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# **THE COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)**

**STRENGTHENING THE NATION'S NUTRITION SAFETY  
NET AND SUPPORTING AMERICAN AGRICULTURE**

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## WHAT IS THE COMMODITY SUPPLEMENTAL FOOD PROGRAM?

**CSFP** works to improve the health of low-income persons at least 60 years of age by supplementing their diets with nutritious USDA Foods. CSFP food packages do not provide a complete diet, but rather are good sources of the nutrients typically lacking in the diets of the beneficiary population.

# ELIGIBILITY

## Applicants Must

1. Complete an application – an agency worker may complete on behalf of the recipient, but the applicant must sign prior to first distribution
2. Must be a resident of the county
3. Must automatically qualify or fall within the income guidelines
4. Must be 60 years or older

## Automatic Qualifiers

Food Stamps/SNAP | TANF | SSI

*Income must be at or below 130% of Federal Poverty Income Guidelines for the household and it is self-declared.*

*Only the income is self-declared*

South Carolina Department of Agriculture  
**COMMODITY SUPPLEMENTAL FOOD PROGRAM APPLICATION**

Contracted Food bank: \_\_\_\_\_  
 Distributing Agency if different from Contracting Food Bank: \_\_\_\_\_  
 County Name: \_\_\_\_\_ Application Date: \_\_\_\_\_

Applicant Information (Please Print Clearly)				
Applicant Name:	Date of Birth:	Age:	Sex:	Social Security Number:
Residential Address:	City:	State:	Zip Code:	Home Phone:
Mailing Address:	City:	State:	Zip Code:	Cell Phone:

**Racial/Ethnic Data (Optional)**  
(Data will not affect consideration of application for assistance. This information is requested solely to ensure compliance with Federal Civil Rights laws.)

**Ethnic Category** (Select only one) **Racial Category** (Select only one)

Are you Hispanic or Latino?  Yes  No  American Indian or Alaska Native  Asian  Black or African American  
 Native Hawaiian or Other Pacific Islander  White  Other

**Household Income**

**Did you provide a copy of the current adjusted household income guidelines at 130 percent Federal Poverty Income Guideline to applicant?**  Yes  No

**Gross Household Income:** \$ \_\_\_\_\_ Source(s) of Income: \_\_\_\_\_  
 Monthly  Twice-monthly  Every 2 Weeks  Weekly

**Total Household Members** \_\_\_\_\_ (Check box if included for CSFP) **Total CSFP Household Members** \_\_\_\_\_  
 List the name of all household members below and place a check in the box by the name of all CSFP participants.

	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**I hereby certify that:**  
**I understand that the foods given me are to be used by person listed hereon and as directed by the distributing agency. I authorize the following persons to pick up food for me from the Food Distribution Center.**  
 1. \_\_\_\_\_ 2. \_\_\_\_\_

**Eligibility Verification** (Document the verification used for each eligibility criteria listed below):  
**Eligibility Criteria Verification Source:** \_\_\_\_\_ **Age Verified:** \_\_\_\_\_

**Date on Documentation:** \_\_\_\_\_

\*This application is being made in connection with the receipt of Federal assistance. Program officials may verify information on this form. I am aware that deliberate misrepresentation may subject me to prosecution under applicable State and Federal statutes. I am also aware that I may not receive CSFP benefits at more than one CSFP site at the same time. Furthermore, I am aware that the information provided may be shared with other organizations to detect and prevent dual participation. I have been advised of my rights and responsibilities 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 to other organizations for use in determining my eligibility for participation in other public assistance programs and for outreach purposes.\* (Please indicate decision by placing a checkmark in the appropriate box.)  Yes  No

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Witness Signature (if signature above is an "X")** \_\_\_\_\_

