

PLEASE READ CAREFULLY!
TEFAP Quarterly Updates!
October, November, December 2008

October 1, 2008

Dear Food Pantry Coordinators:

Enclosed are the updated forms for distributing TEFAP commodities for July, August, and September. Remember to keep all TEFAP records on file for **FIVE YEARS**. Specifically, keep all completed:

- TEFAP Eligibility Forms,
- TEFAP invoices from the Food Bank, and
- Temperature Charts

Remember, the one-month allocation listed on the order form can be ordered each month in the quarter – once in October, November, and December. Please call, fax, email, or place your order in person with **Frances Ferrell** at the Raleigh office the week prior to pick-up or delivery: (919) 865-3021 (phone) or (919) 875-0801 (fax). You can also place your monthly order with your local branch if you'd like. Please call your branch's shopping line attendant to schedule an appointment.

Please order your entire allocation each month. **If you find that you cannot take your entire allocation, please let your local food bank representative know.** We will redistribute any unorderd food to other agencies in the same county.

Please send in your TEFAP monthly report by the **15th of every month**, even if your agency did not distribute TEFAP commodities during the previous month. If TEFAP was not distributed, put zeros in for the numbers of households and individuals served. ***All TEFAP forms must be submitted monthly in order to receive your agency's monthly allocation. Food Bank staff will no longer call your agency to remind you to submit your reports.*** Please note that the TEFAP Eligibility Form is available in English and Spanish. If you need other versions of the Eligibility Form, please let the Food Bank know. If you have ideas as to how to improve TEFAP, please share them with us.

Sincerely,



Brad Blackwell
Outreach Coordinator

TEFAP REMINDERS
October - December 2008

- I. **Please note that clients must indicate their food stamp participation status by checking yes or no on the eligibility form. If a client checks “no” on the form, then he/she must write their gross household income in the section below the income scale/chart each time TEFAP product is received.**
- II. **The income eligibility scale has changed. Please do not use old eligibility forms during your distribution process. Your Outreach Coordinator will check to make sure you are using the most updated version of the eligibility form.**
- III. **Send in TEFAP monthly reports, even if your agency does not distribute commodities during the month (reports are due the 15th of the month after distribution).**
 - a. When you do not send TEFAP monthly reports, it negatively affects your agency’s allocation of product.
 - b. **Agencies will not receive TEFAP commodities if they are delinquent on ANY reports.** Agencies will be removed from the program if they are missing three or more consecutive reports or if they are frequently delinquent.
- IV. **You may view your agency’s TEFAP allocation form online.**
 - a. Please visit www.foodbankcenc.org and click on “Foodlink.” Follow the login instructions.
- V. **You may submit your TEFAP reports online.**
 - a. Please visit www.foodbankcenc.org and click on “Foodlink.” Follow the login instructions.
 - b. When submitting TEFAP reports please click the “submit” button only once. Each time you click “submit” you send a new report!
- VI. **Please order TEFAP commodities every month.**
 - a. If your agency does not order its allocated TEFAP food each month, we may remove it from the program.
 - b. If you cannot accept your commodities due to extenuating circumstances, please inform the outreach coordinator at your local branch.
- VII. **Take your entire allocation of TEFAP product.**

TEFAP agencies are expected to **fully** participate in the program. If your agency is unable to take its entire allocation, please contact us as soon as possible.

VIII. Arrange pick up of your order by setting an appointment with the shopping attendant at your branch.

Durham: James McAllister @ 919-956-2513 x 2105

Greenville: Scott Repko @ 252-752-4996 x 2304

Raleigh: Lori Jones @ 919-865-3041

Sandhills: Tammy Sinnott @ 910-692-5959 x 2403

Wilmington: Mike Whittemore @ 910-251-1465 x 2203

IX. Please ask your local outreach coordinator(s) any questions you have about TEFAP – they are here to help you (same branch phone numbers as above).

