



Mobile Pantry Partner Manual

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BVFB Vision, Mission and Values

Vision Statement

Our vision is a hunger-free Brazos Valley.

Mission Statement

The Brazos Valley Food Bank (BVFB) unites our community to nourish neighbors in need.

Values

In all that we do, BVFB:

- Promotes understanding of hunger
- Inspires community involvement
 - Respects diversity
- Appreciates every contribution
 - Responds to evolving needs
 - Demonstrates transparency
 - Practices good stewardship
 - Models excellence

What is a Food Bank?

A charitable organization that solicits, sorts, inventories, and safely warehouses reclaimed and donated food and other products that might otherwise go to waste. Food Banks distribute food through partner agencies and a variety of programs, who in turn, distribute food to those in need.

Flow of Food

Collecting Food

Donations gathered from various avenues, including: growers and processors, wholesalers, retailers, food drives, and the government.

Sorting and Storage

Food readied for distribution at BVFB warehouse.

Distribution of Product

Non-Profit Service Providers

Programs

Backpack Program

Senior Outreach
Program

Fresh Food Drops

Screen & Intervene

School-Based Food
Pantry

Mobile Food Pantry

Partner Agencies

Public Pantries

Client Pantries

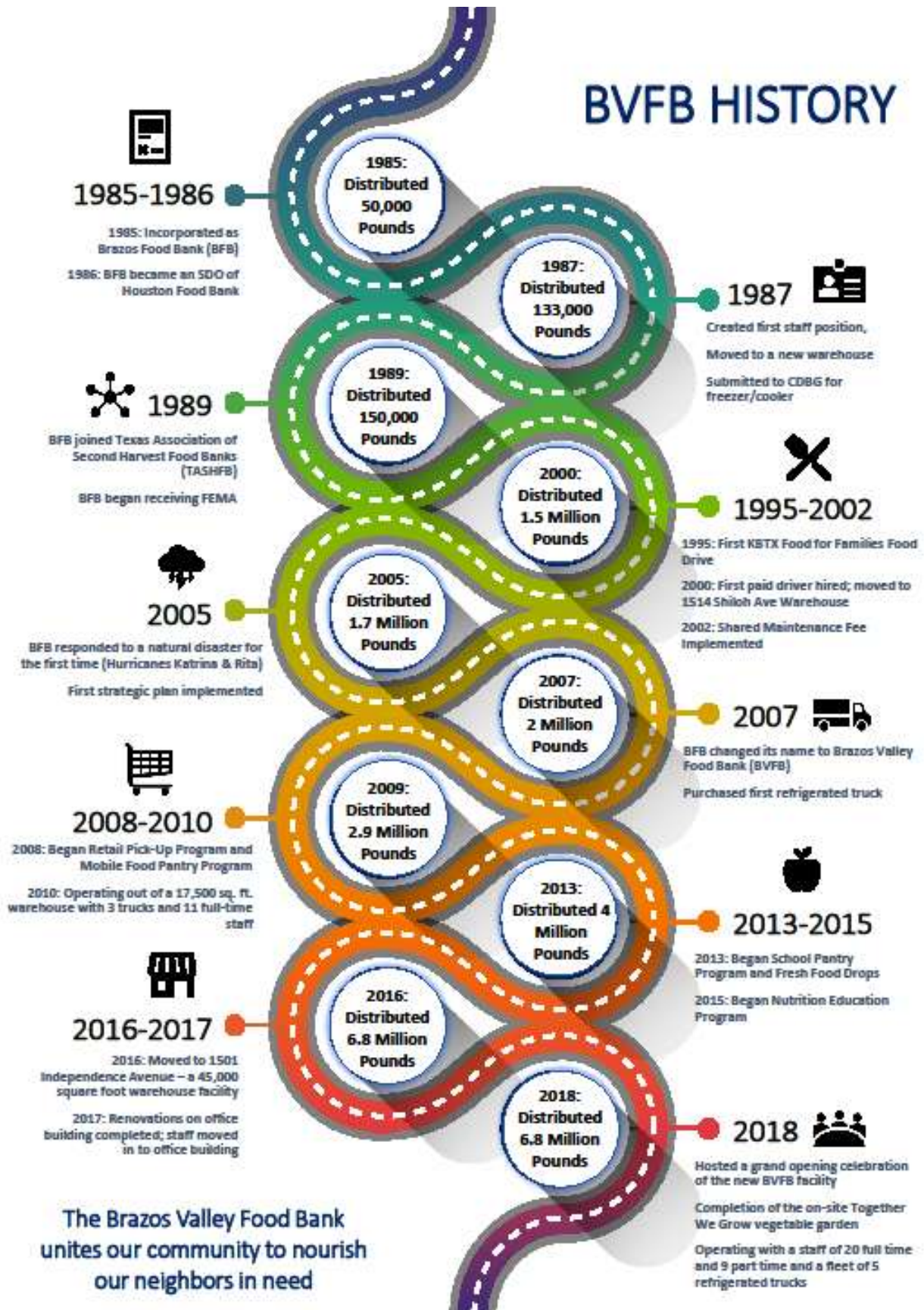
Meal Sites

Snack Sites

End Result

Hungry People Are Fed

BVFB HISTORY



Who the BVFB Serves

BVFB acts as a food distributor for partner agencies that provide food to hungry people in the following counties:

- Brazos
- Burleson
- Grimes
- Madison
- Robertson
- Washington

Emergency food pantries, soup kitchens, emergency shelters, elderly nutrition sites, group homes, and after school programs provide BVFB the means to distribute food to people in need using a community-based partnership model.



Affiliations

BVFB is a private nonprofit organization, affiliated with:

Houston Food Bank

BVFB is a Partner Distribution Organization (PDO) of the Houston Food Bank. BVFB serves the counties of the Brazos Valley for the Houston Food Bank. If BVFB did not exist, the Brazos Valley would be served by the Houston Food Bank. While BVFB operates like a full-fledged Food Bank, the population of the Brazos Valley is not large enough in the eyes of Feeding America to be considered a stand-alone Food Bank.

Being a PDO of the Houston Food Bank means the BVFB gets its United States Department of Agriculture (USDA) Commodities allocation from them instead of directly from the State of Texas. It also means that BVFB can access other food and non-food items that the Houston Food Bank has relatively easily.



Filling pantries. Filling lives.

Feeding Texas

Feeding Texas (FT) was founded in 1986 as an outgrowth of an attempt by a food retailers trade association to conduct a statewide food drive. Over time FT has become a single effective voice uniting food banks affiliated with Feeding America in Texas, fostering, and facilitating cooperation between food banks themselves as well as food banks and statewide resources particularly state government. Programs like Benefits Assistance and Nutrition Education came about because of BVFB's affiliation with FT.



Feeding America

Feeding America is the nation's largest domestic hunger-relief charity. Its mission is to feed America's hungry through a nationwide network of member food banks and engage the country in the fight to end hunger. Its network of more than 200 food banks serves all 50 states, the District of Columbia, and Puerto Rico, providing 4.3 billion meals to 46 million Americans each year. BVFB's PDO status with Feeding America provides it access to technical assistance, grant opportunities, professional development for staff and participation in corporate level sponsorship donation programs implemented locally (such as retail pickup).



**BVFB is inspected by the Texas Department of Health,
monitored annually by the Houston Food Bank and
is a State licensed non-profit salvage establishment.**



Agency Partnerships

BVFB partners with organizations throughout the Brazos Valley to provide food assistance to those in need. These partners are approved non-profit organizations or churches that run food pantries and onsite feeding programs.



Food pantries are broken down in two categories: public pantries and client pantries.

Public Pantries are agencies that distribute non-perishable and fresh foods to all food insecure individuals who request assistance in the geographic area they serve. These groceries are distributed in pre-packaged boxes/bags, or the families and individuals can choose their own food using a system called Client Choice.

Client pantries are run by non-profit and religious organizations that already provide services to individuals in need and want to distribute supplemental groceries to their client population. These pantries, which are not open to the public, distribute non-perishable and fresh foods to the families and individuals who participate in their agency's programs and services.

Onsite feeding programs can be broken down in two categories as well: meal sites and snack sites.

Meal sites are agencies who serve both hot and cold meals to their clients. These sites can be residential or recreational. (These sites may also serve snacks.)

Snack sites are agencies who serve snacks to their clients and not full meals. These sites are recreational not residential. These agencies are often after-school programs.

Minimum Standards Required to Become a Partner Agency

BVFB welcomes non-profit organizations, churches, and other groups that want to help in the cause of alleviating hunger in the Brazos Valley.

Please know that the commitment, time, and resources needed to run an effective food pantry or feeding program are great.

All agencies/programs that wish to become partner agencies of BVFB, to acquire food to distribute, must meet certain standards as well as agree to abide by certain terms and conditions.

Even if an agency meets the standards and agrees to abide by terms and conditions, BVFB still has the right to refuse membership based on the following:

- Lack of demand for food assistance in the community to be served
- Volume of food assistance programs already in the community
- BVFB resources required to service the agency and manage contract compliance
- Other factors deemed relevant by BVFB's New Agency Approval Committee (NAAC)



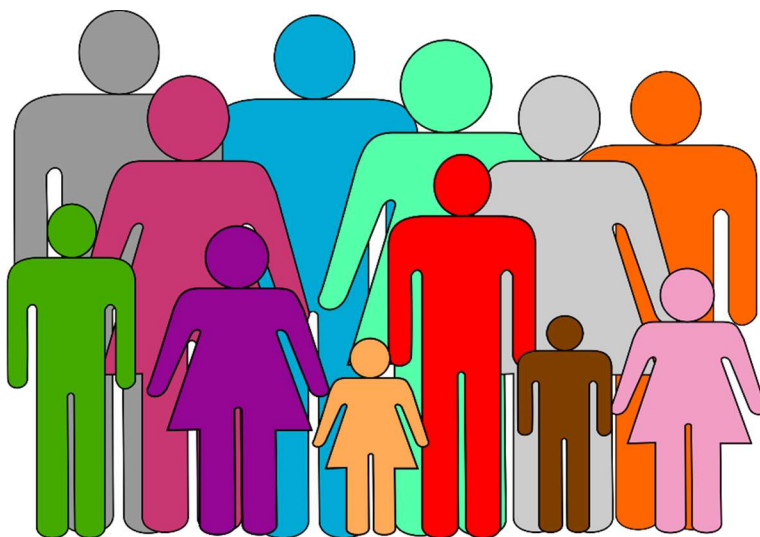
BVFB Programs

The majority of food distribution through BVFB's partner network is conducted by BVFB Partner Agencies. BVFB Partner Agencies are vetted organizations who commit to distributing food to our neighbors in need on a long-term basis (many have been open for decades!).

In addition to the general collection and distribution of food and household products to partner agencies, the BVFB also offers many programs designed to assist in providing nutritious food serving targeted populations. Solve Hunger Today - distributing food to people so they can eat right now - is one approach to a Hunger-Free Brazos Valley.

After developing distribution programs to reach vulnerable populations like children, seniors, and rural residents, BVFB began programs to help End Hunger Tomorrow – connecting the food insecure to other resources that can help put food on their tables beyond today, and to help families eat healthier for healthier lives.

If your organization wishes to learn more about the programs listed below, please reach out to the Agency Relations/Mobile Pantry Coordinator.



Following is a brief overview of current programs:



BRAZOS VALLEY foodbank

WHAT IS THE BRAZOS VALLEY FOOD BANK?

The Brazos Valley Food Bank is a central distribution site (1501 Independence Avenue, Bryan, TX) that unites food donors, volunteers, and 34 different hunger-relief agencies throughout Brazos, Burleson, Grimes, Madison, Robertson, and Washington counties around the vision of a hunger-free Brazos Valley. Through partner agencies and special programs, the Brazos Valley Food Bank provided 6.7 million pounds of food to our neighbors in need last year.

Brazos Valley Food Bank Special Programs

-  **Children's BackPacks:** Backpack filled with ready-to-eat food distributed to a hungry child on Friday for the weekend
-  **Senior Bags:** Bags filled with easy-to-prepare food items distributed to seniors who may have only one hot meal each day
-  **Mobile Food Pantry:** 'Pop-Up' food pantries set up in under-served areas of the Brazos Valley on a set schedule each month
-  **School-Based Food Pantry:** Food pantry located on the grounds of middle and high schools that ensures students and their families have access to healthy food
-  **Nutrition Education:** Free education classes with a goal of improving the likelihood that persons eligible for SNAP will make healthy choices within a limited budget and chose active lifestyles
-  **Benefits Assistance Program:** Assists individuals and families apply for Health and Human Services' safety net programs - SNAP, Medicaid, CHIP, Healthy Texas Women, etc.
-  **Screen & Intervene:** Works with health care providers to identify food insecure individuals and families and connect them to food resources and other health care assistance programs
-  **Together We Grow:** Works with food insecure Brazos County residents who are un/underemployed to develop personal and professional goals that will lead to an improved state of food security

To learn more or to partner with the Brazos Valley Food Bank, please visit <https://www.bvfb.org> or call (979) 779-3663.



