

POLICY: Local agencies shall provide nutrition education that can be easily understood by participants and is related to their nutrition needs and household situations.

PROCEDURES:

- A. The Contractor shall make nutrition education available to all adult participants and to parents or guardians of infant and child participants. Where applicable, nutrition education for child participants is encouraged.
- B. The Contractor shall discuss with applicants key points on Attachment 2.3 “The Commodity Supplemental Food Package is” and shall provide a copy of Attachment 2.4 “Health & Social Services Referral Information” to each applicant at the time of certification in order to address the following subject matter:
 - 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 these needs may be met;
 - 4. For pregnant and postpartum women, the benefits of breastfeeding;
 - 5. The importance of health care, and the role nutrition plays in maintaining good health; and
 - 6. The importance of the use of the foods by the participant to whom they are distributed, and not by another person.
- C. Nutrition education resources are available free or at low cost to the local agencies through sources listed on Attachment 4.1 and at <http://www.health.mo.gov/living/wellness/nutrition/foodprograms/csfp> under Related Links.
- D. The State or local agency or another agency with which it has signed an agreement may use CSFP foods to conduct cooking demonstrations as part of the nutrition education provided to program participant, but not for other purposes.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT:	Nutrition Education Evaluation	Chapter:	4
		Section:	4.2
REFERENCES:	7 CFR 247.18 (a)	Page:	1 of 2
		Revised:	12-2005

PURPOSE: To establish an evaluation procedure to obtain participant input and to determine the effectiveness of the nutrition education efforts.

POLICY: Local agencies shall distribute the Food Program Survey and other evaluation tools in accordance with State Agency guidance.

PROCEDURES:

- A. The State shall provide copies of the Food Program Survey (Attachment 4.2) or other evaluation tool to the Local agencies for distribution to CSFP participants.
- B. The Local agencies shall assure the survey or other tool is distributed according to instructions provided.
- C. Each distribution site shall provide space for the comfortable completion of the survey or other tool and have sufficient pencils or pens available.
- D. Surveys or 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 as the food packages are distributed.
- E. Site personnel shall explain to each participant receiving a survey that information provided will be kept strictly confidential and will be used to improve the quality and effectiveness of the nutrition education efforts.
- F. If a participant is unable to complete the survey or unable to read, offer assistance with completing the forms.
- G. If a participant refuses a survey; or if they have difficulty reading or completing the survey:
 - 1. 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 was assisted in completing the forms.
 - 2. Distribution site staff should line through the survey to indicate it was offered to an individual who refused to complete the form;



COMMODITY SUPPLEMENTAL FOOD PROGRAM

POLICY AND PROCEDURE MANUAL

SUBJECT: Nutrition Education Evaluation	Chapter: 4
	Section: 4.2
REFERENCES: 7 CFR 247.18 (a)	Page: 2 of 2
	Revised: 12-2005

3. If practical, distribution site staff should mark the participant's apparent gender and ethnicity (based on visual assessment) for those surveys that were refused.
- H. When sites complete food distribution for the month of the survey, return the surveys or other tools in self addressed postage paid envelope provided for data entry and analysis. A report for the results will be provided when completed.

Nutrition Resources on the Web

<http://www.health.mo.gov/living/wellness/nutrition/foodprograms/csfp/relatedlinks.php#senior>

Missouri Department of Health and Senior Services web site offers basic information about senior nutrition, several publications and many links to nutrition information for seniors.

<http://www.commodityfoods.usda.gov>

The USDA Commodity Food Network (CFN) is the first ever one-stop Federal website that provides direct access to all of the services and resources available for USDA Commodity Food Distribution Programs including the Commodity Supplemental Food Program. The direct link to cookbooks is http://www.fns.usda.gov/fdd/recipes/hp_cookbooks.htm and to CSFP commodity food facts sheets and recipes is http://www.fns.usda.gov/fdd/programs/csfp/cfs_csfp.htm.

<http://www.nutrition.gov>

Your complete guide to nutrition and health information on Federal Government Websites.

<http://www.mypyramid.gov/>

One size doesn't fit all. MyPyramid Plan can help you choose the foods and amounts that are right for you. View and download the MyPyramid mini-poster to learn the basics about eating healthy and physical activity. Other Food Guide Pyramid materials are available at <http://www.nal.usda.gov/fnic/Fpyr/pyramid.html>.

<http://www.nihseniorhealth.gov>

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.

<http://medlineplus.gov>

MedlinePlus brings together authoritative information from NLM, the National Institutes of Health (NIH), and other government agencies and health-related organizations. Search the site for Health Topics including Nutrition, Nutrition for Seniors and Child Nutrition.

<http://outreach.missouri.edu/hes/food.htm>

The college of Human Environmental Sciences Outreach and Extension of the University of Missouri-Columbia. Our mission is helping consumers of all ages improve their health and quality of life by selecting nutritious foods and adopting healthy habits.

<http://www.foodsafety.gov>

The gateway to government food safety information.

<http://vm.cfsan.fda.gov/>

The home site for the U.S. Food and Drug Administration, Center for Food Safety and Applied Nutrition. Click on “Seniors” under “Special Interest Areas” for information for people over 65 years old on food, nutrition and cosmetics including the handbook, “Food Safety for Seniors.”

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY).

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Food Program Survey

We are using this survey to improve the Missouri Commodity Supplemental Food Program. Your answers will be kept strictly confidential and will not affect your benefits.

Age: _____ Sex: Male Female Zip Code (Home address): _ _ _ _ _

Ethnicity: Hispanic or Latino Not Hispanic or Latino

Race: (Please mark one or more)

American Indian or Alaska Native Asian Black or African American

Native Hawaiian or Other Pacific Islander 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 need to know how to prepare the food in my monthly food box.					
3. The handouts I receive with my monthly food boxes are easy to read and understand.					
4. The handouts I receive with my monthly food boxes help me eat right.					
5. The handouts I receive with my monthly food boxes help me use all the food provided.					
6. I would attend a class on nutrition or cooking.					
7. I have problems with lack of running water.					
8. I have problems with lack of electricity.					
9. I have limited cooking equipment.					

PLEASE TURN OVER

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

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 
10. I have limited refrigerator space.					
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 can buy fresh fruits and vegetables any time of the year.					
14. Eating a good diet can help keep me healthy.					
15. For good health I should eat at least 5 servings of vegetables and fruits every day.					
16. For good health I should eat at least 2-3 servings of meat or protein every day.					
<p>17. Check the number of servings of vegetables and fruits you eat each day. <input type="checkbox"/>₁ 1-2 <input type="checkbox"/>₂ 3-4 <input type="checkbox"/>₃ 5 + <input type="checkbox"/>₄ 0 <input type="checkbox"/>₅ Don't Know/Unsure</p> <p>18. How do you describe your weight? <input type="checkbox"/>₁ Very underweight <input type="checkbox"/>₂ Slightly underweight Current weight: _____ <input type="checkbox"/>₃ About the right weight <input type="checkbox"/>₄ Slightly overweight Current Height: _____ <input type="checkbox"/>₅ Very overweight</p> <p>19. Would you like to receive other information with your food boxes?</p> <p>20. Do you have comments or concerns about the program in general?</p>					

THANKS FOR YOUR HELP



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Multi-food Ordering and Receiving	Chapter: 5
	Section: 5.1
REFERENCES: 7 CFR 247	Page: 1 of 2
	Revised: 04-2011

PURPOSE: To outline the Multi-food ordering and receiving process for the Commodity Supplemental Food Program in Missouri.

POLICY: The State agency manages the multi-food ordering process for the Commodity Supplemental Food Program. The local agencies order, receive and warehouse the foods.

PROCEDURES:

- A. Multi-food orders are placed in the Web Based Commodity Supply Chain Management (WBSCM) system. MDHSS-BCFNA is the State Distributing Agency (SDA). Local agencies are referred to in the system as Recipient Agencies (RAs). Level 1 Access to USDA's eAuthorization system and proper linkage are prerequisites to access WBSCM. At least one person at each local agency must apply for Level 1 Access to USDA eAuthorization. Attachment 5.1 gives three easy steps to create a new WBSCM User.
- B. Each local agency has an established monthly delivery schedule. Orders may be placed beginning on the 30th calendar day prior to the delivery date until the 14th calendar day prior to the delivery date. Orders may be modified at any time during this period. The State provides a schedule with the earliest date orders can be entered, the last date orders can be entered and the delivery date for each location by month.
- C. The local agency completes the multi-food order in WBSCM.
 - 1. Attachment 5.2, Food Order Worksheet, may be used to determine case quantities needed to support a given caseload. Enter anticipated caseload by participant type in row four on the worksheet. The number of cases to be ordered for each food type will be calculated and displayed in column P. To determine the number of cases to order the local agency must consider existing inventory levels and anticipated receipts.
 - 2. The on hand supply of any food type should be enough to make distributions for at least two extra months but may not exceed a five month supply. On rare occasions orders cannot be filled at requested levels. The two month supply is needed to assure that complete packages can be assembled.
- D. The State monitors orders and may direct or submit modifications.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Multi-food Ordering and Receiving	Chapter: 5
	Section: 5.1
REFERENCES: 7 CFR 247	Page: 2 of 2
	Revised: 04-2011

- E. The Multi-food Requisition Report from Reports in WBSCM may be printed and used as a receiving document.
- F. The truck driver will contact the local agency to confirm deliveries and schedule the time. The local agency must follow the instructions in the USDA publication “Receiving for USDA Commodities, Household Consignee Version (Multi-food Shipments from Warehouse)” dated July 2001. Consult the receiving document as food deliveries arrive.
- G. The local agency must enter all receipts into WBSCM under Operations/Order Processing/Shipment Receipts/Enter Shipment Receipt within five (5) working days of the receipt. If overages, shortages or damage are noted, the local agency must enter all information into WBSCM.
- H. The State tracks all receipts, overages, shortages or damage through WBSCM.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT:	Direct Shipment Ordering and Receiving	Chapter:	5
		Section:	5.2
REFERENCES:	7 CFR 247	Page:	1 of 2
		Revised:	4-2011

PURPOSE: To outline the process for ordering and receiving direct shipments for the Commodity Supplemental Food Program in Missouri.

POLICY: The State agency manages the direct shipment food ordering process for the Commodity Supplemental Food Program. The local agencies receive and warehouse the foods.

PROCEDURES:

- A. The State receives offering information from USDA-MPRO and through the Web Based Commodity Supply Chain Management (WBSCM) system. The State agency monitors items offered and quantities ordered by all contractors through the multi-food warehouse with the intent to utilize direct shipments when possible. Direct shipments may be split between as many as three locations, but the minimum delivery to any location is 25% of a truckload.
- B. The State prepares the food order plan projecting out several quarters using the master FNS 153s to establish baseline inventories. The local agencies receiving direct shipments are provided information about the plan electronically to review and comment.
- C. The local agency notifies the State agency via email by the designated deadline if additions or deletions to the direct delivery plan are desired. The State enters and tracks direct shipment orders in WBSCM.
- D. The USDA Farm Service Agency's Kansas City Commodity Office establishes contracts with food manufacturers, generates a Forwarding Notice (FN) and sends electronic copies to the State.
- E. The State reviews the FN, tracks on the food order plan and sends a copy to the local agency via email. The FN is used by the local agency as the receiving documentation.
- F. The truck driver will contact the local agency to schedule deliveries. The local agency must follow the instructions in the USDA publication "Receipting for USDA Commodities, Direct Shipment Version (Shipments to State Facilities)" dated September 2001.
- G. The local agency must enter all receipts into WBSCM. If overages, shortages or damage are noted, the local agency must complete FNS Form 57 in accordance with the USDA publication sited in F above and fax to the State with supporting documentation.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Direct Shipment Ordering and Receiving	Chapter: 5
	Section: 5.2
REFERENCES: 7 CFR 247	Page: 2 of 2
	Revised: 4-2011

- H. The State tracks all receipts on the food order plan and the master FNS 153s and submits any FNS Form 57 to USDA.
- I. The State notifies local agencies if receipts are not entered into WBSCM or if there are questions.
- J. USDA notifies the State if shipments are delayed or cancelled. The State notifies the local agencies and works to resolve any possible shortages that might impact food package distributions.
- K. When necessary and practical the State may coordinate transfers between local agencies to assure adequate supplies are available to distribute full food packages.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT:	Food Package Assembly	Chapter:	5
		Section:	5.3
REFERENCES:	7 CFR 247.10(a), 7 CFR 247.28 and 7 CFR 250.14	Page:	1 of 1
		Revised:	12-2005

PURPOSE: To provide guidelines for the assembling of food packages for the Commodity Supplemental Food Program in Missouri.

POLICY: Local agency shall assemble food packages in accordance with Missouri Department of Health and Senior Services CFSP Food Package Monthly Distribution Rates and program regulations.

PROCEDURES:

- A. Foods required to be included in food packages, based on age and category, are listed in the Missouri Department of Health and Senior Services CSFP Food Package Maximum Monthly Distribution Rates, Effective August 2004, Attachments 5.3A and 5.3B.
- B. Partial food packages MAY NOT be distributed.
- C. Different packages must be assembled for the following categories:
 - 1. Infants 0-3 months
 - 2. Infants 4-12 months
 - 3. Children 1 year of age
 - 4. Children age 2 until 6 year birth month.
 - 5. Pregnant and breastfeeding women
 - 6. Elderly and non-breastfeeding postpartum women
- D. A food package tracking system must be devised to identify the content of each package so that an accurate by unit end of the month inventory can be accomplished (see Policy 5.5). The food package tracking system should identify the following:
 - 1. Either the pack month and year or the intended distribution month and year
 - 2. The category (see C. above)
 - 3. The specific food items in the package. Document the contents of the first package and assign an alpha or numeric code. If there is a change in food items during package assembly, for instance the corn runs out and green beans are substituted, a new code should be assigned and the new contents documented for that code.



COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURE MANUAL

SUBJECT:	Food Package Distribution	Chapter:	5
		Section:	5.4
REFERENCES:	7 CFR parts 247.4, 247.10, 247.28 and 250.14	Page:	1 of 3
		Revised:	12-2005

PURPOSE: To provide guidelines for the distribution of food packages for the Commodity Supplemental Food Program in Missouri.