Durham: April Morgan @ 919-956-2513 x 2103

Greenville: Christal Andrews @ 252-752-4996 x 2303

Raleigh: Brad Blackwell/Pamela Foust @ 919-865-3039 & 919-865-3038

Sandhills: Michael Cotten @ 910-692-5959 x 2404

Wilmington: Tommy Taylor @ 910-251-1465 x 2202



TEFAP Instructions: October – December 2008

Please use the following enclosed records and forms while participating in TEFAP:

1) **TEFAP ELIGIBILITY FORM**

Please note that there are two TEFAP Eligibility Forms included in this packet, one in English and the other in Spanish. If your agency needs this form translated into other languages please contact Brad Blackwell or Larry Morris at the Food Bank's Raleigh Branch at (919) 865-3039 or (919) 865-3036 respectively. Each client (*agencies may also complete forms on behalf of clients*) should complete the Eligibility Form **once each quarter**, and should sign it each time they receive TEFAP commodities during the quarter and indicate their income if they do not receive food stamps. Please keep all Eligibility Forms on file for **five years**.

Make sure that each form has these seven things: name, address, number of people in household, county, signature of client, signature of agency representative, and the date. Please be sure to have an agency representative sign the TEFAP Eligibility Form after the client completes the updated Eligibility Form each quarter. If clients receive food more than once during the quarter, they have to sign the TEFAP Eligibility form each time they receive food.

Note: TEFAP is a self-declaration, honor system program. *Agencies are not required to verify clients' information through picture id, pay stubs, etc.* However, your agency may ask clients for verification of identity, etc, in order to prevent fraud. If your agency asks a client for identity verifying information, you must require all clients to do so, not just some.

Clients use the TEFAP income eligibility scale on the Eligibility Form in order to self-declare that their household is eligible to receive TEFAP commodities. All households receiving TEFAP commodities must meet or fall below the income requirements listed on the TEFAP Income Eligibility Scale for their household size. The scale reflects gross income for the entire household. A "household" is defined as people who live together and share income and resources to purchase food together. Note that if a person or their family currently receives food stamps, they are automatically eligible for TEFAP, and do not need to use the income scale. However, if a client checks "no" on the form, then he/she **must** write their gross household income in the section below the income scale/chart each time TEFAP product is received. It is important to have clients record the total number of people in their family and what county they live in, so that you can report the total number of households and individuals served each month on the TEFAP Monthly Report.

2) **QUARTERLY RECOMMENDED DISTRIBUTION RATES**

There are no maximum distribution rates for TEFAP, meaning that agencies can distribute food to the same families more than once each quarter, and more than once each month. There are no requirements as to how many times a family may receive TEFAP commodities each quarter. However, NCDA recommends that agencies distribute one of each TEFAP commodity to a small family and two of each item to a large family in order to distribute TEFAP commodities to as many eligible families as possible. Each agency is to distribute TEFAP commodities in a fair, unbiased way to anyone who is eligible for TEFAP. ***TEFAP commodities are to be served to clients without regard to their race, color, national origin, sex, age, religion or disability. Any agency that does not abide by these guidelines will be suspended from the Food Bank.***

** In response to Agency concerns we have gained further clarification on maintaining a distribution record apart from the eligibility form. Once you have qualified (made sure they meet the income eligibility) a person to receive TEFAP commodities, and have the form signed by client, you may utilize a distribution record other than the TEFAP eligibility form to record their signature for subsequent visits during that quarter.

3) **ORDER FORMS**

Please order TEFAP commodities once a month. The allocation on the order form is for one month. Your agency can order up to that amount each month. Please keep in mind that there are many other agencies that are using TEFAP.

Typically, TEFAP orders will be ready to be picked-up or delivered by the second full week of each month.

Sometimes the commodities will be available during the first full week in the month. The availability of TEFAP commodities depends on when the Food Bank receives the product from the North Carolina Department of Agriculture.

NOTE: If there is a small amount of “extra” commodities left over from the previous quarter, it will be distributed on a first-come first-serve basis. These items will likely run out by the end of the first month of the quarter. Please order these extra items if you need them.

4) **TEFAP MONTHLY REPORT**

Please return the TEFAP monthly report by the 15th of each following month.

Please record the TOTAL number of households and the TOTAL number of individuals served through TEFAP each month. Please record each family and each person every time they receive food, even if a family or person receives food more than once each month.

Accurate reporting of the households and individuals served is critical as this is the information the Food Bank utilizes to determine each agency’s allocation. Please remember to send in monthly reports even if no TEFAP is distributed. The Food Bank must have your agency’s monthly reports in order to give your agency a fair allocation. Please note that agencies can now submit their monthly report online via FoodLink at <http://www.foodbankcenc.org/foodlink/agency/Default.asp>

Agencies that are missing ANY TEFAP Monthly Reports will not be able to receive further TEFAP commodities until their reports are current.