Specific Standards for Operating a Mobile Pantry (MP)

- Supply food directly to individuals and families (on regularly scheduled days and times monthly), including food bags and/or boxes.
- The distribution schedule must be made and displayed visibly so the target community is aware of the program. Any change in dates or times of the MP must be approved in advance by the BVFB.
- Distribute all BVFB product to all persons who qualify for MP assistance and not discriminate against any person based on one's race, creed, national origin, religious affiliation or lack thereof, sex or sexual orientation, or disability.
- Agree to visually display a Civil Rights sign in MP distribution area.
- Agree NOT to require an individual or household to prove identity, citizenship/alien status, or income.
- Have the capacity to receive and distribute food safely and efficiently according to BVFB standards.
- Designate a location that it has permission to use at no cost for the MP and will communicate this location with the BVFB. Any change in the location of the MP must be approved in advance by the BVFB.
- Primary service must be to individuals in need. Additionally, it is the expectation of BVFB that MP partners will refer MP participants to other nutritional programs and services for which they might be eligible. (see page 13 in this manual)
- Conform to the Mobile Pantry Agreement standard as set forth by BVFB's Mobile Pantry agreement to maintain program membership status. (See Appendix, pg. 33-36.)
- Receive services from only one Food Bank.
- Allow monitoring visits by BVFB representatives (staff or volunteers) as requested. (See Appendix, pg. 69 & 70 visit forms.)
- Collect and keep confidential records on clients and on food distribution and make those records available to a BVFB representative as requested.
- Use BVFB product only in a manner related to its exempt purpose and solely for the feeding of people in need stated by the Mobile Food Pantry Agreement.
- Notify the BVFB of any changes in programs, personnel, addresses, contact phone numbers, and e-mail addresses.
- Agree NOT to sell food received from BVFB.
- Agree NOT to exchange food received from the BVFB for good, services, or donations.
- Agree NOT to charge for food bags and/or boxes distributed.
- Agree NOT to possess weapons while operating a MP.
- Agree NOT to manufacture, possess, sale or use any controlled substance while operating the MP.



Mobile Food Pantry Program

A **food desert** is an area with limited access to nutritious and affordable food. Mobile Food Pantries are a practical solution to “food deserts.”

BVFB’s Mobile Pantry Program is designed to get food out to low-income individuals and families in underserved rural areas. Truckloads of food are delivered to these locations packaged and distributed in Family Boxes. BVFB started its Mobile Pantry program in July 2008 in Madisonville (Madison County, TX), and in summer 2010, the Mobile Pantry program expanded to include Grimes County. BVFB’s Mobile Pantries are supported by businesses, private donors, and grants.



Mobile Food Pantry Process



Overview

Mobile Pantries target food deserts, and for our area, those are mostly rural settings. In selecting a location for a Mobile Pantry, it is important to consider whether the space can accommodate a large number of cars, either parked, or in a line, without causing safety concerns for neighbors of the host site. County Fairgrounds, and school parking lots (when the school is not in use) can be good locations for Mobile Pantries.

Since Mobile Pantries are generally conducted outside, it is important to plan for weather conditions: Heat in the summer, cold in the winter. Remind volunteers to dress accordingly, and wear hats and sunscreen, when appropriate.

Mobile Pantry Set-ups

The designated location will impact the set-up of the Mobile Pantry, and how it operates. Some Mobile Pantries are drive-through only, where the entire distribution takes place without clients ever leaving their vehicles, volunteers register clients through their car window, and load groceries into their vehicles. This can be helpful in areas where the population is primarily low mobility, such as elderly or disabled individuals. Other Mobile Pantries require clients to park, and go to a table to register, then, return to their cars to drive through for groceries. Typically, these distributions have a building at their site that can be used for intake paperwork and registration. Another setup allows for clients to park to register and receive groceries. Often, with this setup, tables are set up with product, and clients “trick-or-treat”, picking up food from each table. (See diagrams and supply checklist, Appendix, pg. 37-40 and 41.)



Volunteer Roles

There are five main volunteer roles for a Mobile Pantry; four roles during the distribution, and one volunteer role can be done at a different time than the day of distribution:

Set up Volunteers: These volunteers are responsible for prepping the Mobile Pantry, ensuring it is ready to distribute at opening time. This can mean setting up tables, gathering paperwork, bagging loose product (such as produce), setting up awnings, etc.

Intake Volunteers: These volunteers are responsible for the intake and registration of clients to the Mobile Pantry, ensuring that the Mobile Pantry serves the intended population (those who meet eligibility requirements), and documenting all served at the Mobile Pantry. Intake volunteers have two main roles during distribution:

- Check households in
 - Check in clients, and check to see if the household has a current, completed intake form
 - Give forms to households without a current, completed intake, to complete and return (See Appendix, pg. 53-56.)
- Verification
 - Accepting completed forms and ensuring they are filled out completely

Food Distribution volunteers: These volunteers are responsible for distributing food to clients. Depending on the set up of the Mobile Pantry, that may entail loading food directly into cars, or handing food to clients for them to take to their cars.

Breakdown volunteers: These volunteers are responsible for breaking down any leftover food, and all equipment used during Mobile Pantry, and loading items on BVFB trucks to return to BVFB. It is important to leave host site as it was found, so all trash must be picked up and disposed of properly.

*Note: Setup and Breakdown can be done by intake and food distribution volunteers.

Mobile pantries with an efficient system can expect to serve 160 clients in about 1 ½ hours with 8-10 volunteers, or 2 hours with 6 volunteers. We have found that 2 volunteers on Intake, and 4 volunteers on Food Distribution is the minimum for a smooth Mobile Pantry distribution.

Reporting volunteers: These volunteers use the paperwork gathered at the Mobile Pantry to compile Monthly Reports on Clients served at the Mobile Pantry. (See monthly reporting - Appendix, pg. 67-68.)

Inclement Weather Policy

Closings

In the case of inclement weather, the BVFB will follow the determination of the Bryan Independent School District (BISD). If the BISD cancels classes, then the BVFB will close. If the BISD determines that school will have a delayed start, then the BVFB will observe that schedule as well. If we do delay opening/close, we will contact you to reschedule your appointment on the next business day that we are open.

Deliveries

Severe weather in your area may mean a delivery by BVFB is not safe or feasible. BVFB will make every effort to maintain our delivery schedule, keeping in mind the safety of our staff. These instances will be handled on a case-by-case basis, and the Agency Relations/Mobile Pantry Coordinator will be in communication with your Facilitator – Mobile Pantry Coordinator.

BVFB Mobile Pantry Delivery Requirements/Instructions

MP deliveries will be made the day of schedule MP distributions. Delivery will contain a mix of product, adequate to serve a predetermined number of households, as determined by BVFB.

The BVFB driver will off load the product from the truck(s). BVFB staff and/or volunteers will not stock tables/shelves, bag product, or distribute product directly to clients.

MP Partner Requirements upon Delivery

- MP volunteers will be responsible for pre-bagging, table stocking, and prep work of product on-site, as well as distributing product to clients.
- MP Coordinator must inspect product upon receipt, determine appropriate quantities to distribute equally to expected clients, and immediately report to BVFB Agency Relations/Mobile Pantry Coordinator any unfit product.
- BVFB will load any MP Product not distributed during MP operating hours, and return said product to BVFB's warehouse.

Other

Mobile Pantry partners should provide a detailed map to the delivery site and include a contact name and phone number of the person who will be receiving the delivery

Handling Food Safely

Hand Washing

Proper hygiene and hand washing is the basis of food safety.

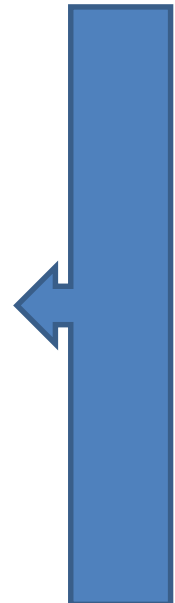
Safe Food Handling

Food safety is an important public health issue. The BVFB network exists out of compassion and a desire to help others, and the last thing BVFB wants is for someone to become sick from the food they receive. Mobile Pantry partner organizations must implement food handling measures to ensure that product being distributed is safe, including utilizing proper equipment (such as freezer blankets) when necessary.

- BVFB has a Produce Handling Toolkit available – please reach out to the Agency Relations/Mobile Pantry Coordinator if you need additional copies.

Sanitation

Keeping equipment and work surfaces clean and free of bacteria is critical to food safety. Cleaning is the removal of food and other types of soil from a surface. Sanitizing reduces the microorganisms on a surface to a safe level. Remember that cleaning and sanitizing must go hand in hand! You should clean and sanitize any tables used before placing food on them:



Distributing Food to Those in Need

Appropriate Use of Product from BVFB

The community donates food and household products to BVFB with the expectation that it will be utilized to assist people in need. In summary, food obtained from BVFB:

- Must be used to serve the ill, needy, or infants (minor children).
- Must be distributed to individuals in need free of charge, with absolutely no conditions levied or implied.

Eligibility Requirements

The USDA has set income guidelines that BVFB supports, and Mobile Pantry Partners must adhere to when determining client eligibility. These income guidelines are updated yearly in July and are based on 185% of the Federal Poverty Level. Contact the Agency Relations/Mobile Pantry Coordinator for this year's current income guidelines.

Mobile Pantry Partners must utilize some criteria for ensuring that products distributed by the program(s) will be received by the ill, needy, or children as outlined in Section 170 (e)(3) of the Internal Revenue Code.

Definitions

Needy – A needy person is a person who lacks the necessities of life, involving physical, mental, or emotional well-being, as a result of poverty or temporary distress. Examples include a person who is financially impoverished as a result of low income and lack of financial resources.

Infant – An infant is a minor child as determined under the laws of the jurisdiction in which the child resides.

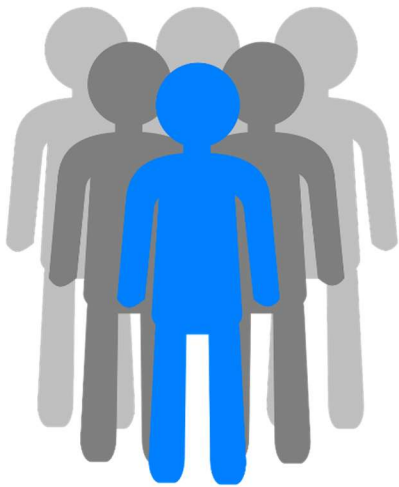
ILL – The definitions for ill are numerous. Some examples of an ill person include but are not limited to:

- A person suffering from a physical injury
- A person with an existing disability, whether from birth or a later injury
- A person suffering from malnutrition
- A person with a disease, sickness, or infection which significantly impairs their physical health
- A person partially or totally incapable of self-care (including incapacity due to old age)

How Much Food to Distribute

Mobile Pantry deliveries contain a pre-determined number of family boxes, with additional product, as determined by BVFB staff. Additional product may include produce, breads/sweet items, and protein items. Upon delivery, Mobile Pantry volunteers will determine set, uniform amounts of product to distribute to each household based on delivered amounts of product and expected numbers of mobile pantry clients.

- One Family box will be given to each family. The additional items can be split up in an even amount to be distributed with the family box. During the distribution, the volunteers can assess the number of vehicles left at different points in the distribution and can determine amounts of the produce, breads and sweets to distribute all of these items.



Record Keeping Requirements and Monitoring

Mobile Pantry Partners must maintain records relating to the food received from BVFB and how it was distributed. The following records must be maintained safely until the scheduled Quarterly Site Visit is performed. (see Appendix, pg. 70.)

More detail on each below:

- Household records (Intake forms): Mobile Partners must keep original client intake forms for every household that visits the pantry. BVFB provides a Texas Department of Agriculture (TDA) approved intake form (H1555) on the Agency Portal that collects all the appropriate client information (name, address, number of household members, demographics, income, etc.). BVFB Mobile Pantry Partner must use this TDA approved BVFB intake form, H1555. (see Appendix, pg. 53-56.) This intake form and more information regarding its use can be found in The Texas Emergency Food Assistance Program (TEFAP) Policies and Procedures Handbook, (see Appendix, pg. 42-45), as well as in the Agency Portal on BVFB's website.

MP Partners/volunteers **cannot require** clients to provide additional information in order to receive food assistance.

- Tracking Clients at Each Distribution:
 - **Mobile Pantry Partners** must maintain an accurate record of households served at TEFAP distributions, in accordance with 7 CFR 251.10(a)(3). We recommend that Mobile Pantry Partners obtain signatures from the person receiving TEFAP food for the eligible household. This can be done through sign in sheets, or another method, but should include the date of service, and a listing of the households served. The following records must be maintained safely until the scheduled Quarterly Site Visit is performed. (see Appendix, pg. 70.)
- Any other pertinent correspondence between BVFB and the program.

Monthly Statistical Reports

Mobile Pantry Partners must complete a Mobile Pantry STATs Form providing BVFB with the information your staff/volunteers have collected on intake forms and sign-in sheets, plus a few additional questions.

Data collected from Mobile Pantry Monthly reports allows BVFB to demonstrate to our affiliates (Feeding America and Houston Food Bank) aggregate demographic information of who needed food, demand met by geography and feeding program type, etc.

