



United States Department of Agriculture (USDA)

**TEFAP Training
Compliance Department
FY: 2025**



TEFAP provides food banks with nutritious foods for
CHILDREN, SENIORS, & VETERANS.



FEEDING
AMERICA



Learning Objectives

1. Analysis the TEFAP Program.

2. Identify Foods Available Through the TEFAP Program.

3. Determine TEFAP's Eligibility for Clients and Partner Agencies.

4. Discuss TEFAP's Requirements for All Agencies.





United States
Department of
Agriculture

- 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**?

- The **E**mergency **F**ood **A**ssistance **P**rogram (**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

Which Clients Are Eligible?

Pantry/MFP:

- Households whose income is 200% or less of the poverty line (see eligibility form).
- Clients must sign the TEFAP Eligibility Household Eligibility form (a self-declaration of total household income, residency, name, number of people in the household, and address).

Onsite/Backpack Distributing Agencies:

- Recipients of prepared meals or backpacks 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

Spaghetti Noodles

Dry Milk

Peanuts

Pears

Potatoes

Rice

Cereal





TEFAP REQUIREMENTS
FOR
ALL AGENCIES...



AND JUSTICE FOR ALL



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

Written Notice of
Beneficiary Rights
must be posted, visible
to all clients at the
time of distribution.

Written Notice of Beneficiary Rights for The Emergency Food Assistance Program (TEFAP)

TEFAP Written Notice of Beneficiary Rights

Name of Organization:

Because TEFAP is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;
3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and
4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights Executive Director
Center for Civil Rights Enforcement
1400 Independence Avenue SW
Washington, DC 20250-9410, or by email to program.intake@usda.gov

5. If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact USDA Hunger Hotline:

The USDA Hunger Hotline:

- **By Phone:** 1-866-3-HUNGRY or 1-877-8-HAMBRE to speak with a representative from 7:00 AM – 10:00 PM Eastern Time.
- **By Text:** 914-342-7744 with a question that may contain a keyword such as "food," "summer," "meals," etc. to receive an automated response to resources located near an address and/or zip code.

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided, or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.



TEFAP

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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



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.



Maintain A Good Pest Control System Through A Certified Company:

Record Keeping:

- **Separate monthly report for TEFAP usage, due by the 9th 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 and Backpack Distributing Agencies: Indicate number of meals/backpacks served with TEFAP ingredients that month.**

**(For Example: April's report is due by
May 9th)**

Yearly Recertification 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.



What to Expect In **October**???



Our Compliance Department:

- Send TEFAP MOU through DocuSign.
- Send you updated copies of 832 forms and Civil Rights Training.

Partner Agencies Must:

- Sign and return TEFAP'S MOU by deadline.
- Start using the new TEFAP's 832 forms.
- Provide Civil Rights Training to staff/volunteers and sign training logs.

TEFAP Requirements For: PANTRIES...

Mobile Food Pantries (MFP)
School Mobile Food Pantries (SMFP)



TEFAP regulations do not require that applicant households provide verification of income eligibility such as pay stubs, etc. TEFAP applicants and participants will self-attest to their income by providing the information on the updated TEFAP Household Eligibility Criteria Form.

- ALL households must sign and date every time they receives TEFAP products by:
- signing a NEW form every TEFAP distribution.
 - signing and dating the back of the current FY form every TEFAP distribution.

**Georgia Department of Human Services
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
Household Eligibility Criteria Form**

Distribution Agency Site Name: ACFB PANTRY
 Distribution Agency Site Address: 1234 ABC DRIVE
 Name of Head of Household: TONY TIGER
 County of Residence: FULTON OR Zip Code: 30331 Contact Number: _____
(Optional)

Number in the Household: 3 Income of the Household: 3,407 Monthly or Weekly (Circle One)

Household Size	Monthly Income	Weekly Income
1	\$2,510	\$579
2	\$3,407	\$786
3	\$4,304	\$993
4	\$5,200	\$1,200
5	\$6,097	\$1,407
6	\$6,994	\$1,614
7	\$7,890	\$1,820
8	\$8,787	\$2,027
Each additional member	\$897	\$207

*****This table shows the monthly and weekly income limit 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 TEFAP food*****

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

[Signature] 01/01/2025
(Signature of Head of Household) (Date)

Authorized Representative:
 I hereby authorize _____ to pick up food for my household.
(Please print)

(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, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or marital or relational status for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2899 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8239. 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: <https://www.usda.gov/hqs/officeofcivilrights/submitdiscriminationcomplaint3027.pdf>, from any USDA office, by calling (866) 622-9992, 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:

1. mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1493 Independence Avenue, SW, Washington, D.C. 20250-9410; or
2. fax: (833) 286-1665 or (202) 696-7442; or
3. email: Postman.Linda@usda.gov

This institution is an equal opportunity provider.
TEFAP 632 Household Eligibility Form

For use from December 30, 2024 – September 30, 2025

Total household income must be at or below the income listed for the number of people in your household.