Revised 7/18/19

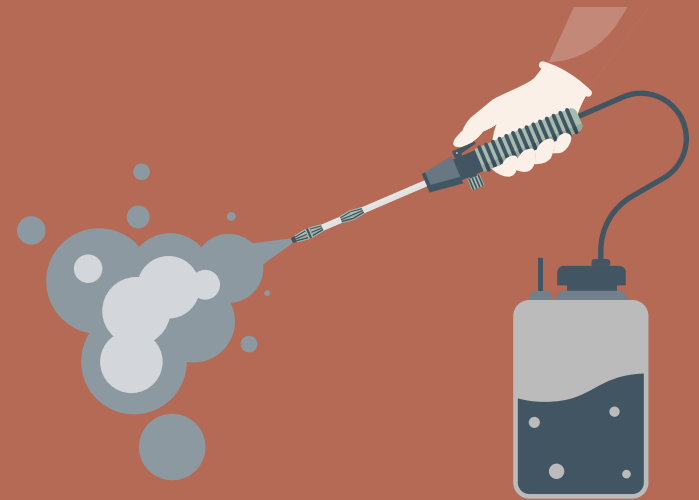
## OPERATIONAL KEY POINTS

- Once a location's caseload is full, a waiting list must be started
- A box may not be held more than 24 hours after a distribution
- Any leftovers boxes after distribution must be disbursed to the waiting list on a first come basis starting at the top of the list
- The certification period runs from January to January. Applicants will be certified at the time of entry into the program, and every January there after
- Two no shows will result in removal from the program



## STORAGE & PEST CONTROL

- Storage facilities must be sanitary and free from rodent, insect, and other animal infestation; best achieved by contracting with a professional service for effective pest control. If pest control is done in house, a log should be kept to keep track of frequency.
- Safeguards must be in place to prevent theft, spoilage, and other loss. Thermostats in storage areas.
- Follow First In, First Out (FIFO) principles.
- Commodities should be stored off of the floor.
- Maintain foods at proper temperatures. Utilize freezer and refrigerator thermometers. Recommended temperature levels:
  - 50° to 70° for dry storage areas
  - 36° to 40° for refrigerated storage areas
  - -10° to 0° for frozen storage areas




# AND JUSTICE FOR ALL AND CIVIL RIGHTS TRAINING

Annual Civil Rights Training is required for agency operations. To ensure all staff and volunteers are trained, agency managers may:

- Conduct training during regularly scheduled meetings
- Train new staff and volunteers as they come aboard
- Create a review station with an acknowledgment form

*A log or sign-in sheet must be completed and retained in order to receive credit for conducting the training.*



**AND JUSTICE FOR ALL**

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

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, and American Sign Language) should contact the responsible State or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form, which can be obtained online, at [www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf](http://www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf), from any USDA office, by calling (866) 632-9892, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

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

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

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

This institution is an equal opportunity provider.

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

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

Para presentar una queja por discriminación en el programa, el reclamante debe completar un formulario AD-3027, Formulario de queja por discriminación del programa del USDA, que se puede obtener en línea, en [www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf](http://www.usda.gov/sites/default/files/documents/usda-program-discrimination-complaint-form.pdf), en cualquier oficina del USDA, llamando al (866) 632-9892, o escribiendo una carta dirigida al USDA. La carta debe contener el nombre, la dirección y el número de teléfono del reclamante, y una descripción escrita de la supuesta acción discriminatoria con suficiente detalle para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) sobre la naturaleza y la fecha de la presunta violación de los derechos civiles. La carta o el formulario AD-3027 completado debe enviarse al USDA por medio de:

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

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

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

Esta institución ofrece igualdad de oportunidades.

Form AD-429—Assisted Poster Revised September 2019  
 Afiche complementario al formulario AD-429-A (Revisado Septiembre 2019)

# CIVIL RIGHTS TRAINING REQUIREMENTS

Training must include the following:

**How to assist participants with language barriers?** Phone interpreter line, Deaf/hard of hearing, Visually impaired, etc. Failure to provide meaningful access can be considered discrimination.

**How to assist individuals with disabilities?** Volunteer assistance, wheelchair ramp, etc. Failure to provide reasonable accommodations may subject agency to discrimination claim.

**How to differentiate between program complaints and Civil Rights complaints?** Different treatment due to protected classes versus dissatisfaction with program rules.

**Conflict resolution** – Identification of the issue and calmly communicate with participants on program guidelines

**Noncompliance resolution** – Corrective actions made to address findings

**Customer service expectations** – Friendly staff, offering assistance in other areas, develop good listening skills, identify stressors, etc.