This monthly report should include the total number of households and individuals served through the Mobile Pantry Partner each month. This report will ask for data on **New/Unique** households/individuals (**New/Unique** = served for the first time that year) as well as data on **All** households/individuals served in that month ('**All**' includes all the clients served that month, which includes the '**New/Unique**' clients).

These reports are due by the 5th of the month following the service month (example: February's monthly report would be due no later than March 5th). The report provides BVFB with the information the program has collected on intake forms, plus a few additional questions.

Please see the Mobile Pantry STATs Form, (see Appendix, page 67-68.)

Contact the Agency Relations/Mobile Pantry Coordinator for any other questions or concerns.



NOTE: Monthly reports should be fully completed each month (all blanks filled) and submitted by the 5th of the month following the service month. Any reports received incomplete will not be accepted and will be considered not submitted. Any partner not submitting monthly reports or submitting reports late will be put on hold and will not be allowed to receive product. Partners will not be notified or reminded of monthly report due dates.

Probationary Status

Programs must comply with the following BVFB requirements to avoid being placed on probationary status.

These requirements include:

Annual Agreement Renewals

Monthly statistical reporting

Participate in annual Site/Distribution visits

Participate in Quarterly Paperwork Monitor visits

Maintaining regularly scheduled service hours

Ethical and fair treatment of clients

Keep required paperwork up to date, which includes:

- Produce Training
- Civil Rights Training
- Current Client Complaint Procedure
- Client Intake Forms, Sign In Sheets

All Mobile Partners will be notified in advance in regard to any updates in requirements that may lead to a consequence of probationary status.

Failure to comply with BVFB requirements may result in probationary status, which means temporary loss of food bank program partnership.



Complaint Process

To ensure that our programs are handling all client complaints with integrity and transparency, BVFB requires all programs to develop written procedures for client complaints.

This allows clients the ability to make a complaint to the agency directly and know who the correct point of contact is to do so. Below are the requirements for the written complaint procedures.

- Must be shared with Mobile Pantry volunteers and Board Members/trustees.
- Must be displayed in the food distribution area and must include, in writing, names and contact information for who the complaint should be made to and how the complaint should be made. BVFB should not be the first point of contact for Mobile Pantry Partner client complaints.

BVFB should be notified of all civil rights complaints. Civil Rights complaints against sites distributing TEFAP must be shared with TDA within 3 days of the complaint.

If clients object to the religious character of your organization, your organization must make reasonable efforts to identify and refer clients to an alternate provider to which they have no objection. Agencies must use the Emergency Food Assistance Program and the Commodity Supplemental Food Program Beneficiary Referral Request form, (see Appendix, pages 59-60).

The BVFB reserves the right to place any Mobile Pantry Partner on probationary status (which means temporary loss of food bank partnership privileges) if the BVFB receives more than one complaint from more than one client about the service of the distribution. BVFB will investigate the matter with the Partner and if the complaint is without merit, probationary status will be lifted. If the complaint has merit, BVFB will make every attempt to work with the Partner to rectify the situation, including implementing a corrective action plan. When the corrective action plan has been completed and BVFB feels confident in the Partner ability to prevent future complaints, probationary status will be lifted.

The posted complaint procedures may be brief but must include all the aforementioned requirements. See the Appendix for a sample written complaint procedure, pages 65.

Site Visits with Mobile Pantry Partners

Purposes, Frequency and Process

Feeding America's assurances to its donors that food bank programs are certified and are visited regularly by food bank staff, has contributed to its growth and credibility as a network. The site visit demonstrates accountability, and accountability is what national manufacturers and grocers ask for in return for their contributions of food and non-food essentials.

The site visit is made primarily to satisfy the BVFB's contractual obligations to the Houston Food Bank, Feeding America, and the USDA. It is not intended to be a substitute for the partner's internal controls or supervision.

Process of Site/Distribution Visit

Each BVFB Mobile Pantry Partner organization will be visited by a BVFB representative (staff or trained volunteers) a minimum of once every year. Mobile Pantry partners that need to improve program implementation, record keeping and/or storage may be visited more often until conditions are improved. Site visits serve other purposes besides meeting Feeding America's requirements.

- These visits give partners an opportunity to share concerns they may have about the services we provide. BVFB can address these concerns only if our staff is aware of them.
- The site visits also are used to share information on new BVFB programs and other local agencies.
- Site visits give an organization a chance to show the good work it is doing for its clients and in its community.

A BVFB representative (staff or volunteer) will call the partner, send a letter/postcard or send an e-mail message to inform the mobile pantry partner contact that a visit needs to be scheduled. (Note: Please afford BVFB volunteer monitors the same courtesy and respect that you would give to a BVFB staff member. If you are unsure if a person is actually representing BVFB as a volunteer monitor, please do not hesitate to contact the Agency Relations/Mobile Pantry Coordinator.)

- When the BVFB representative sends a postcard or e-mail, it will include a date and time s/he will be in the area. **The mobile pantry contact must call the BVFB to confirm/change time to meet.** Please do not assume that a site visit has been set up without confirming a time and date with BVFB staff/volunteers.
- Please note that mobile pantry partners are generally notified about site visits, but they may be unannounced as needed. Unannounced visits are usually conducted when a mobile pantry is difficult to reach or there is evidence that there are compliance issues.

This visit also serves the purpose of observing the actual distribution to ensure that proper signage is posted and to help with any issues that the partner may be having in the distribution.

What to expect in the Quarterly Paperwork Monitor Visits

- The BVFB representative will talk to you in detail about your Mobile Pantry.
 - He/she will ask about who the Mobile Pantry serves, its service area, the number of people served, the organization's referral system, and programs allowed to set up activities or outreach to clients during distribution (this list is not all inclusive).
- The BVFB representative will ask how BVFB services to your organization can be improved. He/she also will review BVFB programs that might be of interest to your organization.
- The BVFB rep also will ask if any information about your organization has changed – contacts, hours of operation, phone numbers, mailing addresses, etc.
- The BVFB representative will look over H1555 Intake Forms checking for accuracy, bring any areas that need attention, and these will be collected at the next quarterly visit. The intake forms will also be checked against the Checklist/Spreadsheet to ensure all clients checked in correctly and are in compliance.
 - The schedule for these visits will be as follows with the months that will be monitored:
 - November visit – July, August, September
 - February visit – October, November, December
 - May Visit – January, February, March
 - August – April, May, June

If the BVFB Representative finds something that needs improvement during the Visit:

- If a record keeping violation is minor, the BVFB representative will suggest how the Mobile Pantry can correct the situation.
 - Any forms that need attention, will be noted at the visit so that the corrections are made
 - Forms will be collected and brought back to the BVFB office
- Major record keeping or other violations may result in immediate suspension by the representative with approval of the Programs Director.
 - The Mobile Pantry will be notified in writing, no later than one week after the site visit, of action to be taken by the BVFB
 - The BVFB Programs Director will be notified when a Mobile Pantry is suspended or terminated.

County Meets/Training Opportunities



In an effort to better serve the Brazos Valley community, BVFB initiates program meetings at least once a year. These meetings are intended to promote collaboration between our programs. We encourage our programs (especially those in the same county) to work together to fight food insecurity - you know your communities best!

The BVFB Agency Relations/Mobile Pantry Coordinator will facilitate meetings and be available for any questions or concerns that may arise. Each meeting topic will vary but will include topics such as: current events, distribution models, compliance updates, etc.

The Agency Relations/Mobile Pantry Coordinator will also reach out to Mobile Pantry Partners ahead of time to seek input on potential county meeting topics. These meetings are for you! All meetings are scheduled via email by the Agency Relations/Mobile Pantry Coordinator.

*BVFB Mobile Pantry Partners will
be notified of
upcoming training opportunities via email.*

Surveys

Surveys are meant to gather up-to-date information while others help to determine the quality of service provided by the Food Bank.

Some examples of surveys sent out include:

- Surveys accessing your needs
 - Trainings
- Surveys accessing your volunteer capacity
 - Amount of volunteers
 - Need for volunteers
 - Volunteer trainings
- Surveys accessing your client's needs
 - Products your clients like and do not like
 - Other assistances your clients may be looking for
- Other survey topics as needed

Surveys are typically sent out via email to the Mobile Pantry Partner's coordinator, and typically take 10-15 minutes to complete. Programs are expected to respond to periodic BVFB surveys in a timely manner.

Should you have any questions regarding surveys or the nature of the contact in the survey, please contact the Agency Relations/Mobile Pantry Coordinator at (979) 779-3663 ext. 110



Contacting BVFB

Physical Address

1501 Independence Ave.
Bryan, TX 77803

Main Telephone Number

(979) 779-3663

Mailing Address

P.O. Box 74
Bryan, TX 77806

Fax Telephone Number

(979) 821-2111

Website

www.bvfb.org



Staff Positions with Relevant Responsibilities

<u>Staff Position</u>	<u>Telephone Number</u>	<u>Responsibilities</u>
Programs Director	(979) 779-3663 x 106	Grievances with BVFB
Agency Relations/Mobile Pantry Coordinator	(979) 779-3663 x 110	Agency Questions, Reporting Requirements, Monitoring Questions
Nutrition Education Coordinator	(979) 779-3663 x 109	Nutrition Information, Recipe Cards, Food Demos, Nudges
Benefits Assistance Coordinator	(979) 779-3663 x 105	Connect Clients to State Benefit Programs (SNAP, CHIP, etc.)

BVFB Hours of Operation/Availability

<u>BVFB Office</u>	<u>BVFB Warehouse</u>
Monday through Friday 8:30 am to 4:30 pm	Monday through Friday 8:30 am to 4:00 pm

BVFB Staff Meetings

BVFB holds quarterly staff meetings each calendar year. Both the warehouse and office will be closed so BVFB staff can attend the BVFB's Quarterly Staff Meeting. During the staff meetings, order deliveries or orders to be picked up are not permitted. All visitors to the BVFB during Quarterly Staff Meetings are turned away and asked to return after the meeting has ended.

Holiday Closing Schedule

The BVFB will be closed every year on the following holidays. If the holiday falls on a Saturday, the holiday will be observed on the preceding Friday. If the holiday falls on a Sunday, the holiday will be observed on the following Monday. BVFB will notify agencies of any other closings by e-mail.

New Year's Day
Martin Luther King Day
Good Friday
Memorial Day
Independence Day

Labor Day
Thanksgiving Day
Friday after Thanksgiving
Christmas Eve
Christmas Day

Useful Food Bank Terms

<u>Term</u>	<u>Definition/Meaning</u>
BVFB	Brazos Valley Food Bank
Commodities	Groceries or “food boxes”; also used to refer to USDA foods
Food Bank	Charitable organization responsible for soliciting, collecting, sorting, storing, and distributing large quantities (bulk) of food. Food Banks distribute food to other charitable organizations, who, in turn, distribute the food to individuals.
Food Pantry	Organization that distributes groceries or food boxes/bags to individuals in need.
Statistics (Stats)	Monthly reports, summarize activity completed by each agency each month. Each agency must submit the total number of individuals and households, or meals served (both new households and total households). Stats are due by the 7 th of the month following month reported. Must be kept on file for 3 years and 90 days.
Soup Kitchen	Charitable organization that serves (prepared) meals to individuals
The Emergency Food Assistance Program (TEFAP)	A federal program that helps supplement the diets of low-income Americans, including elderly people, by providing them with emergency food and nutrition assistance at no cost.
Texas Department of Agriculture (TDA)	A state agency within the state of Texas, which is responsible for matters pertaining to agriculture, rural community affairs, and related matters.
US Department of Agriculture (USDA)	The U.S. federal executive department responsible for developing and executing federal laws related to farming, forestry, and food

APPENDIX

You will find all forms, documents, etc. in the following pages. If you need any of the forms, please contact the ARMPC, 979-779-3663, ext. 110 or by email



Mobile Food Pantry Agreement



Mobile Food Pantry Agreement

Since its inception, the Brazos Valley Food Bank ("BVFB") has utilized the time, skill and talents of volunteers in its attempts to alleviate hunger in the Brazos Valley.

The operation of remote Mobile Food Pantries is no exception.

A Mobile Food Pantry ("MFP") is a practical solution to food deserts. A food desert is a district with little or no access to foods needed to maintain a healthy diet. Often, those in rural areas have difficulty in accessing enough food, and a Mobile Food Pantry helps to address this need.

The undersigned Facilitator (the "Facilitator") wishes to oversee a MFP.

By signing this agreement, Facilitator agrees to the following as it relates to overseeing a BVFB MFP:

1. **General Conduct of Partner and MFP.** Facilitator and Facilitator's agents, employees and volunteers will:
 - a) conduct themselves in a safe manner to avoid injury to self or others.
 - b) never manufacture, possess, sale or use any controlled substance while overseeing the MFP.
 - c) will never possess any item that may be considered a weapon such as firearms, knives (including pocketknives) while operating the MFP.
 - d) demonstrate respect to others, including food recipients, volunteers and other visitors to the MFP and not express any form of civil rights violations.
 - e) be cognizant of potential conflicts of interest in overseeing the MFP and communicate immediately with the BVFB if such a conflict arises.

Facilitator is not a partner, agent or employee of the BVFB and has no authority to represent itself as an employee, agent or partner of the BVFB, to media, visitors, donors, food recipients or any other person or entity.

