



# TEFAP/USDA Training

## FY 23-24



- The United States Department of Agriculture
- One branch provides domestic food assistance through programs such as; the Women Infants and Children (WIC) program, Commodity Supplemental Food Program (CSFP), free/reduced school lunches, and TEFAP.

# What is TEFAP?

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- The Emergency Food Assistance Program (TEFAP) helps supplement the diet of low-income persons, by providing groceries or meals at no cost to the recipient.
- 





# Which Agencies Are Eligible for TEFAP?

- Partner agencies with emergency feeding programs
  - Food pantries
    - Mobile food pantries
  - Community kitchens
- Emergency shelters
  - with 3 days or less stay



A diverse group of smiling people of various ages and ethnicities, including a young man with curly hair, a woman with dark curly hair, a man with a beard, and an older man with white hair, all looking happy and engaged.

## Which Clients Are Eligible?

### Pantry/MFP:

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- **Households whose income is 130% or less of the poverty line.**
- **Clients must sign a self-declaration of total household income, residency, name, number of people in the household, and address.**

### Onsite:

- **Recipients of prepared meals are considered eligible and do not require any specific form or application.**





# What Foods Are Available?

**Frozen hams**

**Frozen chicken**

**Canned chicken**

**Canned beef**

**Corn flakes**

**Orange juice**

**Apple juice**

**Dry pinto Beans**

**Creamed corn**

**Corn kernels**

**Spaghetti  
noodles**

**Dry milk**

**Peanuts**

**Pears**

**Pineapple**

**Dry potatoes**

**Our inventory of TEFAP foods available will vary.  
This is not a shopping list.**



TEFAP  
REQUIREMENTS  
FOR  
ALL AGENCIES...





TEFAP



TEFAP



TEFAP

Keep TEFAP  
product separate  
and labeled.





## Keep thermometers for all dry, refrigerated and frozen TEFAP product.

*Maintain and record temperatures of all areas by keeping temp logs once a week, minimally.*

- Dry storage range: 50-70 ° F
- Refrigerator storage range: 36-41 ° F
- Frozen storage range: 0 ° F





# Maintain a good pest control system: certified company or self spray

## Certified: *Quarterly*

- Invoices, Pest control receipts.



## Self-Sprayed: *Monthly*

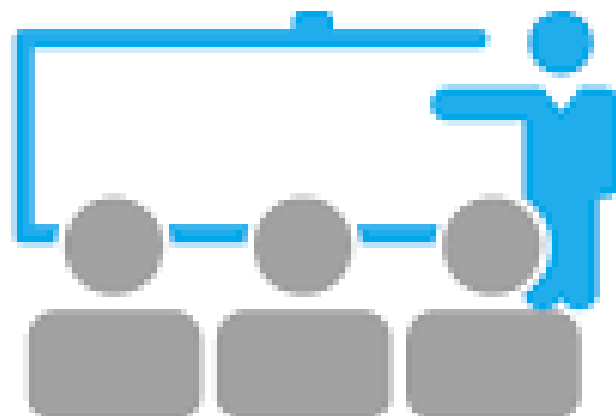
- Service Logs.







The “**And Justice for All Poster**” must be posted, visible to all clients at time of distribution.



# Yearly TEFAP and Civil Rights Training

- Your agency must re-certify every year on TEFAP procedures.
- Every Fall ACFB will email you re-certification instructions and forms to fill out online.
- You must train ALL your volunteers and staff on USDA's Civil Rights Training.



# Record Keeping:

- **Separate monthly report for TEFAP usage, due by the 9<sup>th</sup> of each month.**
- **Pantry: Indicate number of households and persons who received TEFAP that month.**
- **Mobile Food Pantry: Indicate number of households and persons who received TEFAP that month.**
- **Onsite: Indicate number of meals served with TEFAP ingredients that month.**

**(For Example: April's report is due by May 9<sup>th</sup>.)**

# Additional Requirements for All Agencies:

Keep all Food Bank invoices, TEFAP records and paperwork for 3 years!