Must use current FY Form

State agencies and eligible recipient agencies are prohibited from requiring applicants or participants to provide their address, to receive USDA foods and from requiring applicants or participants to provide identification documents (such as a photo identification card, piece of mail, residency documentation, etc.) to receive USDA foods. **TEFAP applicants will self-attest to their residency by providing their county of residence or their county zip code.**

Georgia Department of Human Services
THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
Household Eligibility Criteria Form

Distribution Agency Site Name: ACFB PANTRY

Distribution Agency Site Address: 1234 ABC DRIVE

Name of Head of Household: TONY TIGER

County of Residence: FULTON OR Zip Code: 30331 Contact Number: _____
(Optional)

Number in the Household: 3 Income of the Household: 3,407 Monthly or Weekly (Circle One)





The state agency and all eligible recipient agencies (staff and volunteers) who will have access to confidential applicant and participant information shall ensure that the information collected from TEFAP applicants and participants is kept confidential. All agencies must have a process in place to keep confidential the information of TEFAP applicants or participants collected during the intake process.

E-Harvest Reporting: (Pantry)



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

Exact Synergy Enterprise - Sho... Reports

ATLANTA COMMUNITY FOOD BANK
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

Must add MFP and SMFP TEFAP households to your TEFAP report.

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Day of TEFAP's Distribution RECAP: (For ALL Pantry including MFP and SMFP.)

Partner Agencies:

- Completes one Household Distribution Form (Commodity)
- Display Justice for All poster and Written Notice of Beneficiary Rights.

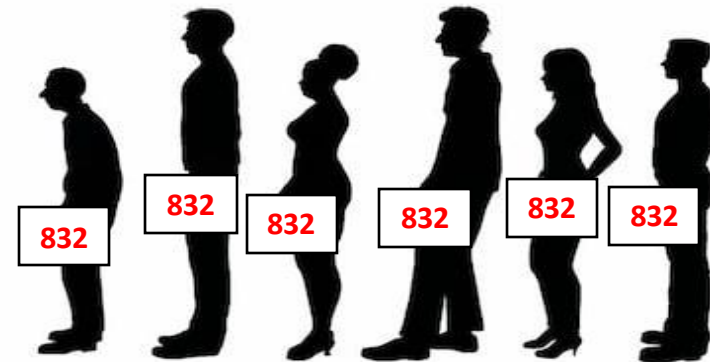


VectorStock

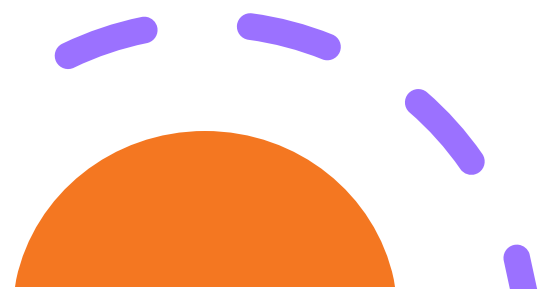
VectorStock.com/1927155

Households:

- Completes Household Eligibility Form (832)



TEFAP Requirements
for ONSITE and
Backpack Distributing
Agencies...





Record Keeping for Onsite and Backpack Distributing Agencies...

Provide verifiable records showing the number of meals using TEFAP as an ingredients.

If you use any TEFAP ingredient such as TEFAP ketchup the entire meals is considered a TEFAP meal.

Meal Count Calendar

Month _____ Year: _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/>	B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/>	B <input type="checkbox"/> L Dinner 127 D (T) S <input type="checkbox"/>	B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/>	B <input type="checkbox"/> L Dinner 124 D (T) S <input type="checkbox"/>	B <input type="checkbox"/> L <input type="checkbox"/> D <input type="checkbox"/> S <input type="checkbox"/>	B <input type="checkbox"/> L Breakfast 214 D <input type="checkbox"/> S <input type="checkbox"/>
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Total Indiv: 1,969 Total Brkfst: 877 ~ Total Din: 1092 ~ Total Meals: 1,969 ~ **Total TEFAP Meals: 1,180**

E-Harvest Reporting: (Onsite)



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

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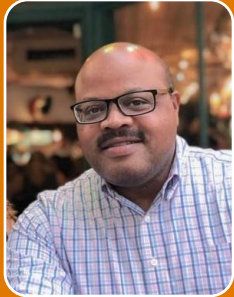
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Total number of persons in those households

On Premise/Congregate Feeding Programs:
Number of meals using TEFAP foods as ingredients during the past month

Backpack Distributing Agencies should report under ONSITE (On Premise)

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