Facilitator realizes that all services rendered are on a volunteer basis. No payment is due and no payment should be expected from the BVFB for any services rendered in regards to the MFP.

2. MFP Operation Requirements:

- a) Facilitator will designate a location that it has permission to use at no cost for the MFP and will submit this location for approval by the BVFB. Any change in the location of the MFP by the Facilitator must be approved in advance by the BVFB.
- b) . BVFB will work with the Facilitator to determine a recurring schedule that works for the area of the MFP as well as BVFB. Any change in dates or times of the MFP by the Facilitator must be approved in advance by the BVFB
- c) Facilitator will accept MFP food ("MFP Product") delivered by the BVFB the day of set MFP dates.
- d) Facilitator will contact BVFB Agency Relations and Mobile Pantry Coordinator immediately to report any unfit MFP Product.
- e) Facilitator agrees to store all MFP Product at safe temperatures at all times.
- f) Facilitator guarantees that the MFP Products received from BVFB will be used only for distribution to those in need that the Facilitator serves through the MFP.
- g) Facilitator understands that BVFB reserves the right to limit the quantity and type of product received by any agency or program.
- h) Facilitator understands the rules for acceptance and participation in the Agency's program are the same for everyone without regard to race, color, citizenship, religious status, gender, sexual orientation, gender identity or expression, national origin, ancestry, age, marital status, disability, political affiliation, unfavorable discharge from the military or status as a protected veteran.
- i) Facilitator will not require any individual or household to join, attend meetings of, or pay dues to a specific organization as a condition for receiving MFP Product.
- j) Facilitator will not require any individual or household to attend a religious or political meeting, make a statement of faith, or pledge membership to any religious or political organization as a condition for receiving MFP Product.
- k) Facilitator will not sell or require any fee or charge in association with the distribution of the MFP Product.
- l) Facilitator guarantees that in accordance with IRS ruling 170(e), no MFP Product will be sold, bartered or exchanged for services, including as "gifts" or acts of gratitude to volunteers, friends, family members, etc.
- m) Facilitator agrees to distribute the MFP Product monthly to anyone in need.
- n) Facilitator cannot require the individual or household to 1) prove identity or 2) clarify or prove citizenship or alien status.
- o) Facilitator cannot require a statement from the household of income from other sources.
- p) Facilitator must serve households with countable income that exceeds 185% of the federal poverty level, or if the household proves an emergency food need.
- q) Facilitator must have all required signage visually displayed in the food distribution area.
- r) Facilitator will never operate BVFB equipment (vehicles, lifts, pallet jacks) without stated permission from a BVFB representative.

{Revised 06/2021}

- s) Facilitator will obtain from each individual receiving MFP Product, information reasonably requested by the BVFB.
- t) The Facilitator agrees to use the client intake form provided by BVFB.
- u) The Facilitator agrees to submit monthly statistical reports by the 7th of each month.
- v) The Facilitator agrees to never falsify client intakes, sign-in sheets or statistical reports.
- w) The Facilitator will not share client information with others outside of BVFB in order to protect the confidentiality of those served.

3. Other Obligations of Partner

- a) Facilitator agrees that it is solely responsible for the recruitment, training and conduct of any and all volunteers the Facilitator allows to assist with the MFP.
- b) Facilitator agrees to send at least one representative to any BVFB trainings or meetings designated for MFPs.
- c) Facilitator agrees to an annual distribution monitor, and quarterly paperwork reviews conducted by BVFB staff.
- d) *Facilitator releases both the original donor of product and BVFB from any liability resulting from the condition of the received product and further agrees to indemnify and hold BVFB and the original donor free and harmless against all and any liabilities, damages, losses, claims, causes of action and suit of law arising out of or in connection with the operation of the MFP (including, without limitation, Facilitator's storage, handling, distribution or use of the MFP Product) even if caused by the sole or concurrent negligence of BVFB.*

4. BVFB Duties:

- a) BVFB will provide a set amount of MFP Product, free of charge to the Facilitator for the MFP each month.
- b) BVFB will deliver the MFP Product, free of charge to the Facilitator, the day of each MFP distribution.
- c) BVFB will load any MFP Product not distributed during MFP operating hours, and return said product to BVFB's warehouse.
**Undistributed MFP Product is the property of the BVFB and is never the possession of the Facilitator to use as it sees fit, including donating to another nonprofit organization.*
- d) BVFB will provide training to Facilitator or assist Facilitator in obtaining training on the following:
 - i) Food Safety
 - ii) USDA guidelines
 - iii) Compliance with Civil Rights requirements
 - iv) BVFB required paperwork and signage
- e) BVFB may place Facilitator on probationary status (which means temporary loss of ability to oversee MFP) if the BVFB receives more than one complaint from more than one client about the Facilitator's services.

- (i) BVFB will investigate the matter and if the BVFB finds, in its sole judgment, that the complaint is without merit, probationary status will be lifted.
- (ii) If the BVFB finds, in its sole judgment that the complaint has merit, BVFB will make reasonable efforts to work with the Facilitator to rectify the situation. When BVFB feels confident in the Facilitator's ability to prevent future complaints, probationary status may be lifted.

5. Miscellaneous:

- a) This Agreement is not to be construed more or less favorably between the Parties by reason of authorship or origin of language.
- b) This Agreement constitutes the entire and complete agreement between the parties hereto and supersedes any prior oral or written agreements between the parties with respect to the Agreement. It is expressly agreed that there are no verbal understandings or agreements which in any way change the terms, covenants, and conditions herein set forth, and that no modification of this Agreement and no waiver of any of its terms and conditions shall be effective unless made in writing and duly executed by the parties hereto.
- c) This Agreement shall be governed by, construed and enforced in accordance with the laws of the State of Texas. The obligations hereunder are performable in Brazos County, Texas.
- d) All references in this Agreement to Facilitator refer to Facilitator and its agents, employees, contractors and volunteers.

Facilitator (or church) name and Title – (Director, Pastor)

Signature

Date

Facilitator (or church) name and Title – pantry coordinator

Signature

Date

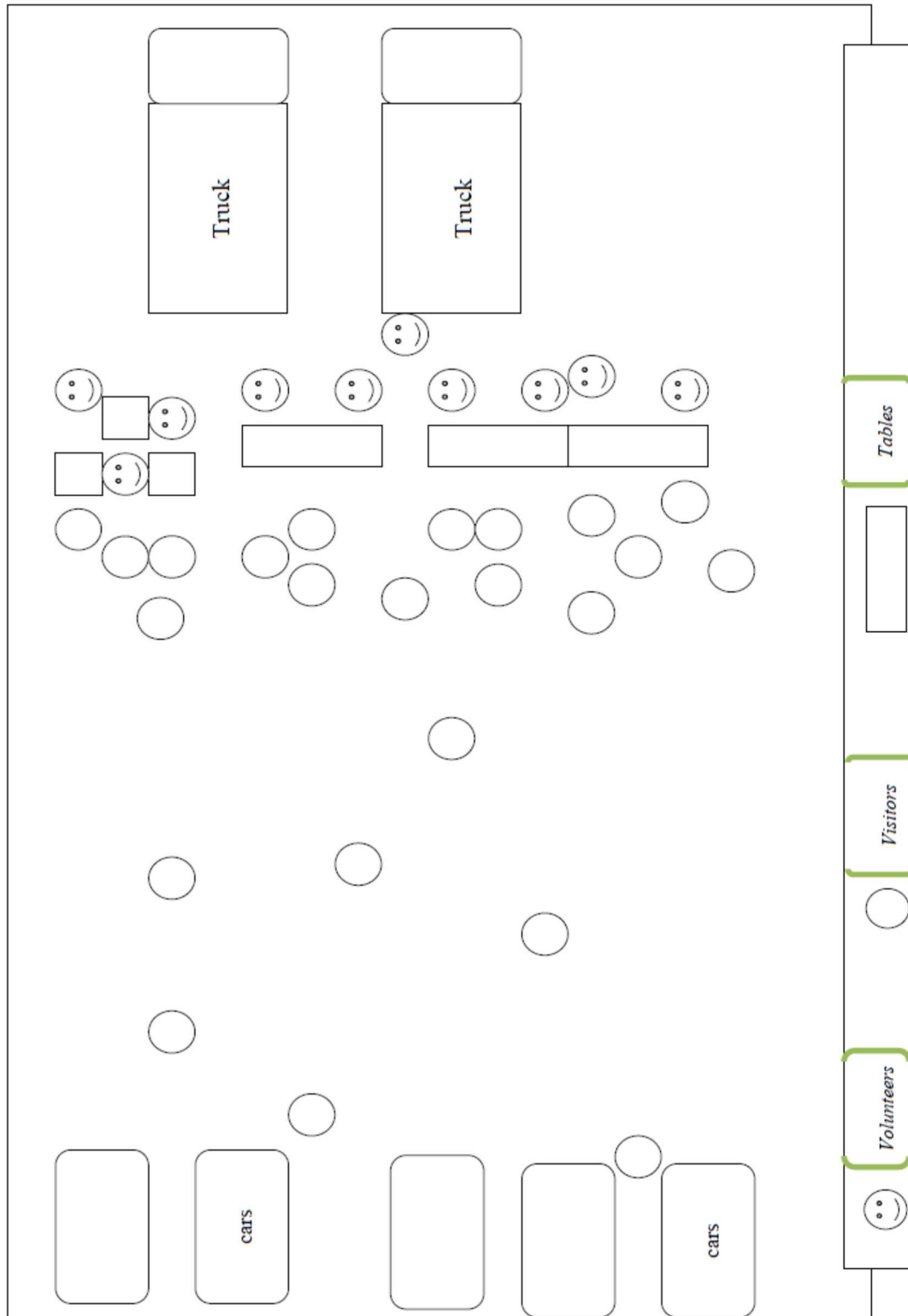
Facilitator (or church) name and Title – (Director, Pastor)