**Your agency is mandated that all instances of loss of commodities must be promptly reported to the Food Bank.**

**Do not toss or dispose of any TEFAP product without first contacting the Food Bank to receive instructions on how to proceed.**

**You may have to bring the product back to ACFB or GMFB.**

**• (ACFB/GMFB have secured, locked dumpsters)**

**If you do not first contact the Food Bank:**

- Your agency could be charged the cost of TEFAP product if tossed**
- Your agency will be held liable if someone dug in the trash, consumed spoiled food & became ill.**



TEFAP  
REQUIREMENTS FOR:

PANTRIES

MOBILE FOOD  
PANTRIES

SCHOOL MOBILE  
FOOD PANTRIES



# TEFAP's Requirements for Food Pantries:

- Each Pantry/MFP must complete 1 Household Distribution Form (Commodity) every day TEFAP is distributed.
- Each Household must complete 1 Household Eligibility Form (832) and sign off on their income and household size every time they receive TEFAP or sign and date the back of their current signed 832 form.
- ***EXAMPLE: On Tuesday, December 12<sup>th</sup> your agency hands out TEFAP during your pantry distribution. 56 households are eligible to receive TEFAP on this day. Your agency TEFAP records on this day should consist of 1 Household Distribution Form filled out by you and 56 Household Eligibility Forms (832) filled out by your clients.***







**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)**  
**HOUSEHOLD DISTRIBUTION FORM**

AGENCY NAME: Your Neighborhood Pantry

DATE OF DISTRIBUTION: 10/5/2018

DISTRIBUTION ADDRESS: 9876 Food Pantry Road  
Atlanta, GA 30318

**DISTRIBUTION TIME: 10AM - 1PM**

## COMMODITIES DISTRIBUTED PER HOUSEHOLD

Commodity Code:	Name of Commodity:	Units per household:
SK01234	TEFAP Diced Tomatoes	2
SK20225	TEFAP Raisins	3
SK25700	TEFAP Pumpkin	1
<div> <div>Found on your invoices</div> <div> <p>This form is used each day you distribute TEFAP. If your distribution days are every Tues &amp; Thurs, you would have a new Distribution Form filled out each Tues &amp; each Thurs you gave our TEFAP.</p> <p>This form is NOT filled out by each household, this is <u>filled out by your Pantry staff</u> - 1 form for every day you distribute TEFAP product.</p> </div> </div>		

It's up to your agency how many units of each TEFAP item you want to distribute each household.

Each household must get the same number of TEFAP items. By this example, each household receive 6 TEFAP items.

TOTAL AMOUNT DISTRIBUTED 6

**THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)  
HOUSEHOLD DISTRIBUTION FORM**

Date of Distribution:  
Distribution Time:

Size of Household			
1	2-3	4-5	6+

Commodity Code	Name of Commodity	1	2-3	4-5	6+
SK01234	TEFAP Diced Tomatoes	1	2	4	5
SK20225	TEFAP Raisins	2	3	4	5
Total Units distributed per household		3	5	8	10

## FOOD FOR THOUGHT



The Emergency Food Assistance Program (TEFAP)  
Household Eligibility Criteria Form

Distribution Date \_\_\_\_\_ Distribution Site: \_\_\_\_\_  
Name: \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_ County: \_\_\_\_\_  
Phone Number \_\_\_\_\_

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

Household size	Monthly income	Weekly income
1	\$1,580	\$365
2	\$2,137	\$493
3	\$2,694	\$622
4	\$3,250	\$750
5	\$3,807	\$879
6	\$4,364	\$1,007
7	\$4,921	\$1,136
8	\$5,478	\$1,264
Each add'l member	add \$557	add \$ 129

I certify that my gross household income is at or below the income listed for the number of people in my household on this form. I certify that I live in the area served by The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of federal assistance.

\_\_\_\_\_  
(Signature of Head of Household)

\_\_\_\_\_  
(Date)

Authorized Representative:

I hereby authorize \_\_\_\_\_  
(Please Print)  
to pick up food for my household.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

# Household Eligibility Form: 832

832 Form



# Household Eligibility Form

The Emergency Food Assistance Program (TEFAP)  
Household Eligibility Criteria Form

Distribution Date \_\_\_\_\_

Distribution Site: \_\_\_\_\_

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

Number of people in household: \_\_\_\_\_

Address: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number \_\_\_\_\_

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

Household size	Monthly income	Weekly income
1	\$1,354	\$312
2	\$1,832	\$423
3	\$2,311	\$533
4	\$2,790	\$644
5	\$3,269	\$754
6	\$3,748	\$865
7	\$4,227	\$987
8	\$4,705	\$1,086
Each add'l member add \$479		add \$ 120

**ALL** sections must be filled out, the boxes are areas to pay extra attention to

I certify that my gross household income is at or below the income listed for the number of people in my household on this form. I certify that I live in the area served by The Emergency Food Assistance Program. This certification form is being completed in connection with the receipt of federal assistance.