5) **LOSS REPORT**

This form should be completed if you have losses in commodities due to damage, theft, lack of accountability, etc. Please describe in detail the cause of loss. This form should be sent to the Food Bank with your TEFAP Monthly Report ***only if you have losses.***

6) **TEMPERATURE CHART**

As required by the North Carolina Department of Agriculture, please record the temperature in your agency’s food pantry and freezer if applicable. Please keep these charts on file at your agency for five years. The NCDA recommends that agencies record temperatures seven out of seven days.

A FINAL NOTE: The enclosed forms, listed below, are your originals –

Please make copies of the following and keep on file for five years.

1. TEFAP ELIGIBILITY FORM – front and back (one for each household you serve).
2. TEMPERATURE CHART
3. TEFAP MONTHLY REPORT/LOSS REPORT
4. TEFAP ORDER FORM
5. TEFAP DISTRIBUTION RECORD

TEFAP Eligibility Form: October – December 2008

Name:	
Address:	
Number of People in the Household:	
County:	

Effective July 1, 2008 through June 30, 2009
(Household gross income must be at or below for appropriate size household.)

HOUSEHOLD SIZE	PER YEAR	PER MONTH	PER WEEK
1	\$13,520	\$1,127	\$260
2	\$18,200	\$1,517	\$350
3	\$22,880	\$1,907	\$440
4	\$27,560	\$2,297	\$530
5	\$32,240	\$2,687	\$620
6	\$36,920	\$3,077	\$710
7	\$41,600	\$3,467	\$800
8	\$46,280	\$3,857	\$890
EACH ADDITIONAL FAMILY MEMBER	\$4,680	\$390	\$90

The above table shows a yearly gross income for each family size. If your household income is **at or below** the income listed for the number of people in your household, you are eligible to receive food. A household is defined as a group of people who live together and share money and other resources in order to get food. Please look at the income scale above to determine if your household is eligible for TEFAP.

OR

If you are currently participating in the food stamp program you are automatically eligible to receive TEFAP and do not need to look at the income scale.

Note: The above may be read to persons who are unable to read. People who are unable to sign their name may sign by using an X.

Please read the following statement carefully, then sign the form and write in today's date.

I understand that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment, or both. (Sec. 211 E, PL 96-494 and Sec. 4C, PL 93-86 as amended.)

	Date	Signature	Food Stamps		Yearly Income	Monthly Income	Weekly Income
			Yes	No			
					If you do not receive food stamps, write in your yearly, monthly, or weekly income.		
1.							
2.							
3.							
4.							
5.							
6.							

Signature of Agency Representative: _____

Date: _____

TEFAP Sick & Shut-in Eligibility Form: October – December 2008

Name:	
Address:	
Number of People in the Household:	
County:	

The following persons are authorized to pick up my food:

Authorized Representative:	
Authorized Representative:	

Signature of person picking up food: _____
(Signature) (Date)

Effective July 1, 2008 through June 30, 2009 (Household gross income must be at or below for appropriate size household.)			
HOUSEHOLD SIZE	PER YEAR	PER MONTH	PER WEEK
1	\$13,520	\$1,127	\$260
2	\$18,200	\$1,517	\$350
3	\$22,880	\$1,907	\$440
4	\$27,560	\$2,297	\$530
5	\$32,240	\$2,687	\$620
6	\$36,920	\$3,077	\$710
7	\$41,600	\$3,467	\$800
8	\$46,280	\$3,857	\$890
EACH ADDITIONAL FAMILY MEMBER	\$4,680	\$390	\$90

The above table shows a yearly gross income for each family size. If your household income is **at or below** the income listed for the number of people in your household, you are eligible to receive food. A household is defined as a group of people who live together and share money and other resources in order to get food. Please look at the income scale above to determine if your household is eligible for TEFAP.

OR

If you are currently participating in the food stamp program you are automatically eligible to receive TEFAP and do not need to look at the income scale.

Note: The above may be read to persons who are unable to read. People who are unable to sign their name may sign by using an X.

Please read the following statement carefully, then sign the form and write in today's date.

I understand that any misrepresentation of need, sale, or misuse of the foods I have received is prohibited and could result in a fine, imprisonment, or both. (Sec. 211 E, PL 96-494 and Sec. 4C, PL 93-86 as amended.)