## Discrimination

All staff and volunteers must know how to assist participants in any of these matters and/or whom to refer questions and concerns to.

Racial/Ethnic Data must be collected at the point of application and reported to determine the effectiveness of the program. It does not affect eligibility.

### Protected Classes

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

## PUBLIC NOTIFICATION

Each agency is required to provide some form of public notification each year. The full nondiscrimination statement must be included on all public notification materials. Public notification should include agency name, address, contact information, and days and times of operation.



## Nondiscrimination Statement

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

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

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

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

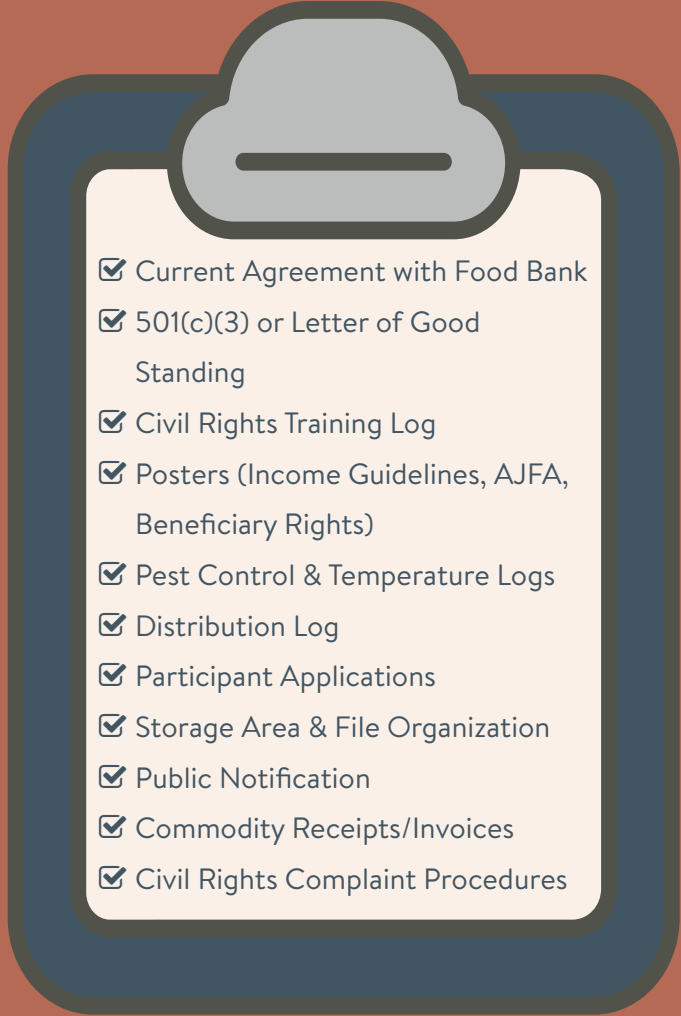
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## WHAT WILL WE LOOK FOR DURING AN ADMINISTRATIVE REVIEW?

SCDA conducts reviews to ensure agencies are compliant with federal and state regulations. The reviewer will review paperwork, storage area, and may discuss some requirements and recommendations for program operation. Following the review, agency managers should expect to receive a Review Letter detailing any findings, instructions for corrective actions, additional requests, and/or recommendations for more efficient operation.

A response to corrective actions are due within 30 days of receiving the Review Letter. Failure to respond may result in suspension from the program. Unless otherwise noted, all corrective actions must be addressed.

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- Current Agreement with Food Bank
  - 501(c)(3) or Letter of Good Standing
  - Civil Rights Training Log
  - Posters (Income Guidelines, AJFA, Beneficiary Rights)
  - Pest Control & Temperature Logs
  - Distribution Log
  - Participant Applications
  - Storage Area & File Organization
  - Public Notification
  - Commodity Receipts/Invoices
  - Civil Rights Complaint Procedures



South Carolina  
**DEPARTMENT OF AGRICULTURE**

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Hugh E. Weathers, Commissioner

**Chris Doyle**

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[agriculture.sc.gov/tefap-csfp](http://agriculture.sc.gov/tefap-csfp)

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