\_\_\_\_\_  
(Signature of Head of Household)

\_\_\_\_\_  
(Date)



# Household Eligibility Form

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

Page 1

TEFAP 832 Distribution Report For Use October 1, 2023 - September 30, 2024



**Must use current FY form**

FY 23-24



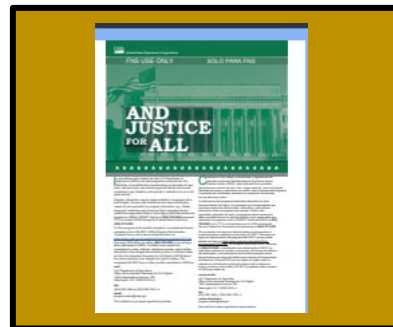
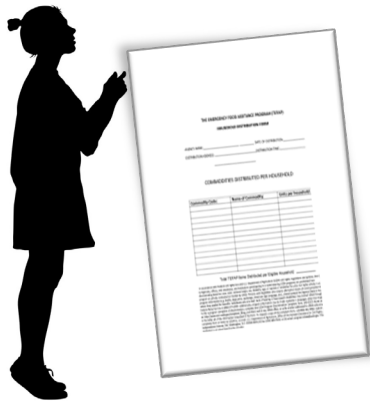


# Day of TEFAP's Distribution RECAP:

## (For ALL Pantry including MFP and SMFP.)

### Program Manager:

- Completes one Household Distribution Form (Commodity).
- Display "And Justice for All" poster.

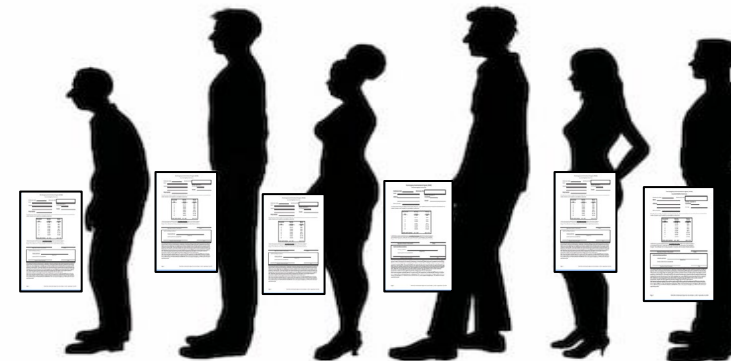


VectorStock®

VectorStock.com/19217155


### Clients:

- Completes (new) or Sign and Date Household Eligibility Form (832).





# E-Harvest Reporting: (Pantry)



Welcome, B3535 ▾

Required Reports

Ordering

Inventory

Bethel Family Church - The Family Pantry [Logout](#)

2209 Wesley Chapel Road

Decatur, GA 30035

MS Yasmine Dorch

Required Reports

You do not have any required reports due

Current Monthly Reports

These reports can be edited throughout this period

[GNAP Report](#)

[Monthly Service Report](#)

[TEFAP Report](#)

[View Report History](#)

TEFAP Report - November 2018

[Submit Report](#)

[Print](#)

Created by B3535 on 12/29/2018 7:32:57 PM

Please submit the information by day 9 of the month. Ex.: January's report is due Feb. 9th. Food banking is a partnership with member agencies, clients, the food bank, food and financial donors. Thanks for doing your part by reporting your activity.

Activity

Did you use TEFAP product for distribution and/or meal preparation this month? ☒ Yes ☐ No

Food Pantries:

Total number of households that received USDA TEFAP during the past month

Total number of persons in those households

On Premise/Congregate Feeding Programs:

Number of meals using TEFAP foods as ingredients during the past month

0

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FOOD FOR THOUGHT



# E-Harvest Reporting: (Pantry)

Browser address bar: <https://eharvest.acfb.org/Reports.aspx>

Exact Synergy Enterprise - Sho... Reports

**ATLANTA COMMUNITY FOOD BANK**  
Welcome, B3535 ▾

Bethel Family Church - The Family Pantry [Logout](#)  
2209 Wesley Chapel Road  
Decatur, GA 30035  
MS Yasmine Dorch

[Required Reports](#) [Ordering](#) [Inventory](#)

### Required Reports

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#### Activity

Did you use TEFAP product for distribution and/or meal preparation this month? ☒ Yes ☐ No

#### Food Pantries:

Total number of households that received USDA TEFAP during the past month

Total number of persons in those households

#### On Premise/Congregate Feeding Programs:

Number of meals using TEFAP foods as ingredients during the past month

Please check your MFP invoice to determine if TEFAP is on your MFP. If so, please complete the commodity form and display the And Justice for ALL poster!!!