POLICY: Local agency shall assure that supplemental food packages are distributed in accordance with Program regulations.

PROCEDURES:

- A. Local agencies are responsible for recruiting and/or establishing food distribution sites. Each site must conform to local, state and federal health standards and must enter into an agreement with the local agency to assure proper food handling, storing, and distribution procedures and recording requirements are maintained.
- B. The local agency shall provide the name and address of each certification, food distribution and storage site under its jurisdiction either with the local agency's Commodity Supplemental Food Program Contract Request or when written agreements are established.
- C. The written agreements with other agencies shall:
 1. State the Program responsibilities of the other agency.
 2. Contain the information on the CSFP Agreement Checklist, Attachment 5.5.
 3. Be on file with the parties to the agreements.
- D. Local agencies shall assure that distribution sites under their jurisdiction provide adequate care and security for the food while in their possession. Foods shall be stored in adequate and secured areas at each distribution site to safeguard them from spoilage, infestation, fire and other losses. These storage areas may also be used to store The Emergency Food Assistance Program (TEFAP) commodities or other USDA foods for local use and distribution but each program's commodities must be maintained separately. Inventory and distribution amounts as well as participant data shall be reported to the local agency each month.
- E. Participants pick up food packages at their designated distribution site once each month during the distribution site's normal hours of operation. Staff at the site shall verify recipient identity and eligibility prior to distributing the foods and shall require the participant or proxy to sign for the receipt of food packages.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Food Package Distribution	Chapter: 5
	Section: 5.4
REFERENCES: 7 CFR parts 247.4, 247.10, 247.28 and 250.14	Page: 2 of 3
	Revised: 12-2005

- F. Local agencies may permit the use of proxies if procedures are in place to deter fraud. At a minimum, such procedures must:
1. Require that the participant, parent, or guardian authorizes proxies in writing;
 2. Require that the period of time such a designation is intended to cover be reflected in the written designation;
 3. Require that records of proxy designations be maintain on file;
 4. Require that the proxy provide some form of identification prior to completing the certification, recertification, or food package distribution process; and
 5. Determine whether participants receive the food package released to proxies for delivery.
- G. Distribution site staff or volunteers may deliver food packages to homebound participants by the end of the month or within five working days of a single distribution day whichever is latest. Participants or authorized proxy must sign for the receipt of food packages.
- H. The frequency of food distribution to participants shall be a one-month food package issued each month for the current month. Food shall not be issued in the current month for a past month except when food packages are delivered to homebound participants and a single distribution day falls less than five working days from the end of the month (see paragraph G above).
1. When undistributed food packages remain at the end of the month the distribution site must report the number of boxes remaining and the unique content code for each box to the local agency.
 2. Undistributed food packages remaining at the end of the month shall be included in the local agencies end of the month physical inventory on the FNS 153. See Section 5.5 paragraph B.
 3. The local agency shall reduce the number of boxes issued to the distribution site the next month by the number of undistributed food packages remaining at the end of the month except as indicated in point 4 below.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT:	Food Package Distribution	Chapter:	5
		Section:	5.4
REFERENCES:	7 CFR parts 247.4, 247.10, 247.28 and 250.14	Page:	3 of 3
		Revised:	12-2005

4. Sites that operate continuous distribution throughout the month may need to have food packages remaining at the end of the month in order to have food packages available for distribution prior to the next delivery of food packages. However, reports must reflect the exact number of food packages distributed during each month and adequate controls to prevent food loss must be in place.
- I. Elderly participants who are required to be in the hospital for extended stays retain their participant status. They should not be removed from the program for missing two consecutive months. They can be issued food for any month within their certification period for which they had at least one day at home. If they have extended hospital stays covering every day of the month, they should not receive a food package for that month.
- J. Participants shall not be required to make any payments, or provide any materials or services in connection with the receipt of CSFP commodities and, they shall not be solicited in connection with the receipt of CSFP commodities for voluntary cash contributions for any purpose.
- K. Distribution of supplemental foods shall not be used as a means for furthering the political interest of any person or party.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT:	Inventory Control and Reports	Chapter:	5
		Section:	5.5
REFERENCES:	7 CFR parts 247.28, 247.29, 250.14 and the instructions for form FNS 153.	Page:	1 of 2
		Revised:	12-2005

PURPOSE: To outline inventory control and reporting requirements for the Commodity Supplemental Food Program.

POLICY: Local agency staff members are responsible for maintaining a system that will account for all foods received and distributed, in accordance with Program regulations and for submitting required reports.

PROCEDURES:

- A. The State provides an electronic spreadsheet facsimile of the FNS 153, Monthly Report of the CSFP and Quarterly Financial Status Report, Attachment 5.4, to each local agency. The state maintains a master spreadsheet for each local agency and forwards updates periodically. The FNS 153 carries over the ending inventory from the previous month to provide the beginning inventory for the report month. Local agencies must enter food receipts, distributions or issuances and all other commodity activity for the report month.
- B. Local agencies must conduct a per unit month-end physical inventory of all commodity foods on hand including the content of undistributed food packages located in the warehouse and at distribution sites. For a sample inventory form, see Attachment 5.6 Physical Inventory Form. The State provides an Excel workbook designed to assist local agencies with tracking the items issued each month and with including the content of assembled boxes in the physical inventory, see Attachment 5.7 Issues and Physical Inventory Workbook. The workbook includes instructions and five linked tabs. Amounts can be transferred directly from this tool to the FNS 153.
- C. Local agencies shall compare the agency-wide per unit physical inventory with the ending inventory calculated on the FNS 153 (see A. above). The ending inventory calculated on the FNS 153 must equal the physical inventory amounts.
 - 1. If the physical inventory differs from the ending inventory reflected in column 15 (when the FNS 153 is completed through column 13 per A above), the local agency must show positive or negative adjustments in column 14 to cause the calculated ending inventory to agree with the actual physical inventory amounts.
 - 2. A written explanation is required if adjustments reflected in column 14 are greater than the a few cases of a single product or valued at more than \$100.00.
- D. The FNS 153 must be submitted to the State by the 20th day of the following month.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Inventory Control and Reports	Chapter: 5
	Section: 5.5
REFERENCES: 7 CFR parts 247.28, 247.29, 250.14 and the instructions for form FNS 153.	Page: 2 of 2
	Revised: 12-2005

- E. The local agency must report food losses due to damage, spoilage or infestation in column 12(C) of the FNS 153. In the event there are losses of more than a few cases of a single product or valued at more than \$100.00, state approval is required before the food can be destroyed.

- F. If neglect, carelessness, and/or willful mishandling cause damage to or loss of USDA donated food or if USDA donated foods are used or distributed improperly, local agencies, warehouse personnel and other persons are subject to a claim determination and the corresponding repayment responsibility.

Three Easy Steps to Create A New WBSCM User

STEP # 1: User is created in WBSCM

The State or the local agency can create a new user in WBSCM under Admin/Manage Users/Manage Users. When a new user is created an email subject: “Action Required: Register USDA WBSCM User Account” will be sent to the new user’s email address:

Dear _____,

A user account has been created for you on the United States Department of Agriculture (USDA) Web-Based Supply Chain Management (WBSCM) System.

In order to access this account, you will need to obtain a username and password from the USDA eAuthentication System.

[STEP #2] If you do not already have an eAuthentication account, please access <http://www.eauth.egov.usda.gov/eauthCreateAccount.html> to request an account.

[STEP #3] Once your eAuthentication account has been activated, please access the following address to complete your WBSCM registration:

<https://portal.wbscm.usda.gov/registration?action=init&token=4g7Z7c10GUon%2FVRCcIMyluxIePL%2B1b3EwgHE00P3n1L8rcwBSvgA%2FMrw783tfeGL>

STEP #2: Create Level 1 Access through USDA eAuthentication

What is Level 1 Access?

An account with Level 1 Access provides limited access to USDA Web site portals and applications that have minimal security requirements. **Level 1 Access allows Commodity Supplemental Food Program (CSFP) recipient agencies (RAs) access to the WBSCM portal.**

Registering for an account with Level 1 Access is easy. You create a brief customer profile, User ID, password, that you can remember and respond to the confirmation email within seven (7) days. Note: You must have a valid email address to register for an account with Level 1 Access. If you do not have a permanent Internet service provider (ISP), several online services, such as Yahoo.com or Hotmail.com, provide free email accounts. If you do not confirm your email within the seven (7) day period, you will have to start the registration process over again by creating another profile, with a new User ID.

Once you have confirmed your online registration, you have immediate access to USDA portals and applications that accept accounts with Level 1 Access.

[STEP #3] Complete WBSCM registration

Once the eAuthentication account has been activated, the new user must access the second link in the email received to complete your WBSCM registration:

Food Order Worksheet	Pkg/Case	Issue Factor	Infants 0-3 months	Issue Factor	Infants 4-12 months	Issue Factor	Children 1 yr of age	Issue Factor	Children 2 up 6th birthday	Issue Factor	Women Pregnant/ Breastfeeding	Issue Factor	Nonbreastfd. Postpartum Elderly	Total Caseload 5000	Total Units to Order	Total Cases to Order	Additional Instructions
Form updated: August 2010																	
Enter estimated no.to be served													5000				
CEREAL, DRY READY TO EAT * 12 TO 18 OZ PACKAGE	12				2	0	2	0	2	0	2	10000	10000	833.33		match cereal and farina	
or FARINA * - 14 OZ PACKAGE	24				2	0	2	0	2	0	2	10000	10000	416.67		or provide	
or OATMEAL - 3 LB PACKAGE	12				1	0	1	0	1	0	1	5000	5000	416.67		one oatmeal	
or GRITS ** - 5 LB PACKAGE					0.5	0	0.5	0	0.5	0	0.5	2500	2500			or serve grits only every other month	
JUICE - 46 OZ CAN	12				5	0	5	0	5	0	3	15000	15000	1250.00			
JUICE -64 OZ BTL	8				3	0	3	0	3	0	2	10000	10000	1250.00			
MEAT/POULTRY - 24 OZ CAN	24				1	0	1	0	1	0	1	5000	5000	208.33		one can each	
BEEF STEW CHUNKY - 24 OZ CAN	24				1	-	1	-	1	-	1	5,000	5,000	208.33			
CHILI - 24 OZ CAN	24				1	-	1	-	1	-	1	5,000	5,000	208.33			
or TUNA FISH - 12 OZ CAN	24				2	-	2	-	2	-	2	10,000	10,000	416.67		or	
or SALMON - 14.75 OZ CAN	24				2	-	2	-	2	-	2	10,000	10,000	416.67		mix and match	
or CHICKEN - 12.5 OZ CAN	48				2	-	2	-	2	-	2	10,000	10,000	208.33			
or EGG MIX, DRY - 6 OZ PKG	48				2	-	2	-	2	-	2	10,000	10,000	208.33			
MILK: EVAPORATED-12 OZ CANS ****	24				33	-								-			
or EVAPORATED-12 OZ CAN*****	24						5	-	11	-	3	15,000	15,000	625.00		0.5	
and INSTANT NONFAT DRY- 25.6 OZ PKG *****	12						1	-	1	-	1	2,500	2,500	208.33		serve every other month	
PEANUT BUTTER - 18 OZ. JAR or PEAS/BEANS, DRY - 2 LB PKG	12				1	-	1	-	1	-	1	5,000	5,000	416.67		one per month or	
	12				1	-	1	-	1	-	1	5,000	5,000	416.67		one per month	
PASTA - 1 LB PKG or	24				2	-	2	-	2	-	2	10,000	10,000	416.67		serve 2 pasta in 1 lb pkg	
POTATOES, DEHY - 1 LB PKG or	12				1	-	1	-	1	-	1	5,000	5,000	416.67		or one potato,	
PASTA - 2 LB PKG or	12				1	-	1	-	1	-	1	5,000	5,000	416.67		pasta in 2 lb pkg	
RICE - 2 LB PKG or	30				1	-	1	-	1	-	1	5,000	5,000	166.67		or rice, or	
GRITS - 5 LB PKG **	8				1	-	1	-	1	-	1	2,500	2,500	312.50		1 grit every other month	
PROCESS AMERICAN CHEESE - 2 LB PACKAGE	12				1	-	1	-	1	-	1	5,000	5,000	416.67			
FRUITS - 15 OR 16 OZ CAN	24				2	-	2	-	2	-	2	10,000	10,000	416.67			
VEGETABLES - 15 OR 16 OZ CAN	24				4	-	4	-	4	-	4	20,000	20,000	833.33			
INFANT FORMULA, POWDERED 12 OUNCE CAN	6	10	-	10	-									-			
or 12.9 OUNCE CAN	6	10	-	10	-									-			
or 14.3 OUNCE CAN	6	9	-	9	-									-			
or 25.7 OUNCE CAN	6	5	-	5	-									-			
INFANT CEREAL - 8 OZ PACKAGE	12			2	-									-			

MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
CSFP FOOD PACKAGE
MAXIMUM MONTHLY DISTRIBUTION RATES

FOOD ITEM	SIZE	INFANTS 0-3 MOS	INFANTS 4-12 MOS	CHILDREN 1 YEAR OLD	CHILDREN TWO YEARS TO SIXTH BIRTHDAY	PREGNANT/ BREASTFEEDING WOMEN	NONBREASTFEEDING/ POSTPARTUM WOMEN AND ELDERLY
INFANT FORMULA, POWDERED	12 OZ	10 CANS or	10 CANS or				
INFANT FORMULA, POWDERED	12.9 OZ	10 CANS or	10 CANS or				
INFANT FORMULA, POWDERED	14.3 OZ	9 CANS or	9 CANS or				
INFANT FORMULA, POWDERED	25.7 OZ	5 CANS	5 CANS				
INFANT CEREAL - 8 OZ PACKAGE		2 PACKAGES					
CEREAL, RTE or	12 - 18 OZ			2 PACKAGES or			
FARINA * - 14 OZ PACKAGE or	14 OZ			2 PACKAGES or	2 PACKAGES or	2 PACKAGES or	2 PACKAGES or
ROLLED OATS or	3 LB			1 PACKAGE or	1 PACKAGE or	1 PACKAGE or	1 PACKAGE or
GRITS	5 LB			1 PKG EVERY OTHER MONTH	1 PKG EVERY OTHER MONTH	1 PKG EVERY OTHER MONTH	1 PKG EVERY OTHER MONTH
JUICE, CAN or	46 OZ			5 CANS	5 CANS	5 CANS	3 CANS
JUICE, PLASTIC CONTAINER	64 OZ			3 CONTAINERS	3 CONTAINERS	3 CONTAINERS	2 CONTAINERS
BEEF or	24 OZ			1 CAN or	1 CAN or	1 CAN or	1 CAN or
BEEF STEW or	24 OZ			1 CAN or	1 CAN or	1 CAN or	1 CAN or
CHILI or	24 OZ			1 CAN or	1 CAN or	1 CAN or	1 CAN or
CHICKEN or	12.5 OZ			2 CANS or	2 CANS or	2 CANS or	2 CANS or
TUNA or	12 OZ			2 CANS or	2 CANS or	2 CANS or	2 CANS or
or SALMON	14.75 OZ			2 CANS or	2 CANS or	2 CANS or	2 CANS or
or EGG MIX, DRY	6 OZ PKG			2 PKGS	2 PKGS	2 PKGS	2 PKGS

FOOD ITEM	SIZE	INFANTS 0-3 MOS	INFANTS 4-12 MOS	CHILDREN 1 YEAR OLD		CHILDREN TWO YEARS TO SIXTH BIRTHDAY	PREGNANT/ BREASTFEEDING WOMEN	NONBREASTFEEDING/ POSTPARTUM WOMEN AND ELDERLY
				33 CANS EACH MONTH	OR 5 CANS EACH MONTH AND	1 PKG EVERY OTHER MONTH		
MILK: EVAPORATED-12 OZ CANS ****	12 OZ						11 CANS EACH MONTH	3 CANS
and INSTANT NONFAT DRY- 25.6 OZ PKG *****								1 PKG EVERY OTHER MONTH
PEANUT BUTTER or	18 OZ			1 PKG		1 PKG	1 PKG	1 PKG
PEAS/BEANS, DRY	2 LB			1 PKG		1 PKG	1 PKG	1 PKG
POTATOES, DEHY	1 LB			1 PKG or		1 PKG or	1 PKG or	1 PKG or
PASTA or	1 LB			2 PKG or		2 PKG or	2 PKG or	2 PKG or
PASTA or	2 LB			1 PKG or		1 PKG or	1 PKG or	1 PKG or
RICE or	2 LB			1 PKG or		1 PKG or	1 PKG or	1 PKG or
GRITS	5 LB			1 PKG EVERY OTHER MONTH		1 PKG EVERY OTHER MONTH	1 PKG EVERY OTHER MONTH	1 PKG EVERY OTHER MONTH
PROCESS AMERICAN CHEESE -	2 LB			1 PKG		1 PKG	1 PKG	1 PKG
FRUITS	15 - 16 OZ			2 CANS		2 CANS	4 CANS	2 CANS
VEGETABLES	15 - 16 OZ			4 CANS		4 CANS	6 CANS	4 CANS

NOTES:

A COMBINATION OF 1 PKG DRY READY TO EAT CEREAL AND 1 PKG OF FARINA MAY BE PROVIDED.

**THE DISTRIBUTION RATE FOR GRITS IS 5 POUNDS EVERY OTHER MONTH AS A CEREAL OR SIDE DISH SUBSTITUTE.

***PARTICIPANTS CAN SELECT TWO ITEMS PER MONTH FROM THE FOLLOWING FOOD ITEMS: TUNA, CHICKEN, SALMON AND EGG MIX.
FOR EXAMPLE, PARTICIPANTS CAN SELECT TWO CANS OF TUNA OR ANY OF THE FOLLOWING COMBINATIONS FOR A MONTH:

ONE CAN TUNA AND ONE CAN OF CHICKEN
or
ONE CAN TUNA AND ONE CAN OF SALMON
or
ONE CAN TUNA AND ONE PACKAGE OF EGG MIX

****CHILDREN 1 YEAR OF AGE UP TO THEIR SECOND BIRTHDAY MAY RECEIVE: 33 12 OZ CANS OF EVAPORATED MILK EACH MONTH.

*****CHILDREN 2 YEARS OF AGE UP TO THEIR SIXTH BIRTHDAY MAY RECEIVE A COMBINATION OF 5 12 OZ CANS OF EVAPORATED MILK
EACH MONTH AND 1 25.6 OZ PACKAGE OF INSTANT NONFAT DRY MILK EVERY OTHER MONTH.

COMMODITY SUPPLEMENTAL FOOD PROGRAM
MAXIMUM FOOD DISTRIBUTION RATES

Attachment 5.3B

INFANTS

COMMODITY	0 THROUGH THREE MONTHS	FOUR THROUGH 12 MONTHS
INFANT FORMULA, POWDERED 12.0 OZ. CAN POWDERED 12.9 OZ. CAN POWDERED 14.3 OZ. CAN POWDERED 25.7 OZ. CAN	10 CANS 10 CANS 9 CANS 5 CANS	10 CANS, OR 10 CANS, OR 9 CANS, OR 5 CANS
INFANT CEREAL 8 OUNCE PACKAGE		2 PACKAGES

CHILDREN ONE YEAR OF AGE UP THEIR SIXTH BIRTHDAY

COMMODITY	DISTRIBUTION RATES	
CEREAL, DRY, READY TO EAT ¹ 12-18 OUNCE PACKAGE	2 PACKAGES, OR	
FARINA ¹ – 14 OUNCE PACKAGE	2 PACKAGES, OR	
GRITS ² – 5 POUND PACKAGE	1 PACKAGE EVERY OTHER MONTH, OR	
OATMEAL – 3 POUND PACKAGE	1 PACKAGE	
JUICE – 46 OUNCE CAN 64 OZ. CONTAINER	5 CANS, OR 3 CONTAINERS	
BEEF - 24 OUNCE CAN	1 CAN, OR	
BEEF STEW – 24 OUNCE CAN	1 CAN, OR	
CHILI – 24 OUNCE CAN	1 CAN, OR	
CHICKEN ³ – 12.5 OUNCE CAN	2 CANS, OR	
TUNA ³ – 12 OUNCE CAN	2 CANS, OR	
SALMON ³ – 14.75 OUNCE CAN	2 CANS, OR	
EGG MIX, DRY ³ – 6 OUNCE PACKAGE	2 PACKAGES	
PEANUT BUTTER – 18 OZ. JAR	1JAR EVERY MONTH, OR	
PEAS/DRY BEANS, 2 POUND PACKAGE	1 PACKAGE PER MONTH	
POTATOES, DEHYDRATED – 1 POUND PKG.	1 PACKAGE, OR	
PASTA – 1 POUND PACKAGE	2 PACKAGES, OR	
PASTA – 2 POUND PACKAGE	1 PACKAGE, OR	
RICE – 2 POUND PACKAGE	1 PACKAGE, OR	
GRITS ² – 5 POUND PACKAGE ²	1 PACKAGE EVERY OTHER MONTH	
AMERICAN CHEESE – 2 POUND PACKAGE	1 PACKAGE	
FRUITS – 15 OR 16 OUNCE CAN	2 CANS	
VEGETABLES – 15 OR 16 OUNCE CAN	4 CANS	
	ONE YEAR OF AGE	TWO YEARS UP TO SIXTH BIRTHDAY
EVAPORATED MILK – 12 OUNCE CANS ^{4,5}	33 CANS	
EVAPORATED MILK – 12 OUNCE CANS ^{4,5}		5 CANS, AND
INSTANT NONFAT DRY MILK 25.6 OUNCES ^{4,5}		1 PACKAGE EVERY OTHER MONTH

1. A combination of 1 package dry ready to eat cereal and 1 package of farina may be provided.
2. The distribution rate for grits is 5 pounds every other month as a cereal or as a side dish substitute.
3. Participants can select two items per month from the following food items: chicken, tuna, salmon, and egg mix. For example, participants can select two cans of tuna or any of the following combinations for the month:
 - a. one can of tuna and one can of chicken; or
 - b. one can of tuna and one can of salmon; or
 - c. one can of tuna and one package of egg mix.
4. Children 1 year to their second birthday may receive: 33 12 ounce cans of evaporated milk each month; or a combination of 5 12 oz cans of evaporated milk each month and 1 25.6 oz package of instant nonfat dry milk every other month.
5. Children two years through five years of age may receive a combination of 5 12-ounce cans of evaporated milk each month and 1 25.6 ounce package of instant nonfat dry milk every other month.

**COMMODITY SUPPLEMENTAL FOOD PROGRAM
MAXIMUM FOOD DISTRIBUTION RATES**

PREGNANT AND BREASTFEEDING WOMEN

COMMODITY	DISTRIBUTION RATES
CEREAL, DRY, READY TO EAT ¹ 12 - 18 OUNCE PACKAGE	2 PACKAGES, OR
FARINA ¹ – 14 OUNCE PACKAGE	2 PACKAGES, OR
GRITS ² – 5 POUND PACKAGE	1 PACKAGE EVERY OTHER MONTH, OR
OATMEAL – 3 POUND PACKAGE	1 PACKAGE
JUICE – 46 OUNCE CAN 64 OUNCE CONTAINER	5 CANS, OR 3 CONTAINERS
BEEF – 24 OUNCE CAN	1 CAN, OR
BEEF STEW – 24 OUNCE CAN	1 CAN, OR
CHILI – 24 OUNCE CAN	1 CAN, OR
CHICKEN ³ – 12.5 OUNCE CAN	2 CANS, OR
TUNA ³ – 12 OUNCE CAN	2 CANS, OR
SALMON ³ – 14.75 OUNCE CAN	2 CANS, OR
EGG MIX, DRY ³ – 6 OUNCE PACKAGE	2 PACKAGES
PEANUT BUTTER – 18 OZ. JAR	1 JAR EVERY MONTH, OR
PEAS/DRY BEANS, 2 POUND PACKAGE	1 PACKAGE PER MONTH
POTATOES, DEHYDRATED – 1 POUND PKG.	1 PACKAGE, OR
PASTA – 1 POUND PACKAGE	2 PACKAGES, OR
PASTA – 2 POUND PACKAGE	1 PACKAGE, OR
RICE – 2 POUND PACKAGE	1 PACKAGE, OR
GRITS – 5 POUND PACKAGE ²	1 PACKAGE EVERY OTHER MONTH
AMERICAN CHEESE – 2 POUND PACKAGE	1 PACKAGE
FRUITS – 15 OR 16 OUNCE CAN	4 CANS
VEGETABLES – 15 OR 16 OUNCE CAN	6 CANS
EVAPORATED MILK – 12 OUNCE CANS AND INSTANT NONFAT DRY MILK 25.6 OUNCES	11 CANS, AND 1 PACKAGE EVERY OTHER MONTH

1. A combination of 1 package dry ready to eat cereal and 1 package of farina may be provided.
2. The distribution rate for grits is 5 pounds every other month as a cereal or as a side dish substitute.
3. Participants can select two items per month from the following food items: chicken, tuna, salmon, and egg mix. For example, participants can select two cans of tuna or any of the following combinations for the month:
 - a. one can of tuna and one can of chicken; or
 - b. one can of tuna and one can of salmon; or
 - c. one can of tuna and one package of egg mix.

**COMMODITY SUPPLEMENTAL FOOD PROGRAM
MAXIMUM FOOD DISTRIBUTION RATES**

**NONBREASTFEEDING AND POSTPARTUM WOMEN
AND ELDERLY**

COMMODITY	DISTRIBUTION RATES
CEREAL, DRY, READY TO EAT ¹ 12 - 18 OUNCE PACKAGE	2 PACKAGES, OR
FARINA ¹ – 14 OUNCE PACKAGE	2 PACKAGES, OR
GRITS ² – 5 POUND PACKAGE	1 PACKAGE EVERY OTHER MONTH, OR
OATMEAL – 3 POUND PACKAGE	1 PACKAGE
JUICE – 46 OUNCE CAN 64 OUNCE CONTAINER	3 CANS, OR 2 CONTAINERS
BEEF – 24 OUNCE CAN	1 CAN, OR
BEEF STEW – 24 OUNCE CAN	1 CAN, OR
CHILI – 24 OUNCE CAN	1 CAN, OR
CHICKEN ³ – 12.5 OUNCE CAN	2 CANS, OR
TUNA ³ – 12 OUNCE CAN	2 CANS, OR
SALMON ³ – 14.75 OUNCE CAN	2 CANS, OR
EGG MIX, DRY ³ – 6 OUNCE PACKAGE	2 PACKAGES
PEANUT BUTTER – 18 OZ. JAR	1 JAR EVERY MONTH, OR
PEAS/DRY BEANS, 2 POUND PACKAGE	1 PACKAGE PER MONTH
POTATOES, DEHYDRATED – 1 POUND PKG.	1 PACKAGE, OR
PASTA – 1 POUND PACKAGE	2 PACKAGES, OR
PASTA – 2 POUND PACKAGE	1 PACKAGE, OR
RICE – 2 POUND PACKAGE	1 PACKAGE, OR
GRITS – 5 POUND PACKAGE ²	1 PACKAGE EVERY OTHER MONTH
AMERICAN CHEESE – 2 POUND PACKAGE	1 PACKAGE
FRUITS – 15 OR 16 OUNCE CAN	2 CANS
VEGETABLES – 15 OR 16 OUNCE CAN	4 CANS
EVAPORATED MILK – 12 OUNCE CANS	3 CANS, AND
INSTANT NONFAT DRY MILK 25.6 OUNCES	1 PACKAGE EVERY OTHER MONTH

1. A combination of 1 package dry ready to eat cereal and 1 package of farina may be provided.
2. The distribution rate for grits is 5 pounds every other month as a cereal or as a side dish substitute.
3. Participants can select two items per month from the following food items: chicken, tuna, salmon, and egg mix. For example, participants can select two cans of tuna or any of the following combinations for the month:
 - a. one can of tuna and one can of meatball stew; or
 - b. one can of tuna and one can of salmon; or
 - c. one can of tuna and one package of egg mix.