	Date	Signature	Food Stamps		Yearly Income	Monthly Income	Weekly Income
			Yes	No			
					If you do not receive food stamps, write in your yearly, monthly, or weekly income.		
1.							
2.							
3.							
4.							
5.							
6.							

Signature of Agency Representative: _____ Date: _____

In accordance with Federal law and USDA policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. "To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call (800) 795-3272 or (202) 720-6382 (TTY). USDA is an equal opportunity provider and employer."

FORMA DE ELEGIBILIDAD PARA TEFAP:
Octubre – Diciembre 2008

Nombre:	
Dirección:	
Número de personas en el hogar:	
Condado:	

Efectivo desde 1 de julio 2008 hasta 30 de junio de 2009 (Los ingresos gruesos tienen que estar en o abajo para el tamaño apropiado del hogar.)			
TAMAÑO DE HOGAR	POR AÑO	POR MES	POR SEMANA
1	\$13,520	\$1,127	\$260
2	\$18,200	\$1,517	\$350
3	\$22,880	\$1,907	\$440
4	\$27,560	\$2,297	\$530
5	\$32,240	\$2,687	\$620
6	\$36,920	\$3,077	\$710
7	\$41,600	\$3,467	\$800
8	\$46,280	\$3,857	\$890
CADA MIEMBRO ADICIONAL EN EL HOGAR	\$4,680	\$390	\$90

La tabla abajo muestra los ingresos gruesos anuales para cada tamaño de familia. Si sus ingresos de hogar están en o debajo los ingresos en la tabla para el número de personas en su hogar, usted es elegible para recibir los alimentos. Un hogar es definido como un grupo de personas que viven juntos y comparten dinero y otros recursos a fin de conseguir el alimento. Por favor mire la escala de ingresos abajo para determinar si su hogar es elegible para TEFAP.

Si usted participa en el programa de estampillas de alimentos, usted es automáticamente elegible para recibir TEFAP y no tiene que mirar la escala de ingresos.

Nota: Los siguiente puede ser leído a personas que no saben leer. La gente que es incapaz de firmar su nombre puede firmar usando un X.

Por favor lea la declaración siguiente con cuidado, luego firme la forma y escriba la fecha de hoy.

Entiendo que cualquier falsificación de necesidad, venta, o mal uso de la comida que he recibido es prohibida y podría causar multas, el encarcelamiento, o ambos. (Sec. 211 E, PL 960494 y Sec. 4C, PL 93-86, según enmendado.)

	Fecha	Firma	El programa de estampillas de alimentos		Por Año	Por Mes	Por Semana
			Si	No			
1.							
2.							
3.							
4.							
5.							
6.							

Firma del Respreseante de la Agencia: _____

Fecha: _____

De acuerdo con ley Federal y política USDA, esta institución es prohibida discriminar sobre la base de raza, origen en color, nacional, sexo, edad o incapacidad. Para presentar una demanda de discriminación, escriba a USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 o llame al (800) 795-3272 o (202) 720-6382 (TTY). USDA es un proveedor y patrón que ofrece oportunidad igual para todos.

**FORMA DE ELEGIBILIDAD PARA TEFAP - CLIENTES ENFERMOS o RECLUIDOS:
Octubre – Diciembre 2008**

Nombre:	
Dirección:	
Número de personas en el hogar:	
Condado:	

Las siguientes personas están autorizadas a recoger a mi comida:

Representante Autorizado:	
Representante Autorizado:	

Firma de persona recogiendo alimentos: _____
(Firma) (Fecha)

Efectivo desde 1 de julio 2008 hasta 30 de junio de 2009 (Los ingresos gruesos tienen que estar en o abajo para el tamaño apropiado del hogar.)			
TAMAÑO DE HOGAR	POR AÑO	POR MES	POR SEMANA
1	\$13,520	\$1,127	\$260
2	\$18,200	\$1,517	\$350
3	\$22,880	\$1,907	\$440
4	\$27,560	\$2,297	\$530
5	\$32,240	\$2,687	\$620
6	\$36,920	\$3,077	\$710
7	\$41,600	\$3,467	\$800
8	\$46,280	\$3,857	\$890
CADA MIEMBRO ADICIONAL EN EL HOGAR	\$4,680	\$390	\$90

La tabla abajo muestra los ingresos gruesos anuales para cada tamaño de familia. Si sus ingresos de hogar están en o debajo los ingresos en la tabla para el número de personas en su hogar, usted es elegible para recibir los alimentos. Un hogar es definido como un grupo de personas que viven juntos y comparten dinero y otros recursos a fin de conseguir el alimento. Por favor mire la escala de ingresos abajo para determinar si su hogar es elegible para TEFAP.