Signature

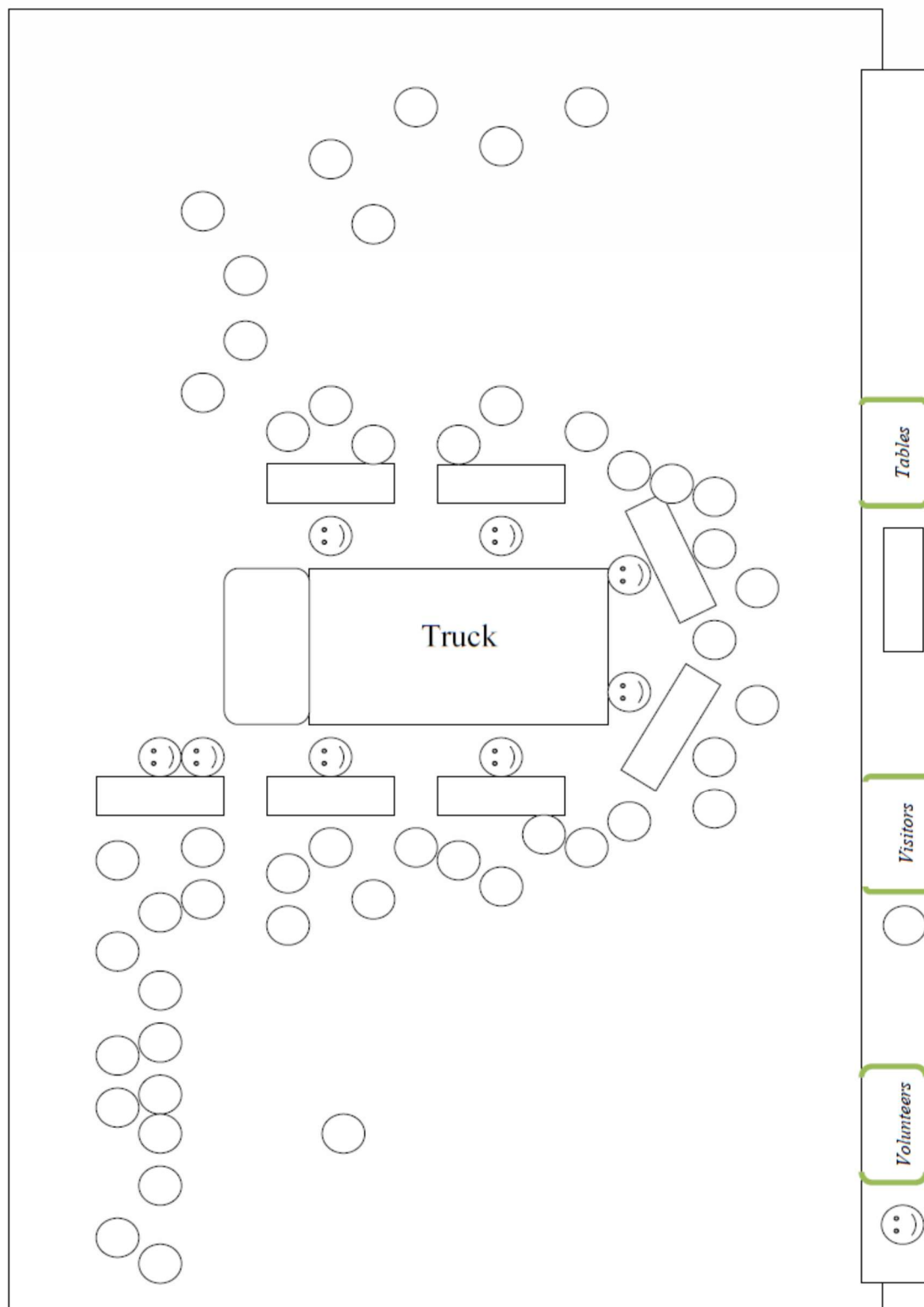
Date

{Revised 06/2021}

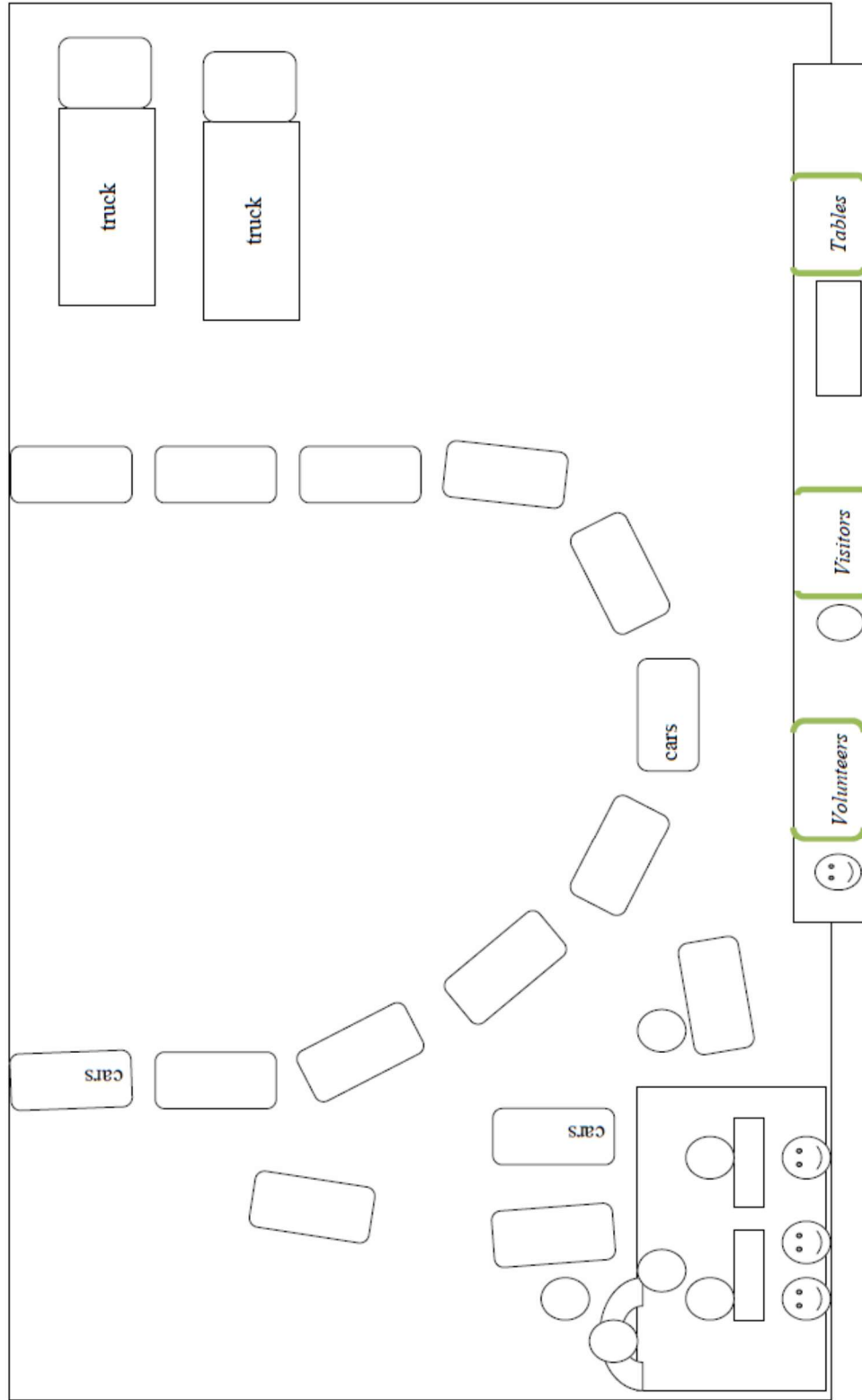
Mobile Pantry Set-up Diagrams



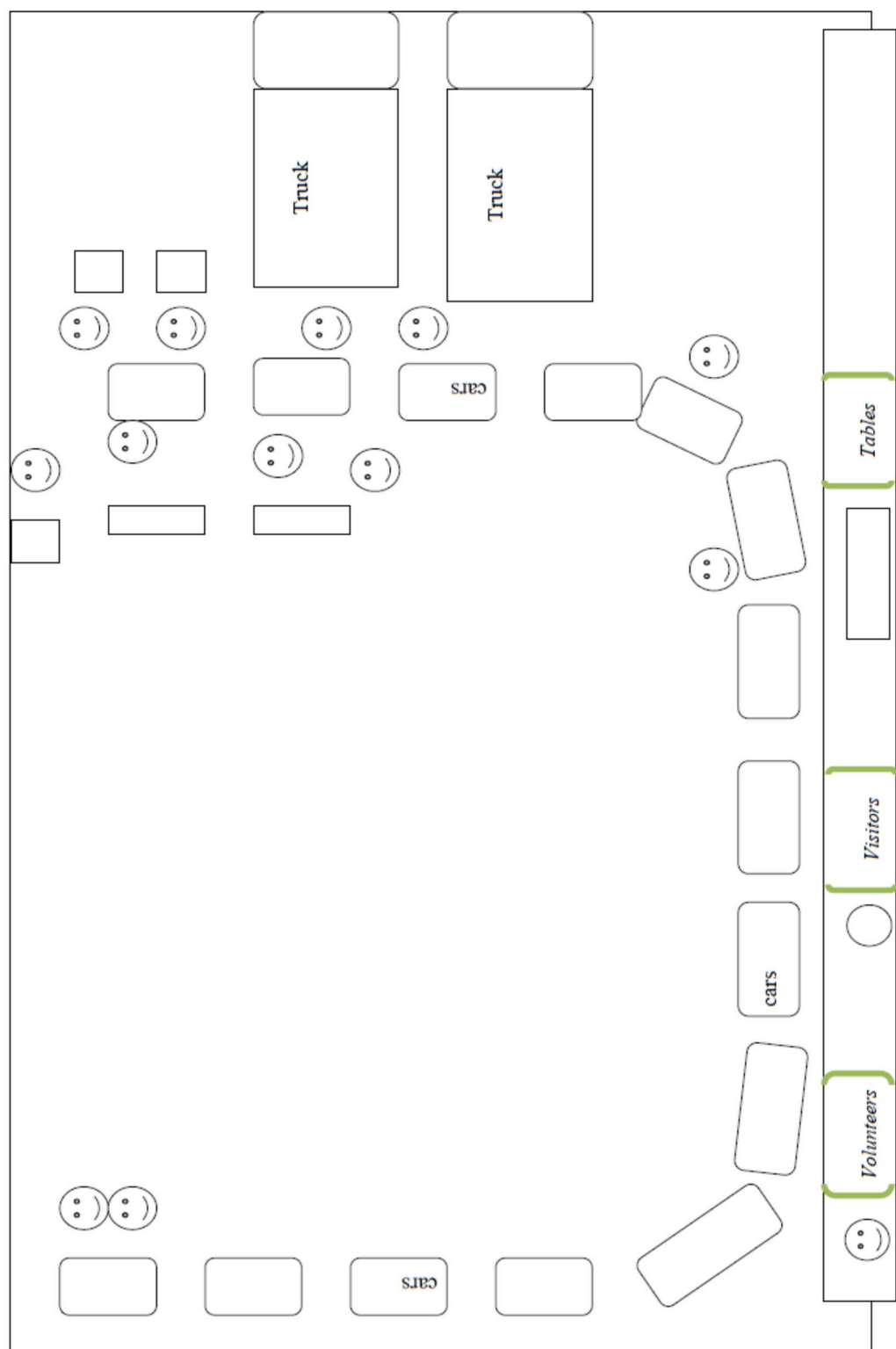
Scenario 2 – walk up



Scenario 1 – walk –up – trick or treat style



Scenario 4 – park for registration, drive thru for food



Mobile Pantry Supplies Checklist

Some of the items on the list are just suggestions from years of having a BVFB Mobile supported mobile distribution

- _____ Income guidelines poster
- _____ USDA forms
- _____ Mobile pantry flyers
- _____ Pantry List
- _____ Markers
- _____ Pens

Optional Items, these will be discussed in the onboarding process:

- _____ Post it notes
- _____ Client card box
- _____ Aprons
- _____ Clip boards
- _____ Tape
- _____ Scissors
- _____ Sunscreen
- _____ Ponchos
- _____ First Aid Kit
- _____ Hand Sanitizer

The Emergency Food Assistance Program (TEFAP) Policies & Procedures:

Partners that receive TEFAP product must adhere to TEFAP policies, and as a sub-distributor of TEFAP product, it is the Brazos Valley Food Bank's (BVFB) responsibility to ensure that our partner agencies are informed of, and following, TEFAP policies.

Each year, BVFB gathers renewal paperwork from our Partners and conducts a site visit to your organization. During this site visit, we review client records, inspect your storage space, and review agency documentation. TEFAP policies and procedures dictate some of the documents we collect annually, and some of the things we inspect during your visits.

TDA Approved Intake Forms

To ensure that intake forms used by partners distributing TEFAP product comply with TEFAP policies and regulations, intake forms must now be approved by the TDA before use.

BVFB's H1555 intake form has been approved by the TDA, which is why pantries must use the H1555 form provided by BVFB. The approved intake form is on page 53.

(see TEFAP Handbook, Sec 3 – Managing the Program)

Civil Rights Training

TEFAP policies require that staff and volunteers who interact with clients receiving TEFAP product or handle TEFAP product receive Civil Rights training each year.

To demonstrate that all partner staff and volunteers have been provided with Civil Rights training each year, BVFB Partner Agencies must sign and send in the *Civil Rights Affidavit* and Civil Rights training log (attached). This training log must include:

- the name of your organization,
- the names of all staff/volunteers who have received Civil Rights training
- the date each staff/volunteer received Civil Rights training
- the date each staff/volunteer must renew their Civil Rights training
- the manner in which the training was received (video, manual, presentation, etc.).

This log must be submitted to BVFB annually with the rest of the annual agreement renewal packet, to demonstrate that training has been provided for the most recent year.

If your organization chooses to conduct a mass Civil Rights training, keep a sign-in sheet to document who attended the meeting. Then, use the sign-in sheet to update the training log. This log should be updated accordingly as new staff/volunteers rotate through your organization.

At any time during the year, BVFB may ask to view your Civil Rights training log to ensure that new staff/volunteers are receiving the appropriate Civil Rights training.

(see TEFAP Handbook, Sec 6, Civil Rights)

Client Complaints

TDA requires that sites distributing TEFAP product have documented procedures for handling client complaints, and that site staff and volunteers are familiar with complaint procedures.

For this reason, BVFB requires all partners to have an internal written procedure for client complaints. These procedures must be shared with all staff/volunteers and Board Members/trustees within your organization.

These procedures must be displayed in the food distribution area and must include in writing names and contact information for who the complaint should be made to and how the complaint should be made. BVFB should not be the first point of contact for client complaints.

(see TEFAP Handbook, Sec 6, Civil Rights)

***BVFB should be notified of all civil rights complaints within 3 business days of the initial complaint.**

TEFAP Participant Rights & Responsibilities

TDA developed the *TEFAP Participant Rights & Responsibilities* form to ensure that clients are informed of their rights and responsibilities if they receive TEFAP product.

The *TEFAP Participant Rights & Responsibilities* form (attached) must be posted in your food distribution area for clients to view. Both the English and Spanish versions must be posted. Clients must be given a copy of the *TEFAP Participant Rights & Responsibilities* form, if requested.

Your agency must be familiar with this form and understand the rights and responsibilities of the client and the rights and responsibilities of the distribution agency.

(see TEFAP Handbook, Sec 3, Managing the Program)

The Emergency Food Assistance Program Written Notice of Beneficiary Rights

TDA developed the *TEFAP Written Notice of Beneficiary Rights* form to ensure that clients have equal access to food assistance, that they may not be discriminated against based of religious belief, and that they may object to the religious nature of a distribution site and be referred elsewhere. Your agency must be familiar with this form and understand the rights of the client and distribution site.