\*Include TEFAP households from your pantry plus TEFAP households for your MFP !!!\* (keep reports separately.)

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The background image shows a dining hall setting. In the foreground, a person's hand is visible holding a fork over a plate of spaghetti topped with meat sauce. Next to the plate is a glass bowl of salad with lettuce and purple cabbage. In the background, other diners are seated at tables, also eating spaghetti. The scene is dimly lit, and the overall atmosphere is that of a communal meal.

# TEFAP's Requirements for Onsite and Backpack Agencies...

# TEFAP's Requirements for Onsite Agencies?

- Provide verifiable records showing the number of meals using TEFAP food as ingredients
  - *Your physical paperwork should support what you report on eHarvest*
- See sample meal calendar in packet





# Meal Count Calendar

Month \_\_\_\_\_ Year: \_\_\_\_\_


Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/> Dinner 127 (T)	B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/> Dinner 124 (T)	B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/> Breakfast 214
B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/> Dinner 131 (T)	B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/> Dinner 119	B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/> Breakfast 221 (T)
B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/> Dinner 108 (T)	B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/> Dinner 123 (T)	B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/> Breakfast 233 (T)
B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/> Dinner 115	B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/> Dinner 113 (T)	B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/> Breakfast 209
B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/> Dinner 132	B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/>	B L D S <input type="checkbox"/>

Total Indiv: 1,969 Total Brkfst: 877 ~ Total Din: 1092 ~ Total Meals: 1,969 ~ Total TEFAP Meals: 1,180





# E-Harvest Reporting: (Onsite)



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TEFAP Report - November 2018 [Submit Report](#) [Print](#)

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Please submit the information by day 9 of the month. Ex.: January's report is due Feb. 9th. Food banking is a partnership with member agencies, clients, the food bank, food and financial donors. Thanks for doing your part by reporting your activity.

Activity

Did you use TEFAP product for distribution and/or meal preparation this month? ☒ Yes ☐ No

Food Pantries:

Total number of households that received USDA TEFAP during the past month

Total number of persons in those households

On Premise/Congregate Feeding Programs:

Number of meals using TEFAP foods as ingredients during the past month

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FOOD FOR THOUGHT



# Onsite TEFAP Feeding RECAP:

## Program Manager:

- Keep verifiable records showing the number of meals using TEFAP food as ingredients.



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
B L D S	<input type="checkbox"/>	B L D S	<input type="checkbox"/>	B L D S	<input type="checkbox"/>	B L D S
		Dinner 127 (T)		Dinner 124 (T)		Breakfast 214
B L D S	<input type="checkbox"/>	B L D S	<input type="checkbox"/>	B L D S	<input type="checkbox"/>	B L D S
		Dinner 131 (T)		Dinner 119		Breakfast 221 (T)
B L D S	<input type="checkbox"/>	B L D S	<input type="checkbox"/>	B L D S	<input type="checkbox"/>	B L D S
		Dinner 108 (T)		Dinner 123 (T)		Breakfast 233 (T)
B L D S	<input type="checkbox"/>	B L D S	<input type="checkbox"/>	B L D S	<input type="checkbox"/>	B L D S
		Dinner 115		Dinner 113 (T)		Breakfast 209
B L D S	<input type="checkbox"/>	B L D S	<input type="checkbox"/>	B L D S	<input type="checkbox"/>	B L D S
		Dinner 132				
Total Indiv: 1,969 Total Brkfst: 877 ~ Total Din: 1092 ~ Total Meals: 1,969 ~ Total TEFAP Meals: 1,180						

## RECIPIENTS:

*of prepared meals are considered eligible and do not require any specific form or application.*





# Need to contact the Compliance Department???

## Contact information:

- Chris Beadle, Compliance Manager, [christopher.beadle@acfb.org](mailto:christopher.beadle@acfb.org)
- Shonda Crawford, Compliance Supervisor, [shonda.crawford@acfb.org](mailto:shonda.crawford@acfb.org)
- Leora Johnson, Compliance Specialist [leora.johnson@acfb.org](mailto:leora.johnson@acfb.org)
  - Carl Jaffar, Compliance Specialist, [carl.jaffar@acfb.org](mailto:carl.jaffar@acfb.org)
  - Mike Warner, Compliance Specialist, [michael.warner@acfb.org](mailto:michael.warner@acfb.org)
- Ahren Cassinari-Foster, Compliance Specialist, [ahren.cassinari-foster@acfb.org](mailto:ahren.cassinari-foster@acfb.org)