Month: February 2003

Name of Food Bank

DA CODE 329

Infants (0-3) Mos (N) a	Infants (4-12) Mos (I) (b)	Children 1 yr old (T)	Children 2 thru 5 yrs (C)	P/BF Women P/B	PP Women (L)	Total WIC's	Total Elderly (S)	Total CSFP Participants
			27		1	28	1,159	1,187

6. Commodity Name	6A. Code	Units per case	Cases Received	7	8	9	10	11	12 Commodity Activity				13	14 Adjustments		15		
				6B. Pack Size	SA & LA Beg. Inventory	Receipts	Redonations In	Total Inventory Available	Commodity Issuance		Total Units Issued (A)	Redonations Out (B)	Food Loss (C)	Nut. Ed (D)	Total Activity	Pos Adj (A)	Neg Adj (B)	Ending Inventory
									W-I-C (A)	Elderly (B)								
Green Beans 300	A059	24	126	24/300 can	9,000	3,024		12,024		994	994				8		11,038	
Carrots 300	A098	24	125	24/300 can	8,998	3,000		11,998		994	994	2					11,002	
Corn Kernel 300	A119	24		24/300 can	432	-		432	4	334	338						94	
Pumpkin 300	A164	24		24/300 can	1,813	-		1,813	54	1,326	1,380	1					432	
Swt Potatoes 300	A223	24		24/300 can	1,348	-		1,348	50	992	1,042						306	
Cranberry-Apple J	A279	12		12/46 oz.	949	-		949	36	259	295				1		655	
Grapefruit J	A280	12		12/46 oz.	-	-		-	-	-	-						-	
Apple J	A282	12		12/46 oz.	7,002	-		7,002	72	870	942	2				2	6,056	
Tomato J	A290	12	120	12/46 oz.	3,654	1,440		5,094		1,626	1,626						3,468	
Cranberry J Con	A297	12		12/11.5 oz.	-	-		-		-	-						-	
Orange J	A300	12	259	12/46 oz.	5,694	3,108		8,802		725	725	2			1		8,076	
Applesauce 300	A351	24	126	24/300 can	6,474	3,024		9,498	4	352	356	2			2		9,142	
Apricot Halves 300	A353	24		24/300 can	-	-		-		-	-						-	
F Cocktail 300	A403	24		24/300 can	4,446	-		4,446	50	1,968	2,018				4		2,432	
Chicken CND	A562	24	63	24/29 oz.	4,536	1,512		6,048		497	497						5,551	
Beef NJ	A610	24		24/29 oz.	614	-		614	27	496	523						91	
Pork NJ	A630	24		24/29 oz.	214	-		214		167	167						47	
Cheese 24	B061	12	125	12/2 lbs.	5,266	1,500		6,766	27	1,160	1,187						5,579	
Evap 12	B081	48		48/12 FL oz.	-	-		-		-	-						-	
INSTANT 2	B095	12	125	12/25.6 oz.	4,013	1,500		5,513	18	984	1,002				40		4,551	
Evap 24	B117	24	193	24/12 FL oz.	18,390	4,632		23,022	135	3,480	3,615	1				1	19,405	
Formula Powder 14.1	B158	6		6/14.1 oz.	96	-		96		-	-						96	
Farina	B160	24		24/14 oz.	-	-		-		-	-						-	
Cereal Infant R8	B161	12		12/8 oz.	24	-		24		-	-						24	
Macaroni 1	B425	24	125	24/1 lbs.	8,988	3,000		11,988	36	994	1,030	6			6		10,958	
Oats 3	B445	12		12/3 lbs.	10	-		10	7		7						3	
PB 2	B470	24		24/2 lbs.	-	-		-		-	-						-	
PB Smith 2	B474	12	125	12/2lbs.	5,257	1,500		6,757	27	1,160	1,187	8			2		5,564	
Chunky RDU-Fat 2	B488	24		24/2 lbs.	-	-		-		-	-						-	
Rice 2	B510	24		24/2 lbs.	-	-		-		-	-						-	
Spaghetti 2	B835	12		12/2 lbs.	760	-		760	9	663	672						88	
Cereal Oats 15	B853	12	250	12/15 oz.	7,174	3,000		10,174	40	992	1,032					12	9,130	
Cereal Oats 15.5	B854	12		12/15.5 oz.	-	-		-		-	-						-	
Cereal Crn & Rice 12	B855	14		14/12 oz.	3,136	-		3,136		994	994						2,142	
Cereal Oats	B860	24		24/15 oz.	-	-		-		-	-						-	
Cereal Oats 16	B861	12		12/16 oz.	-	-		-		-	-						-	
Cereal Rice	B865	14		14/13.5 oz.	224	-		224		-	-						224	
Cereal Wheat RTE 16	B872	14		14/16 oz.	-	-		-		-	-						-	
Cerl Crn Flk 18	B879	12		12/18 oz.	428	-		428		334	334						94	
					-	-		-		-	-						-	

16. REMARKS (PROVIDE EXPLANATION AS REQUESTED PER INSTRUCTIONS) (ATTACH ADDITIONAL SHEETS AS DEEMED NECESSARY.)

17. SIGNATURE	18. TITLE	19. DATE	20. CSFP ADMIN	A. OUTLAYS	B. UNLIQ. OBLIGATION	C. TOTAL	D. UNLIQ BAL OF ADV
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CSFP Agreement Checklist

In accordance with Part 247.4 (b), local agency contractors must enter into agreements with other agencies prior to making commodities available to these other agencies. Agreements must contain the following:

- _____ An assurance that each agency will administer the program in accordance with the provisions of Part 247 and with the provisions of Part 250, unless they are inconsistent with the provisions of Part 247;

- _____ An assurance that each agency will maintain accurate and complete records for a period of three years from the close of the fiscal year to which they pertain, or longer if the records are related to unresolved claims actions, audits, or investigations;

- _____ A statement that each agency receiving commodities for distribution is responsible for any loss resulting from improper distribution, or improper storage, care, or handling of commodities;

- _____ A description of the specific functions that the local agency contractor is delegating to another agency; and

- _____ A statement specifying:
 - That either party may terminate the agreement by written notice to the other; and

 - The minimum number of days of advance notice that must be given. (The advance notification period must be at least 30 days.)

05A.07-IssuesAndInventoryWkbk.xls Instructions

DATA MAY BE ENTERED IN WHITE SPACES ONLY. CELLS SHADED VARIOUS COLORS ARE PROTECTED. The lower part of the Box Content tab is the one exception to this rule. Description of each worksheet (tab) and instructions for completing follow:

* **For assistance call 800-733-6251 or 573-526-1762**

Keep a MASTER COPY with no entries. Use the "Save As" function to create a copy of the spreadsheet for the current month. Name the new spreadsheet for the current month.

TAB: Box Content --- (all boxes remaining from prior month & assembled current month)

Enter the unique box code (row 3) and corresponding contents (rows 5 and down) in columns D through Q for WIC boxes and S through AL for Elder boxes. Rows 5 and down are color coded by food categories. Include the box codes and content of all assembled boxes that had not been distributed to participants as of the beginning of the report month, i.e. those in the warehouse and those remaining at sites from previous months. Reuse the spaces by clearing the contents when codes are no longer in use, i.e. all boxes of that code have been distributed. For boxes assembled in the report month, enter into Row 1 the number of boxes assembled. The codes and box contents information carry forward automatically to remaining worksheets in this workbook. There are spaces for 14 WIC codes and 23 elder codes. If additional spaces are needed, call DHSS for assistance.

TAB: Boxes Available --- (per location)

Starting on row 9, enter each site name followed by a dash and the caseload. In the columns below corresponding box codes, enter the number of boxes available for distribution during the report month. Include all boxes remaining at the site from the previous month as well as boxes received for distribution from the food bank. In row 8 "Remaining at warehouse EOM" record all assembled boxes remaining in the warehouse on the last day of the report month. There is space for 90 sites. If additional rows for sites are needed, call DHSS for assistance.

Boxes Available Double Check

Use the green colored cells on the "Boxes Available" tab as a double check to assure all boxes have been recorded. Go to the previous month's report and transfer the numbers from the "Remaining EOM" tab in row 2 (colored green). Enter these amounts into row 4 above the appropriate box codes. The number of boxes assembled during the current month carries forward from the "Box Content" tab into row 5. Row 3 is the sum of the boxes assembled during the current month and the boxes remaining from the prior month. This total represents all the boxes available to be distributed. Row 1 is the sum of boxes reported in the lower portion of this tab as either having been distributed or remaining in the warehouse on the last day of the month. The numbers in rows 1 and 3 should be the same.

Unexplained Discrepancies

Any discrepancies between rows 1 and 3 are calculated and displayed in row 2. There should be none when all data has been entered. If unexplained discrepancies remain, the content of these boxes must be reported as adjustments on the FNS 153. Contact MDHSS with questions.

Total Boxes at sites

Column B calculates the total boxes reported at each site. This can be used as a double check that all boxes have been reported. Check this amount against the caseload and against delivery and receipt documents.

05A.07-IssuesAndInventoryWkbk.xls Instructions

TAB: Remaining EOM --- (per location)

For each site enter the number of boxes remaining at the end of the month in the column under the corresponding box code. Site names, caseloads, box codes, and boxes remaining at the warehouse on the last day of the month carry forward to this worksheet automatically from the "Boxes Available" tab.

Total Discrepancies

Any discrepancies from row 2 of the Boxes Available tab carry forward. There should be no unexplained discrepancies. If unexplained discrepancies remain, the content of these boxes must be reported as adjustments on the FNS 153. Contact MDHSS with questions.

Calculated Distribution

Column B calculates the total boxes distributed based on the information presented on the Boxes Available Tab and on the Remaining EOM tab. This can be used as a double check that all boxes have been reported. Check this amount against the caseload and against delivery and receipt documents.

TAB: RO #1 --- READ ONLY (Calculates the content of boxes issued)

THIS WORKSHEET IS FOR INFORMATION ONLY. PLEASE DO NOT TYPE ON IT. Use the totals in column C "Total Units in WIC Boxes" and column R "Total Units in Elder Boxes" to complete FNS 153 column 11 "Commodity Issuance".

TAB: RO #2 --- READ ONLY (Calculates the content of boxes not issued)

THIS WORKSHEET IS FOR INFORMATION ONLY. PLEASE DO NOT TYPE ON IT. This worksheet provides the by unit inventory of boxes remaining in the warehouse and at distribution sites at the end of the month. The sum is displayed on the Ending Inv tab column G.

TAB: Ending Inv

Columns A - E of this spreadsheet can be printed to provide a document for manually recording the ending physical inventory. Transfer the numbers from the manual physical count to the spreadsheet. Enter the number of unopened cases in column D and the number of loose units remaining from opened cases in column E. The spreadsheet will calculate the total units. The spreadsheet displays in column G the units remaining in the boxes from tab "RO #2." The ending physical inventory for each commodity is calculated in column H "Total Units".

Reconcile Inventory with FNS 153

Compare column H "Total Units" from the "Ending Inv" tab of this spreadsheet to the FNS 153 column 15 "Ending Inventory" for each commodity. Make adjustments on the FNS 153 in column 14 "Adjustments" to force column 15 "Ending Inventory" on the FNS 153 to match column H "Total Units" from the "Ending Inv" tab of this spreadsheet.

TAB: Plan for next month

The physical inventory at the end of the month carries forward into column C. Enter box codes and contents for assembly during the next month. Enter the projected number of boxes to be assembled. Column D and E contain the total units of each commodity in the number of boxes projected. Column F calculates the remaining inventory of each commodity.

*** For assistance call 800-733-6251 or 573-526-1762**



COMMODITY SUPPLEMENTAL FOOD PROGRAM POLICY AND PROCEDURE MANUAL

SUBJECT: Management Evaluation	Chapter: 6
	Section: 6.1
REFERENCES: 7 CFR 247.34	Page: 1 of 2
	Revised: 12-2005

PURPOSE: To outline the management evaluation process the State will use with Commodity Supplemental Food Program local agency contractors.

POLICY: Each local agency that contracts with the Missouri Department of Health and Senior Services will be monitored for compliance with Program regulations.