Si usted participa en el programa de estampillas de alimentos, usted es automáticamente elegible para recibir TEFAP y no tiene que mirar la escala de ingresos.

Nota: Los siguiente puede ser leído a personas que no saben leer. La gente que es incapaz de firmar su nombre puede firmar usando un X.

Por favor lea la declaración siguiente con cuidado, luego firme la forma y escriba la fecha de hoy.

Entiendo que cualquier falsificación de necesidad, venta, o mal uso de la comida que he recibido es prohibida y podría causar multas, el encarcelamiento, o ambos. (Sec. 211 E, PL 960494 y Sec. 4C, PL 93-86, según enmendado.)

	Fecha	Firma	El programa de estampillas de alimentos		Por Año	Por Mes	Por Semana
			Si	No			
1.							
2.							
3.							
4.							
5.							
6.							

Firma del Respreseante de la Agencia: _____ Fecha: _____

De acuerdo con ley Federal y política USDA, esta institución es prohibida discriminar sobre la base de raza, origen en color, nacional, sexo, edad o incapacidad. Para presentar una demanda de discriminación, escriba a USDA, Director, Office of Civil Rights, 1400 Independence Avenue, SW, Washington, DC 20250-9410 o llame al (800) 795-3272 o (202) 720-6382 (TTY). USDA es un proveedor y patrón que ofrece oportunidad igual para todos.

Agency _____

Dry Storage Area - Recommended Temperature

50°F - 70°F

Cooler Storage Area - Recommended Temperature

35°F - 45°F

Freezer Storage Area - Recommended Temperature

-10°F - 0°F

Circle One

Circle One

Refrigerator, Freezer, or Dry Storage

Refrigerator, Freezer, or Dry Storage

Month / Day / Year	Temperature	Checked By
/ 1 /		
/ 2 /		
/ 3 /		
/ 4 /		
/ 5 /		
/ 6 /		
/ 7 /		
/ 8 /		
/ 9 /		
/ 10 /		
/ 11 /		
/ 12 /		
/ 13 /		
/ 14 /		
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/ 25 /		
/ 26 /		
/ 27 /		
/ 28 /		
/ 29 /		
/ 30 /		
/ 31 /		

Month / Day / Year	Temperature	Checked By
/ 1 /		
/ 2 /		
/ 3 /		
/ 4 /		
/ 5 /		
/ 6 /		
/ 7 /		
/ 8 /		
/ 9 /		
/ 10 /		
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/ 28 /		
/ 29 /		
/ 30 /		
/ 31 /		

If temperatures are not within recommended range, take immediate corrective action to avoid food loss.

Make 2 copies of this report
for future use.

Please complete
and return
every month
even if no
TEFAP was
served . Put 0's
for the number
of people
served.

TEFAP MONTHLY REPORT

Agency Name:

Contact Person: _____

Phone (____) _____

Agency ID:

Please record only TEFAP distribution on this form.

Record regular Food Bank distribution on the Food Bank monthly report, not on this TEFAP report.

FOR THE MONTH OF _____ 2008

Primary County: _____

A. Total Number of Households Served Through TEFAP: _____

B. Total Number of Persons Served Through TEFAP: _____

***Note:** For "B." tally the total number of people served from all households. Refer to the TEFAP Eligibility Forms completed by clients in order to calculate the total number of people from all families. A one person household should be counted as both a household and a person.*

FOR HOUSEHOLDS FROM A SECOND OR THIRD COUNTY:

***Note:** Use this table if you distribute commodities to households in more than one county. TEFAP commodities are intended to be distributed only to households within your county.*

Secondary County (Counties): _____

A. Total Number of Households Served Through TEFAP: _____

B. Total Number of Persons Served Through TEFAP: _____

FOOD BANK OF CENTRAL & EASTERN NORTH CAROLINA,
3808 TARHEEL DRIVE, RALEIGH, NC 27609
Telephone (919) 865-3040 Fax (919) 954-8427

Please return this report to the Food Bank by the 15th of the following month.