The *TEFAP Written Notice of Beneficiary Rights* form (attached) must be displayed in all faith-based agencies. You must fill out this form with your agency's information and display it in the distribution area where it is visible to clients. Please see the example below:

Name of Organization _____ (Your Agency Name Here) _____
Name of TEFAP Staff Contact _____ (Your Agency Coordinator Name Here) _____
Phone Number _____ (Your Agency Phone Number Here) _____
Email Address _____ (Your Agency Email Address Here) _____

Should a client ask to be referred to another distribution agency, your agency must use the *Emergency Food Assistance Program and the Commodity Supplemental Food Program Beneficiary Referral Request* form (attached). ***Your agency must notify BVFB within 3 business days if such a referral is requested.**

(see *TEFAP Handbook, Sec 3, Managing the Program*)

TEFAP Agreement Between Contracting Entity and Site

TDA requires all organizations distributing TEFAP to have a signed agreement with the Contracting Entity (CE) outlining roles and responsibilities of each organization.

Houston Food Bank (HFB) contracts directly with TDA, making HFB the CE for this area. As a PDO of the Houston Food Bank, BVFB subcontracts with HFB to distribute TEFAP to partners, and BVFB is responsible to inform partners on TEFAP policies and procedures, as well as monitor agency compliance with TEFAP policies and procedures.

All BVFB partners are required to sign an agreement between the contracting entity (Houston Food Bank) and site (your organization upon becoming a BVFB Mobile Pantry Partner). This agreement has already been signed by your organization and stays in effect during the duration of your partnership with BVFB, see Appendix, page 86.

(see *TEFAP Handbook, Sec 2, Program Application*)

Managing Program Fraud Misuse & Negligence of USDA Food

- 1 Allegations of or suspicion of fraud or misuse of USDA foods on the part of CE, PDO, sub-distributing agencies, sites or participants will be investigated to determine the following:
 - a. validity,
 - b. amount of USDA foods involved,
 - c. location of incident,
 - d. suspected parties.
 - e. Records will be maintained for a minimum of 3 years after the end of the program year to which they pertain.
- 2 Any misuse of USDA foods may cause the PDO, sub-distributing agencies, sites, or participants to be disqualified from program participation and that reinstatement would be at HFB and/or TDA discretion.
- 3 Embezzlement, misuse, theft, or obtainment by fraud of USDA foods, or as applicable, USDA commodity-related funds, assets, or property, shall cause the applicant to be subject to federal or state criminal prosecution.
- 4 CE and its sub-agencies (BVFB), if any, have and preserve the right to assert claims against other persons, agencies, and organizations to whom USDA foods are delivered for care, handling, or distribution; and furthermore, may take action to obtain restitution for claims of improper distribution, use, loss, or damage of USDA foods.
- 5 Indications of fraud, embezzlement, abuse, or misuse of TEFAP product or funds will have the following actions:
 - a. Notify BVFB (who will notify CE and/or TDA) within 24 hours of becoming aware.
 - b. Complete and submit to BVFB Agency Relations Coordinator the Loss of USDA Foods (Form H1638) and any other supporting documentation within 30 days of a loss.
 - i. The documentation should explain how and why the loss occurred.
 - ii. Based on the report, TDA may determine whether to refer the incident either to USDA Southwest Regional Office or to the USDA office of Inspector General for investigation.

To access the TEFAP Policy and Handbook, please visit the link below:

http://www.squaremeals.org/Portals/8/FND%20Forms/Program%20Handbooks/TEFAP%20Complete%20Handbook_V800_171116.pdf



Civil Rights Training Affidavit 2022-2023

Date _____

MP Partner Name _____

MP Partner Address _____

Director _____

Coordinator _____

I verify that **all** staff and volunteers associated with food distribution/meals distribution have completed the Civil Rights for Special Nutrition programs video training or another approved civil rights training.

In addition, Civil Rights posters are visible to clients.

Signature of Mobile Pantry Director or Coordinator: _____ Date: _____

If you need access to Civil Rights training video, please visit:

<https://squaremeals.org/FandNResources/Training/OnlineEducationandSelfStudy.aspx>

Brazos Valley Food Bank
PO Box 74 * Bryan, TX 77806
979-779-3663 * 979-821-2111 (Fax)
www.bvfb.org

Civil Rights Training Log

Mobile Pantry Partner Name: _____

[illegible]

Participant Application Process

The purpose of this process is intended to provide Partners with guidance on proper administration process. It is important that all staff/volunteers are responsible for conducting the intake be trained on this process. You are encouraged to reference the TEFAP Handbook for additional guidance at: www.Squaremeals.org

Any person or household has the right to apply for, and, if eligible, to receive USDA Foods for home consumption without regard to race, color, national origin, sex, age, or disability. ONLY TDA may establish eligibility criteria for TEFAP foods. Partners must not impose their own eligibility criteria. Partners may ask but must not require any applicant or participant to provide proof of residency or identification.

- Determine participant eligibility by using the Brazos Valley Food Bank Client Assistance Intake Form – TDA Form H1555. This form certifies participants with federally allowed information. See Appendix for form.
- Advise participant of their rights and obligations
 - Use the TDA Participant Rights and Responsibilities form – Appendix Part N
 - Partners are not required to give applicants a copy of the form but must make it available in the application process and recertification process. You may read the form to the applicant, or they can read the form themselves
- Written Notice of Beneficiary Rights
 - Sites located at religious organizations must **display** the TEFAP Written Notice of Beneficiary Rights (Appendix Part J) near the “And Justice for All” poster to inform participants of the following:
 - The site must not discriminate against participants based on religion or religious belief; a refusal to hold a religious belief; or a refusal to attend or participate in a religious practice.

- The site must not require participants to attend or participate in any explicitly religious activities. Participation in these activities must be purely voluntary.
- The site must separate, in time or in location, any privately funded, explicitly religious activities from activities supported with USDA direct assistance.
- If a participant objects to the religious character of the site, the site must make reasonable efforts to make a referral to an alternate provider to which the participant has no objection, with the understanding that the site cannot guarantee that an alternate provider will be available in every instance.
 - Provide participant with a copy of TEFAP Written Notice of Beneficiary Rights
 - Attempt to provide participant with an alternative provider utilizing BVFB's Pantry List located on our website www.bvfb.org or by calling BVFB at 979-779-3663
 - Document referral efforts using the TEFAP Beneficiary Referral Request Form
 - Maintain completed request forms for a minimum of 3 years and 90 days

**INSTRUCTIONS FOR
FOOD & NUTRITION
HOUSEHOLD APPLICATION FOR USDA FOODS (H1555)
THE EMERGENCY FOOD ASSISTANCE PROGRAM**

The *Household Application for USDA Foods* (Form H1555) is an application to qualify households to receive United States Department of Agriculture (USDA) Foods through The Emergency Food Assistance Program (TEFAP). The Texas Department of Agriculture (TDA) administers TEFAP in Texas by contracting with organizations for distribution of USDA Foods.

CEs or sites should complete the *Household Application for USDA Foods* (Form H1555) when a household initially requests distribution of USDA Foods through TEFAP. Thereafter, CEs or sites should complete this form at least yearly if the household requests to continue TEFAP benefits.

Notes

- CE or site may request but must not require proof of information on this form.
- Complete one original per household.
- Keep the original on file.
- Maintain separate records for each household.
- Make additional copies as needed or download *Household Application for USDA Foods* (Form H1555) at www.squaremeals.org. (Choose Programs, The Emergency Food Assistance Program, TEFAP Administration and Forms, then enter the form number in the appropriate search field.)
- Retain the applications and distribution records of households for three years following the end of the certification periods corresponding to the documents.
 - Exception: If audit findings, claims, or litigation have not been resolved by the end of the retention period, keep all forms and records until all issues are resolved.*
- Retain records of household denials for three years following the decision date.
- TDA does not require the CE or site to use *Household Application for USDA Foods* to determine eligibility. Instead, the CE or site can use an alternate form as long as it contains **all** the information that appears on the H1555. CEs may also refer to *TEFAP Handbook*, Section 3, *Managing the Program*, “*Household Application for USDA Foods*.”

Section 1 — Household Information

Name of household member — Enter the name of the household member applying on behalf of the household.

Number of household members — Enter the number of household members for whom USDA Foods are requested.

Address — Enter the household's address. CEs or sites may request but must not require proof of address.

Name of proxy (person given the authority to act on behalf of household) (optional) — Enter this information if it is applicable. To change a proxy, CEs and sites must collect a written and signed statement from the participant that contains the following information:

1. Participant's name
2. Participant's signature
3. Proxy's name
4. Date of proxy change
5. Duration of time the proxy designation will be in effect

Address of proxy — Enter the address of the proxy.

Section 2 — Categorical Eligibility

If a household currently receives one or more of the specific types of assistance listed, mark the appropriate assistance type(s). If the household does not receive any of the assistance types listed, leave the assistance types blank. CEs or sites may request but must not require proof of other assistance.

Section 3 — Income Eligibility

Total gross income — This information is optional if the household is categorically eligible. (See Section 2.) Enter the total gross income of all household members, as stated by the household, and mark whether the income is received yearly, monthly, or weekly. CEs or sites may request but must not require proof of income.

***Note:** Farmers and self-employed persons may report net income (the amount after business expenses). This net income will be added to the gross income, if applicable, of other household members, to arrive at the total gross income for the household.*

Section 4 — Household Crisis Eligibility

Complete Section 4 only if the household is ineligible because of information obtained in Sections 2 and 3.

Households qualify based on unexpected and unavoidable expenses of a household crisis.

Characteristics of a Household Crisis	Examples of Unexpected Costs of a Household Crisis <i>(The CE or site may define and document other circumstances.)</i>
1. Unexpected 2. Temporary 3. Beyond the household's control	1. Necessary medical treatment of a household member 2. Burial expenses of a household member 3. Uncontrolled loss of employment 4. The repair or replacement, because of a household disaster ¹ , of the household's home, home contents, or vehicle

In the space provided, document the cause of the household crisis.

Indicate eligibility and length of certification. (Must not exceed six months.)

Section 5 — Certification

At a minimum, obtain the signature of a household member to show that the household submitted an application.

Signature of household member — Obtain the signature of a household member who is eligible to apply on behalf of the household. If no one in the household is older than 18 then a household member younger than 18 may sign the form.

Date — Enter the date of signature.

Section 6 — Eligibility or Ineligibility

Indicate eligibility and length of certification. (Must not exceed one year.)

Indicate ineligibility then complete Section 4 if necessary.

Section 7 — Signature and Date

The CE or site's representative must sign and date the form.

¹ Household disasters may include fire, flood, hurricane, tornado, care repairs, and other circumstances or incidents as defined and documented by the CE or site.

BVFB Intake Form – H1555 English/Spanish

Page 53-54

Texas Department of Agriculture

December/diciembre 2021 | Form H1555

Household Application for USDA Foods / Solicitud doméstica de los alimentos del USDA

The Emergency Food Assistance Program (TEFAP) / El Programa de Asistencia Alimentaria de Emergencia (TEFAP)

Sites may request but must not require proof of information. / Los sitios pueden solicitar pero no deben requerir prueba de información.

Section 1 — Household Information		Sección 1 — Información de hogar	
Name of household member/Nombre del miembro de la unidad familiar		Number of household members/ Número de miembros del hogar	
Address (if available)/Dirección (si disponible)		City/Ciudad	
Name of proxy/Nombre de apoderado			
Section 2 — Categorical Eligibility		Sección 2 — Elegibilidad Categórica	
<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)/Programa de ayuda suplemental de la nutrición <input type="checkbox"/> Temporary Assistance for Needy Families (TANF)/Asistencia temporal para familias necesitadas <input type="checkbox"/> Supplemental Security Income (SSI)/Seguridad de ingreso suplementario <input type="checkbox"/> National School Lunch Program (NSLP) (free or reduced-price meals)/Programa nacional de almuerzos escolares (comidas gratis o a precio reducido) <input type="checkbox"/> Medicaid/Medicaid			
Section 3 — Income Eligibility		Sección 3 — Elegibilidad de Ingresos	
Total gross income \$ _____		Ingreso bruto total \$ _____	
_____ per year _____ per month _____ per week		_____ por año _____ por mes _____ por semana	
Section 4 — Household Crisis Eligibility		Sección 4 — Elegibilidad de Crisis del Hogar	
If household is eligible for household crisis food needs, document reason for crisis here./Si el hogar es elegible para las necesidades alimentarias del hogar en caso de crisis, documenta el motivo de la crisis aquí.			
**How many people live in your house in the following age (including yourself): **Cuantas personas viven en su casa en la siguiente edad:		Number of household Members Número de miembros del hogar	
Infant-5	6-12	13-17	18-40
41-64	Over 65		
**Are you? (please circle your answer)		**Eres usted? (por favor, rodee su respuesta)	
African American/ Afroamericano	Asian/Asiático	White/Blanco	Hispanic/Hispano
		Native American/ Nativo Americano	Other/Otro
Section 5 — Certification		Sección 5 — Certificación	
By signing below, I certify that: (1) I am a member of the household living at the address provided in Section 1 and that, on behalf of the household, I apply for USDA Foods that are distributed through The Emergency Food Assistance Program; (2) all information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct; and (3) if applicable, the information provided by the household's proxy is, to the best of my knowledge and belief, true and correct. Signature of household member / Firma del miembro del hogar _____		Al firmar a continuación, certifico que: (1) soy miembro del hogar que vive en la dirección que se da en la Sección 1, y que solicito en nombre de la unidad familiar los alimentos USDA que se distribuyen por el Programa de Asistencia Alimentaria de Emergencia; (2) toda la información que le he dado al departamento que determinará si mi unidad familiar llena los requisitos del programa, es, a mi leal saber y entender, verdadera y correcta; y (3) Si corresponde, la información proporcionada por el apoderado del hogar es, a lo mejor de mi conocimiento y creencia, verdadero y correcto. Date/Fecha _____	

This information will not inhibit you from receiving USDA product

** Esta información no lo inhibirá de recibir el producto USDA **

<p>USDA Nondiscrimination Statement</p> <p>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.</p> <p>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.</p> <p>To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint, 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:</p> <p>(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;</p> <p>(2) fax: (202) 690-7442; or</p> <p>(3) email: program.intake@usda.gov.</p> <p>This institution is an equal opportunity provider.</p>	<p>Declaración de no discriminación del USDA</p> <p>De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.</p> <p>Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.</p> <p>Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:</p> <p>(1) correo: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;</p> <p>(2) fax: (202) 690-7442; o</p> <p>(3) correo electrónico: program.intake@usda.gov.</p> <p>Esta institución es un proveedor que ofrece igualdad de oportunidades.</p>
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Sections 6 & 7 must be completed by the CE or the site staff.