PROCEDURES:

- A. The State evaluates program administration on an ongoing basis by reviewing financial reports, audit reports, food orders, inventory reports, and other relevant information.
- B. Prior to a monitoring review, site reviews of at least 15% of all distribution and certification sites under the jurisdiction of the local agency, or 10 sites, whichever is less shall be conducted using CACFP 304B Distribution and Certification Site Review Worksheet, Attachment 6.2. At each site, 100% of participant records or 25 records, whichever is less, will be reviewed. If a site review is conducted more than 30 days prior to a monitoring review, the local agency shall receive a copy of the report with instructions to submit a corrective action plan if areas of non-compliance are noted.
- C. At least once every two years, the State performs an on-site review of all local agencies, and of all storage facilities utilized by local agencies. As part of the on-site review, the State evaluates all aspects of program administration, including certification procedures, nutrition education, civil rights compliance, food storage practices, inventory controls, and financial management systems. Monitoring activities are documented on CACFP Form 304A Monitoring Review – CSFP Contract Agencies, Attachment 6.1.
- D. Areas of non-compliance, including any noted during site reviews conducted within 30 days of the monitoring review, will be noted and reviewed with the local agency representative. Within 30 calendar days of the review, a written report and a completed form DH-40 will be issued to the local agency.
- E. The local agency must sign and return the form DH-40 to the address indicated in the letter. Areas of non-compliance must be followed up with a written corrective action plan. Submit with the DH-40 all items required in the letter.
- F. The local agency shall implement corrective actions. The monitor will review the corrective action plan to assure that the plan is feasible and complete and will contact the local agency if additional action is required.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Management Evaluation	Chapter: 6
	Section: 6.1
REFERENCES: 7 CFR 247.34	Page: 2 of 2
	Revised: 12-2005

- G. If significant problems exist and or appropriate corrective actions are not taken, the local agency may be in non-compliance with the contract agreement between the SA and LA. Failure to comply with federal regulation and the contract scope of work could result in termination of the contract and from the CSFP.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF COMMUNITY FOOD AND NUTRITION ASSISTANCE
 COMMODITY SUPPLEMENTAL FOOD PROGRAM
MONITORING REVIEW – CSFP CONTRACT AGENCIES

GENERAL INFORMATION	
INSTITUTION NAME	CONTRACT NUMBER
ADDRESS	DATE
CONTACT PERSON	NUMBER OF CSFP FOOD STORAGE SITES UNDER JURISDICTION
AUTHORIZED CASELOAD	NUMBER OF CSFP DISTRIBUTION SITES UNDER JURISDICTION

SECTION I. CERTIFICATION AND DISTRIBUTION (Section 2 and 247.8 thru 247.17 and 247.20)
 (Summary of findings from Monitoring Reviews of CSFP Distribution and Certification Sites)

	YES	NO	N/A	COMMENTS
1. Is each applicant certified prior to the issuance of program benefits?				
a. Is applicant information complete?				
b. Is certifying information complete?				
2. Do certifying officials make notifications in accordance with Program policies and procedures?				
a. Is written notice given within 10 days of eligibility, ineligibility or placement on waiting list? 247.15				
b. Is written notice given at least 15 days prior to expiration of certification period? 247.16(d)				
c. Is written notice of discontinuance or disqualification provided at least 15 days prior to the effective date? 247.17(a)&(b) and 247.20(c)				
3. Are waiting lists maintained in accordance with Program policies and procedures? 247.11(a)				
4. Are certification periods maintained in accordance with Program policies and procedures? 247.16(a)				
a. Are pregnant women certified for the duration of pregnancy plus 6 weeks?				
b. Are elderly, other women, children and infants certified for no more than 6 months or until eligibility expires, whichever is first?				
5. Is the no-show policy posted in a prominent location and enforced?				
6. Is the "Appeals Process" posted and copies available on request?				
7. Are participants or proxy signatures and dates available verifying receipt of food each time it is issued?				
8. Are participants or proxy required to show IDs each time food is issued? 247.10(b)				
9. Are proxy authorizations available for all proxies used and adequate controls in place?				
10. Do sites offering one month certification have a designated distribution period posted in a prominent location and communicated to all participants?				
11. 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?				
12. Do certifying officials report undistributed food boxes in accordance with Program policies and procedures?				
13. Are food packages delivered to home-bound or no-show participants accomplished prior to the end of the month, or if not, are they delivered within five working days of a single distribution date?				

Sections 1.1 through 12.2 refer to the Missouri CSFP Policy and Procedure Manual.
 Numbers from 247 through 250 refer to Parts within the Code of Federal Regulations, 7 CFR Chapter II.

SECTION II. NUTRITION EDUCATION (Section 4.1 & 247.18) (Summary of findings from Monitoring Reviews of CSFP Distribution and Certification Sites)					
	YES	NO	N/A	COMMENTS	
1. Is nutrition education thoroughly integrated into Program operations?					
2. Are Supplemental Foods used for food demonstrations documented on the FNS 153 and supported with participant sign-in log sheets?					
SECTION III. FOOD STORAGE PRACTICES AND INVENTORY CONTROL OF COMMODITIES (Section 5.1-5.5, 247.10 & 250B)					
1. Are commodities received and stored in accordance with federal regulations and industry standards? (250)					
a. Is food stored on pallets, four inches from the wall?					
b. Is the warehouse kept clean and secure?					
c. Is the temperature kept at a level to assure retention of food quality?					
d. Is there a system in place to assure first-in, first-out?					
2. Are monthly physical inventories documented?					
a. Are the contents of assembled food packages included in the physical inventory count?					
b. Are the contents of undistributed food packages located at remote sites included in the physical inventory count?					
SECTION IV. CIVIL RIGHTS (11.1 and 247.12 and 247.13)					
1. Do all persons have an equal opportunity and accessibility to participate in the program regardless of race, color, national origin, age, sex or disability?					
2. Do all materials used to publicize CSFP to the public contain the nondiscrimination statement and procedure for filing a complaint? (Attach copies.)					
3. Are the Civil Rights and Federal Relay Service posters displayed in a prominent location next to each other?					
4. Has the local agency conducted civil rights training for its staff annually?					
5. Are program information and compliance procedures available on request in the appropriate translation?					
6. Is program information being provided to applicants, participants, grass roots organizations or similar minority groups?					
7. Are civil rights complaints being handled properly?					
8. In the opinion of the reviewer, based on information contained in this review and personal observation, does the institution appear to be in compliance with Title VI of the Civil Rights Act of 1964? (If no, indicate on a separate sheet, 1) What the areas of noncompliance are, and 2) Recommendations for corrective action and follow-up.)					
SECTION V. FINANCIAL MANAGEMENT (8.1, 8.2 & 247.27)* AND RECORDS (8.3 & 247.29)					
1. Are the following items on file at the local non-profit contract agency					
a. Contract with MDHSS-CFNA.					
b. Copy of request for contract or contract renewal.					
c. Copies of monthly claims on the "Record of Expenditures and Administrative Claims "					
d. Copies of agreements with all sub-distributing, certification, and food storage sites. 1) Were new sites established since last contract renewal? 2) Was required information submitted to DHSS-BCFNA?					
e. Copies of FNS-153, Monthly Report of the CSFP and Quarterly Administrative Financial Status Report"					
f. Copies of Multi-food Requisitions, Consignee Receipts and FNS-57, Report of Shipment Received Over, Short and/or Damaged.					

Sections 1.1 through 12.2 refer to the Missouri CSFP Policy and Procedure Manual.
Numbers from 247 through 250 refer to Parts within the Code of Federal Regulations, 7 CFR Chapter II.

SECTION V. FINANCIAL MANAGEMENT (Continued)						
2.	Is there a system in place to retain all records with respect to the Program for a period of 3 years following the end of applicable federal fiscal year?	YES	NO	N/A	COMMENTS	
3.	Are records maintained to support the Record of Expenditures and Administrative Claim? (See Claim Worksheet below)					
4.	Was equipment purchased with CSFP funds? If yes,					
a.	Were purchases made in a manner to provide open and free competition?					
b.	Is a property inventory maintained with the following information: a description of the property, serial or ID number, source, title, date acquired, cost, Federal % of cost, location, use and condition, and disposition date?					
c.	Were items physically observed?					
CLAIM WORKSHEET FOR THREE MONTHS #1 #2 #3		CLAIM #1 VERIFIED	CLAIM #2 VERIFIED	CLAIM #3 VERIFIED	COMMENTS	
SALARIES AND FRINGE BENEFITS Staff time documented? (Section 8.2)						
TELEPHONE, POSTAGE and PRINTING						
OFFICE SUPPLIES (LIST)						
EQUIPMENT (LIST): PRIOR APPROVAL REQUIRED (Software or Equipment > \$500)						
TRAVEL (STAFF TRAVEL)						
TRANSPORTATION COSTS						
SPACE AND FACILITIES						
OTHER COSTS (LIST)						
TOTAL DIRECT COSTS						
INDIRECT COSTS (MAY NOT EXCEED 8% OF DIRECT COSTS)						
GRAND TOTAL ALL COSTS						
SECTION VI. GENERAL ADMINISTRATION AND TECHNICAL ASSISTANCE (3.1-3.4, 6.1-6.2, 8.3, & 12.1)						
		YES	NO	N/A	COMMENTS	
1.	Do forms used by the contractor collect all required data in an efficient, effective manner?					
2.	Does contractor have an effective method for monitoring program records and providing feedback for noncompliance issues?					
3.	Does contractor have an effective method for managing caseload assignments to sub-contractors?					
4.	Are there effective procedure in place to notify sub-contractors of the contractor's policies and procedures?					
5.	Is training provided to sub-contractors under jurisdiction in accordance Section 6.2?					
a.	Is training directly related to CSFP issues?					
b.	Is training provided at least annually?					
c.	Are date, location, topics, and names of participants documented?					
6.	Are there adequate supervisory and operational personnel for effective management and monitoring?					
7.	Are procedures in place to prevent and detect dual participation at more than one CSFP site?					
8.	Has the contractor assigned a hearing officer and is the hearing officer prepared to conduct fair hearings if requested?					

Sections 1.1 through 12.2 refer to the Missouri CSFP Policy and Procedure Manual.
Numbers from 247 through 250 refer to Parts within the Code of Federal Regulations, 7 CFR Chapter II.

SECTION VII. CORRECTIVE ACTIONS

1. Date of last monitoring.	2. Date of last organizational wide audit (OWA).	3. Was copy of OWA forwarded to MDHSS? <input type="checkbox"/> Yes <input type="checkbox"/> No
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4. Major findings from last monitoring visit.

5. Have findings been corrected? Yes No
If not, what problems continue?

SECTION VIII. EXIT CONFERENCE

1. Findings

2. Comments and/or Recommendation

PROGRAM REVIEWED BY

CSFP CONSULTANT	DATE
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THIS REVIEW WAS DISCUSSED WITH

SIGNATURE ▶	TITLE	DATE
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Sections 1.1 through 12.2 refer to the Missouri CSFP Policy and Procedure Manual.
Numbers from 247 through 250 refer to Parts within the Code of Federal Regulations, 7 CFR Chapter II.

CERTIFICATION AND DISTRIBUTION SITE SUMMARY WORKSHEET

SITE # / AGENCY NAME :	COPY OF AGREEMENT WITH FOOD BANK ON FILE?			REPORTED FOOD PACKAGE DISTRIBUTION FOR _____ (MM/YY)
SITE # 1.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
SITE # 2.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
SITE # 3.	<input type="checkbox"/> Yes <input type="checkbox"/> No			
A. PARTICIPANT REVIEW WORKSHEET SUMMARY	SITE # 1	SITE # 2	SITE # 3	COMMENTS
1. List number of missing participant applications, if applicable.				
2. List number of expired participant applications, if applicable.				
B. CERTIFICATION PROCESS if No, list # errors in # reviewed	SITE # 1	SITE # 2	SITE # 3	COMMENTS
1. Do applications contain:				
a. Identifying information for each participant?				
b. Checkmarks answering the two Yes/No questions?				
c. Dates-of-birth for applicant and all qualifying household members?				
d. Proof of income-eligibility or SSN and household income?				
e. Signature of applicant and the date signed?				
2. Has the certifying official:				
a. Described proof of identity/age/eligibility?				
b. Verified residency?				
c. Given Health and Social Services Handout and when applicable, WIC handout?				
d. Determined eligibility?				
e. Identified categories?				
f. Documented date notified?				
g. Signed the form and enter his/her title and date?				
h. Documented certification period?				
3. Is the date of notification within 10 days of the date of application?				
4. If certification requests were denied, are applications kept on file?				
C. CERTIFICATION PERIODS	SITE # 1	SITE # 2	SITE # 3	COMMENTS
1. Are pregnant women certified for duration of pregnancy plus 6 weeks?				
2. Are all other participants certified for no more than 6 months or until eligibility expires, whichever is first?				
3. When certification periods of elderly participants are extended:				
a. Is form CACFP 303-C completed, signed and dated?				
b. Is participant notification of period of extension documented?				
D. FOOD DELIVERY	SITE # 1	SITE # 2	SITE # 3	COMMENTS
1. Is the "no-show" policy posted in a prominent location and enforced?				
2. Is the "Appeals Process" posted and are copies available on request?				
3. Are participants or proxy signatures and dates available verifying receipt of food each time it is issued?				
4. Are proxy authorizations available for all proxies used and adequate controls in place?				
5. Do sites offering one month certification have a designated distribution period posted in a prominent location and communicated to all participants?				

Sections 1.1 through 12.2 refer to the Missouri CSFP Policy and Procedure Manual.
 Numbers from 247 through 250 refer to Parts within the Code of Federal Regulations, 7 CFR Chapter II.

D. FOOD DELIVERY (continued)	SITE # 1	SITE # 2	SITE # 3	COMMENTS
6. 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?				
7. Does the number of signatures for the "test" month match the number reported to the food bank?				
8. Are there undistributed food boxes at the end of the month?				
9. Are food packages delivered to home-bound or no-show participants accomplished prior to the end of the month, or if not, are they delivered within five working days of a single distribution date?				
E. NUTRITION EDUCATION	SITE # 1	SITE # 2	SITE # 3	COMMENTS
1. Is the agency prepared nutrition education distributed effectively?				
2. If food demonstrations offered, is there documentation of attendees?				
F. NOTIFICATION REQUIREMENTS	SITE # 1	SITE # 2	SITE # 3	COMMENTS
1. Is there documentation of written notice given within 10 days of eligibility, ineligibility or placement on waiting list?				
2. Is there documentation of written notification at least 15 days in advance of the expiration of the most recent certification periods?				
3. If applicable, is there documentation of written notice of discontinuance or disqualification provided at least 15 days prior to the effective date?				
G. DUAL PARTICIPATION	SITE # 1	SITE # 2	SITE # 3	COMMENTS
Are all category PG, PP, BF, INF and CH reported on the Dual Participation Roster?				
H. CIVIL RIGHTS	SITE # 1	SITE # 2	SITE # 3	COMMENTS
1. Do admission procedures allow enrollment by minority persons without restriction?				
2. Do all materials used to publicize the CSFP to participants and the public contains the nondiscrimination statement and procedure for filing a complaint?				
3. Is the Civil Rights statement displayed in a prominent location?				
4. Are information and compliance procedures provided on request in the appropriate translation?				
5. Are all services and facilities accessible and used routinely by all persons without regard to race, color, national origin, sex, or disability?				
6. Were there any verbal or written complaints of discrimination prior to this review?				
7. In the opinion of the reviewer, based on information contained in this review and personal observation, does the institution appear to be in compliance with Title VI of the Civil Rights Act of 1964? (If no, indicate on a separate sheet, 1) What the areas of noncompliance are, and 2) Recommendations for corrective action and follow-up.)				
I. MONITORING AND TRAINING	SITE # 1	SITE # 2	SITE # 3	COMMENTS
1. Has site been monitored by the FB in past year?				
2. Has staff been trained by FB in past year?				

