

# TEFAP/USDA Training

**ATLANTA**  
**COMMUNITY**  
**FOOD BANK**

End hunger. Grow stronger.



# What is USDA?

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



# What is TEFAP?

- TEFAP was first authorized in 1981 and designed to help reduce Federal food inventories while assisting low-income persons.
- Georgia's DHS handles details of administration and distribution
- Each state sets criteria for determining what households are eligible to receive food for home consumption
- Local agencies (like ACFB) receive the food and supervise overall distribution



# Which Agencies Are Eligible for TEFAP?

- Agency partners with emergency feeding programs
  - Food pantries
  - Community kitchens
  - Emergency shelters
    - With 3 days or less stay



# 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  
Figs  
Spaghetti noodles  
Dry milk  
Peanuts  
Pears  
Pineapple  
Dry potatoes  
Canned salmon

**The mix of foods available will vary. This is not a shopping list.**



# Which Clients Are Eligible?

## **Pantry:**

- 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



# USDA's Requirements for All Agencies:

- Keep TEFAP product separate and labeled
- Keep thermometers for all dry, refrigerated and frozen TEFAP product
  - Dry storage range: 50-70 ° F
  - Refrigerator storage range: 36-41 ° F
  - Frozen storage range: 0 ° F
- Maintain and record temperatures of all areas by keeping temp logs once a week, minimally





# USDA's Requirements for All Agencies:

- Maintain pest control with a certified company and keep a service log
- Both the Justice for All Poster and the Written Notice of Beneficiary Rights Poster must be posted, visible to all clients at time of distribution
- Train ALL staff and volunteers in TEFAP Civil Rights Training and keep log



# USDA's 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



# USDA's Requirements for Food Pantries:

- **Each Pantry** must complete 1 **Household Distribution Form** every day TEFAP is distributed
- **Each Household** must complete 1 **Household Eligibility Form** and sign off on their income and household size every time they receive TEFAP
- **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 filled out by your clients.



# Household Distribution Form

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)

## HOUSEHOLD DISTRIBUTION FORM

AGENCY NAME: Your Neighborhood Pantry DATE OF DISTRIBUTION: 1/26/2017  
DISTRIBUTION ADDRESS: 9876 Food Pantry Rd DISTRIBUTION TIME: 10AM-1PM  
Atlanta, GA 30318

### 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

**Each Pantry must complete 1  
Household Distribution Form  
each time TEFAP is distributed**

TOTAL AMOUNT DISTRIBUTED 6





# 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	\$1,307	\$302
2	\$1,760	\$406
3	\$2,213	\$511
4	\$2,665	\$615
5	\$3,118	\$720
6	\$3,571	\$824
7	\$4,024	\$929
8	\$4,477	\$1,033
Each add'l member	add \$453	add \$ 105

I certify that my gross household income is at or below the income listed on this form for households that live in the area served by the Georgia 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

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current 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.

<u>Household size</u>	<u>Monthly income</u>	<u>Weekly income</u>
1	\$ 1,265	\$ 292
2	\$ 1,705	\$ 394
3	\$ 2,144	\$ 495
4	\$ 2,584	\$ 597
5	\$ 3,024	\$ 698
6	\$ 3,464	\$ 800
7	\$ 3,904	\$ 901
8	\$ 4,344	\$ 1,003
Each add'l member	add \$440	add \$ 102

**All** categories must be filled out, the boxes are things to pay extra attention to

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

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

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



# USDA'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 <input type="checkbox"/> L D S	B <input type="checkbox"/> L D S	B <input type="checkbox"/> L <b>Dinner 127</b> D S (T)	B <input type="checkbox"/> L D S	B <input type="checkbox"/> L <b>Dinner 124</b> D S (T)	B <input type="checkbox"/> L D S	B <input type="checkbox"/> L <b>Breakfast 214</b> D S
B <input type="checkbox"/> L D S	B <input type="checkbox"/> L D S	B <input type="checkbox"/> L <b>Dinner 131</b> D S (T)	B <input type="checkbox"/> L D S	B <input type="checkbox"/> L <b>Dinner 119</b> D S	B <input type="checkbox"/> L D S	B <input type="checkbox"/> L <b>Breakfast 221</b> D S (T)
B <input type="checkbox"/> L D S	B <input type="checkbox"/> L D S	B <input type="checkbox"/> L <b>Dinner 108</b> D S (T)	B <input type="checkbox"/> L D S	B <input type="checkbox"/> L <b>Dinner 123</b> D S (T)	B <input type="checkbox"/> L D S	B <input type="checkbox"/> L <b>Breakfast 233</b> D S (T)
B <input type="checkbox"/> L D S	B <input type="checkbox"/> L D S	B <input type="checkbox"/> L <b>Dinner 115</b> D S	B <input type="checkbox"/> L D S	B <input type="checkbox"/> L <b>Dinner 113</b> D S (T)	B <input type="checkbox"/> L D S	B <input type="checkbox"/> L <b>Breakfast 209</b> D S
B <input type="checkbox"/> L D S	B <input type="checkbox"/> L D S	B <input type="checkbox"/> L <b>Dinner 132</b> D S	B <input type="checkbox"/> L D S	B <input type="checkbox"/> L D S	B <input type="checkbox"/> L D S	B <input type="checkbox"/> L D S

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

# What About 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
- **Onsite:** Indicate number of meals served with TEFAP that month

**January's report is due  
February 9th**



# Recap: Test Your TEFAP Knowledge

## FOOD PANTRY

- What are the 2 required forms associated with TEFAP?
  - Household \_\_\_\_\_ Criteria Form
  - Household \_\_\_\_\_ Form
- True or False: A food pantry recipient of TEFAP must show proof of their income level

## ONSITE

- True or False: A meal must use at least 3 TEFAP ingredients to be considered a TEFAP meal?
- What form are meal recipients required to fill out, if any?

## BOTH

- TEFAP foods must be separately \_\_\_\_\_ and \_\_\_\_\_ from other products
- True or False: Your separate TEFAP report is due by the 9<sup>th</sup> of the following month?



# 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 of your volunteers and staff on USDA's Civil Rights Training



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# Questions?