<p>Section 6 — Eligibility or Ineligibility</p> <p>_____ Household is eligible. Length of certification:</p> <p>Beginning (month/year): _____</p> <p>Ending (month/year): _____</p> <p>_____ Household is ineligible based on Sections 2 and 3, but qualifies for TEFAP based on Household Crisis Eligibility (Section 4).</p> <p>Length of certification: Beginning (month/year): _____</p> <p>Ending (month/year): _____</p>	<p>Sección 6 — Elegibilidad o Inelegibilidad</p> <p>_____ El Hogar es elegible. Duración de la certificación:</p> <p>Inicio (mes/año): _____</p> <p>Final (mes/año): _____</p> <p>_____ El hogar no es elegible basado en las secciones 2 y 3, pero califica para TEFAP basado en la elegibilidad de crisis del hogar (Sección 4).</p> <p>Duración de la certificación: Inicio (mes/año): _____</p> <p>Final (mes/año): _____</p>
<p>Section 7 — Signature and date of CE or site staff</p> <p>Signature/Firma _____</p>	<p>Sección 7 — Firma y fecha del CE o del sitio personal</p> <p>Date/Fecha _____</p>

This information will not inhibit you from receiving USDA product

** Esta información no lo inhibirá de recibir el producto USDA **

BVFB Intake Form – H1555 English/Spanish

Pantry Systems Users – Page 55-56

Texas Department of Agriculture

December/diciembre 2021 | Form H1555

Household Application for USDA Foods / Solicitud doméstica de los alimentos del USDA

The Emergency Food Assistance Program (TEFAP) / El Programa de Asistencia Alimenticia de Emergencia (TEFAP)

Sites may request but must not require proof of information. / Los sitios pueden solicitar pero no deben requerir prueba de información.

Section 1 — Household Information

Sección 1 — Información de hogar

Name of household member/Nombre del miembro de la unidad familiar	Number of household members/ Número de miembros del hogar
Address (if available)/Dirección (si disponible)	
Name of proxy/Nombre de apoderado	

Section 2 — Categorical Eligibility

Sección 2 — Elegibilidad Categórica

<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP)/Programa de ayuda suplemental de la nutrición
<input type="checkbox"/> Temporary Assistance for Needy Families (TANF)/Asistencia temporal para familias necesitadas
<input type="checkbox"/> Supplemental Security Income (SSI)/Seguridad de ingreso suplementario
<input type="checkbox"/> National School Lunch Program (NSLP) (free or reduced-price meals)/Programa nacional de almuerzos escolares (comidas gratis o a precio reducido)
<input type="checkbox"/> Medicaid/Medicaid

Section 3 — Income Eligibility

Sección 3 — Elegibilidad de Ingresos

Total gross income \$ _____	Ingreso bruto total \$ _____
_____ per year _____ per month _____ per week	_____ por año _____ por mes _____ por semana

Section 4 — Household Crisis Eligibility

Sección 4 — Elegibilidad de Crisis del Hogar

If household is eligible for household crisis food needs, document reason for crisis here./Si el hogar es elegible para las necesidades alimentarias del hogar en caso de crisis, documenta el motivo de la crisis aquí.
--

**Name and Date of Birth of each household member /
**Nombre y Fecha de Nacimiento de cada miembro de hogar

**Name and Date of Birth of each household member /
**Nombre y Fecha de Nacimiento de cada miembro de hogar

1.
2.
3.
4.

5.
6.
7.
8.

**Are you? (please circle your answer)

**Eres usted? (por favor, rodee su respuesta)

African American/
Afroamericano

Asian/Asiático

White/Blanco

Hispanic/Hispano

Native American/
Nativo Americano

Other/Otro

Section 5 — Certification

Sección 5 — Certificación

<p>By signing below, I certify that:</p> <p>(1) I am a member of the household living at the address provided in Section 1 and that, on behalf of the household, I apply for USDA Foods that are distributed through The Emergency Food Assistance Program;</p> <p>(2) all information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct; and</p> <p>(3) if applicable, the information provided by the household's proxy is, to the best of my knowledge and belief, true and correct.</p> <p>Signature of household member / Firma del miembro del hogar _____</p>	<p>Al firmar a continuación, certifico que:</p> <p>(1) soy miembro del hogar que vive en la dirección que se da en la Sección 1, y que solicito en nombre de la unidad familiar los alimentos de alimentos USDA que se distribuidos por el Programa de Asistencia Alimentaria de Emergencia;</p> <p>(2) toda la información que le he dado al departamento que determinará si mi unidad familiar llena los requisitos del programa, es, a mi leal saber y entender, verdadera y correcta; y</p> <p>(3) Si corresponde, la información proporcionada por el apoderado del hogar es, a lo mejor de mi conocimiento y creencia, verdadero y correcto.</p> <p>Date/Fecha _____</p>
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This information will not inhibit you from receiving USDA product

** Esta información no lo inhibirá de recibir el producto USDA **

USDA Nondiscrimination Statement

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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: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint>, 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.
- This institution is an equal opportunity provider.

Declaración de no discriminación del USDA

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: <https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint> y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

- (1) correo: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
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Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; o
- (3) correo electrónico: program.intake@usda.gov.

Esta institución es un proveedor que ofrece igualdad de oportunidades.

Sections 6 & 7 must be completed by the CE or the site staff:**Section 6 — Eligibility or Ineligibility**

<input type="checkbox"/> Household is eligible. Length of certification: Beginning (month/year): _____ Ending (month/year): _____
<input type="checkbox"/> Household is ineligible based on Sections 2 and 3, but qualifies for TEFAP based on Household Crisis Eligibility (Section 4). Length of certification: Beginning (month/year): _____ Ending (month/year): _____

Sección 6 — Elegibilidad o Inelegibilidad

<input type="checkbox"/> El Hogar es elegible. Duración de la certificación: Inicio (mes/año): _____ Final (mes/año): _____
<input type="checkbox"/> El hogar no es elegible basado en las secciones 2 y 3, pero califica para TEFAP basado en la elegibilidad de crisis del hogar (Sección 4). Duración de la certificación: Inicio (mes/año): _____ Final (mes/año): _____

Section 7 — Signature and date of CE or site staff**Sección 7— Firma y fecha del CE o del sitio personal**

Signature/Firma _____	Date/Fecha _____
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This information will not inhibit you from receiving USDA product

** Esta información no lo inhibirá de recibir el producto USDA **

TEFAP Participant Rights and Responsibilities Form English

Texas Department of
Agriculture

Revised March 2018

The Emergency Food Assistance Program (TEFAP) Participant Rights and Responsibilities

1. I will not be denied USDA Foods if I am determined eligible.
2. I certify that the information I have provided for eligibility determination is correct to the best of my knowledge.
3. I agree to report changes in household circumstances, including, but not limited to, income and household size.
4. I may appeal any decision made by the food bank or distribution site. I can inform the distribution site or food bank that I want to appeal.
5. I understand that if I choose a proxy to pick up my food, that person must be listed as a proxy either 1) on my Household Application for USDA Foods or 2) on a note with my signature.
6. I understand that the food provided by this program is intended for the members of the eligible household.
7. I understand that I must not sell or exchange USDA Foods.
8. I consent to the release of information to TEFAP staff, which includes officials of United States Department of Agriculture, Texas Department of Agriculture, and the food bank.
9. Program staff have advised me of my rights and responsibilities under this program.
10. I understand that I may request a written copy of TEFAP Written Notice of Beneficiary Rights.
11. I understand that the standards for participation in this program are the same for everyone regardless of race, color, national origin, age, sex, or disability.
12. I have read this form, or the form has been read to me.
13. The distribution site maintains the right to ensure orderly distribution.

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.

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To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html) (AD-3027) found online at: 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:

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Washington, D.C. 20250-9410

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

TEFAP Participant Rights and Responsibilities Form

Spanish

Departamento de Agricultura de
Texas

Revisado marzo 2018

El Programa de Asistencia Alimentaria de Emergencia (TEFAP, por sus siglas en inglés) Derechos y responsabilidades de los participantes

1. Si soy determinado elegible, no podran negarme viveres del Departamento de Agricultura de los Estados Unidos (USDA).
2. Certifico que la información que he proporcionado para la determinación de la elegibilidad es correcta hasta que lo que yo conozco.
3. Estoy de acuerdo en informar los cambios en las circunstancias del hogar, incluyendo, pero no limitado a, el ingreso y el tamaño del hogar.
4. Yo tengo el derecho de apelar cualquier decision hecha por el banco de viveres o centro de distribucion. Debo de informar mi decision de apelar al banco de viveres o centro de distribucion.
5. Yo entiendo que si elijo un apoderado para recoger mis viveres, mi deber es informar el nombre de esta persona por escrito en mi solicitud or en una nota con mi firma.
6. Yo comprendo que los viveres provistos por el programa están destinado a los miembros del hogar determinado elegible.
7. Yo entiendo que no debo vender ni intercambiar viveres del USDA.
8. Yo presto mi consentimiento para que se divulgue información al personal del Programa TEFAP, que incluye funcionarios del Departamento de Agricultura de los Estados Unidos, del Departamento de Agricultura de Texas y del banco de viveres.
9. El personal del programa me ha asesorado sobre mis derechos y responsabilidades bajo este programa.
10. Yo entiendo que puedo solicitar por escrito una copia de los derechos de beneficiarios sobre TEFAP.
11. Yo entiendo que las reglas de participación es este programa son las mismas para todos sin importar la raza, color, origen ethnico, edad, sexo or discapacidad.
12. Yo he leído esta forma, o me han leído esta forma.
13. El sitio de distribución mantiene el derecho de garantizar una ordenada distribución.

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el [Formulario de Denuncia de Discriminación del Programa del USDA](#) (AD-3027) que está disponible en línea en: http://www.ascr.usda.gov/complaint_filing_cust.html y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

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(2) fax: (202) 690-7442; o

(3) correo electrónico:
program.intake@usda.gov

Esta institución es un proveedor que ofrece igualdad de oportunidades.

TEFAP Written Notice of Beneficiary Rights

The Emergency Food Assistance Program Written Notice of Beneficiary Rights

Name of Organization _____

Name of TEFAP Staff Contact _____

Phone Number _____ Email Address _____

You have the following rights when you participate in TEFAP.

1. We may not discriminate against you on the basis of religion or 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 that we offer. Your participation in these activities must be purely voluntary.
3. We must separate, in time or location, any privately funded, explicitly religious activities from activities supported with USDA direct assistance.
4. If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available.
5. You may report violations of these protections (including denials of services or benefits) to TDA at www.Squaremeals.org.

Contact TDA at: Commodity Operations 877-TEX-MEAL (877-839-6325)
CommodityOperations@TexasAgriculture.gov

*Federal regulations require this written notice before participants receive TEFAP services.
This institution is an equal opportunity provider.*

July 2016

TEFAP Beneficiary Referral Request

The Emergency Food Assistance Program and the Commodity Supplemental Food Program Beneficiary Referral Request

Name of Organization: _____

Contact information for program staff (name, phone number, and email address, if appropriate):

If you object to receiving services from us based on the religious character of our organization, please complete this form and return it to the program contact identified above. Your use of this form is voluntary.

If you object to the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available.

Participant name: _____

Best way to reach you (phone/address/email): _____

FOR STAFF USE ONLY

1. Date of objection: ____/____/____

2. Referral (check one):

_____ Individual was referred to (name of alternate provider and contact information):

_____ Individual was given TDA-provided referral information (such as a website, hotline, or list of other service providers funded by TDA)

_____ Individual left without a referral

_____ No alternate service provider is available. On the lines below, summarize below the efforts you made to identify an alternate provider (for example: contacted another food pantry, soup kitchen, or distribution site; contacted TDA; contacted the food bank; etc).

This institution is an equal opportunity provider.