Sections 1.1 through 12.2 refer to the Missouri CSFP Policy and Procedure Manual.
Numbers from 247 through 250 refer to Parts within the Code of Federal Regulations, 7 CFR Chapter II.

MONITORING AND TRAINING WORKSHEET

CERTIFICATION AND DISTRIBUTION AGENCY NAME	DATE LAST MONITORED	DATE STAFF LAST RECEIVED TRAINING	COMMENTS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

Sections 1.1 through 12.2 refer to the Missouri CSFP Policy and Procedure Manual.
 Numbers from 247 through 250 refer to Parts within the Code of Federal Regulations, 7 CFR Chapter II.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT:	Training, Monitoring and Technical Assistance	Chapter:	6
		Section:	6.2
REFERENCES:	7 CFR 247	Page:	1 of 1
		Revised:	04-2011

PURPOSE: To outline the training, monitoring, and technical assistance required of local agencies participating in the Commodity Supplemental Food Program.

POLICY: All local agency staff, volunteers and sub-agency staff shall receive appropriate training at least annually to assure that issuance of supplemental food is in accordance with FNS food package instructions and Program regulations. All sub-agencies under CSFP agreements with the local agency shall be monitored annually for compliance with Program regulations.

PROCEDURES:

- A. Local agencies must implement a process for training and evaluation of all staff and volunteers involved in the CSFP including at least one representative from each sub-agency under CSFP agreements with the local agency. Training should be appropriate to the degree and frequency of an individual's involvement in the CSFP.
 - 1. Training shall be documented including date, topics covered, persons attending and sites represented.
 - 2. There shall be an evaluation component of such training and a mechanism for trainees to provide input.

- B. Local agencies shall provide technical assistance and at least annually, monitor the certification of participants and receipt and issuance of supplemental food on site and at sub-agencies to assure compliance with Program regulations, policies and procedures. Monitoring shall be documented using the Monitoring Review – CSFP Certification and Distribution Sites, Attachment 6.2 or similar format including date of review, findings, corrective actions and follow-up.

- C. The State provides technical assistance for local agency staff upon request. Seminars and teleconferences shall be provided for periodic updates. Resources and links are available at <http://www.health.mo.gov/living/wellness/nutrition/foodprograms/csfp>.



MONITORING REVIEW – CSFP DISTRIBUTION AND CERTIFICATION SITES

GENERAL INFORMATION		DATE OF REVIEW _____
AGENCY NAME:	COPY OF AGREEMENT WITH FOOD BANK ON FILE? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ADDRESS:	REPORTED FOOD PACKAGE DISTRIBUTION PREVIOUS MONTH	

PARTICIPANT REVIEW WORKSHEET

Review Participant Applications and food package receipt documentation for 25 participants or 100% whichever is less. Annotate problems. Check or "x" if no problem noted. If a proxy signed for the participant, list the proxy's name in parentheses with the participant's.

PARTICIPANT NAME	INFORMATION MISSING	RECERTIFICATION OVER DUE	OTHER ERROR/COMMENTS
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			
11.			
12.			
13.			
14.			
15.			
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.			
24.			
25.			

CERTIFICATION PROCESS (1., 2., and 3. based on page 1)	YES	NO	N/A	COMMENTS
1. Do applications contain:				
a. Identifying information for each participant?				
b. Checkmarks answering the two Yes/No questions?				
c. Dates-of-birth for applicant and all qualifying household members?				
d. Proof of income-eligibility or SSN and household income?				
e. Signature of applicant and the date signed?				
2. Has the certifying official:				
a. Described proof of identity/age/eligibility?				
b. Verified residency?				
c. Given Health and Social Services Handout and when applicable, WIC handout?				
d. Determined eligibility?				
e. Identified categories?				
f. Documented date notified?				
g. Signed the form and enter his/her title and date?				
h. Documented certification period?				
3. Is the date of notification within 10 days of the date of application?				
4. If certification requests were denied, are applications kept on file?				
CERTIFICATION PERIODS	YES	NO	N/A	COMMENTS
1. Are pregnant women certified for duration of pregnancy plus 6 weeks?				
2. Are all other participants certified for no more than 6 months or until eligibility expires, whichever is first?				
3. When certification periods of elderly participants are extended:				
a. Is form CACFP 303-C completed, signed and dated?				
b. Is participant notification of period of extension documented?				
FOOD DELIVERY	YES	NO	N/A	COMMENTS
1. Is the "no-show" policy posted and enforced?				
2. Is the "Appeals Process" posted and copies available on request?				
3. Are participants or proxy signatures and dates available verifying receipt of food each time it is issued?				
4. Are proxy authorizations available for all proxies used and adequate controls in place?				
5. Do sites offering one month certification have a designated distribution period posted in a prominent location and communicated to all participants?				
6. 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?				
7. Does the number of signatures for the "test" month match the number reported to the food bank?				
8. Are there undistributed food boxes at the end of the month?				
9. Are food packages delivered to home-bound or no-show participants accomplished prior to the end of the month or if not, are they delivered within five working days of a single distribution date?				
NUTRITION EDUCATION	YES	NO	N/A	COMMENTS
1. Is the agency prepared nutrition education distributed effectively?				
2. If food demonstrations offered, is there documentation of attendees?				

NOTIFICATION REQUIREMENTS	YES	NO	N/A	COMMENTS
1. Is there documentation of written notice given within 10 days of eligibility, ineligibility or placement on waiting list?				
2. Is there documentation of written notification at least 15 days in advance of the expiration of the most recent certification periods?				
3. If applicable, is there documentation of written notice of discontinuance or disqualification provided at least 15 days prior to the effective date?				
DUAL PARTICIPATION	YES	NO	N/A	COMMENTS
Are all category PG, PP, BF, INF and CH reported on the Dual Participation Roster?				
CIVIL RIGHTS	YES	NO	N/A	COMMENTS
1. Do admission procedures allow enrollment by minority persons without restriction?				
2. Do all materials used to publicize the CSFP to participants and the public contains the nondiscrimination statement and procedure for filing a complaint?				
3. Are the Civil Rights and Federal Relay Service posters displayed in a prominent location?				
4. Are information and compliance procedures provided on request in the appropriate translation?				
5. Are all services and facilities accessible and used routinely by all persons without regard to race, color, national origin, sex, or disability?				
6. Were there any verbal or written complaints of discrimination prior to this review?				
7. In the opinion of the reviewer, based on information contained in this review and personal observation, does the institution appear to be in compliance with Title VI of the Civil Rights Act of 1964? (If no, indicate on a separate sheet, 1) What the areas of noncompliance are, and 2) Recommendations for corrective action and follow-up.)				
EXIT CONFERENCE	SUMMARY OF CORRECTIVE ACTION PLAN (CAP)			
1. Findings				
2. Comments / Suggestions / Recommendations				
SITE REVIEWED BY	DATE	CORRECTIVE ACTION PLAN SUBMITTED BY		DATE
Print name and title:		Print name and title:		
THIS REVIEW WAS DISCUSSED WITH	DATE	CORRECTIVE ACTION PLAN APPROVED BY		DATE
Print name and title and sign:		Print name and title and sign:		



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: State Planning Process	Chapter: 7
	Section: 7.1
REFERENCES: 7 CFR 247.6	Page: 1 of 1
	Revised: 7-2006

PURPOSE: To describe how local agencies, participants and other interested parties are involved in the development of amendments to the State Plan.

POLICY: Local agencies, participants and other interested parties may provide input and ideas for subsequent amendments to the state plans on an on-going basis.

PROCEDURES:

- A. The State Plan is a document that describes how the State agency will operate CSFP and the caseload needed to serve eligible applicants. The State submits the State Plan to FNS and once approved the plan is considered permanent, with amendments submitted at the State Agency's initiative or at FNS request.
- B. The approved State Plan and amendments are available for public comment on the Missouri Department of Health and Senior Services website. Local agencies, participants and other interested parties are encouraged to provide input and ideas on an on-going basis for incorporation into subsequent amendments to the State Plan.
- C. 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 also require that the State Plan be amended to reflect changes in Federal law or policy. Amendments may be submitted at any time. Budget updates are required annually by August 15th. Requests for additional caseload are due by November 5th.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT:	Financial Management Systems	Chapter:	8
		Section:	8.1
REFERENCES:	7 CFR part 247.27, part 3016 and part 3019, and OMB Circulars A-87 and A-122	Page:	1 of 1
		Revised:	12-2005

PURPOSE: To describe the financial management systems maintained to assure compliance with financial management regulations.

POLICY: There will be accurate, current and complete disclosure of the financial status of the Program in accordance with federal regulations, including an accounting of all program funds received and expended each fiscal year.

PROCEDURES:

- A. The State of Missouri's SAM II system is a comprehensive, automated, financial management system that assures accurate and timely drawdown of federal funds. SAM II assigns each agency, bureau, program unique fund codes to which all purchases and expenditures for the program are coded. SAM II also provides access to a data warehouse of financial information that can be accessed almost any time throughout the month during regular business hours. The data warehouse provides timely reports of funds available and year to date expenditures.
- B. Local agencies are required by contract to follow state or federal procurement procedures. Both the State Agency and local agencies are required to maintain property inventory records for all equipment purchased in whole or in part with federal funds. State policy requires that property valued at \$1,000.00 or more purchased with state and/or federal funds must be inventoried and maintained on annual property inventory records at the state agency. In addition, these records are maintained on file at the respective agencies, and are monitored as part of the monitoring process.
- C. Funds are made available to each of the local CSFP agencies through contracts by the Missouri Department of Health and Senior Services. The contracts specify the services to be performed according to federal regulations and the state plan of operation. Contracts also specify the allocation of administrative funds and caseload. All payments for administrative funds are disbursed in the form of reimbursements for administrative costs incurred by the local agency under contract with the state and are recorded and monitored through SAM II. See Section 8.2 Administrative Costs.
- D. The local agencies are responsible for the cost of receiving, storing and distributing the commodities from their location to recipients or other distribution sites, (see Section 8.2). Contractors submit Attachment 8.1 – Record of Expenditures & Administrative Claim to request reimbursement of administrative costs incurred in the operation of the CSFP. Any claims containing expenses that do not reflect appropriate program expenditures will be adjusted pending further justification from the contractor.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Administrative Costs	Chapter: 8
	Section: 8.2
REFERENCES: 7 CFR parts 247.25 and 3019 and OMB Circular A-122	Page: 1 of 2
	Revised: 8-2010

PURPOSE: To provide guidance for the use of the Missouri Commodity Supplemental Food Program administrative funds.

POLICY: Funds provided to local agencies may be used to cover administrative costs identified in OMB Circular A-122 that MDHSS determines to be necessary to carry out the Program within their jurisdiction.

PROCEDURES:

- A. Local agencies shall submit a budget annually projecting the amount of administrative funds to be expended based on project caseload authorizations.
- B. Some examples of allowable costs include:
 - 1. Storing, transporting, and distributing foods;
 - 2. Determining the eligibility of program applicants;
 - 3. Program outreach;
 - 4. Nutrition education;
 - 5. Audits and fair hearings;
 - 6. Monitoring and review of program operations; and
 - 7. Transportation of participants to and from the local agency, if necessary.
- C. Local agencies wishing to use CSFP program funds to purchase equipment valued at or above \$500.00 must obtain prior written approval from the State Agency by submitting Attachment 8-2 – Request for Authorization of Equipment Purchases. Describe how the purchase will be made in a manner to provide open and free competition. The State Agency must obtain prior written approval from the USDA MPRO for equipment purchased in whole or in part with federal funds in excess of \$5,000.00. Examples of equipment include automated information systems, automated data processing equipment, and other computer hardware and software.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Administrative Costs	Chapter: 8
	Section: 8.2
REFERENCES: 7 CFR parts 247.25 and 3019 and OMB Circular A-122	Page: 2 of 2
	Revised: 8-2010

- D. In addition to those costs determined to be unallowable by the principles contained in the OMB circulars under References above, specific examples of unallowable uses of administrative funds in CSFP include:
1. The cost of alteration of facilities not required specifically for the program; and
 2. Actual losses that could have been covered by permissible insurance (through an approved self-insurance program or by other means).
- E. Local agencies must follow the procedures contained in 7 CFR 3019 for procuring property, equipment, or services with CSFP funds and for their disposition. The State agency is the responsible authority regarding the settlement of all contractual and administrative issues arising out of procurements for CSFP.
- F. All costs claimed on attachment 8.1, the Record of Expenditures and Administrative Claim, must be supported with appropriate documentation as prescribed in OMB Circular A-122, Attachment B paragraphs 1 through 52. The distribution of salaries and wages must be supported by personnel activity reports. Attachment 8.4 may be used or other reports that meet the following standards per OMB Circular A-122, Attachment B paragraph 8, Compensation for personal services:
1. The report must reflect an *after-the-fact* determination of the actual activities of each employee, whose compensation is charged, in whole or in part, directly to CSFP. Budget estimates (i.e., estimates determined before the services are performed) do not qualify as support for charges to CSFP.
 2. The report, or other available documentation, must account for the total activity for which employees are compensated and which is required in fulfillment of their obligations to the organization.
 3. The report must be signed by the individual employee, or by a responsible supervisory official, affirming that the distribution of activity represents a reasonable estimate of the actual work performed during the period covered.
 4. The reports must be prepared at least monthly and coincide with one or more pay periods.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Records and Reports	Chapter: 8
	Section: 8.3
REFERENCES: 7 CFR 247.28 and 7 CFR 250.6(r)	Page: 1 of 2
	Revised: 8-2007

PURPOSE: To provide guidance for the Missouri Commodity Supplemental Food Program recordkeeping and reporting requirements.

POLICY: State and local agencies shall maintain accurate and complete records in accordance with federal and state regulations and policies and the contract scope of work.

