

Ohio Department of Job and Family Services
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP)
SITE REVIEW - LOCAL AGENCY

DISTRIBUTION SITE INFORMATION				
Local Agency Name	Regional Foodbank Name	Date		
Address (City, Zip Code)	Phone Number	Days / Hours of Operation		
Local Agency Representative	Title	CSFP Assigned Caseload		
State Agency Reviewer				
SECTION I. CERTIFICATION AND DISTRIBUTION	YES	NO	N/A	COMMENTS
1. Is the local agency using the most current CSFP application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Does the local agency determine the eligibility or ineligibility of applicants? If yes, answer the following:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Is written notice of eligibility, ineligibility or placement on a waiting list provided to applicant within <i>10 days</i> of application?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Does the notice of "eligibility" include information on the time, location, means of distribution and the length of the certification period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does the written notice of "ineligibility" used by the agency include all the following: the reason the applicant is not eligible, a statement of the individual's right to a fair hearing to appeal the decision, and a statement that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex or disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Is a written notice provided to participants at least <i>15 days</i> prior to the "expiration" of the certification period and informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex or disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. Does the agency provide a participant with a written notification of "discontinuance" at least <i>15 days</i> before the effective date of the discontinuance when a participant is no longer eligible for CSFP benefits during the certification period?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Does the notice contain the following:				
i. The effective date of the discontinuance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. The reason for the discontinuance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. A statement of the individual's right to appeal the discontinuance through the fair hearing process, and a statement that informs the applicant that program standards are applied without discrimination by race, color, national origin, age, sex or disability?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
f. Does the agency provide the individual with a written notification of "disqualification" at least <i>15 days</i> before the effective date of disqualification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
i. The effective date and period of the disqualification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ii. The reason for the disqualification?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
iii. A statement that the individual may appeal the disqualification through the fair hearing process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Does the local agency ensure that a participant, who moves from one CSFP area to another continues to receive CSFP when the certification period has not expired, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Does the local agency ensure that a participant or proxy shows an ID prior to receiving a CSFP box?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Does the local agency make Nutrition Education available to all participants, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

a. What type of Nutrition Education does the local agency provide to participants?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Who assists in the preparation of the Nutrition Education material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Does the local agency solicit feedback from recipients concerning basic nutrition education provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
d. Does the local agency use USDA Foods to conduct cooking demonstrations as part of the Nutrition Education provided to participants using CSFP Foods?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
e. How does the local agency assess the overall effectiveness of the Nutrition Education material, if not assessed by the regional Foodbank?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the local agency serve the homebound?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
7. Does the local agency distribute food packages to participants each month, or a two-month supply of USDA Foods every other month (bi-monthly issuances), or a combination of both?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8. Does the local agency maintain a waiting list(s) that includes the date of application and information necessary to contact the applicant when caseload space becomes available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. How many applicants are currently on the waiting list?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are reasonable efforts made to contact individuals on the waiting list for the purpose of offering the one-month certification when eligible participants fail to pick up their boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
9. How are actual caseload counts reconciled to the amount of food packages distributed to recipients each month?				
10. What procedures are in place to prevent/detect dual participation between CSFP agencies?				
11. Describe the local agency's outreach efforts to seniors within the last 12 months concerning the availability of CSFP in order to maintain monthly assigned caseload?				
SECTION II. OPERATIONAL / CIVIL RIGHTS	YES	NO	N/A	COMMENTS
1. Has the local agency been provided civil rights training in the current FFY?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is the current "And Justice For All" poster being displayed in a highly visible area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is the local agency a religious organization? If yes, answer the following questions.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. For CSFP, does the local agency provide applicants with a copy of the "Written Notice of Beneficiary Rights" at the time they apply for CSFP benefits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. If a participant objects to the religious character of the site, does the local agency undertake reasonable efforts to make a referral to an alternative provider to which the participant has no objection (with the understanding that the agency cannot guarantee that an alternate provider will be available in every instance)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is the facility handicapped accessible or does the local agency provide a mechanism to serve persons unable to physically access the facility? (Shopping list, runners, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6. Does the local agency have a complaint process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

SECTION III. INVENTORY CONTROL	YES	NO	N/A	COMMENTS
1. Is storage facility sanitary and free from rodent, bird, insect, and other animal infestation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is storage facility safeguarded against theft, spoilage, damage, or other loss?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are refrigerated items kept at temperatures between 35 and 40 degrees Fahrenheit (e.g. cheese)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are the proper temperatures for dry food storage being maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SECTION IV. RECORD RETENTION	YES	NO	N/A	COMMENTS
1. Are the following records being maintained either in paper format or electronically and are readily available for use in management reviews, audits, investigations, or reports of the General Accounting Office during normal business hours, if applicable:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Records relating to the receipt and disposal of USDA foods.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
b. Eligibility determinations, fair hearings, and other program activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are records being retained for a period of five years following the close of the fiscal year to which they pertain or longer if they are related to unresolved claims actions, audits, or investigations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	