July 2016

TDA CE Agreement

this sets the rules for Programs distributing TEFAP
(signed when joining BVFB network or as HFB updates the form)

Texas Department of
Agriculture

November 2019

The Emergency Food Assistance Program Agreement Between Contracting Entity and Site

A **contracting entity** (CE) is an organization that contracts with the Texas Department of Agriculture (TDA) to receive, store, handle, and deliver United States Department of Agriculture (USDA) Foods. A **subdistributing agency**, usually a food bank, contracts with a CE to receive, store, handle, and deliver USDA Foods. A **site** is a place at which an emergency feeding organization certifies applicant eligibility and/or distributes USDA Foods packages or meals to needy persons. A site may work directly with a CE or a subdistributing agency.

Name of Contracting Entity (CE)	Email Address of CE
Address of CE (Street, City, State, ZIP)	Area Code and Telephone Number
Mailing Address (if different)	Fax Area Code and Telephone Number

IF APPLICABLE: Name of Subdistributing Agency	Email Address of Subdistributing Agency
Address of Subdistributing Agency (Street, City, State, ZIP)	Area Code and Telephone Number
Mailing Address (if different)	Fax Area Code and Telephone Number

Name of Site	Email Address of Site
Address of Site (Street, City, State, ZIP)	Area Code and Telephone Number
Mailing Address (if different)	Fax Area Code and Telephone Number

Agreement

This Agreement specifies the rights and responsibilities of the above-named Contracting Entity (CE) and Site as a participant in The Emergency Food Assistance Program (TEFAP). By signing this Agreement, both parties are bound by its terms and conditions, unless terminated with 30 days' written notice by either party. This Agreement may be terminated for cause by either party, by mutual consent of both parties, or solely by the site without cause or mutual consent.

Rights and Responsibilities of the Contracting Entity

The CE shall fulfill the following responsibilities:

1. Comply with all guidance issued by TDA and USDA
2. Train the site in the handling and use of USDA Foods; eligibility criteria; client rights (including civil rights requirements); complaint and administrative review procedures; the processing of applications or requests for meals; and procedures for food safety and food recalls.
3. Offer training sessions and technical assistance at a time and place that is convenient to the site.
4. Provide TEFAP record-keeping forms to the site without charge.
5. Ensure that all USDA Foods are distributed to participants without regard to race, color, national origin, sex, age, or disability.
6. Compile data, maintain records, and submit reports as required to permit effective enforcement of nondiscrimination laws, regulations, policies, instructions, and guidelines; and collect such records from sites as applicable.
7. Collect, from the site, records that show the data and method used to determine the number of households or individuals served.
8. Ensure that sites protect applicants' and participants' information stored on information technology systems.
9. Avoid charging the site any fees for the administration of TEFAP, except for warehouse operation fees (including, but not limited to, shared maintenance fees and delivery fees)
10. Ensure that all USDA Food [packages](#) or meals comply with TEFAP requirements.
11. Monitor the site's distribution of USDA Foods according to TEFAP requirements and do so during the site's normal hours of operation.
12. Obtain the signature of the site's representative showing the receipt of USDA Foods, and maintain the receipts, as well as other TEFAP records, for three years from the close of the fiscal year to which they pertain, or until claims actions, audits, or investigations are resolved. Records include, but are not limited to, the following: 1) this agreement and 2) documentation of the receipt, inventory, and disposal of USDA Foods.
13. Ensure that the site does not require, solicit, or accept payment from applicants or participants in money, materials, or services for USDA Foods packages or meals.
14. Ensure that the site makes clear that participants are not required to cooperate with activities unrelated to the distribution of USDA Foods. Activities include the following: contribute money, sign petitions, or converse with a person conducting such activity; belong to, attend meetings of, or pay dues to any organization; attend or participate in religious activities.
15. Ensure that unrelated activities do not disrupt the distribution of USDA Foods.
16. Otherwise, comply with all state and federal regulations as applicable to TEFAP.

Rights and Responsibilities of the Site

The Site shall fulfill the following responsibilities:

1. Comply with all guidance issued by the CE, TDA, and the USDA.
2. Comply with all requirements for receiving, handling, transporting, storing, and preparing USDA Foods, including procedures for food safety and food recalls.
3. Distribute the appropriate USDA Foods package to a TEFAP participant based on his or her eligibility and in compliance with TEFAP requirements.
4. Ensure that all USDA Foods are distributed to participants without regard to race, color, national origin, sex, age, or disability.
5. Compile data, maintain records, and submit reports as required to permit effective enforcement of nondiscrimination laws, regulations, policies, instructions, and guidelines.
6. Collect records that show certain information, including, but not limited to, the data and method used to determine the number of households or meals served; and provide the data to the CE upon request.
7. Determine the eligibility of applicants who apply for USDA Foods packages in compliance with TEFAP requirements.
8. Maintain the confidentiality and security of household information, including applicants' and participants' information stored on information technology systems.
9. Make clear that participants are not required to cooperate with activities unrelated to the distribution of USDA Foods. Activities include the following: contribute money, sign petitions, or converse with a person conducting such activity; belong to, attend meetings of, or pay dues to any organization; attend or participate in religious activities.
10. Ensure that unrelated activities do not disrupt the distribution of USDA Foods.
11. Allow representatives of the CE, TDA, and the USDA to review site operations and records.
12. Sign for receipt of USDA Foods, and keep the receipts, as well as other program records, for three years from the close of the fiscal year to which they pertain; or until claims actions, audits, or investigations are resolved. Records include, but are not limited to, the following: 1) this agreement and 2) documentation of the receipt, inventory, and disposal of USDA Foods.
13. Attend training sessions required by TDA or the CE.
14. Do not require, solicit, or accept payment from applicants or participants in money, materials, or services for USDA Foods packages or meals.
15. Report fraud to the CE immediately.
16. Do not sell USDA Foods.
17. Obtain prior approval from the CE before transferring USDA Foods to any other entity.
18. Help applicant households, when necessary, complete applications.
19. Display prominently, for applicant and participant viewing, USDA's "...And Justice For All" poster.

Certifications

We, the undersigned, do hereby make and enter into this Agreement. By so doing, we certify that the information contained in this document is true and correct to the best of our knowledge and is provided for the purpose of obtaining federal assistance. We do mutually agree to operate TEFAP in compliance with federal civil rights laws and to implement nondiscrimination regulations. We do mutually agree to comply with The Emergency Food Assistance Program (7 CFR Part 251, as amended); Donation of Foods for Use in the United States, Its Territories and Possessions and Areas under Its Jurisdiction (7 CFR Part 250, as amended); Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (2 CFR Part 200); and state policies and procedures as issued and amended by TDA. We understand that the deliberate misrepresentation or withholding of information may result in prosecution under applicable state and federal statutes.

Name of Site Official (type or print) _____	_____ Signature of Site Official Date
Title of Site Official _____	
Name of CE Representative (type or print) _____	_____ Signature of CE Representative Date
Title of CE Representative _____	

Sample Posted Complaint Procedure

If you wish to file a complaint against 'X Mobile Pantry partner', for any reason, you may do so by contacting:

John Doe (Name of individual taking complaints at your agency)

email@email.org

999-999-999

123 W Sunny Dr

Bryan, TX. 77802

Complaints must be made in writing. Please do so by email or handwritten letter.

Once your complaint has been filed, 'X Mobile Pantry partner' will review the complaint within three (3) business days. From there, the complainant will be contacted within five (5) business days to pursue a resolution to the issue.

Client Complaint Form

Date _____ **Name of Client** _____

Client's Phone _____ **Client's county of residence** _____

Name of Mobile Pantry _____ **County** _____

Date incident occurred _____

Complaint _____

Any follow up promised? ___ Yes ___ No

If yes, what follow up was promised? _____

Action taken and date _____

Volunteer/Staff Person taking complaint: _____

Mobile Pantry STATS Form – ALL Served

Mobile Pantry STATS Form ALL Clients Served

Report for (month/Year) _____

Mobile Pantry Partner: _____

Phone Number () Contact Person _____

of Households (This is the total number of NEW/RECERTIFICATION households served)

***Numbers in this section 1-5 must equal* (Example: If there are 63 total individuals served, then the race, age, residence, and income totals must equal 63).**

American Indian	
Asian	
Black	
Hispanic	
White	
Other	
#1 TOTAL	0

Bryan	
College Station	
Brazos County	
(if NOT Bryan or College Station)	
Burleson County	
Grimes County	
Madison County	
Robertson County	
Washington County	
Other	
#2 TOTAL	0

Age 0-5	
Age 6-12	
Age 13-17	
Age 18-40	
Age 41-64	
Age over 65	
#3 TOTAL	0

Above Poverty	
Below Poverty	
#4 TOTAL	0

of Individuals

1-5 Totals should all be the same number - each individual is counted in these sections

In submitting this report, I verify that all new clients have a completed and signed intake form on file at this agency.

Signature _____ Title _____

IN ORDER TO CONTINUE RECEIVING FOOD, THIS FORM MUST BE SUBMITTED
NO LATER THAN THE **5th** OF EVERY MONTH FOR THE PRECEEDING MONTH

Mobile Pantry STATs Form – NEW Served

These clients will be added into the ALL Served

Mobile Pantry STATs Form NEW/Recertified Clients Served

Report for (month/Year) _____

Mobile Pantry Partner: _____

Phone Number () _____ Contact Person _____

of Households (This is the total number of NEW/RECERTIFICATION households served)

***Numbers in this section 1-5 must equal* (Example: If there are 63 total individuals served, then the race, age, residence, and income totals must equal 63).**

American Indian	
Asian	
Black	
Hispanic	
White	
Other	
#1 TOTAL	0

Bryan	
College Station	
Brazos County	
(if NOT Bryan or College Station)	
Burleson County	
Grimes County	
Madison County	
Robertson County	
Washington County	
Other	
#2 TOTAL	0

Age 0-5	
Age 6-12	
Age 13-17	
Age 18-40	
Age 41-64	
Age over 65	
#3 TOTAL	0

Above Poverty	
Below Poverty	
#4 TOTAL	0

of Individuals

1-5 Totals should all be the same number - each individual is counted in these sections

In submitting this report, I verify that all new clients have a completed and signed intake form on file at this agency.

Signature _____ Title _____

IN ORDER TO CONTINUE RECEIVING FOOD, THIS FORM MUST BE SUBMITTED
NO LATER THAN THE **5th** OF EVERY MONTH FOR THE PRECEEDING MONTH

Brazos Valley Food Bank
1501 Independence Ave
Bryan TX 77803

andih@bvfb.org

rev March 2023

Mobile Pantry Site/Distribution Monitoring Form

Mobile Pantry Partner
Site/Distribution Visit Form

Section I

Date of Monitor: _____

Date of Last Monitor: _____

Agency Name: _____

Acct#: _____

Site Coordinator: _____

Phone#: _____

Email: _____

Section II

Required Posted Signage	Yes	No	Instructed	Notes
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Current AJAF Poster				
Complaint Procedures (must include MP contact person & contact info – phone number and/or email address)				
TEFAP Participant Rights & Responsibilities				
Current Income Guidelines				

Section III

Is current BVFB-approved client intake form being used?				
Is mobile pantry requiring proof of income/identity/etc.?				
Is MP logging each client (sign-in, check-in system, etc.)?				
Are volunteers using services?				
Are volunteers being served in the same manner as regular clients (i.e., no preferential treatment)?				

Fiscal Year Data

TOTAL Individuals Served

TOTAL Households Served

NEW	ALL

Monitored by: _____

Date: _____

Mobile Pantry Quarterly Visit Form

Mobile Pantry Partner
Quarterly Visit Form

Scheduled visit marked below:

November/February/May/August

Section I

Date of Monitor:

Agency Name:

Site Coordinator:

Email:

Acct#:

Phone#:

Section II

	Yes	No	Instructed	Notes
Is current BVFB-approved client intake form being used?				
Does Check In list and intake forms match				
Are Intake Forms complete and accurate?				

Notes:

TOTAL Individuals Served

NEW ALL

TOTAL Households Served

NEW ALL

Monitored by:

Date:

Sample Food Pantry Sign

Name of your Food Pantry

Hours and days of distribution
Who you serve (county, cities, etc.)

No. of Household Members	Total Income				
	Annual	Monthly	Twice-Monthly	Bi-Weekly	Weekly
1	\$25,142	\$2,096	\$1,048	\$967	\$484
2	\$33,874	\$2,823	\$1,412	\$1,303	\$652
3	\$42,606	\$3,551	\$1,776	\$1,639	\$820
4	\$51,338	\$4,279	\$2,140	\$1,975	\$988
5	\$60,070	\$5,006	\$2,503	\$2,311	\$1,156
6	\$68,802	\$5,734	\$2,867	\$2,647	\$1,324
7	\$77,534	\$6,462	\$3,231	\$2,983	\$1,492
8	\$86,266	\$7,189	\$3,595	\$3,318	\$1,659
For Each Additional Person, Add	+\$8,732	+\$728	+\$364	+\$336	+\$168

Effective July 1, 2022 – June 30, 2023

These guidelines are based on 185% of the federal poverty guidelines.

Note: Use gross income to determine eligibility.

Farmers and self-employed households qualify based on net income (total income minus expenses).

A household with unexpected and unavoidable expenses of a household crisis may qualify for temporary, emergency food assistance without regard to the household's gross or net income.

This institution is an equal opportunity provider