PROCEDURES:

- A. All records and supporting documentation shall be retained for a period of 3 years following the end of the federal fiscal year to which the records pertain, or, if they are related to unresolved claims actions, audits, or investigations, until those activities have been resolved.
- B. All records shall be available during normal business hours for federal or state representatives to inspect, audit, and copy.
- C. To be acceptable for audit purposes, all financial and program performance reports shall be traceable to source documentation.
- D. Attachment 8.3 provides an outline of routine reports/forms and due dates. Following is a list of reports, due dates and appropriate policy references.
 - 1. Multi-food requisitions – Due in the Electronic Commodity Ordering System (ECOS) from 6 to 30 working days prior to the scheduled delivery date. See Section 5.1 and Attachments 5.1, 5.2, and 5.3.
 - 2. Shipment Notification – Due in ECOS 5 days after shipment received. See Section 5.1.
 - 3. Form FNS-153, Monthly Report of the CSFP and Quarterly Financial Status Report – Due by the 20th of the month for the preceding month. See Section 5.5 and Attachments 5.4, 5.6 and 5.7.
 - 4. CACFP 302 Record of Expenditures and Administrative Claim – Due monthly by the 15th of the month after the claim month. See Sections 8.1 and 8.2 and Attachment 8.1.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Records and Reports	Chapter: 8
	Section: 8.3
REFERENCES: 7 CFR 247.28 and 7 CFR 250.6(r)	Page: 2 of 2
	Revised: 8-2007

5. Dual Participation Roster – Due semiannually in January and July by the 15th of the month. See Section 2.10 and Attachment 2.9.
6. FNS Form 191 Racial/Ethnic Group Participation – Completed annually for month of April. The State will forward the forms to the local agencies and will specify a date due. See Section 11.1 and Attachment 11.2.
7. FNS Form 57 – Report of Shipment Received Over, Short and/or Damaged – Required when shipments are received over, short and/or damaged. Local agency must submit with copies of bill of lading to the State within 5 days after a shipment is received and the State forwards to USDA.
8. FNS Form 663 Commodity Acceptability Progress (CAP) - Commodity acceptability information is collected at least once every 2 years. Currently, during even numbered years, report forms are provided to the State Agency by the USDA Regional Office and are due back to them by April 30. The State will forward the forms to the local agencies and will specify a date due.
9. FSA Form 21 Public Voucher – Commodity Programs. Local agency may use this form to request reimbursed for expenses related to disposition of commodities. Submit to the state within 10 days after expense incurred.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT:	Pursuit of claims against participants	Chapter:	8
		Section:	8.4
REFERENCES:	7 CFR parts 247.25(f), 247.30(c) and (d), and 250.15(c)	Page:	1 of 2
		Revised:	12-2005

PURPOSE: To establish standards and procedures for pursuit of claims against participants.

POLICY: When cost effective, local agencies shall initiate a claim against a participant to recover the value of CSFP commodities improperly received or used.

PROCEDURES:

- A. The pursuit of a claim against a participant to recover the value of CSFP commodities improperly received or used is cost effective when the value exceeds \$100 or 5 months of CSFP benefits. The estimated value of the monthly CSFP benefit is \$20.
- B. For the purposes of this program, fraud includes intentionally making false or misleading statements or intentionally withholding information, to obtain CSFP commodities, or the selling or exchange of CSFP commodities for non-food items.
- C. If the local agency determines that the participant or the parent or caretaker of the participant, fraudulently received or used the commodities, the local agencies must document the number of months CSFP benefit was improperly received or used. If at least 5 months of benefits were improperly received or used, a claim against the participant must be pursued.
- D. In pursuing a claim against a participant, the local agency must:
 - 1. Issue a letter demanding repayment for the value of the commodities improperly received or used (see F below);
 - 2. If repayment is not made in a timely manner, take additional collection actions that are cost-effective, in accordance with the standards established by MDHSS; and
 - 3. Maintain all records regarding claims actions taken against participants in accordance with Section 8.3.
- E. Letters demanding repayment for the value of the commodities improperly received or used must:
 - 1. Advise the participant of the opportunity to appeal the claim through the fair hearing process, in accordance with Section 12.1; and



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT:	Pursuit of claims against participants	Chapter:	8
		Section:	8.4
REFERENCES:	7 CFR parts 247.25(f), 247.30(c) and (d), and 250.15(c)	Page:	2 of 2
		Revised:	12-2005

2. Provide a copy of Attachment 21.1 "Appeals Process."
- F. The local agency must also disqualify the participant from CSFP for a period of up to one year using the procedures described in Section 2.7 paragraph F, unless the local agency determines and documents that disqualification would result in a serious health risk.
- G. Funds recovered as a result of claims actions against participants must be used for allowable program costs and reported on Attachment 8.1 – Record of Expenditures & Administrative Claim.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 COMMODITY SUPPLEMENTAL FOOD PROGRAM
RECORD OF EXPENDITURES AND ADMINISTRATIVE CLAIM

Attachment 8.1

NAME AND ADDRESS OF CONTRACTOR	CONTRACT NUMBER	UNIQUE INVOICE NUMBER
	EXPENDITURES FOR THE MONTH OF: (MM/YY)	
SALARIES AND FRINGE BENEFITS		
TELEPHONE		
POSTAGE		
PRINTING		
OFFICE SUPPLIES (LIST)		
EQUIPMENT (LIST): PRIOR APPROVAL REQUIRED		
TRAVEL (STAFF TRAVEL) ESTIMATED MILES PER MONTH x 12		
TRANSPORTATION COSTS		
SPACE AND FACILITIES		
OTHER COSTS (LIST)		
TOTAL DIRECT COSTS		
INDIRECT COSTS (MAY NOT EXCEED 8% OF DIRECT COSTS)		
GRAND TOTAL ALL COSTS		
SIGNATURE		
SIGNATURE BY THE AUTHORIZED REPRESENTATIVE CERTIFIES THAT:		
<ul style="list-style-type: none"> A. THE INFORMATION IS TRUE TO THE BEST OF MY KNOWLEDGE AND THAT RECORDS ARE AVAILABLE TO SUBSTANTIATE THE ABOVE EXPENDITURES. B. REIMBURSEMENT SHALL BE CLAIMED ONLY FOR ALLOWABLE PROGRAM COSTS. C. DEPARTMENT OFFICIALS MAY VERIFY INFORMATION. D. THE AUTHORIZED REPRESENTATIVE UNDERSTANDS THAT INFORMATION IS BEING GIVEN IN CONNECTION WITH THE RECEIPT OF FEDERAL FUNDS, AND THAT DELIBERATE MISREPRESENTATION MAY SUBJECT THE AUTHORIZED REPRESENTATIVE TO PROSECUTION UNDER APPLICABLE STATE AND FEDERAL CRIME STATUTES. 		
SIGNATURE OF CSFP AUTHORIZED REPRESENTATIVE		TITLE
SOCIAL SECURITY NUMBER		DATE
MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES USE ONLY		
APPROVED BY	TITLE	DATE

**REQUEST FOR AUTHORIZATION
of
EQUIPMENT PURCHASE**

The following information must be sent to the Missouri Department of Health and Senior Services, Community Food and Nutrition Assistance, P.O. Box 570, Jefferson City, MO 65102 at least 45 days before purchase/requisition.

This form shall be completed before the purchase of equipment exceeding the cost of \$500.00.

I hereby request permission to purchase the following item from CSFP Program funds:

Item _____ Quoted Price _____ Vendor _____

Description _____

Funding source to be used:

___ Purchase can be paid for out of the currently available CSFP funds within the agency, i.e. current budget.

___ The purchase will require an increase of \$ _____ in the amount of administrative funds available.

Justification:

___ Required for startup of operation.

___ Required for the operation of an additional site.

___ Required for use by additional program staff personnel.

___ Equipment currently available must be surplusd

I.D. Number _____ Condition _____

Provide narrative justification:

(Continue on reverse)

Basis for purchase:

___ The item is to be used solely for the CSFP Program.

___ Item purchase price is to be shared with _____ Program. Charge to each program is pro-rated on intended use.

Requested by _____

Name

Agency

Date

Approved by _____ Date _____

Name and Title

Commodity Supplemental Food Program Contractor Report Schedule

<u>Form No.</u>	<u>Title/Action</u>	<u>Due Date</u>
<u>Reports due monthly:</u>		
WBSCM Multi-food Requisition	Submit multi-food requisition in WBSCM through the Product Catalogue screens from the 30 th calendar day prior to scheduled delivery date.	Due by midnight two (2) weeks prior to scheduled delivery date.
ECOS & WBSCM Shipment Notification	Submit receipt information in ECOS and WBSCM as appropriate.	Five (5) days after shipment received
FNS-153	Monthly Report of the Commodity Supplemental Food Program.	Facsimile spreadsheet due on the 20 th of each month reporting the previous month's activities
CACFP 302	Record of Expenditures and Administrative Claim.	15 th of each month for the previous month's expenses
<u>Report/s due two times per years:</u>		
Attachment 2.10	Dual Participation Roster.	20 th of January and July for the preceding six-month period
<u>Report/s due annually:</u>		
FNS 191	Racial/Ethnic Group Participation.	June 15 th reporting data for participants who received food packages in April
CACFP-300A	CSFP Contract Request	In June or July, exact date to be announced.
<u>Report/s due as needed:</u>		
FNS-57	Report of Shipment Received, Over, Short and/or Damaged.	5 days after shipment received or when receipted in ECOS
FNS-663	Commodity Acceptability Progress Report.	Every two years or as required by FNS
FSA-21	Public Voucher - Commodity Programs.	Within 10 days after expense incurred



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 COMMUNITY FOOD AND NUTRITION ASSISTANCE
 COMMODITY SUPPLEMENTAL FOOD PROGRAM

Attachment 8.4

SUMMARY OF SALARY EXPENSES

AGENCY NAME						CLAIM MONTH	
POSITION TITLE	SALARY PER HOUR	X	HOURS WORKED PER DAY ON CSFP	X	DAYS WORKED PER MONTH	=	TOTAL
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
		X		X		=	
TOTAL						=	

The undersigned affirms that the distribution of activity represents a reasonable estimate of the actual work performed during the period covered.

 Signature Date Title



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Complaints	Chapter: 9
	Section: 9.1
REFERENCES: 7 CFR 247.5(a)(4) and 250.6(u)	Page: 1 of 1
	Revised: 12-2005

PURPOSE: To outline the procedures for reporting, processing and resolving complaints about supplemental foods.

POLICY: Local agencies shall report, process and resolve complaints about supplemental foods in accordance with federal regulation.

PROCEDURES:

- A. During certification all participants and potential participants will be informed of their rights and obligations. Participants will be advised of the policy of non-discrimination and the procedure for filing a complaint if they believe they have been discriminated against.
- B. Depending on the nature of the complaint, i.e., food or services, the problem will be promptly investigated by the local agency and the person making the complaint will be notified of the results in writing. All persons making complaints must be notified of their right to a fair hearing so they may take further steps should their complaint not be satisfactorily resolved. For complaints alleging discrimination based on race, sex, age, color, national origin or disability see Section 11.1 paragraph F.
- C. Complaints suggesting a potential health hazard will be reported immediately to the Missouri Department of Health and Senior Services (MDHSS) by the local agency. MDHSS will immediately refer the matter to the Section for Environmental Public Health, the U.S. Department of Agriculture, and the local public health agency for prompt follow-up and resolution.
- D. All complaints will be documented along with appropriate and necessary corrective action. Follow-up on complaints will be conducted within 30 days of resolution of the complaint to assure that all problems have been corrected.
- E. The distributing agency, in cooperation with the local agency, will investigate promptly complaints received in connection with the distribution or use of donated foods, correct any irregularity, and inform the local agency and MDHSS. The distributing agency will maintain documentation on file of complaints and actions taken. MDHSS reserves the right to make investigations and has the final determination as to when a complaint has been properly adjusted. Serious irregularities will be reported to USDA by MDHSS in writing.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Audits	Chapter: 10
	Section: 10.1
REFERENCES: 7 CFR parts 247.31(d) and (e) and 3052	Page: 1 of 1
	Revised: 12-2005

PURPOSE: To outline audit requirements for the Commodity Supplemental Food Program.

POLICY: In compliance with federal regulations, all CSFP local agencies and the State Agency will be audited on an annual basis.

PROCEDURES:

- A. Audits will be conducted by an independent certified public accountant firm or the State Auditor's Office.
- B. Each audit will cover a period of not less than one year, and will cover the program year completed most recently, unless circumstances dictate the need for a more immediate audit.
- C. Audits will be tracked and follow-up provided by the MDHSS Office of Internal Audit.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Civil Rights	Chapter: 11
	Section: 11.1
REFERENCES: 7 CFR parts 247.13 and 247.37 and FNS Instruction 113-1 dated 9-29-2005	Page: 1 of 3
	Revised: 04-2011

PURPOSE: To outline actions required to assure Civil Rights requirements are met.

POLICY: State and local agencies will comply with Title VI of the Civil Rights Act of 1964 (P.L.88-352) and all requirements imposed by federal and state regulations.

PROCEDURES:

- A. Each local agency, distribution site, and certification site must display the follow posters in a prominent location side by side:
1. “And Justice for All” Poster (Attachment 11.1) also available on the web at <http://www.fns.usda.gov/cr/justice.htm> including translations into several different languages. Use version AD-475C for All Other FNS Nutrition Assistance Programs.
 2. Federal Relay Service Poster (Attachment 11.2). Additional information is available on the web at <http://www.gsa.gov/portal/content/104626>.
- B. Each local agency and/or each distributing agency shall collect the number of participants receiving food packages by racial/ethnic category during the month of April each year. This count may be collected as a manual head count of food package recipients, or may be collected from a review of certification forms. Counts must be submitted by June 15th each year to the State Agency on Attachment 11.3 – Form FNS-191 Racial/Ethnic Group Participation using the instructions and categories provided.
- C. Written materials used to promote or advertise the program must contain the non-discrimination statement and procedures for filing a complaint. If the material is too small to permit the full statement to be included, the material will at a minimum include the statement, in print size no smaller than the text, that “This institution is an equal opportunity provider.” The full authorized statement reads as follows:
- “In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability.
- “To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer.”



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Civil Rights	Chapter: 11
	Section: 11.1
REFERENCES: 7 CFR parts 247.13 and 247.37 and FNS Instruction 113-1 dated 9-29-2005	Page: 2 of 3
	Revised: 04-2011

- D. All staff should receive annual training on all aspects of civil rights compliance. Staff should be able to identify a civil rights complaint if received. They should know what to do if they receive a complaint and they should understand that it is the basic right of the individual to file a complaint. There is an on-line resource for annual Civil Rights Compliance Training at:
<http://health.mo.gov/living/wellness/nutrition/foodprograms/csfp/publications.php>.
- E. Where a significant proportion of the population of the area served by the local agency is composed of non-English or limited English speaking persons who speak the same language, program information, except certification forms, shall be provided in the appropriate language orally and in writing. Bilingual staff members or interpreters shall be available to serve these persons.
- F. Local agency compliance to Civil Rights requirements is reviewed during the management evaluation and documented on the Monitoring Review form. See Section 6.1 and attachment 6.1. Local agencies must monitor compliance to Civil Rights requirements by sub-agencies at least annually. See Section 6.2 and attachment 6.2.
- G. All complaints alleging discrimination based on race, sex, age, color, national origin or disability will be accepted, either verbally or written. In the event of a verbal complaint, 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:
1. Name, address, and telephone number or other means of contacting the complainant,
 2. The specific location and name of the State agency, local agency, or other subrecipient delivering the service or benefit,
 3. 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,
 4. The basis on which the complainant believes discrimination exists. The bases for nondiscrimination are race, color, national origin, age, disability or sex.
 5. The names, telephone numbers, titles, and business or personal addresses of persons who may have knowledge of the alleged discriminatory action, and



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Civil Rights	Chapter: 11
	Section: 11.1
REFERENCES: 7 CFR parts 247.13 and 247.37 and FNS Instruction 113-1 dated 9-29-2005	Page: 3 of 3
	Revised: 04-2011

6. The date(s) during which the alleged discriminatory actions occurred or, if continuing, the duration of such actions.
- H. All complaints received by the local agency or MDHSS, either verbal or written, which allege discrimination shall be referred to the MDHSS Human Relations Officer III, in the Office of Personnel and processed in accordance with the complaint processing procedures and timelines in FNS Instruction 113-1.



“AND



JUSTICE



FOR ALL”



In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. (Not all prohibited bases apply to all programs.)

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

De acuerdo a lo establecido por las leyes Federales y el Departamento de Agricultura de los EE.UU. (USDA, siglas en inglés), se prohíbe a este organismo la discriminación por raza, color, origen nacional, sexo, edad, o impedimentos de las personas. (No todas las bases de prohibición se aplican a todos los programas.)

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410, o llame al (202) 720-5964 (voz y TDD). USDA es un proveedor y empleador que ofrece oportunidad igual a todos.

Federal Relay Service (FedRelay)



The Federal Relay Service (FedRelay) provides telecommunications services to allow individuals who are deaf, hard of hearing, and/or have speech disabilities to conduct official business with and within the federal government.

The Federal Relay Service provides service to the public and to federal agency personnel. Sprint is the only authorized service provider on the Federal Relay Program.

TTY/ASCI

A deaf or hard-of-hearing person uses a TTY or PC to type a conversation. A relay operator voices the typed conversation to a hearing person and then types the hearing person's spoken response to the TTY user.

Service is available 7 days a week, 24 hours a day.

Toll-Free and Toll Access Numbers for Federal Relay are:

- (800) 877-8339 TTY(Text Telephone) / ASCII (American Standard Code For Information Interchange) Hearing callers wait for the operator or call:
- 866) 377-8642 Voice
- (877) 877-6280 VCO (Voice Carry Over)
- (877) 877-8982 Speech-to-Speech
- (800) 845-6136 Spanish
- (800) 877-0996 Customer Service (Voice/TTY, ASCII and Spanish)
- (866) 893-8340 TeleBraille

From non-domestic locations the number is (605) 331-4923

Speech to Speech (STS)

A person with a speech disability or voice synthesizer speaks directly to the called person. A specially –trained relay operator acts as the speech-disabled user's voice by listening and repeating the Speech-disabled user's dialogue if necessary.

Service is available 7 days a week, 24 hours a day.

Toll-Free and Toll Access Numbers for Federal Relay are:

- (800) 877-8339 TTY(Text Telephone) / ASCII (American Standard Code For Information Interchange) Hearing callers wait for the operator or call:
- (866) 377-8642 Voice
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- (866) 893-8340 TeleBraille

From non-domestic locations the number is (605) 331-4923

Captioned Telephone (CapTel)

A deaf or hard-of-hearing person dials another party using a captioned telephone. The CapTel phone automatically connects to a captioning relay service center where a specially-trained relay operator transcribes the called party's Responses into text (captions). Captions appear on a display on the CapTel phone.

Service is available 7 days a week, 24 hours a day.

Relay Conferencing Captioning (RCC)

This is a web-based version of TTY/ASCII service.
Service is available 7 days a week, 24 hours a day.

Video Relay Service (VRS)

A deaf person (using a video camera) signs to a video interpreter (VI). The VI voices the conversation to a hearing person on a standard phone and then the VI signs back to the deaf person on a computer or television screen.

Service is available 7:00 a.m. to 8:00 p.m. Monday through Friday Eastern time.

Federal Video Relay:

- Videophone (VP)
 - English: myfedvrs.tv
 - Spanish: espanol.myfedvrs.tv
 - Voice CarryOver (VCO): vco.myfedvrs.tv
 - Customer Service: help.myfedvrs.tv
- Website (webcam)
 - Current website address of www.fedvrs.us will automatically redirect to www.myfedvrs.us
- ISDN
 - ISDN users call FedVRS: (877) 709-5798
 - Hearing users calling ISDN FedVRS users: (877) 709-5801
 - Customer Service: help.myfedvrs.tv

The shortcut to this page is www.gsa.gov/fedrelay

Last Reviewed 07/16/2010

U.S. DEPARTMENT OF AGRICULTURE - FOOD AND NUTRITION SERVICE

**RACIAL/ETHNIC GROUP PARTICIPATION
COMMODITY SUPPLEMENTAL FOOD PROGRAM
FNS INSTRUCTION 113-1**

1. STATE 2. STATE # L/A# NO OF SITES

3. REPORTING LOCAL AGENCY NAME
 ADDRESS
 CITY
 STATE ZIP CODE
 TELEPHONE NUMBER

4. REPORTING YEAR APRIL

PARTICIPANTS FOR THE MONTH OF APRIL		COLUMN A	COLUMN B
		TOTAL NUMBER OF PARTICIPANTS BY RACE	NUMBER OF HISPANIC OR LATINO PARTICIPANTS REPORTED IN COLUMN A BY RACE
PARTICIPANTS WHO MARKED ONLY ONE RACE	5. AMERICAN INDIAN OR ALASKA NATIVE	<input type="text"/>	<input type="text"/>
	6. ASIAN	<input type="text"/>	<input type="text"/>
	7. BLACK OR AFRICAN AMERICAN	<input type="text"/>	<input type="text"/>
	8. NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER	<input type="text"/>	<input type="text"/>
	9. WHITE	<input type="text"/>	<input type="text"/>
PARTICIPANTS WHO MARKED TWO RACES	10. AMERICAN INDIAN OR ALASKA NATIVE AND WHITE	<input type="text"/>	<input type="text"/>
	11. ASIAN AND WHITE	<input type="text"/>	<input type="text"/>
	12. BLACK OR AFRICAN AMERICAN AND WHITE	<input type="text"/>	<input type="text"/>
	13. AMERICAN INDIAN OR ALASKA NATIVE AND BLACK OR AFRICAN AMERICAN	<input type="text"/>	<input type="text"/>
	14. BALANCE REPORTING MORE THAN ONE RACE	<input type="text"/>	<input type="text"/>
	15. TOTAL (ADD ITEMS 5 THRU 14)	<input type="text"/>	<input type="text"/>

16. REMARKS

DATE	TITLE	SIGNATURE
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**FORM FNS-191 (10-06) Previous Editions Are Obsolete
Electronic Form Version Designed in JetForm 5.01 version**

No further monies or other benefits may be paid out under this program unless this report is completed and filed in accordance with Title VI of the Civil Rights Act of 1964 and USDA implementing regulations.

INSTRUCTIONS

This report will be prepared annually covering the month of April.

LOCAL AGENCIES - Must submit the data to the State agency by the due date established by the State.

STATE AGENCIES - Must determine that the data has been received from all local agencies. The data must be submitted to the appropriate FNS Regional Office by the 31st of July.

FNS REGIONAL OFFICES - Must determine that the data has been received from all State and local agencies. The FNS Regional Office must ensure that all data is posted into the Food Programs Reporting System database by the 19th of September.

Item 1. Self-explanatory.

Item 2. For the State agency, enter the seven-digit State agency code. For the local agency, enter the 10-digit identification number assigned by FNS. New local agencies must obtain an identification number from FNS. Enter the number (001 or more) of sites under each local agency's supervision.

Items 3, 4 and 16. Self-explanatory.

Items 5-15. Report for each racial group the number of participants who received program commodities in April. For purposes of this form, "Hispanic or Latino" is an ethnic group, not a race. In Column A, report the total number of participants by race, including individuals of Hispanic or Latino origin. In Column B, report only participants of Hispanic or Latino origin by race. The form is requesting separate counts for participants who chose only one race and those who chose more than one race.

For item 14, report the total number of participants who chose racial combinations that are *not included* in items 10 through 13.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-0025. The time required to complete this information collection is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Attachment B

Racial/Ethnic Categories and Definitions**Race**

American Indian or Alaska Native. A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Asian. A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Black or African American. A person having origins in any of the black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”

Native Hawaiian or Other Pacific Islander. A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

White. A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Ethnicity

Hispanic or Latino. A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term “Spanish origin” can be used in addition to “Hispanic or Latino.”



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Fair Hearings for Individuals	Chapter: 12
	Section: 12.1
REFERENCES: 7 CFR parts 247.12 and 247.33	Page: 1 of 2
	Revised: 12-2005

PURPOSE: To provide a hearing process that allows a CSFP applicant or participant to appeal an adverse action.

POLICY: 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 commodities received as a result of fraud.

PROCEDURES:

- A. Each program applicant or participant shall be informed of their right to a fair hearing in accordance with Section 2.1 paragraph E and Section 2.7. Attachment 12.1 - Appeal Procedure, modified to show the local agency contact information, shall be posted at all certification and distribution sites and copies shall be available upon request.
- B. If a hearing is requested within the 15 day advance notice period by participants found ineligible at any time during a certification period, benefits will be continued or reinstated until a decision is reached or the certification period expires, whichever occurs first. Applicants, who are denied benefits at initial certification or at the expiration of a certification period, shall not receive benefits while waiting for the hearing.
- C. All requests for fair hearings will be carried out by officials of the local agency. Local agencies are required to appoint a fair and impartial hearing officer for the purpose of conducting fair hearings. The local agency must schedule and conduct the hearing within 30 days from the date of the request for the hearing. Those requesting the hearing will be notified in writing no less than 10 days in advance of the time and place of the hearing.
- D. A request for a hearing will not be dismissed or denied unless:
 - 1. The request is not received within 60 days from the notice of adverse action; or
 - 2. The request is withdrawn in writing by the appellant; or
 - 3. The appellant or appellant's representative fails, without good cause, to appear at the scheduled hearing; or
 - 4. The appellant has been denied participation by a previous hearing and cannot provide evidence that circumstances relevant to program eligibility have changed in such a way as to justify a hearing.



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Fair Hearings for Individuals	Chapter: 12
	Section: 12.1
REFERENCES: 7 CFR parts 247.12 and 247.33	Page: 2 of 2
	Revised: 12-2005

- E. Hearings shall be conducted by an impartial official and in accordance with Attachment 12.1 Appeals Procedures.
- F. If the hearing decision is in favor of the appellant, and benefits were denied or discontinued, benefits shall begin immediately.
- G. If the decision concerns disqualification and is in favor of the agency, as soon as administratively feasible, the local agency shall terminate any continued benefits, as determined by the hearing officer.
- H. All records of the hearing shall be kept in accordance with 7 CFR 247.33(m) and shall be available for public inspection and copying, in accordance with the confidentiality requirements under 7 CFR 247.36 (b).



COMMODITY SUPPLEMENTAL FOOD PROGRAM
POLICY AND PROCEDURE MANUAL

SUBJECT: Fair Hearings for Local Agencies	Chapter: 12
	Section: 12.2
REFERENCES: 7 CFR 247	Page: 1 of 1
	Revised: 12-2005

PURPOSE: To provide a hearing procedure through which any local agency may appeal a State agency action with monetary consequences for the local agency.

POLICY: Local agencies have a right to appeal any action by the State with monetary consequences.

PROCEDURES:

- A. All requested fair hearings will be conducted within 30 days from the date the department receives the request for a hearing. Those requesting a hearing will be notified in writing a minimum of ten days in advance of the time and place of the hearing and of the hearing procedure.
- B. Requests for fair hearings by local agencies to MDHSS will be conducted by an Attorney at Law under contract with the Missouri Department of Health and Senior Services to hear appeals of Child Nutrition Programs. Since this is a contractual relationship, executed solely for the purpose of presiding at hearings, hearings will be conducted in a fair and impartial manner. The hearing will be conducted within 30 days from the date of request for the hearing.
- C. The local agency will be notified in writing of the decision of the Hearing Officer within 30 days of the hearing. All decisions shall be based on facts found in the hearing record, and the parties will be notified of their right to appeal the decision to the district court within 30 days. The Hearing Officer's decision is binding on the state and the local agency.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
COMMUNITY FOOD AND NUTRITION ASSISTANCE
COMMODITY SUPPLEMENTAL FOOD PROGRAM
APPEAL PROCEDURES

Attachment 12.1

Appealable Actions [247.33 (a)]

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

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

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

Appeal Decisions [247.33 (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 adverse action that resulted in the hearing.
- 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: