

# **Chapter One**

## **Eligibility Criteria**

# Chapter One

## Eligibility Criteria

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### Overview

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#### Policy

Individuals applying for enrollment in the Arizona Commodity Supplemental Food Program (CSFP, also called Food Plus) must meet all the following eligibility criteria before they can be certified to participate:

- Category
- Residence
- Income

#### Contents

This chapter is divided into sections which detail categorical and residency requirements for eligibility, and an appendix of certification definitions.

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# Chapter One

## Eligibility Criteria

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### Section A

#### Category

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**Documentation of Identity** An applicant is required to show documentation of identity that includes the birth date at the initial certification. Documentation type must be noted on the Client Registration screen of the AIM system.

Acceptable documentation includes, but is not limited to:

At initial certification:

- Passport
- Driver's License
- Birth Certificate
- Immunization Card
- Current photo identification issued by a government agency.

At subsequent certification and pick-up:

- CSFP ID folder
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#### **A potential participant must be:**

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**Pregnant** A pregnant woman; or

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**Postpartum / Breastfeeding** A postpartum/breastfeeding woman up to one (1) year after the end of the pregnancy; or

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**Infant** Infants are not served by the Arizona CSFP. Infants should be referred to WIC.

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**Child** A child from age one (1) until the last day of the month of his/her sixth (6) birthday; or

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**Elderly** An adult 60 years or older.

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# Chapter One

## Eligibility Criteria

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### Section B

#### Residence

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##### A potential participant must:

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##### Local Agency Service Area

Reside in the Local Agency's service area as defined by the Local Agency Policy and Procedure Manual.

**Note:** Tribal members who live on reservations that border on or are partially located in Arizona and who receive health services in Arizona are eligible for services from the Arizona CSFP program.

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##### Documentation of Residency

Is required at each certification.

Acceptable forms of documentation include, but are not limited to:

- Utility bill showing a billing address within the Local Agency's service area
- Rent or mortgage document
- Valid driver's license with current address

The type of documentation is recorded on the Family Information screen of the AIM system.

NOTE: Residency will be verified six months into one-year certification periods for elderly participants.

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##### No Proof of Documentation of Residency at Certification

If documentation is not available on the day of certification, it must be provided within thirty (30) calendar days, and the applicant will receive one (1) food box. If income documentation is not provided within the 30-day period, applicant(s) will be terminated.

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##### Institutional Residence

If the participant resides in an institution (e.g. homeless shelter, shelter for victims of domestic violence, home for unmarried mothers ), the following conditions must be met:

- CSFP benefits the participant and not the institution (i.e. The institution must not accrue financial or in-kind benefit from the resident's participation in CSFP);
  - CSFP foods are used by the CSFP participant only; and
  - The institution allows and encourages the participant to partake of supplemental foods and all associated CSFP services made available to participants by the Local Agency (e.g. education, referrals).
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# Chapter One

## Eligibility Criteria

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### Section C

#### Income

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#### Introduction

In order to maintain program integrity, income documentation will be requested at each certification.

Documentation cannot be a barrier to services.

This section is divided into four (4) sections, which define income and detail income determination and income exclusions.

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# Chapter One

## Eligibility Criteria

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### Section C1

#### Determining Household Size / Economic Unit

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**Definition** Household is defined as a group of related or non-related individuals who are living together as one economic unit. Household members share economic resources and consumption of goods and/or services. The terms “economic unit” or “household size” can be used interchangeably. However, “economic unit” may be a more appropriate term to use because it conveys that familial relationship is not relevant to the determination of family size and income.

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**Resident of Institution** The residents are assessed as separate family units. The institution must meet the conditions as outlined in the previous section on residency.

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**Pregnant Woman** A pregnant woman’s household is assessed by increasing it by the number of expected infants.

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**Teen** An applicant who is eighteen (18) years of age or older will have her household assessed following the rules which apply to any other economic unit.

An applicant under 18 years of age must provide documentation of emancipation from a court of law to be considered a separate household. She is otherwise counted as a member of her parents’ household.

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## Eligibility Criteria

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### Section C1

#### Determining Household Size/Economic Unit (Continued)

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<b>Co-living</b>	Two (2) separate families residing at the same address under the same roof may be considered “separate households/economic units.” The key is whether they share a “common income.” If each household has its own source of adequate income (rent, food, utilities, and other), they are considered and evaluated as “separate households/economic units.”
<b>Foster Child</b>	If a child is in the care of foster parents, Child Protective Services (CPS) or other child welfare authorities may consider the child a family of one (1). The placement paper, commonly called “Notice to Provider,” is required to make the foster parents the authorized representatives for CSFP. Documentation of this paper should be recorded in the Notes section of the Client Registration screen of the AIM system. The same placement paper is acceptable documentation for adjunctive eligibility if the Comprehensive Medical and Dental Program (CMDP) medical insurance number is listed. The payments made by the welfare agency or received from other sources for the care of that child will be considered the only income.
<b>Adopted Child</b>	When a child has been adopted by a family, the child is counted in the household size of the family. The size and total income of that household will be used to determine if the child is income eligible for CSFP.
<b>Separated Family</b>	When a family separates, the child is counted in the family of the parent or guardian with whom the child lives. Child support payments are considered income for the family with whom the child lives, but cannot be deducted from the income of the person making the payments.
<b>Custody</b>	The parents with whom the child spends a majority of his/her time can claim the child when reporting household size. As per Section C-3, however, all child support must be reported as income.
<b>Military Family</b>	A military dependent (child or woman) placed in the temporary care of friends or relatives may be counted as a separate economic unit. There must be documentation of an allotment payment, which is adequate to support the individual.

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# Chapter One

## Eligibility Criteria

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### Section C2

#### Income Guidelines

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An applicant will have income eligibility determined according to the following guidelines:

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**Date of  
Income  
Determination**

Determination of income eligibility will be made at the time of certification. The date of certification noted on the consent/release form and the identification folder/transfer card will be the date income eligibility was determined.

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**Income  
Standards**

The State agency has implemented the income standard of 185% of the current DHHS Poverty Guidelines as its eligibility standard for women and children and 130% of the current DHHS Poverty Guidelines as its eligibility standard for the elderly. Local Agencies will implement the State-established income eligibility standards for their program.

All data used to determine income eligibility will be reflective of the applicant's total household income and applicant's status at the time of certification.

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# Chapter One

## Eligibility Criteria

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### Section C2

#### Income Guidelines (Continued)

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**Documentation** All income reported must be confirmed by paper or an official verification system such as dial-up confirmation with AHCCCS. Photocopies are not required by the State, but the source of income must be documented on the Client Registration screen of the AIM system. If documentation is not available on the day of certification, it must be provided within thirty (30) calendar days, and the applicant will receive one food box. If income documentation is not provided within the 30-day period, applicant(s) will be terminated. The number of household members is noted on the Client Registration screen of the AIM system.

Acceptable types of documentation include but are not limited to:

- Pay Stubs
- W-2 forms,
- Unemployment form
- NOTE: Income will be verified six months into one-year certification periods for elderly participants.

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**Income Waiver** If, after exploring all possible income sources, the applicant cannot document income or declares no income exists, eligible applicants must sign a statement to that effect. This is valid for the entire certification period.

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**Adjunctive Eligibility - Women, Infants and Children ONLY** Adjunct eligibility is only available to women, infants and children. It occurs when an applicant, or in some cases a family member, is participating in a Federal or State program with income guidelines that are equal to or below the CSFP income guidelines. The applicant is allowed to enroll in the CSFP program without duplicating the initial income screening process.

An applicant is adjunctively income eligible for CSFP if documentation shows that the individual:

- is certified as fully eligible to receive benefits from either the AHCCCS, TANF, or Supplemental Nutrition Assistance Program (SNAP) (women, children and elderly).
- has applied for TANF or AHCCCS
- is a member of a household containing either a TANF recipient or a pregnant woman or infant on AHCCCS

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# Chapter One

## Eligibility Criteria

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### Section C2

#### Income Guidelines (Continued)

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**Documentation  
Adjunctive  
Eligibility**

The Local Agency will use income information appropriate to the circumstances of the applicant. The type of documentation will be noted on the Client Registration screen of the AIM system.

Acceptable Documents (eligibility dates must be included):

- TANF approval letter
- AHCCCS decision letter
- SNAP approval letter

**Migrants**

Determination of income eligibility will be made once every twelve (12) months for migrant field workers and their families. Migrant status will be indicated on the Arizona CSFP identification folder. Even migrants with expired CSFP identification folders are exempt from having income determination repeated within a twelve (12) month period.

**Disqualification  
During a  
Certification  
Period**

Individuals may be disqualified during a certification period if a reassessment identifies that they are no longer income eligible or adjunctively income eligible. However, such persons cannot be disqualified from CSFP solely on the basis of cessation of benefits from TANF, AHCCCS or other State-administered programs. They will then be reassessed under other income criteria before being disqualified.

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# Chapter One

## Eligibility Criteria

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### Section C3

#### Gross Income Determination

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**Income** Gross cash income before deductions for income taxes, employee's social security taxes, insurance premiums, bonds, etc.

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**Income includes the following:**

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**Wages** Monetary compensation for services including wages, salary, commissions, or fees.

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**Active Military Payments** Recent leave and earning statement to include their FSSA allotment.

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**Farm / Self-Employment** Income from farm and non-farm self-employment. This is net income (total dollars made in the business minus operating expenses) as calculated by schedule C of IRS form 1040 or a ledger of business operations.

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**Social Security** Check stub/award letter as documented by current bank statements.

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**Dividends / Trusts / Rental Income** Dividends or interest on savings or bonds, income from estates or trusts, or net rental income as documented by Federal Income Tax Record for most recent calendar year.

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**Public Assistance** Person(s) receiving AHCCCS, TANF, Food Distribution Program on Indian Reservation (FDPIR), or SNAP benefits are considered income eligible for CSFP.

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**Unemployment** Unemployment compensation as documented with approval letter or check stub(s).

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**Retirement / Pensions / Annuities** Government civilian employee or military retirement or pension or veteran's payments. Private pensions or annuities. Documentation includes income tax return for most recent calendar year.

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# Chapter One

## Eligibility Criteria

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### Section C3

#### Gross Income Determination (Continued)

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<b>Alimony and Child Support</b>	Child support payments are considered income for the family with whom the child lives, but cannot be deducted from the income of the person making the payments.
<b>Contributions</b>	Appropriate documentation would be a letter from the person contributing resources to the household who is not residing there.
<b>Royalties</b>	Net Royalties
<b>Other Cash Income</b>	Other cash income includes, but is not limited to, cash amounts received or withdrawn from any source, including savings, investments, trust accounts, and other resources which are readily available to the family.
<b>Lump Sum Payments</b>	Lump sum payments that represent “new money” that is intended for income is counted as income. Lump sum payments include gifts, inheritances, lottery winnings, worker’s compensation for lost income, severance pay and insurance payments for “pain and suffering.” Lump sum payments for winnings and proceeds from gaming, gambling, and bingo are also counted as income. Lump sum payments may be counted as annual income, or may be divided by 12 to estimate a monthly income, whichever is most applicable.
<b>Student Financial Assistance</b>	Student Financial assistance used by the student for room and board and for dependent care expenses is considered income. <b>Note:</b> Financial assistance that is used for tuition, transportation, books, and supplies is exempt as noted in Section C4.

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# Chapter One

## Eligibility Criteria

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### Section C4

#### Income Exclusions: Not Counted as Income

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**Income exclusions include, but are not limited to, the following:**

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**Military Housing Allowance**

Any basic allowance for quarters received by military services personnel residing off military installations or bases.

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**In-kind / Non-Cash Benefits**

Any benefit, which is of a value which is not provided in the form of cash money, is considered an in-kind benefit and is not counted as income.

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**Federal Program Benefits**

Benefits provided under the following Federal programs or acts include, but are not limited to:

Reimbursements from the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970, as amended in 1987.

Any payment to volunteers under Title I (Volunteers in Service to America (VISTA) and others or Title II (Retired Senior Volunteers Program (RSVP), Senior Companions Program (S.P.), Foster Grandparents Program, and others) of the Domestic Volunteer Services Act of 1973, to the extent excluded by the act.

Payment to volunteers under Section 8(b)(1) of the Small Business Act Service Corps of Retired Executives (SCORE) and Active Corps Executives (ACE).

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# Chapter One

## Eligibility Criteria

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### Section C4

#### Income Exclusions (Continued)

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**Federal  
Program  
Benefits  
(Continued)**

Payment received under the Job Training Partnership Act (Adult and Youth Training Programs, Summer Youth Employment and Training Programs, Dislocated Worker Programs, Programs for Migrant and Seasonal Farm Workers, Veterans and the Job Corps).

Payments under the Low-income Home Energy Assistance Act, as Payments under the Disaster Relief Act of 1974, as amended by the Disaster Relief and Emergency Assistance amendments of 1989.

Payments received under the Carl D. Parkins Vocational Education Act, as amended by the Carl D. Perkins Vocational and Applied Technology Education Act Amendments of 1990.

The value of assistance to children and their families under the National School Lunch Act, as amended, the Child Nutrition Act of 1966 and the Food Stamp Act of 1977, including benefits from the:

- National School Lunch Program
- Special Milk Program
- School Breakfast Program
- Summer Food Service Program
- Child and Adult Care Program
- SNAP
- Food Distribution Program on Indian Reservation (FDPIR)
- TANF
- The Emergency Food Assistance Program (TEFAP)

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# Chapter One

## Eligibility Criteria

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### Section C4

#### Income Exclusions (Continued)

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#### Federal Program Benefits (Continued)

Student financial assistance received from any program funded in whole or part under Title IV of the Higher Education Act of 1965 which is used by the student for tuition, fees, books, materials, supplies, transportation, and miscellaneous personal expenses related to the student's education. The student must be attending the educational institution on at least a half-time basis as determined by the institution. (This does not include room and board and dependent care expenses.)

Assistance includes:

- Pell Grants
- Supplemental Educational Opportunity Grants
- State Student Incentive Grants
- National Direct Student Loans
- College Work Study
- Byrd Honor Scholarship programs
- Payments pursuant to the Agent Orange Compensation Exclusion Act
- Payments received for Wartime Relocation of Civilians under the Civil Liberties Act of 1988 (e.g. for those in Japanese-American internment camps)

The value of any child care payments made under section 402 (g)(1)(E) of the Social Security Act, as amended by the Family Support Act, including:

- AFDC
- Title IV-A Child Care Program
- JOBS Child Care Program

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# Chapter One

## Eligibility Criteria

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### Section C4

#### Income Exclusions (Continued)

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**Federal  
Program  
Benefits  
(Continued)**

The value of any “at risk” block grant child care payments made under section 5081 of Public Law 101-508, which amended section 402(l) of the Social Security Act.

The value of any child care provided or paid for under the Child Care and Development Block Grant Act, as amended.

Mandatory salary reduction amount for military personnel, which is used to fund the Veteran’s Educational Assistance Act of 1984, as amended.

Payments received under the Old Age Assistance Claims Act, except for per capita shares in excess of \$2,000.

Payments received under the Cranston-Gonzales National Affordable Housing Act, unless the income of the family equals or exceeds 80% of the median income in the area.

Payments received under the Housing and Community Development Act of 1987, unless the income of the family increases at any time to more than 49% of the median income of the area.

Benefits received through the Farmers Market Demonstration Project under Section 17(M)(7)(A) of the Child Nutrition Act of 1966, as amended.

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**Bank Loans**

Loans, such as bank loans, are not counted as income.

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**Lump Sum /  
Large  
Cash  
Payments**

Lump sum payments or large cash settlements (e.g., compensation for a loss such as an insurance settlement to pay for damage to a house or car). Also includes payments that are intended for a third party to pay for a specific expense (e.g., payment for medical bills resulting from an accident or injury.)

If the lump sum payment is put in a savings account and the household regularly draws from that account for living expenses, the amount withdrawn is counted as income.

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# Chapter One

## Eligibility Criteria

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### Section C4

#### Income Exclusions (Continued)

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**Income of /  
Payments to  
Native  
Americans**

Income derived from certain submarginal land of the United States, which is held in trust for certain tribes.

Payments for relocation assistance for Navajo and Hopi Tribe members.

Payments to the Blackfeet, Groventre and Assiniboine tribes (Montana) and the Tohono O'odham Nation, a.k.a. Papago tribe (Arizona).

Payments to the Red Lake Band of Chippewas, the Chippewas of Mississippi, and the Turtle Mountain Band of Chippewas (Arizona).

Income derived from the disposition of funds to the Grand River Band of Ottawa Indians.

Payments received under the Program for Native Americans.

Payments to the Passamaquoddy Tribe and the Penobscot nation or any of their members, received pursuant to the Maine Indian Claims Settlement Act of 1980.

Payments received under the Alaska Native Claims Settlement Act.

Payments received under the Sac and Fox Indian Claims Agreement.

Payments received under the Judgment Award Authorization Act, as amended.

Payments received under the Saginaw Chippewa Indian Tribe of Michigan Distribution of Judgment Funds Act.

Payments to the Assiniboine tribe of the Fort Belknap Indians Community and the Assiniboine Tribe of the Fort Peck Indian Reservations (Montana).

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# Chapter One

## Eligibility Criteria

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### Section D

#### Nutrition Risk

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#### Criteria

The State of Arizona CSFP program will use the nutrition risk of low income for all applicants that meet categorical, residential, and income eligibility.

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## **Chapter Two**

# **Certification Standards and Procedures**

## Chapter Two Certification Standards and Procedures

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### Overview

#### Definition

Certification is the process by which a person is enrolled in the Commodity Supplemental Food Program (CSFP).

#### Contents

This chapter is divided into sections which detail time periods for certification, forms used for certification and their function, certification standards and procedures, and appendices.

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# Chapter Two

## Certification Standards and Procedures

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### Section A

#### Certification Periods

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**CSFP program services are based on the following certification time frames:**

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**Pregnant Women**

Certification will be valid up to six (6) weeks postpartum.  
All documentation, which includes the date when the certification ends, must read “up to six (6) weeks postpartum.”  
A pregnant woman enrolled in CSFP who has had an abortion, spontaneous (miscarriage) or therapeutic, is eligible to receive services until six (6) weeks past the date the pregnancy ended. Those participants then can apply for services as a postpartum woman.

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**Breastfeeding / Postpartum Women**

A breastfeeding/postpartum woman is eligible to participate for up to 1 year postpartum up to the infant’s first birthday and is certified at approximately 6-month intervals.

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**Child**

Children are certified for six (6)-month periods, ending with the last day of the month in which the child turns six (6) years of age.  
Note: If a child is still in a valid certification period (has not yet received six food boxes in the current certification period) in the month s/he turns six (6), a food box can be issued even if the pick-up is after the birthday.

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**Elderly Persons**

Elderly persons are certified for twelve (12) month periods.  
NOTE: Residency and income will be verified six months into the one-year certification period for elderly participants.

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# Chapter Two

## Certification Standards and Procedures

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### Section A

#### Certification Periods (Continued)

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**Example**

Six (6) month certification periods (to be used for completing CSFP identification cards):

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<b>Certification begins in:</b>	<b>Certification ends in:</b>
January	June
February	July
March	August
April	September
May	October
June	November
July	December
August	January
September	February
October	March
November	April
December	May

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## Chapter Two

# Certification Standards and Procedures

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### Section B

#### Forms Used in the Certification Process

(See Appendices A-D)

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The following forms may be used to certify applicants as eligible or ineligible for CSFP and notify them of the action taken on their application.

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	<b>Enrolled</b>	<b>On Waiting List</b>	<b>Ineligible</b>
Rights and Obligations Form	X	If appropriate	If appropriate
Identification (ID) / Transfer Card/ (VOC*)	X		
Waiting List Notification and Waiting List Enrollment Notification		X	
Notification of Ineligibility			X

\* VOC= Verification of Certification

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## Chapter Two

# Certification Standards and Procedures

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### Section C

#### Separation of Duties

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<b>Definition</b>	A standard accountability/security practice to separate certification and food issuance responsibilities between more than one person when possible.
<b>Policy</b>	Local Agencies will separate staff activities (duties) that determine participant certification from the distribution of food boxes.
<b>Procedure</b>	Assign key duties to separate staff. Split the certification and food box distribution duties between different staff members to avoid a single person doing all functions of the certification, if possible.
<b>Conflict of Interest</b>	<p>CSFP staff who are related to or reside in the same household as applicants and/or participants in CSFP shall not participate in the certification process or food box distribution of these individuals.</p> <p>The State agency encourages Local Agencies to have different staff responsible for certification and draft issuance, where possible.</p>

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## Chapter Two Certification Standards and Procedures

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### Section D Function of Forms Used in the Certification Process

Name of Form	Function of Form
Rights and Obligations (Appendix A)	<p>WIC Rights and Obligations Form</p> <p>Participants must be informed of their CSFP Rights and Obligations at every Certification and transfer in their preferred language.</p> <p>The CSFP Rights and Obligations form must be read by or to the applicant/Authorized Representative by the CSFP staff and signed by the applicant or Authorized Representative(s). The CSFP staff must sign the form to certify that the staff witnessed the client signing their signature.</p> <p>For applicants determined eligible to participate in CSFP, in a language the participant understands, the certifier will explain the Rights and Obligations Form (see Appendix B), including:</p> <ul style="list-style-type: none"> <li>• The illegality of simultaneous participation in more than one (1) CSFP and/or WIC Program</li> <li>• CSFP does not discriminate               <ul style="list-style-type: none"> <li>• Policy and procedure on the following, if applicable:</li> <li>• Actions that may cause the participant to become disqualified</li> <li>• Right to appeal</li> </ul> </li> </ul>

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## Chapter Two Certification Standards and Procedures

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### Section D Function of Forms Used in the Certification Process (Continued)

Name of Form	Function of Form
Arizona CSFP Program ID / Transfer Card (Appendix B)	<ul style="list-style-type: none"> <li>• Identifies participant</li> <li>• Serves as a signature card for the authorized representative when picking up the food box</li> <li>• Serves as a record of dates when certification period begins and ends</li> <li>• Informs participant of CSFP appointments</li> <li>• Informs participant of CSFP obligations</li> <li>• Informs participant of where to report claims of discrimination</li> <li>• Serves as a transfer document for participants who relocate</li> <li>• Serves as verification of migrant status</li> </ul>
Notification of Ineligibility (Appendix C)	<ul style="list-style-type: none"> <li>• Notifies participant of ineligibility for CSFP</li> <li>• Informs participant of reason for determination</li> <li>• Notifies participant of the right to appeal the determination</li> <li>• Informs participant of where to report claims of discrimination</li> </ul>
Waiting List Notification and Waiting List Enrollment Notification (Appendix D)	<ul style="list-style-type: none"> <li>• <b><u>Waiting List Notification</u></b></li> <li>• Documents eligibility</li> <li>• Establishes the applicant's place on the waiting list</li> <li>• <b><u>Waiting List Enrollment Notification</u></b></li> <li>• Notifies applicant that they can be taken off of waiting list and enrolled onto program</li> </ul>

## Chapter Two

# Certification Standards and Procedures

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### Section E

#### Priorities

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#### Priorities

As of October 1, 2008, the Food Conservation and Energy Act of 2008 eliminated the previous preference for women, infants and children in CSFP. Therefore, all State and Local Agencies must serve all CSFP applicants on a first come, first served basis.

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## Chapter Two Certification Standards and Procedures

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### Section F Timetable

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**Client Notification:  
Within 10 days** All applicants requesting CSFP services are notified, in writing, of their eligibility or ineligibility or placement on a waiting list within 10 calendar days from the date of request for CSFP services.

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## Chapter Two Certification Standards and Procedures

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### Section G Process

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#### Eligibility Determination

Local Agency staff determines if the applicant meets each of the following eligibility criteria:

- Category
- Residence
- Income

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#### Documentation

Using the AIM system, the Local Agency certifier documents:

- Applicant's name, identification number, ethnicity, date of birth, address and telephone number (if available);
- The final determination made about eligibility.

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*Continued on Next Page*

## Chapter Two

# Certification Standards and Procedures

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### Section G

#### Process (Continued)

---

#### **Physical Presence**

Applicants to CSFP are required to be physically present at the time of CSFP certification.

#### **Exception 1**

A condition that requires medical equipment which is not easily transportable.

#### **Exception 2**

A medical condition that requires confinement to bed rest.

#### **Exception 3**

A serious illness that may be worsened by coming to the clinic.

All exceptions must be documented by a Medical or Osteopathic Physician (M.D./ D.O.), Nurse Practitioner (N.P.) or Physician Assistant (P.A.). Included in documentation should be: date, diagnosis, and reason for inability to come to the clinic.

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# Chapter Two

## Certification Standards and Procedures

---

### Section H

#### Persons Eligible for CSFP Services

---

#### **CSFP Rights and Responsibilities**

For those applicants determined eligible to participate, the following will occur. (See Appendix A for the Participant Rights and Responsibilities form.) The completed Rights and Responsibilities form will be retained in the central file.

In a language the participant understands, the certifier will explain:

- Participant rights and responsibilities
- Arizona CSFP requirements
- Local Agency requirements
- The prohibition of simultaneous participation in more than one (1) CSFP and/or WIC program
- The duration of the certification period
- The purpose of the identification (ID)/transfer card
- Importance of health care, referral list
- CSFP non-discrimination policy
- Right to appeal
- Right to a proxy

NOTE: Proxies must bring a note from the CSFP participant for whom they are picking up the food box stating that they have been given permission to pick up the food box on behalf of the CSFP participant. The note is to be kept by the distribution site and attached to the Master Distribution List. A proxy can be used for food box pick-up every month, if needed. They must, however, bring a new note each time granting them permission.

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*Continued on Next Page*

# Chapter Two

## Certification Standards and Procedures

---

### Section H

#### Persons Eligible for CSFP Services (Continued)

---

##### **Mandatory Referrals**

A written referral must be given to each adult applying for themselves or on behalf of others that includes:

- SNAP
  - TANF
  - Child Support Enforcement (women and children)
  - Medicaid/Medicare (e.g., AHCCCS)
  - Supplemental Security System (elderly)
- 

##### **Health Services Available**

In a language that the participant understands, the certifier will discuss the availability of health services, including:

- The types of health services
  - The types of referral services
  - The location of services
  - How services are obtained
  - The reason why services are useful
- 

##### **Arizona CSFP ID / transfer card / VOC**

An Arizona CSFP ID/transfer card will be issued to the participant. The card will include the participant's name, the date the current certification expires, and the name and address of the certifying Local Agency

The participant and certifier sign the ID card.

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## Chapter Two

# Certification Standards and Procedures

---

### Section I

#### Persons Not Eligible for CSFP Services

---

##### Notification of Ineligibility

The applicant will be given the Arizona WIC/CSFP “Notification of Ineligibility” which states the reason for the determination and how to appeal the decision. The applicant must sign the letter, indicating that s/he understands why s/he is not eligible.

- Categorical ineligibility;
- Residence outside of service area;
- Income above maximum allowable limit;
- Current participation in another CSFP (Food Plus) or in WIC.

If the reason for ineligibility is in the “other” category on the form, the specific reason must be noted next to the check mark in the “other” box.

See Appendix C for Notification of Ineligibility form.

---

##### Information About Reapplication

Applicants will be informed as to how to reapply if conditions change or if they obtain the necessary documentation.

---

##### Right to Fair Hearing

Applicants who are denied CSFP services must be notified of their right to appeal. Placement on a waiting list due to lack of available caseload is not subject to appeal. Local Agencies should try to resolve the applicant’s issues first, but the applicant must be given, in writing, the address of the State agency.

---

##### Referrals

Applicants will be given written information regarding other food assistance programs for which they may be eligible.

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*Continued on Next Page*

## Chapter Two

# Certification Standards and Procedures

---

### Section I

#### Persons Not Eligible for CSFP Services (Continued)

---

##### Timeline

For those participants who become ineligible to continue participation in the Arizona CSFP, the following will occur:

Local Agencies will notify participants at least fifteen (15) calendar days prior to the effective date of their ineligibility.

Local Agencies will notify participants at least fifteen (15) calendar days before the expiration of each certification period that their CSFP certification is to expire soon.

A person who is about to be suspended or disqualified from program participation, at any time during a certification period, will be advised, in writing, not less than fifteen (15) calendar days before the suspension or disqualification.

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## Chapter Two

# Certification Standards and Procedures

---

### Section J

#### Waiting Lists

---

##### Policy

When the number of participants receiving food boxes each month exceeds the Local Agency's assigned caseload, a waiting list must be initiated. Once the number of participants has fallen below the assigned caseload, certifications may resume.

Applicants on the waiting list are then enrolled in a chronological order on the basis of the date of initial contact.

The Local Agency shall work with the State agency to implement these procedures and calculate caseload numbers.

See Appendix D for Waiting List Enrollment Notification form.

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# Chapter Two

## Certification Standards and Procedures

---

### Section J1

#### Waiting Lists: Processing of Applicants

---

##### 10 Day Rule

Notification of the placement on a waiting list must be given, in writing, within ten (10) days of their visit to the Local Agency to request benefits.

---

##### Waiting List

Information which shall be collected for each applicant on the waiting list, according to Federal Regulations, includes:

- Name
- Address
- Telephone Number (if applicable)
- Date placed on waiting list

All of the above information is on the "Arizona Commodity Supplemental Food Program Waiting List Notification." After it is completed, one copy is given to the applicant and one copy is placed in the waiting list file.

Optional information may include that which will assist in determining the approximate date on which the person may become categorically eligible such as date of birth, actual delivery date of baby, or estimated delivery date.

Placement of an applicant on a wait list due to lack of available caseload is not considered a denial of service and, therefore, not subject to appeal. If the applicant alleges the action is due to discrimination, the appeal will be handled in accordance with the procedures outlined in Chapter 8.

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## Chapter Two

# Certification Standards and Procedures

---

### Section J2

#### Waiting Lists: Program Considerations

---

##### Files

The State agency suggests the following filing system. If a Local Agency wants to adopt a different system, it should be one that meets the same standards of easy retrievability of all records and guarantees that applicants and participants are served fairly throughout the agency.

A separate filing system shall be set up for the waiting list. A copy of the "Arizona Commodity Supplemental Food Program Waiting List Notification" shall be placed in the file in chronological order, with the form with earliest date of placement on the waiting list first.

If the screening process has begun, any paperwork completed thus far (e.g., Rights and Responsibilities form) shall be firmly attached to the copy.

When enrollment is reopened, the applicant with the earliest date of placement on the waiting list is the first to be notified, the second earliest date is notified, and so on.

These files should be accessible and clearly labeled for management and audit purposes.

See Appendix D for Waiting List Enrollment Notification form.

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*Continued on Next Page*

## Chapter Two

### Certification Standards and Procedures

---

#### Section J2

#### Waiting Lists: Program Considerations (Continued)

---

**Notification /  
Recall from  
Waiting List**

Notification of any changes may be done by telephone or mail. Documentation shall include the date notified and the form of contact (i.e.; letter or phone).

If notification is mailed, the postcard or letter will state either:

- An actual appointment date to be screened with a notice to contact the office if they do not want to or are unable to keep the appointment, or
- A date by which the person must contact the office to make an appointment.

The notification form shall contain a statement that the person shall be moved to the bottom of the waiting list if they do not respond to the notification.

---

**Date of  
Ineligibility**

The date of perceived ineligibility may be written on the “Arizona Commodity Supplemental Food Program Waiting List Notification” to aid in file management. For example, if a child will reach his/her sixth birthday soon, the file could be terminated on the birth date if enrollment is still closed.

---

**False  
Expectation**

The CSFP staff person should always explain why placement on the waiting list is necessary, and what it means in terms of realistic possibilities of receiving benefits.

The Local Agency Director should provide training and scripts for staff to help them perform this task comfortably.

---

**Referrals to  
Other Programs**

Applicants who are placed on a waiting list should be referred to other appropriate programs (e.g., food assistance programs such as WIC (where available), Head Start, etc.)

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*Continued on Next Page*

## Chapter Two

# Certification Standards and Procedures

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### Section J2

#### Waiting Lists: Program Considerations (Continued)

---

<b>Reassessment</b>	<p>At the end of the person's current certification period, they will be reassessed and one or more of the following actions will be taken, as appropriate:</p> <ul style="list-style-type: none"><li>• Placed on the program if they qualify</li><li>• Placed on the waiting list</li><li>• Graduated</li><li>• Terminated if found ineligible</li><li>• Referred to other appropriate programs</li></ul>
<b>Options for Participation</b>	<p>A person may be on the waiting list for WIC and CSFP at the same time. A person may receive benefits from one program while being on the waiting list for the other program. However, under no circumstances can a person receive both WIC and CSFP benefits in the same month. A participant's ID number will be the same for both programs.</p>
<b>Notification of Referral Agencies</b>	<p>Agencies which refer applicants to CSFP shall be kept informed of any actions taken by the Local Agency to adjust caseload. This may include identifying categories of applicants still being served and should include encouragement to those agencies to keep making the referrals to CSFP. Referring agencies should be aware that even when some people are not being served, others may be eligible to receive benefits immediately.</p>

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## Chapter Two

# Certification Standards and Procedures

---

### Section K

#### Transfer of Certification

---

##### **ID / Transfer Card**

At certification, each CSFP participant is given a completed Arizona CSFP program identification (ID)/transfer card stamped with an Arizona CSFP seal. The participant can use this document to transfer between Local Agencies within Arizona or to other state CSFP programs.

Local Agencies receiving transfers will accept these items as verification of certification: the Arizona CSFP identification /transfer card or verification of certification (VOC) documents from other states. A document containing the following information is to be considered a valid VOC:

- Name of participant
- Beginning date of certification
- Date of income determination
- Date certification expires
- Signature and printed/typed name of certifying Local Agency official
- Name and address of certifying Local Agency
- An identification number or other means of accountability
- Migrant status, as appropriate.

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*Continued on Next Page*

## Chapter Two

# Certification Standards and Procedures

---

### Section K

#### Transfer of Certification (Continued)

---

#### **Incomplete Verification of Certification**

A partially complete VOC will be considered proof of CSFP eligibility if it contains the following information:

- Name of participant
  - Date of certification
  - Date certification period expires
  - Name and address of certifying Local Agency
- 

#### **Retention of VOC**

Local Agencies will retain the VOC from the transferring agency in the central file.

---

#### **Transfer When a Waiting List Exists**

An individual transferring into a Local Agency will be allowed to participate until the designated end of her/his current certification period unless there is a wait list in effect.

Local Agencies that have waiting lists will place transferring participants at the top of the list and enroll them before any other person.

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*Continued on Next Page*

## Chapter Two

# Certification Standards and Procedures

---

### Section K

#### Transfer of Certification (Continued)

---

##### Transfers (Valid Certification)

Transferees who contact a Local Agency requesting services and who are currently in a valid certification period shall be placed on the program immediately or at the top of the waiting list if the program is not enrolling new applicants. The transferee is placed on the waiting list ahead of all waiting applicants. The transferring participant must then be enrolled before any other person.

Documentation of valid certification shall be a verification of certification (VOC) card which includes:

- Name of participant
- Beginning date of certification
- Date of income determination
- Date certification expires
- Signature and printed/typed name of the certifying Local Agency official
- Name and address of certifying Local Agency
- An identification number or some other means of accountability

**Note:** Participants who arrive in a new service delivery area and show an incomplete VOC card which contains, at a minimum, the name, certification date, and expiration date should be treated as if the VOC card contained all the information. The Local Agency will call the original certifying agency to verify if a food box had been issued within the last thirty (30) days.

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*Continued on Next Page*

## Chapter Two

# Certification Standards and Procedures

---

### Section K

#### Transfer of Certification (Continued)

---

##### **In-State Transfers**

For transfers within Arizona CSFP:

The Local Agency to which the participant is transferring to will:

- Verify active status in the AIM system, if a transferring person does not present with a valid VOC. Lost documents should be noted in the Notes section of the Family Info screen of the AIM system;
- Complete the In-State Transfer screen of the AIM system;
- Retain the Arizona CSFP ID/Transfer Card, which is the verification of certification (VOC), in the central file and issue a new one from the current agency.

##### **Out-of-State Transfers**

For out-of-state transfers in a valid certification, complete the Out-of-State Transfer screen of the AIM system and retain the VOC in the central file. For out-of-state transfers outside a current certification, complete a new certification.

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*Continued on Next Page*

## Chapter Two

# Certification Standards and Procedures

---

### Section K

#### Transfer of Certification (Continued)

---

#### Transferring Migrants and Native Americans

Local Agencies will make every effort to ensure the continuation of benefits to migrants, their families, and to Native Americans.

Local Agency transfer of certification procedures will be developed and documented in the Local Agency Policy and Procedure Manual to indicate:

- Identification of transferring migrants, their families, and
- The procedures which will be used to transfer their certification expeditiously.

**Note:** In the event that a Local Agency has a waiting list, transferring migrants, their families and Native Americans will be given priority for services.

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## Chapter Two

# Certification Standards and Procedures

---

### Section L

#### Participant Disqualification for Program Fraud/Abuse

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##### Definition

An attempt to commit or the commission of program abuse shall result in disqualification from CSFP for a period not to exceed ninety (90) days. The disqualification period will begin no earlier than fifteen (15) days after notification to the participant of the disqualification. The notification must include the effective date and period of disqualification and a statement that the individual may appeal the disqualification through the fair hearing process. The following are some examples of program abuse. The State agency reserves the right to suspend participants for other actions not listed here if program rules are violated.

---

##### Violations

These serious violations of program integrity shall result in disqualification:

- Abusive behavior toward program staff.
  - Use of foul language.
  - Threats of physical violence.
  - Selling CSFP food.
  - Stealing CSFP food.
  - Knowingly and deliberately misrepresenting any information or circumstances to obtain benefits (e.g. misrepresentation of identity, income, residence, family size, health status, pregnancy or date of birth).
  - Knowingly receiving CSFP benefits in more than one location and/or receiving WIC and CSFP benefits in the same month.
  - Verbal/physical abuse, threat or otherwise, causing a disruption at the a CSFP clinic or distribution site documented by the unit supervisor
-

**Appendix A**  
**Arizona Commodity Supplemental Food Program (CSFP)**  
**Participant Rights and Obligations**

---

See Following Pages

# Arizona Commodity Supplemental Food Program (CSFP) Participant Rights and Obligations

## Our pledge to you

### Supplemental Foods

- The CSFP provides you with a supplemental food box once a month
- The CSFP will make nutrition education available to all adult participants, and to authorized representatives of children

### Fair Treatment

- The CSFP rules are the same for everyone
- You have the right to appeal decisions made by the CSFP about your eligibility

### Privacy

- All the information provided to CSFP will be kept private

### Help Getting Enrolled in Services

- If you move to a different area, your CSFP information may be shared with the new CSFP agency
- The CSFP provides referrals to health and social services that may help your family

## Your pledge to CSFP

### Honesty

- CSFP food benefits you and/or your children and you may not sell or trade them (the intention alone could be grounds for removal from the program)
- If the CSFP determines you have attempted to sell or had intention to sell any food benefits verbally, in print or online through any type of social media, you will be subject to disqualification from the Program
- You can enroll at only one CSFP agency at a time and may not receive benefits at more than one CSFP site at the same time
- You may not receive both CSFP and WIC benefits simultaneously
- ID cards are unique to you and are not to be changed/alterred

### Accurate Information

- Provide the most current and truthful information (CSFP staff may verify this information is correct)

### Good Use of the Program

- Be courteous and respectful towards the CSFP staff
- Following the rules of the CSFP program is important to avoid being prosecuted, disqualified, and/or asked to repay the program

### Protect your benefits

- Keep your CSFP ID card safe

Family ID #

By signing this form, I agree to all the above:

\_\_\_\_\_  
Signature of Authorized Representative 1:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative 2:

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature & Title of Certifier

\_\_\_\_\_  
Signature of Income Verifier (if different)

\_\_\_\_\_  
Date

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Authorized Rep. Name:

# Programa de Productos Alimenticios Suplementarios (CSFP) Derechos y Obligaciones del Participante

## Nuestro Compromiso con Usted

### Alimentos Suplementarios

- El CSFP le proporciona una caja de alimentos suplementarios una vez al mes
- El CSFP pondrá la educación sobre nutrición a disposición de todos los participantes adultos, así como de los padres y los representantes autorizados de los niños

### Trato Justo

- Las reglas del CSFP son las mismas para todos
- Usted tiene el derecho de apelar las decisiones tomadas por WIC sobre su elegibilidad

### Privacidad

- Toda la información proporcionada a CSFP se mantendrá privada

### Ayudar en su Registro para Servicios

- Si se muda a otra área, su información de CSFP pudiera compartirse con la nueva Agencia de CSFP
- CSFP ofrece recomendaciones para servicios sociales y de salud que pueden ayudar a su familia

## Su Compromiso con CSFP

### Honestidad

- Los beneficios de alimentos de CSFP de usted y/o sus niños no se pueden vender o intercambiar (la sola intención podría ser causa de que se le retire del programa)
- Si CSFP determina que usted ha intentado vender cualquier beneficio de alimentos verbalmente, de manera impresa o por Internet, a través de cualquier tipo de red social, usted estará sujeto(a) a descalificación del Programa
- Usted se puede registrar en una sola agencia CSFP a la vez y no puede recibir beneficios en más de un sitio CSFP al mismo tiempo
- Usted no puede recibir los beneficios de CSFP y WIC al mismo tiempo
- Las tarjetas de identificación son especiales para usted y sus niños y no se deben cambiar/alterar

### Información Correcta

- Proporcione la información más actualizada y exacta (el personal de CSFP podría verificar si esta información está correcta)

### Buen Uso del Programa

- Sea cortés y respetuoso con el personal de CSFP
- Es importante seguir las reglas del Programa CSFP enjuiciado, descalificado y/o ser obligado a pagar los productos al programa

### Proteger sus beneficios

- Mantenga segura su tarjeta de identificación de CSFP

Núm. de Ident. Familiar

Al firmar esta forma, acepto lo anterior :

\_\_\_\_\_  
Firma del Representante Autorizado 1:

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Representante Autorizado 2:

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma y Título de Quien Certifica

\_\_\_\_\_  
Firma de Quien Verifica Ingreso (si es diferente)

\_\_\_\_\_  
Fecha

De acuerdo con la ley federal y la política del Departamento Federal de Agricultura, se prohíbe que esta institución discrimine con base en la raza, color, origen nacional, sexo, edad o discapacidad. Para presentar una queja de discriminación, escriba a: USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame al número gratuito (866) 632-9992 (Voz). Las personas con problemas del oído o el habla, pueden comunicarse con USDA a través del Servicio Federal de Comunicaciones al (800) 877-8339; o al (800) 845-6136 (Español). USDA ofrece igualdad de oportunidades en sus servicios y en el empleo.

Nombre del Rep. Autorizado:

**Appendix B**  
**Arizona Commodity Supplemental Food Program (CSFP)**  
**Identification Card**

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See Following Pages

**CSFP-1**

**ARIZONA DEPARTMENT OF HEALTH SERVICES  
COMMODITY SUPPLEMENTAL FOOD PROGRAM**

**IDENTIFICATION CARD**

Local Agency No. \_\_\_\_\_ Clinic No. \_\_\_\_\_

Participant ID No. \_\_\_\_\_

Issue Date: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Category: PG  PP  BF  I  C  E

Your Pick-up Location: \_\_\_\_\_

Address: \_\_\_\_\_

NOT VALID WITHOUT CSF PROGRAM SEAL BELOW:

The following person is enrolled in the CSF Program:

Name of Participant: \_\_\_\_\_

(Please print)

\_\_\_\_\_  
Authorized Representative/Participant Signature

If this card is found, please return to the following  
Local Agency:

ADHS/BNPA CSFP-1 (01-12)

<b>JULY</b>		<b>JANUARY</b>		<b>JULY</b>		<b>JANUARY</b>	
Time:	Date:	Time:	Date:	Time:	Date:	Time:	Date:
<b>AUGUST</b>		<b>FEBRUARY</b>		<b>AUGUST</b>		<b>FEBRUARY</b>	
Time:	Date:	Time:	Date:	Time:	Date:	Time:	Date:
<b>SEPTEMBER</b>		<b>MARCH</b>		<b>SEPTEMBER</b>		<b>MARCH</b>	
Time:	Date:	Time:	Date:	Time:	Date:	Time:	Date:
<b>OCTOBER</b>		<b>APRIL</b>		<b>OCTOBER</b>		<b>APRIL</b>	
Time:	Date:	Time:	Date:	Time:	Date:	Time:	Date:
<b>NOVEMBER</b>		<b>MAY</b>		<b>NOVEMBER</b>		<b>MAY</b>	
Time:	Date:	Time:	Date:	Time:	Date:	Time:	Date:
<b>DECEMBER</b>		<b>JUNE</b>		<b>DECEMBER</b>		<b>JUNE</b>	
Time:	Date:	Time:	Date:	Time:	Date:	Time:	Date:

**CERTIFICATION RECORD 1**

**Certification Dates**

From: \_\_\_\_\_ To: \_\_\_\_\_

Income Determination Date: \_\_\_\_\_

Name of Local Agency Official: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_

**CERTIFICATION RECORD 2**

**Certification Dates**

From: \_\_\_\_\_ To: \_\_\_\_\_

Income Determination Date: \_\_\_\_\_

Name of Local Agency Official: \_\_\_\_\_  
(Please print)

Signature: \_\_\_\_\_

**PARTICIPANT NOTIFICATION**

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To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.
- In any month, participants shall not receive CSFP benefits from more than one distribution site.
- Individuals may not participate in CSF and WIC at the same time.

**Appendix C**  
**Arizona Commodity Supplemental Food Program (CSFP)**  
**Notification of Ineligibility**

---

See Following Pages

**ARIZONA WIC/CSF PROGRAMS  
NOTIFICATION OF INELIGIBILITY**

Applicant's Name: \_\_\_\_\_

You have been found ineligible to participate in the WIC  or CSFP  (check only one) Program for the following reason(s):

WIC

CSFP

---

Health and/or Public Assistance Program referral made:    yes  no

If any of the above changes, you may reapply for services.

If you do not agree with this decision and wish to appeal, your appeal request must be submitted in writing, within twenty (20) calendar days for an informal dispute resolution meeting or sixty (60) calendar days for a fair hearing of receiving this notice. The request must include the facts you believe entitle you to relief, and the relief sought.

An **INFORMAL DISPUTE RESOLUTION MEETING** is an informal meeting between you, the Local Agency Director, the Local Agency staff involved and a State Agency representative, who will preside over the meeting. A decision is made at the end of the meeting. You have the right to request an informal dispute resolution meeting. If you request an informal dispute resolution meeting, the agency shall notify you at least ten (10) calendar days before the meeting, after having received the request. The notice will explain the meeting location, time and procedures. This request must be post-marked or hand-delivered to the Local Agency Director no later than twenty (20) calendar days from the date of receipt of this notice. Local Agency staff may assist you in filing your request in writing

To request an Informal Dispute Resolution Meeting, submit the request in writing to:

Chief, Bureau of Nutrition and Physical Activity  
150 North 18<sup>th</sup> Avenue, Suite 310  
Phoenix, AZ 85007

or hand deliver to Local Agency WIC Director who will immediately forward to the Bureau Chief

If you do not wish to request an informal dispute resolution meeting, you may request a **FAIR HEARING**. A fair hearing may, also, be requested when a participant/authorized representative disagrees with the decision of informal dispute resolution meeting. A fair hearing is an administrative hearing before an administrative law judge, and a decision is made within the forty five (45) calendar days following the initial request for the hearing. You have sixty (60) calendar days, from the date of receipt of this notice to post-mark or hand-deliver a written request for a fair hearing. The request must contain a statement of facts, the reasons you believe you are entitled to a fair hearing, and the relief sought. Local Agency staff may assist you in filing your request in writing

At a fair hearing, you have the right to self-representation or to be represented by a relative, friend, legal counsel or other spokesperson. You have the right to bring witnesses. The participant is entitled to introduce arguments, question or refute any testimony or evidence, including the opportunity to confront and cross-examine adverse witnesses as well as submit evidence to support their case.

To request a Fair Hearing, submit your request in writing to:

Arizona Department of Health Services  
Clerk of the Department  
1740 W. Adams, Suite 203  
Phoenix, AZ 85007

If you choose to appeal, you will receive Program benefits, if you file your appeal within fifteen (15) calendar days from receipt of this notice, during the appeal process until the hearing officer reaches a decision or the Certification period ends whichever comes first. (Participants who are denied benefits at initial Certification; participants whose Certification period has expired or who become categorically ineligible will not continue to receive benefits while awaiting the decision on their appeal.)

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To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call toll free (866) 632-9992 (Voice). Individuals who are hearing impaired or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

For participants in a valid Certification period only: \_\_\_\_\_

Participants are advised in writing fifteen (15) calendar days prior to the end of program benefits. Your WIC Program benefits will end on \_\_\_\_\_

Applicant/caretaker signature: \_\_\_\_\_ Date: \_\_\_\_\_

Clinic Staff signature: \_\_\_\_\_ Date: \_\_\_\_\_

AVISO DE INELIGIBILIDAD PARA LOS PROGRAMAS WIC/CSFP DE ARIZONA

Nombre del Solicitante: \_\_\_\_\_

Usted no es elegible para participar en el Programa WIC  o CSFP  (marque sólo uno) por la(s) razón(es):

WIC

CSFP

Se hizo una recomendación de Programa de Salud y/o Asistencia Pública: Sí  No

Si alguno de los anteriores cambia, usted puede volver a solicitar los servicios.

Si usted no esta de acuerdo con esta decisión y quiere apelar, su solicitud de apelación se debe presentar por escrito , dentro de veinte (20) días del calendario para una junta informal de resolución de la disputa o sesenta (60) días del calendario después de recibir este aviso, para una audiencia justa. La solicitud debe incluir los hechos que usted cree le dan derecho a beneficios y los servicios solicitados.

Una JUNTA INFORMAL PARA RESOLUCIÓN DEL CASO es una junta informal entre usted, el director de la Agencia Local, el personal de la Agencia Local involucrada y un representante de la Agencia Estatal, quien presidirá la junta. La decisión se toma al terminar la junta. Usted tiene el derecho a solicitar una junta informal para resolución del caso. Si usted solicita una junta informal para resolución del caso, la agencia le avisará por lo menos diez (10) del calendario, después de recibir la solicitud. El aviso le explicará el procedimiento y le dirá la hora y ubicación de la junta. La solicitud se puede enviar por correo o entregar en persona al Director de la Agencia Local a más tardar a veinte (20) días del calendario de la fecha en que se reciba el aviso. El personal de la Agencia Local le puede ayudar a llenar su petición por escrito.

Para solicitar una Junta Informal para Resolución del Caso, envíe su solicitud por escrito a:

Chief, Bureau of Nutrition and Physical Activity  
150 North 18<sup>th</sup> Avenue, Suite 310  
Phoenix, AZ 85007

O entréguela personalmente al Director de la Agencia Local de WIC quién de inmediato la enviará al jefe del Departamento

Si no quiere solicitar una junta informal para resolución del caso, puede solicitar una AUDIENCIA JUSTA. La audiencia justa también se puede solicitar cuando un participante/representante autorizado no está de acuerdo con la decisión tomada en una junta informal para resolución del caso. Una audiencia justa es una audiencia administrativa ante un juez administrativo y la decisión se toma dentro de los siguientes cuarenta y cinco (45) días del calendario después de la primera solicitud de audiencia. Tiene sesenta (60) días del calendario a partir de la fecha en que se reciba el aviso, por escrito, ya sea por correo o en persona, solicitando una audiencia justa. La solicitud debe contener una declaración de los hechos, las razones por las que cree que tiene derecho a una audiencia justa y los beneficios solicitados. El personal de la Agencia Local le puede ayudar a llenar su petición por escrito.

En una audiencia justa, usted tiene el derecho de representarse a sí mismo o a que lo represente un pariente, amigo, abogado o cualquier otro portavoz. Usted tiene el derecho a presentar testigos. El participante tiene derecho a presentar argumentos, hacer preguntas o rechazar cualquier testimonio o prueba, incluyendo la oportunidad de enfrentar e interrogar a los testigos opuestos, así como presentar pruebas para apoyar su caso.

Para solicitar una audiencia justa, envíe su petición por escrito ante:

Arizona Department of Health Services  
Clerk of the Department  
1740 W. Adams, Suite 203  
Phoenix, AZ 85007

Si decide apelar recibirá beneficios del programa, si presenta la apelación dentro de 15 días del calendario de que reciba este aviso, durante el proceso de apelación hasta que el oficial de audiencias tome una decisión o termine el periodo de certificación, lo que ocurra primero. (A los participantes que se les nieguen beneficios al principio de la certificación, participantes cuya certificación haya expirado o quienes definitivamente no sean elegibles, no seguirán recibiendo los beneficios mientras esperan la decisión sobre su apelación.)

De acuerdo con la ley federal y las políticas del Departamento de Agricultura de los EE.UU. (USDA, sigla en inglés), se le prohíbe a esta institución que discrimine por razón de raza, color, origen, sexo, edad, o discapacidad.

Para presentar una queja sobre discriminación, escriba a USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410, o llame gratis al (866) 632-9992 (voz). Personas con discapacidad auditiva o del habla pueden contactar con USDA por medio del Servicio Federal de Relevé (Federal Relay Service) al (800) 845-6136 (español) o (800) 877-8339 (inglés). USDA es un proveedor y empleador que ofrece oportunidad igual para todos.

Solo para participantes en un período válido de certificación: \_\_\_\_\_

Se avisa a los participantes por escrito quince (15) días antes de que terminen sus beneficios del programa. Sus beneficios del Programa WIC terminarán el \_\_\_\_\_

Firma solicitante/encargado de su cuidado: \_\_\_\_\_ Fecha: \_\_\_\_\_

Firma personal de Clínica: \_\_\_\_\_ Fecha: \_\_\_\_\_

**Appendix D**  
**Arizona Commodity Supplemental Food Program (CSFP)**  
**Waiting List Notification**

---

See Following Pages

## ARIZONA FOOD PLUS / COMMODITY SUPPLEMENTAL FOOD PROGRAM WAITING LIST NOTIFICATION

### FOR CLINIC USE ONLY

Wait List Date: _____	DOB: _____	CIRCLE CATEGORY	
Referral to health and/or food/public assistance program: Yes    No		PG _____  EDD	CH
Language Spoken/Read    Eng    Spa    Other _____		BF PP _____  DATE PREGNANCY ENDED	EL HB NHB

\_\_\_\_\_  
Print Applicant's Name (Last, First, Middle)

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number with Area Code

\_\_\_\_\_  
Alternative Phone Number / Name of Contact Person

Home Phone

Work Phone

Message Phone

Pager

No Phone

Comments: \_\_\_\_\_

It has been determined that you **may** meet the criteria to participate in the Arizona Commodity Supplemental Food Program. However, at this time, caseload slots and/or funding are not available to provide services to all the applicants who may qualify. You are being placed on a Waiting List and will be notified when it is possible for you to apply for program benefits.

Since federal regulations limit the number of individuals served by the Commodity Supplemental Food Program to the annual assigned caseload and does not provide for over serving this caseload, an applicant's placement on a waiting list due to lack of available caseload is not considered a denial of service and therefore not subject to appeal.

The Commodity Supplemental Food Program is an equal opportunity program. Persons who believe they have been discriminated against because of race, color, national origin, sex, age or disability should write to the Secretary of Agriculture, U.S. Department of Agriculture, Washington, D.C. 20250.

\_\_\_\_\_  
Signature and Title of Clinic Staff

\_\_\_\_\_  
Date

**PROGRAM DE FOOD PLUS/CSFP DE ARIZONA  
AVISO DE LISTA DE ESPERA**

ESTA SECCION SOLAMENTE PARA EL USO DE LA CLINICA			
Wait List Date: _____	DOB: _____	CIRCLE CATEGORY	
Referral to health and /or food/public assistance program: Yes No		PG _____  EDD	CH
Language Spoken/Read Eng Spa Other _____		BF PP _____  DATE PREGNANCY ENDED	EL HB NHB
Apellido, Nombre del Solicitante (en letra de molde)			
Domicilio Postal			
Ciudad		Estado	Zona Postal
Numero de Telefono con el codigo de area		Otro numero de telefono/Nombre de la persona de contacto	
Casa	Trabajo	Mensaje	Dispositivo de llamada No tiene un teléfono Comentarios: _____

Se ha determinado que usted **quizá** cumpla con los requisitos para participar en el Programa de Ayuda Suplementaria de Alimentos de Arizona. Sin embargo, en este momento, no existe el espacio y/o los recursos no están disponibles para proporcionar servicios a todos los solicitantes que pudieran ser elegibles. Su nombre ha sido colocado en una Lista de Espera y se le avisará cuando sea posible que usted solicite los beneficios del programa.

Debido a que las normas federales limitan el número de personas a las que sirve el Programa de Ayuda Suplementaria de Alimentos de Arizona al número anual de casos asignados y no proporciona fondos para sobrepasar este número de casos, la colocación del solicitante en una lista de espera, debido a la falta de disponibilidad por el número de casos, no se considera una negación de servicio, por lo tanto, no está sujeta a apelación.

El Programa de Ayuda Suplementaria de Alimentos de Arizona es un programa que ofrece igualdad de oportunidades. Las personas que creen que han sido discriminadas debido a su raza, color, origen nacional, sexo, edad o discapacidad pueden escribir a: The Secretary of Agriculture, U.S. Department of Agriculture, Washington, D.C. 20250.

\_\_\_\_\_  
Firma y Título de trabajador de la clinica

\_\_\_\_\_  
Fecha

**FOOD PLUS / CSFP SENIOR WAITING LIST ENROLLMENT NOTIFICATION**

Date: \_\_\_\_\_

Applicant's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. No: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

You were placed on the waiting list for the Food Plus/CSF Program on \_\_\_\_\_. At that time we were not able to enroll you in the program. This letter is to inform you that it may now be possible for you to be enrolled and begin receiving program benefits.

If you are still interested in participating in the Food Plus/CSF Program, you must contact the closest WIC and Food Plus/CSFP office in your area and make an appointment to be screened for eligibility.

The requirements for this program specify that you must be at least 60 years of age and meet Federal income guidelines. **Therefore, when you come to your appointment you must provide identification and proof of total household income.**

Gross household income includes, but is not limited to the following:

- Wages, salaries, etc. received by any household member
- Social Security benefits, including amount deducted for Medicare premiums
- Rent received on property owned
- Assistance from friends or relatives
- SSI, Retirements, Pensions, Annuities, Interest Income, or any other income

The closest WIC and Food Plus/CSFP office in your area is:

**Please call \_\_\_\_\_ to schedule an appointment.**

Waiting list enrollment notification: 1/99

**PROGRAMA DE CSF EN ARIZONA PARA ANCIANOS  
AVISO DE MATRICULACION DE LA LISTA DE ESPERA**

Fecha: \_\_\_\_\_

Nombre del aplicante: \_\_\_\_\_

Dirección: \_\_\_\_\_ Apartamento.: \_\_\_\_\_

Ciudad: \_\_\_\_\_, Código Postal: \_\_\_\_\_

Usted fue puesto en la lista de espera para el Programa de Food Plus/CSF en: \_\_\_\_\_.  
En ese tiempo no fue posible inscribirlo(a) en el programa. Esta carta es para notificarle que ya es posible registrarse y podrá empezar a recibir beneficios del programa.

Si todavía está interesado(a) en participar en el programa de Food Plus/CSF, debe notificar la oficina de WIC y Food Plus/CSF más cercana a su domicilio y hacer una cita de evaluación de elegibilidad.

Los requisitos para este programa especifican que usted debe tener por lo menos sesenta (60) años de edad y llenar los requisitos de las guías Federales de ingresos. **Por lo tanto, cuando venga a su cita debe proveer identificación y prueba del ingreso total en su hogar.**

El ingreso total del hogar incluye, pero no limitado a los siguientes:

- Salarios, pagos, etc. recibidos por alguna persona en el hogar
- Beneficios del Seguro Social, incluyendo cantidad deducida del Seguro Médico
- Renta recibida de alguna propiedad
- Ayuda de amigos o parientes
- SSI, pensiones, intereses bancarios, y cualquier otro tipo de ingresos

La oficina de WIC y Food Plus/CSFP más cercana a su domicilio es:

**Por favor llame a: \_\_\_\_\_ para hacer una cita.**

Waiting list enrollment notification: 1/99

## Chapter Two

# Certification Standards and Procedures

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# **Chapter Three**

## **Caseload Management & Outreach**

# Chapter Three

## Caseload Management & Outreach

---

### Overview

#### Policy

The State agency will prepare a written plan specifying the objectives, methods and evaluation of the Commodity Supplemental Food Program (CSFP) outreach efforts. The plan will include coordination of activities between Local Agencies and outreach/referral agencies.

---

<b>Section</b>	<b>Title</b>	<b>Page Number</b>
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---

## Chapter Three

### Caseload Management & Outreach

---

#### Section A

#### Caseload Management

---

**Program  
Expansion**

The State of Arizona will work with Local Agencies to maintain the currently authorized USDA caseload.

---

**Geographic  
Areas Served**

The geographic area currently served by CSFP in Arizona consists of following counties: Cochise, Coconino, Gila, La Paz, Maricopa, Mohave, Pima, Pinal, Santa Cruz, Yavapai, and Yuma. This area consists of approximately 80,000 square miles and includes areas of dense and sparse populations.

---

# Chapter Three

## Caseload Management & Outreach

---

### Section B

#### Outreach – Overview

---

**Procedure** All Local Agencies will develop outreach/referral procedures, which comply with the State agency's Outreach Plan.

---

**Objectives of Outreach** The objectives of CSFP outreach efforts are:

- To inform eligible persons of the availability of CSFP, including the eligibility criteria for participation and the location of CSFP services;
- To target outreach toward physicians/hospitals in order to increase enrollment of high-risk participants;
- To increase the number of migrants/agricultural workers enrolled in CSFP.

---

**Methods of Outreach** Agencies, offices and organizations (including minority organizations serving or having access to eligible persons) will be contacted at least annually.

Brochures describing CSFP services, eligibility criteria, and location of Local Agencies will be distributed to outreach agencies that serve or have access to the program's target population.

Outreach agencies include, but are not limited to: AHCCCS providers and private physicians, IHS facilities, dental services, Early Periodic Screening, Diagnosis, and Treatment (EPSDT), family planning services, alcohol and drug abuse counseling agencies, child protective services, child abuse counseling agencies, immunization providers, prenatal and postnatal care providers, well child programs, Child and Adult Care Food Program (CACFP) providers, Food Distribution Program on Indian Reservations (FDPIR) providers, Supplemental Nutrition Assistance Program (SNAP), Expanded Food and Nutrition Education Program (EFNEP), Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), hospitals and clinics, welfare and unemployment offices, schools, social service agencies, food banks, other food assistance programs, homeless shelters, child support enforcement services, foster care agencies, farm worker and migrant/agricultural worker compensations, agencies who serve children with special health care needs, and religious community organizations in low-income areas.

---

*Continued on Next Page*

## Chapter Three

### Caseload Management & Outreach

---

#### Section B

#### Outreach – Overview (Continued)

---

#### Emphasis of Outreach

Emphasis will be placed on reaching potential participants who are:

- Migrant and agricultural workers
- Pregnant women, especially teens and women in the early months of pregnancy
- Recipients of TANF or SNAP
- Senior Center participants
- Participants in the Child and Adult Care Food Program (CACFP)
- Women enrolled in substance abuse programs
- Persons enrolled in the Arizona Health Care Cost Containment System (AHCCCS)
- Minority and immigrant populations
- Homeless individuals
- Children under the care of foster parents, protective services and child welfare authorities

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*Continued on Next Page*

# Chapter Three

## Caseload Management & Outreach

---

### Section B

#### Outreach – Overview (Continued)

---

**Coordination  
with Anti-  
Hunger Groups**

The State agency will meet with and encourage Local Agency participation with hunger advocates, food bank representatives and others interested in supporting CSFP. Staff will actively participate in the Arizona Advisory Council on Hunger.

---

**Announcement  
of CSFP  
Services**

The State agency will announce the availability of CSFP services to the public annually using statewide media.

---

**Development of  
Materials**

The State agency will obtain or help develop outreach materials for Local Agencies to assist in their outreach efforts.

---

**Guidelines for  
Outreach**

The Outreach team will establish procedures and guidelines to assist Local Agencies in developing or expanding referral systems and outreach plans.

State and Local Agency files of outreach agencies contacted will include (as applicable) agency name, address, phone number, hours, CSFP eligibility requirements, contact person(s), service area, and services of each agency.

Uniform CSFP information materials announcing program benefits will include a program description, eligibility criteria, location of local projects, and non-discrimination statement.

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*Continued on Next Page*

# Chapter Three

## Caseload Management & Outreach

---

### Section B

#### Outreach – Overview (Continued)

---

**Monitoring  
Local Agency  
Activity**

The State agency will monitor outreach activities at each Management Evaluation.

---

**Outreach  
Activities**

Each Local Agency will contact agencies, offices, and organizations (including minority organizations) serving or having access to eligible persons in the local service area annually. Each agency will be supplied with a description of CSFP services, eligibility criteria, and location of Local Agency clinics.

---

**Announcement  
of CSFP Service**

Each Local Agency will announce the availability of CSFP services to the public annually, using media, which will reach potential clients in their service area.

---

**Outreach Log**

The State and Local Agencies will maintain a file recording all statewide outreach activities. Suggested outreach log format follows.

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*Continued on Next Page*

# Chapter Three

## Caseload Management & Outreach

---

### Section B

#### Outreach – Overview (Continued)

---

#### Sample Outreach Log

<b>Outreach Log</b> FY ____				
Date	Staff Name	Organization Contacted	Type of Contact	Result
1/6/20XX	Ima Great, CNW	Concordia Valley High School Attn: Joan Doe Phoenix, AZ 85000	Mailed Outreach packet	Potential to reach 100 pregnant and/or parenting teens.

#### Description of Log Entries

Date = date outreach activity completed

Staff Name = staff member who did the outreach

Organization = person/group who received information

Type of contact = e.g., mailed information, radio interview, press release, public presentation, staffed booth at health fair

Result = e.g., potential number of clients reached and a description of those clients.

---

# Chapter Three

## Caseload Management & Outreach

---

### Section C

#### Outreach – Evaluation

---

#### Evaluation of Outreach

The Local Agency files of outreach activities will be updated annually.

The State agency CSFP Manager and the Local Agency CSFP Director will evaluate the effectiveness of outreach efforts.

---

## Chapter Three

### Caseload Management & Outreach

---

#### Section D

#### Homebound Elderly

---

##### **Certification**

Local Agencies shall accommodate the needs of the homebound elderly with home-based certification as well as food delivery.

Procedures for certifying the applicant are the same for homebound as the general population.

---

##### **Referrals**

Upon certification, the homebound elderly should receive information on the following programs:

- Medical Providers
  - County Health Department Services
  - SNAP or other food programs
  - Social Services Agencies
  - TANF
  - EFNEP
  - Counseling Services
  - Medicare Services
- 

##### **Nutrition Education**

Upon certification, nutrition education needs to be given. This education can be related to:

- Proper nutrition in relation to total concept of good health; or
  - Obtaining a positive change in food habits, resulting in improved status and in the prevention of nutrition-related problems through maximum use of the supplemental and other nutritious foods.
-

# Chapter Three

## Caseload Management & Outreach

---

### Section D1

#### Homebound Elderly – Food Delivery

---

**Policy**

Food boxes for the homebound elderly shall be pre-boxed and delivered.

---

**Procedure**

The following procedure shall be used:

- The person responsible for the delivery of the box shall sign the Home Delivery Form.
  - Upon delivery, the participant shall sign the Home Delivery Form to verify the delivery has been made.
  - The signed form and any undelivered boxes shall be returned to the Food Bank. All undelivered food boxes should be registered as such on the Home Delivery form and returned to inventory.
-

## Chapter Three

### Caseload Management & Outreach

---

#### Section E

#### Volunteers

---

##### **Policy**

Local Agencies may recruit, train, and manage volunteers.

Volunteers may be used for tasks related to certification and enrollment and food delivery, such as transportation of food boxes to homebound elderly participants and assembling and/or distributing food boxes.

Volunteers may not transport homebound elderly participants to food package pick-up sites.

---

##### **Confidentiality**

Volunteers will be instructed on and required to sign a statement of confidentiality before tasks may be assigned. These statements will be kept on file and available upon request.

---

# Chapter Three

## Caseload Management & Outreach

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# **Chapter Four**

## **Education for Participants and Staff**

# Chapter Four

## Education for Participants and Staff

---

### Overview

---

#### Introduction

Education is an integral part of the Commodity Supplemental Food Program (CSFP). This chapter covers required education.

---

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---

## Chapter Four

# Education for Participants and Staff

---

### Section A

#### Program Education for Participants

---

##### **Certification**

At certification, participant education will consist of:

- An explanation of CSFP rules and regulations, participant responsibilities, and available foods;
  - Emphasis will be placed on the relationship of proper nutrition to promote optimum health and the positive, long-term benefits of nutrition education. Local Agency staff will encourage participants to attend and participate in nutrition education activities, such as cooking demonstrations;
  - Local Agencies will prepare a list of agencies that provide social services and make it available to all applicants. The referral list must be provided to each participant/family at the beginning of each certification period. A copy of the listing will be maintained on file and will be updated annually.
- 

##### **Proxies**

When a proxy picks up a food box for a participant, the proxy must be given an explanation of his/her responsibilities under CSFP rules.

---

##### **Waiting Room**

Areas used for client certifications need to promote a learning environment.

Materials that are displayed should have a health education or Civil Rights message.

The use of televisions and video players will be for educational programs only.

---

## Chapter Four

# Education for Participants and Staff

---

### Section B

#### Nutrition Education

---

#### Policy

Nutrition education will be designed to:

- Explain the importance of the consumption of the supplemental foods by the participant, rather than by other family members;
- Recognize any special nutritional needs of participants and ways to provide an adequate diet for them;
- Explain that the program is supplemental rather than a total food program;
- Inform on the use of the supplemental foods and on the nutritional value of these foods;
- Explain the importance of regular health care.

#### Basis of Education

Nutrition education will be provided to all CSFP participants based on the protocols developed by the Bureau of Nutrition and Physical Activity, Arizona Department of Health Services (ADHS) and other accepted nutrition authorities.

#### Nutrition Education Contact

Verbal communication includes individual or group interaction between CSFP staff and participants, such as discussions, summaries, and question and answer periods.

#### Education Contacts / Certification Period

Local Agencies will provide appropriate nutrition education to all participants. During each 6-month certification period, the CSFP participant will receive at least one (1) nutrition education contact which can impact the participant/family's nutritional status.

#### Documentation of Education

Local Agency staff will document the nutrition education provided in the Notes section of the Cert Action Screen in the AIM system.

*Continued on Next Page*

# Chapter Four

## Education for Participants and Staff

---

### Section C

#### Education for Staff

---

#### **Ensuring Competence**

Local Agencies will ensure competence of all paraprofessionals who certify CSFP participants. Qualified Local Agency staff will train paraprofessionals as CSFP certifiers, using the Arizona CSFP Program Training Manual. A copy of the Manual can be obtained from the State CSFP Manager.

---

#### **Staff Evaluation**

Local Agencies will evaluate staff performance annually. The supervisor will complete an annual evaluation of each employee. The completed employee evaluation will be maintained in the employee's file.

---

#### **Education Plan**

It is required that staff receive at least one training yearly that addresses Civil Rights and may also include other topics such as program rules, food box issuance, referral procedures, computer skills, customer service and safety (car seat, personal, and kitchen).

Program staff will also be trained on the following subjects:

- Program rules for CSFP;
  - CSFP commodities and food box composition;
  - Use of the AIM database system for certifying program participants and recording of food box distribution;
  - As appropriate, ADHS-approved Farmers' Market locations;
  - As appropriate, issuance and education procedures for SFMNP checks;
  - As appropriate, use of ADHS database system for issuing SFMNP checks.
- 

*Continued on Next Page*

## Chapter Four

### Education for Participants and Staff

---

#### Section D

#### Education for Staff

---

##### Agency Training Files

Each Local Agency will maintain a record of all continuing education provided in a central file.

Central training files will include:

- Agenda, outline and teaching materials used for Local Agency in-service training provided, along with a list of participants, speakers, date and time spent in training;
- Agenda and outline of meetings which Local Agency staff attends (i.e., statewide staff meetings).

---

##### Documentation of Training

Documentation consists of a list of dates, topics presented and time spent in training. Date and time summaries should be separated by fiscal year in order to verify that the required forty-eight (48) hours per year have been provided. Documentation can also include:

- Copies of pre- and post-tests or other methods of evaluation;
- Documentation of follow-up training, when required (e.g., if competency is not met).

**Note:** The name of the workshop or in-service training is sufficient when the agenda and training outline are retained in the Local Agency training file.

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## Chapter Four Education for Participants and Staff

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### Section E Confidentiality

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#### **Confidentiality**

Confidentiality is the protection of information regarding an applicant or participant.

CSFP confidentiality regulations are to:

- Protect individuals from unwanted invasion of their privacy
- Allow clients access to their own records
- Protect the interests of society by permitting disclosure without client consent in limited situations, such as suspected child abuse, medical emergencies, communicable disease control, investigation of program violations and program evaluations.

#### **Statement of Confidentiality Form**

All personnel working with CSFP must sign a Statement of Confidentiality form yearly agreeing to provide CSFP services in a manner that maintains client confidentiality.

NOTE: If the staff member is also a WIC employee, they only need to sign the WIC Statement of Confidentiality. It is not required to also sign one for CSFP.

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## Chapter Four

### Education for Participants and Staff

---

#### Section F

#### Nutrition Education Resources

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<b>Brochures</b>	Materials can be accessed through the Arizona Nutrition Network at <a href="http://www.eatwellbewell.org">www.eatwellbewell.org</a> You can download and print the materials found here <a href="http://www.eatwellbewell.org/contractors/teaching-tools">http://www.eatwellbewell.org/contractors/teaching-tools</a> or you can request printed materials by first obtaining a user name and password here <a href="http://www.eatwellbewell.org/contractors/housekeeping/activate-your-account">http://www.eatwellbewell.org/contractors/housekeeping/activate-your-account</a> and then placing an order. For a copy of each brochure, refer to the State Pamphlet Resource Catalog. To order, refer to the current CSFP Order Form in Appendix C.
<b>Care Plan</b>	It is strongly encouraged that the Care Plan available through the AIM system is used to support nutrition education.
<b>Training Manual</b>	Arizona CSFP Program Training Manual for the AIM system.

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# Chapter Four

## Education for Participants and Staff

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# **Chapter Five**

## **Food Delivery and Distribution**

# Chapter Five

## Food Delivery and Distribution

---

### Overview

---

#### Introduction

Commodities are purchased and delivered to food distribution warehouse sites by USDA. These sites must have policies and procedures to insure the quality of the food as well as correct distribution. Distribution procedures and reporting requirements for the commodities are included in this chapter.

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E	Food Distribution – Community Food Bank of Southern Arizona	5-9
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Index	Index	5-12

---

# Chapter Five

## Food Delivery and Distribution

---

### Section A Commodities

---

#### Ordering

The State Commodity Supplemental Food Program (CSFP) Manager will develop quarterly food orders based on:

- Current inventories
- Commodities ordered but not received
- Participation
- Community preferences
- Available storage space
- Timing of deliveries

#### Notification

Each food distribution agency will be notified of the type and quantity of food as well as approximate receiving date.

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# Chapter Five

## Food Delivery and Distribution

---

### Section B

#### Food Delivery – Receiving

#### Direct Shipments

---

**Delivery Driver** Drivers are not required to assist with the unloading of the truck.

---

**Arrival** The receiving food distribution site staff shall:

- Log the receipt of all incoming shipments and report all shortages. Shortages are reported to the Stage Agency on the receiving documents.
- Inspect all commodities, as they are unloaded.
- Refuse items that are damaged and not fit for human consumption.
- Forward the original commodity receiving documents to the State agency by close of business on the day the shipment is received.

The State Agency shall:

- Enter the receipts into the WBSCM system within 2 calendar days of receipt of the product.

---

**Questionable Conditions** Prior to refusing receipt of a shipment, contact the State CSFP Manager by e-mail for permission to refuse. If granted, note the reason for refusal of shipment on bill of lading.

After signing the bill of lading, if products are discovered to be damaged or in poor condition, contact the State CSFP Manager by e-mail for permission to return or discard.

---

#### Shipments from National Warehouse (Multi-Food Orders)

---

**Delivery Driver** Drivers are not required to assist with the unloading of the truck nor are they required to make a delivery appointment. Sites can negotiate AM or PM preference, but specifying a time is not a contract requirement. Carriers often notify sites in advance of delivery, but this is done as a courtesy and is not a requirement of the contract. When orders are placed with the National

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## Chapter Five

# Food Delivery and Distribution

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Warehouse, the shipments will be delivered on the monthly dates negotiated at the beginning of each year.

---

### Arrival

The receiving food distribution site staff shall:

- Log the receipt of all incoming shipments and report all shortages. Shortages are to be reported to the State Agency on the receiving documents.
- Inspect all commodities, as unloaded.
- Refuse items that are damaged and not fit for human consumption.
- Forward the original commodity receiving documents to the State Agency by close of business on the day the shipment is received.

The State Agency shall:

- Enter the receipts into the WBSCM system within 2 calendar days of receipt of the product.
- 

### Questionable Conditions

Prior to refusing receipt of a shipment, contact the State CSFP Manager by e-mail for permission to refuse. If granted, note the reason for refusal of shipment on bill of lading.

After signing the bill of lading, if products are discovered to be damaged or in poor condition, contact the State CSFP Manager by e-mail for permission to return or discard.

---

# Chapter Five

## Food Delivery and Distribution

---

### Section C

#### Food Delivery – Inventory

---

<b>Policy</b>	All possible efforts shall be made to ensure the integrity of the commodity foods.
<b>Guidelines</b>	<p>The receiving food distribution site shall:</p> <ul style="list-style-type: none"><li>• Warehouse CSFP commodities separate from other items;</li><li>• Store food in such a manner as to maintain its safety and integrity according to USDA standards;</li><li>• Use a secure facility approved in accordance with USDA warehousing standards;</li><li>• Distribute foods in the order that they were received (first in, first out), unless otherwise directed by State CSFP Manager;</li><li>• Maintain documentation of all food distributed, used for educational purposes, or deemed a loss;</li><li>• Conduct an annual physical inventory in cooperation with the State CSFP Manager;</li><li>• Maintain adequate insurance (proof required annually).</li></ul>
<b>Inventory Reporting</b>	<p>Monthly, each food distributor must provide the State office with the following:</p> <ul style="list-style-type: none"><li>• A version of the FNS 153 showing all receipts and distributions as part of this process. This includes beginning inventory (which matches last month's ending inventory), all food received during the month, distribution by categories (pregnant, breastfeeding or postpartum women, children or elderly), all food losses, total activity, and positive or negative adjustments.</li><li>• Losses and the reason for each loss must be documented and inventory adjustments are to be explained and included. If an inventory loss is greater than \$200.00, a letter of explanation is required from the food bank as well as the planned corrective action, to prevent recurrence.</li></ul>

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# Chapter Five

## Food Delivery and Distribution

---

### Section D

#### Food Distribution – St. Mary’s Food Bank Alliance

---

<b>Service Area</b>	<p>The St. Mary’s Food Bank Alliance will receive direct shipments of commodities at its Phoenix warehouse for participants who reside in:</p> <ul style="list-style-type: none"><li>• Coconino County</li><li>• Gila County</li><li>• La Paz County</li><li>• Maricopa County</li><li>• Mohave County</li><li>• Pinal County</li><li>• Yavapai County</li><li>• Yuma County</li></ul> <p><b>Note:</b> St. Mary’s Food Bank Alliance will bear all cost associated with delivery of food boxes to distribution sites in the counties listed above.</p>
<b>Distribution</b>	<p>All participants served by the St. Mary’s Food Bank Alliance will receive a pre-packed food box, unless otherwise authorized by the Arizona Department of Health Services (ADHS).</p> <p>Homebound elderly will receive their food box via the home delivery method.</p>

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*Continued on Next Page*

## Chapter Five

### Food Delivery and Distribution

---

#### Section D

#### Food Distribution – St. Mary’s Food Bank Alliance (Continued)

---

#### Tailgate Delivery

St. Mary’s Food Bank Alliance will transfer the appropriate amount of pre-packaged food boxes for monthly distribution to its authorized distribution sites.

The receiving agency will sign the receipt and return it to the St. Mary’s Food Bank Alliance.

The following procedure will be used at the distribution site:

1. The participant, authorized representative, or proxy\*\* will come to the distribution site with the CSFP identification card to confirm that they are in a valid certification.
2. Staff or volunteers will issue the appropriate food box for their category.
3. Participant, authorized representative, or proxy will sign the Master Distribution List form as verification of receipt of food box.
4. Forms will then be sent to the St. Mary’s Food Bank Alliance.

**\*\*NOTE:** Proxies must also bring a note from the CSFP participant for whom they are picking up the food box stating that they have been given permission to pick up the food box on behalf of the CSFP participant. The note is to be kept by the distribution site and attached to the Master Distribution List.

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*Continued on Next Page*

## Chapter Five

### Food Delivery and Distribution

---

#### Section D

#### Food Distribution – St. Mary’s Food Bank Alliance (Continued)

---

##### Home Delivery

The following procedure will be used:

1. The person responsible for the delivery of the food boxes will sign the Home Delivery Form.
  2. Upon delivery, the participant will sign the Home Delivery Form to verify they have received the box.
  3. The signed form and all undelivered boxes will be returned to the St. Mary’s Food Bank Alliance.
-

# Chapter Five

## Food Delivery and Distribution

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### Section E

#### Food Distribution – Community Food Bank of Southern Arizona

---

**Service Area** The Community Food Bank of Southern Arizona shall receive direct shipment of commodities for the participants of Pima County, Santa Cruz County and Cochise County.

---

**Distribution** Participants in areas served by the Community Food Bank of Southern Arizona will receive a pre-packed food box unless otherwise authorized by the Arizona Department of Health Services (ADHS). Participants will receive their boxes at the Community Food Bank warehouse or other distribution sites where tailgate distribution may be utilized.

Homebound elderly will be offered home delivery.

**Note:** The Community Food Bank will bear all cost associated with the delivery of food boxes.

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*Continued on Next Page*

## Chapter Five

### Food Delivery and Distribution

---

#### Section E

#### Food Distribution – Community Food Bank of Southern Arizona (Continued)

---

##### Tailgate Delivery

The Community Food Bank of Southern Arizona will transfer the appropriate amount of pre-packaged food boxes for monthly distribution to its authorized distribution sites.

The receiving agency will sign the receipt and return to the Community Food Bank.

The following procedure will be used:

1. The participant, authorized representative, or proxy\*\* will come to the distribution site with the CSFP identification card to confirm that they are in a valid certification.
2. Staff or volunteers will issue the appropriate food box for their category.
3. Participant, authorized representative, or proxy will sign the Master Distribution List as verification of receipt of food box.
4. Forms will then be sent to the Community Food Bank.

**\*\*NOTE:** Proxies must also bring a note from the CSFP participant for whom they are picking up the food box stating that they have been given permission to pick up the food box on behalf of the CSFP participant. The note is to be kept by the distribution site and attached to the Master Distribution List.

##### Home Delivery

The following procedure will be used:

1. The person responsible for the delivery of the food boxes will sign the Home Delivery Form.
  2. Upon delivery, the participant will sign the Home Delivery Form to verify they have received the box.
  3. The signed form and all undelivered boxes will be returned to the Community Food Bank.
-

# Chapter Five

## Food Delivery and Distribution

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### Section F Reporting

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**Local Agencies** Local Agencies will report participation by category and inventory (remaining food) status to the appropriate food bank monthly.

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**Food Banks** Food banks will report participation by category and inventory status to the State agency monthly by no later than the 15<sup>th</sup> of the month following the report month.

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# Chapter Five

## Food Delivery and Distribution

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# **Chapter Six**

## **Audits and Management Evaluation**

# Chapter Six

## Audits and Management Evaluation

---

### Overview

#### Policy

The State of Arizona Auditor General will conduct an annual, independent, agency-wide audit in compliance with OMB Circular A-133 annually for the Arizona Department of Health Services (ADHS), most County Health Departments, with other non-profit agencies covered by certified public accounting firms.

Non-federal entities (sub-recipients) that expend \$300,000 or more a year in Federal awards must have a single audit conducted that year and annually. The subrecipients receiving Federal funds through ADHS will provide an independent, agency-wide audit in accordance with OMB Circular A-133 to ADHS.

The ADHS Office of Auditing will perform contract compliance audits of expenditures pursuant to OMB Circular A-87 (Governmental Subdivisions), OMB Circular A-122 (Non-Profit Organizations), ADHS Accounting and Auditing Procedures Manual, and the Commodity Supplemental Food Program (CSFP) Consolidated Regulations (7 CFR Ch. II Part 247).

#### Contents

This chapter is divided into four (4) sections, which detail procedures and audit policies.

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# Chapter Six

## Audits and Management Evaluation

---

### Section A Procedures

---

#### Notification of Audit

CSFP monitoring and review of agencies are scheduled annually. Management Evaluations of a contractor (Local Agency or food bank) will be completed by the Bureau of Nutrition and Physical Activity (BNPA). There are exceptions to this schedule, including management-requested reviews, previous audit follow-up, USDA-sponsored special studies, or agency-requested support.

The ADHS BNPA staff will notify the Local Agency or food bank of the audit four (4) to six (6) weeks in advance of the audit. Copies of the notice and the detailed questionnaire that are sent are maintained.

Telephone verification of the audit date, time, and the auditor's name is made approximately two (2) weeks prior to the audit.

The Local Agency is responsible for notifying its subcontractor, as appropriate.

---

#### Pre-Audit Conference with State Personnel

The CSFP Manager is contacted by the auditor prior to the audit to discuss problem areas that may be identified in the contract files correspondence and reports, information available from management, CSPF monitoring reports, and pertinent single audit results. Program progress reports may be obtained at this time.

Copies of the Expenditure Reports covering the period of the audit are obtained and summarized, and purchase orders covering the audit period are copied and reviewed.

---

#### Entrance Interview

An entrance conference will be held involving the audit staff and Local Agency officials for the purpose of outlining the scope of the audit and setting up tentative schedules of work to be performed.

---

#### Audit of Financial Records

The objective of an audit is to determine propriety and eligibility of expenditures pursuant to OMB Circulars A-87 and 122, ADHS Accounting and Auditing Manual, and the CSFP contracts in effect.

In the event the Local Agency or food bank has subcontracts, the subcontractors' records may, if circumstances dictate, also be examined.

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*Continued on Next Page*

# Chapter Six

## Audits and Management Evaluation

---

### Section A

#### Procedures (Continued)

---

#### Audit of Financial Records (Continued)

Auditors may review the following:

- Approved cost allocation plan;
  - Adequacy of the accounting system;
  - CSFP funds separately accounted for;
  - Reconciliation of the Local Agency's expenditure report with the Local Agency's books;
  - Detail testing of transactions, including salaries and wages, fringe benefits, supplies, indirect cost pools, and expenditure reasonability. Statistical sampling will be used, with expanded sampling in problem areas;
  - Results of previous corrective action plan(s) and level of compliance;
  - Any other records deemed necessary to ensure Program compliance
- 

#### Audit of Performance Records

An audit of the Local Agency's performance records is conducted to examine and verify the units of service provided and reported as specifically authorized in the contract. The audit is not an evaluation of the quality of those services.

Statistical sampling techniques may be utilized to determine the specific units of service to be reviewed. Subcontractors' performance records may also be examined.

Auditors may review the following:

- Client charts and/or files;
- Activity logs;
- Documentation in support of Program progress reports;
- Sign-in sheets;
- Any other records deemed necessary to ensure Program compliance;

**Note:** Medical case records of the individuals will not be reviewed unless they are the only source of certification data. All client records examined by the ADHS audit staff will be treated with complete confidentiality.

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*Continued on Next Page*

# Chapter Six

## Audits and Management Evaluation

---

### Section A Procedures (Continued)

---

**Exit  
Conference**

Upon completion of the audit, an exit conference will be held with the Local Agency's Program director and finance officer to review the audit findings. Recommendations for corrective measures for adverse audit findings will be made by auditors at this time. Once the audit report is received, the final recommendations will be made by the CSFP Manager.

---

**Post-Audit  
Conference**

Prior to writing the audit report, the audit findings will be discussed with the Local Agency CSFP Director.

---

**Audit Report**

The audit staff gives the audit report to the Office of Local Health Services, who distributes it for comments to the State Controller, the CSFP Manager, and the Accounting Office.

---

**Audit  
Follow-Up**

The CSFP Manager is responsible for reviewing the audit recommendations to determine what specific action should be taken and will set deadlines for implementation of corrective measures.

The CSFP Manager is responsible for forwarding a copy of the report and recommendations to the Local Agency. The Local Agency will reply, in writing, as to what corrective action will be taken to satisfy each audit recommendation.

The CSFP Manager will evaluate the corrective actions taken by the Local Agency and will then reply to the ADHS Office of Auditing. The reply should include the findings, the recommendations, the Local Agency's responses and the CSFP Manager's response.

Upon receipt and acceptance of the audit response from the CSFP Manager, the audit file will be closed.

The follow-up should be accomplished within sixty (60) calendar days of the date of the audit report, unless an extension date is justified and documented.

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*Continued on Next Page*

## Chapter Six

### Audits and Management Evaluation

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#### Section A

#### Procedures (Continued)

---

**Monitoring**

Audit recommendations which have been implemented by the Local Agency will be monitored by BNPA during review visits to the Local Agency.

---

**Non-compliance**

If the Local Agency is unable to, or does not agree to, comply with the audit recommendations, the CSFP Manager and the ADHS auditor will meet with the Local Agency. This meeting should be held within twenty (20) calendar days of receipt of the Local Agency's reply. The meeting participants should attempt to resolve any problems relating to the audit recommendations.

---

## Chapter Six

# Audits and Management Evaluation

---

### Section B

#### Audit Records & Policies

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##### **Audit Records**

State and Local Agencies will maintain records for 5 years and 5 months after the end of the Federal Fiscal Year (FFY) to which the reports pertain. Records must be easily retrieved for review during an audit.

The Secretary of Agriculture, the Comptroller General of the United States, or any of their duly authorized representatives, will have access to any books, documents, papers and records of the State and Local Agencies and their contractors for the purpose of making surveys, audits, examinations, excerpts, and transcripts.

---

##### **No Smoking Policy**

State and Local Agencies will establish mandatory no smoking policies in each CSFP clinic pursuant to the Federal Fiscal Year (FFY) 1994 Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act (Public Law 103-111).

---

##### **Drug-free Workplace**

State and Local Agencies will adhere to the rules and policies established pursuant to Federal drug-free workplace mandates 5 U.S.C. §7301, 41 U.S.C. § 701, and Presidential Executive Order No. 12564.

---

##### **Statement of Confidentiality Form**

All personnel working with CSFP must sign a Statement of Confidentiality form yearly agreeing to provide CSFP services in a manner that maintains client confidentiality.

See Appendix for Statement of Confidentiality form.

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*Continued on Next Page*

## Chapter Six

# Audits and Management Evaluation

---

### Section B

#### Audit Records & Policies (Continued)

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##### Cost Allocation Guidelines

The contractor will assure that costs be deemed reasonable based on the following criteria:

- Reasonable and necessary to carry out the Program;
- Treated consistently;
- Consistent and allowable under Federal, state, and local laws, regulations and policies;
- Be determined in accordance with generally accepted accounting principles and adequately documented;
- Net of applicable credits;
- Charged in the correct accounting period;
- Not be charged to more than one Federal grant or used to meet a matching or cost sharing requirement for more than one Federal grant, either in the current or prior accounting period;
- A cost that benefits the grant's objectives;
- Costs allocated equitably in terms of benefits derived.

##### Continuous Time Reporting

Continuous time reporting is the required documentation system because employees engaged in multiple programs or cost objectives must continuously generate documentation to support the distribution of their time and effort. Reference: OMB Circular A-87, Attachment B, paragraph 11.h.1-2, and A-122 Attachment B, Paragraph 7.m.1.

The only exceptions are governmental agencies, single cost objectives, and semi-annual certification indicating performance of work for one cost objective. Reference: OMB Circular A-87, Attachment B, paragraph 11.h.1-3.

---

# Chapter Six

## Audits and Management Evaluation

---

### Section C

#### Management Evaluation

---

#### Policy

The State agency shall conduct monitoring evaluations of each Local Agency every other year. Such evaluations shall include on-site review. The State agency may conduct such additional on-site reviews as the State agency determines to be necessary in the interest of the efficiency and effectiveness of the Program.

In addition, the State agency will make on-site visits to each Local Agency as needed.

The State agency shall develop a reporting process which includes: prompt notification of deficiencies to the Local Agency, timely development of corrective action plans, and the monitoring of Local Agency implementation of such plans.

The State agency shall require Local Agencies to establish Management Evaluation systems, quality assurance plans and/or continuous quality improvement plans to review their operations.

---

# Chapter Six

## Audits and Management Evaluation

---

### Section D

#### Management Evaluations – Procedures

---

The CSFP Manager will review non-WIC agencies. The BNPA Program Integrity team will review CSFP agencies that are co-housed with a WIC Program. This person is responsible for completing the tasks that follow.

---

#### **Prior Notification**

Advise the Local Agency or food bank and the CSFP Director, in writing, of the dates and staff schedule for the monitoring visit. The Manager will mail and email the Pre-monitoring survey to the Local Agency Health Officer and copy the Local Agency CSFP Director thirty (30) days prior to the evaluation.

---

#### **Exit Interviews**

Conduct a meeting with the Local Agency CSFP Director, Local Agency staff, and monitoring staff at the end of the review. The lead person will explain the preliminary results, discuss questions and feedback, and give an approximate date for the written report to be sent.

---

#### **Written Findings Report**

Compile a written report using a pre-established format within sixty (60) calendar days of the date of the exit interview. This time frame may be extended if arrangements are made prior to the evaluation and approved by the State CSFP Manager. The Manager will mail the written report to the Local Agency or food bank, with copies to the CSFP Director, the Office of Local Health, and the Local Agency file. The report will contain the date a corrective action plan must be submitted to the State agency, not to be more than sixty (60) days after receiving the final written report.

---

#### **Management Evaluation Forms**

The forms used to conduct the Management Evaluation can be found here [http://azdhs.gov/azwic/program\\_integrity.htm](http://azdhs.gov/azwic/program_integrity.htm) under ME Tools.

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**Appendix A**  
**Statement of Confidentiality Form**

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See Following Pages

**SAMPLE**

**STATEMENT OF CONFIDENTIALITY**

I, \_\_\_\_\_, understand and agree to follow the CSFP policies and procedures of confidentiality during and following my employment with CSFP.

I agree to the following:

1. To conduct myself in a manner which maintains client confidentiality during discussions that concern client's CSFP services, specifically:
  - a) All information given by clients regarding their personal or medical status will be handled in a private approach.
  - b) All personal and confidential interviews will be conducted in a method that assures confidentiality.
  - c) Confidential information about clients will not be discussed outside of the CSFP work settings
  - d) Client confidential information will not be discussed with other CSFP personnel except for the purposes outline in the CSFP policies and procedures.
  
2. I further understand that violations of this confidentiality policy may result in disciplinary actions up to and including immediate dismissal.

I acknowledge that I have read and understand the CSFP policies and procedures concerning confidentiality.

\_\_\_\_\_  
Employee signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Supervisor signature

\_\_\_\_\_  
Date

# Chapter Six

## Audits and Management Evaluation

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# **Chapter Seven**

## **Financial Management**

# Chapter Seven

## Financial Management

---

### Overview

#### Policy

This chapter provides guidance on financial management for the Commodity Supplemental Food Program (CSFP) and related financial standards for the State Agency (ADHS), as well as CSFP Local Agencies. While this guide can be an effective tool to establish financial compliance with CSFP regulations, it is imperative that organizations review and ensure their compliance with all applicable federal, state and ADHS regulations.

#### Contents

This chapter is divided into sections A and B, which detail State and Local Agency responsibilities, respectively, and two appendices which contain forms. Within each section, a variety of topics are addressed which are specific to that area.

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# Chapter Seven

## Financial Management

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### Section A

#### State Agency Responsibilities

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##### Overview

The ADHS Bureau of Nutrition and Physical Activity (BNPA) is the State Agency responsible for all CSFP funds allocated to Arizona and the related reports and projections required by the USDA for the operation of the program. The State must ensure that all funds are properly accounted for and expended in compliance with applicable Office of Management and Budget (OMB) Circulars A-87 and A-122, USDA Policy Memos, the State of Arizona Accounting Manual, and the Accounting and Auditing Procedures Manual for Contractors of ADHS Funded Programs.

The State of Arizona maintains a financial management system which accurately accounts for all CSFP funds received and passed through to the Local Agencies. The State budgets and distributes funds using a funding formula based on allocated caseload, with Program funds budgeted in a manner that will maximize services. Throughout the year, budget levels and expenditures are monitored, analyzed and reported by the State.

The financial management system is designed to enable the State to accurately reimburse allowable program expenditures made by CSFP contractors in a timely manner. The system will follow the procedures and include records and source documents as described in the Accounting and Auditing Procedures Manual for Contractors of ADHS Funded Programs.

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*Continued on Next Page*

# Chapter Seven

## Financial Management

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### Section A

#### State Agency Responsibilities (Continued)

---

**Account  
Ledgers**

The ADHS Accounting Office will maintain a complete, accurate and current accounting of all program funds received and expended. A unique self-balancing group of accounts within the Arizona Financial Information System (AFIS) will be maintained for the CSFP fund. These records will be used to prepare all required financial reports.

---

**Contractor's  
Expenditure  
Reports**

Contractor's Expenditure Reports (CERs) should be submitted within three weeks after the end of the month being reported, in order for the State Agency to reimburse the Local Agency on a timely basis for the contract services provided.

It is the responsibility of the BNPA CSFP Manager and the BNPA Finance Team to ensure that for properly submitted CERs, the work performed was satisfactory, in accordance with each Agency's respective contract, and ADHS policies.

If the CER submitted is not acceptable for processing, an email will be sent to the Local Agency CSFP Manager detailing the rejection and will include a request for a revised CER. When approved, it will be submitted to the ADHS Contracts Payable Department for payment.

---

**Procurement**

The Arizona CSFP will comply with all applicable state, federal and CSFP regulations in regards to procurement activities. The first option for the State Agency is to use a State-contracted vendor. If a State contract does not exist, any purchase and/or contract greater than \$5,000 will be competitively bid.

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*Continued on Next Page*

# Chapter Seven

## Financial Management

---

### Section A

#### State Agency Responsibilities (Continued)

---

##### **Equipment Inventory**

In general, documentation of equipment expenditures costing \$5,000 or more or computer-related equipment (hardware or software), regardless of cost, is to be sent to ADHS Inventory Control. Inventory Control will assign an equipment number and add the item to ADHS's Inventory Listing. An equipment number tag will be forwarded to the location of the equipment and should then be permanently affixed to the item. For further information, see Capital Purchases and Computer Hardware (page 9) in the Local Agency Responsibilities section of this chapter.

A computerized inventory listing is printed annually for each equipment location showing all equipment numbers, equipment description, cost, date acquired, and the source of funds which purchased the equipment. In this way, items purchased with Program funds can be distinguished from other property when physically inventoried by the ADHS inventory team or Local Agency employees.

Equipment lost or damaged due to negligence and/or a lack of internal control shall be the responsibility of the entity which last possessed the equipment.

---

##### **Capital Expenditures**

Capital expenditures are funds spent to acquire or upgrade physical assets such as buildings and machinery. The State Agency will review all Local Agency requests for capital expenditures. The State will reply with a written notice of approval or disapproval of the request. If USDA approval is needed, the State Agency will submit the request to the Western Regional Office. Once it has been approved, the capital expenditure can then be processed. The Local Agency must follow proper asset tracking procedures which are further described in the section Local Agency Responsibilities.

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*Continued on Next Page*

# Chapter Seven

## Financial Management

---

### Section A

#### State Agency Responsibilities (Continued)

---

##### Analysis

The Arizona CSFP will prepare various program and financial analyses throughout the year. These analyses, when applicable, will be shared with local and federal partners and may be incorporated into the daily management of the program. Using data on administrative costs and participation submitted by Local Agencies, the State CSFP Manager will submit the required Federal summary report by the 27<sup>th</sup> of the month following the CER report month.

The State CSFP Manager's analysis of participation will include notification to Local Agencies of participation levels above or below acceptable limits. If necessary, the State CSFP Manager will negotiate changes in caseload, which are then redistributed to Local Agencies with the ability to serve additional participants.

---

# Chapter Seven

## Financial Management

---

### Section B

#### Local Agency Responsibilities

---

##### Overview

This section discusses the responsibilities of Local CSFP Agencies for fiscal management, CER submission, Labor Activity Reports (LARs), and procurement procedures. This section can be used as a tool in preparing monthly CERs, preparation for CSFP audits, purchasing equipment, and as a standard for documentation requirements.

---

##### Fiscal Management

Each Local Agency will design and maintain a fiscal management system which accurately accounts for all program funds received and expended. The system will enable the Local Agency to submit an accurate CER no later than 21 calendar days following the end of the report month.

The system will follow the procedures and include records and source documents as described in the Accounting and Auditing Procedures Manual for Contractors of ADHS Funded Programs. <http://www.azdhs.gov/bhs/pdf/scanned/auditprocedures.pdf>

Separate ledger accounts should be established, by line item, from the budget page of the current contract within the financial system of each respective Local Agency.

---

##### Contractor's Expenditure Report Submission

Each CSFP Local Agency is required to submit a CER for each report month, as an invoice, to the ADHS CSFP Manager. ADHS will not accept any other form for Local Agency reimbursement. An approved, signed copy must be submitted to the CSFP Manager for reimbursement.

If there are no expenditures or reimbursement requests for a given month, the Local Agency will submit the CER for that month with zeroes entered in the expense column for each funded line. Invoices should be submitted in chronological order; no invoice will be paid before a prior month's invoice is received and approved.

Agencies should receive payment within four to six weeks of submitting a correct CER. The final CER for the Federal Fiscal Year end (September 30<sup>th</sup>) is due by October 30<sup>th</sup> each year. Expenditures cannot be carried over from one fiscal year to the next.

See Appendix A for the CER form and an example.

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*Continued on Next Page*

# Chapter Seven

## Financial Management

---

### Section B

#### Local Agency Responsibilities (Continued)

---

##### Labor Activity Reporting

##### Split-Funded Positions: LAR

OMB Circulars A-87 and A-122 require employees funded by two or more programs (i.e., CSFP and WIC) to continuously generate documentation supporting the distribution of their time and effort.

Labor activity reporting is a payroll documentation method for employees funded by two or more programs to accurately reflect the time spent working on each program during the pay period. The Labor Activity Report (LAR) must meet the following criteria:

1. The LAR must reflect an after-the-fact distribution of the activity of the employee.
2. The LAR must account for the total activity for which the employee is paid.
3. The LAR must be signed by the employee and the employee's supervisor.
4. The LAR must be prepared at least monthly and coincide with one or more pay periods.

See Appendix B for the LAR form and an example.

##### Fully-Funded Positions: Semi-Annual Certifications

For those employees 100% funded by the CSFP grant, the employee must complete a Certification of Duty Performance form every six months, instead of the LAR as previously described. This certification states that the employee worked only for CSFP for the previous six-month period.

See Appendix B for the Certification of Duty form and an example.

---

# Chapter Seven

## Financial Management

---

### Section B

#### Monthly Summary Report and Follow-Up

---

##### **Capital Purchases / Non-Computer-Related Equipment and Other Assets**

A written request for ADHS approval is necessary for the purchase of non-computer-related equipment or other capital assets with a cost of \$5,000 or more.

When submitting their request, Local Agencies must provide a written justification for the purchase of each asset needing approval.

In addition to the justification, the request should provide the following information:

- Specific brand
- Description of item
- Quantity
- Cost per unit
- Location of asset
- Total cost

The request for approval of the purchase of assets costing \$5,000 or more should be sent to the BNPA Bureau Chief, with copies to the BNPA Finance Manager and the State CSFP Manager.

---

##### **Computer Hardware**

Local Agencies should request the purchase of any computer-related equipment, including hardware, regardless of cost, using the Replacement Hardware Request form on the Citrix homepage. Make sure to note in the 'WIC Agency' box that you are a CSFP Agency. Computer equipment must meet ADHS specifications.

Once the online form is received by the ADHS Helpdesk, it will be classified as a pending purchase and assigned a ticket number. This information will be forwarded to the Local Agency as receipt of order confirmation and to CSFP Program Management for approval. The purchase request is then sent to the State CSFP (WIC) IT Manager for further review and approval. The approved request is then sent to the CSFP (WIC) IT Department who will obtain quotes, initiate the purchase, and track the order. The assigned ticket number will remain open until the ordered item(s) has been received and installed.

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*Continued on Next Page*

# Chapter Seven

## Financial Management

---

### Section B

#### Local Agency Responsibilities

---

##### Equipment Inventory

Annually, each Local Agency will inventory all property purchased with program funds and submit a certified copy of the inventory to the ADHS Inventory Control Officer by January 31<sup>st</sup>.

Inventory records will identify all inventory purchased with CSFP funds and the respective location of each item. If equipment is removed from a location, an ADHS Capital Equipment Control Report must be completed to document its new location.

Discrepancies between the physical inventory and the related equipment inventory records will be investigated and pursued by ADHS Inventory Control.

Equipment lost or damaged due to negligence and/or a lack of internal control shall be the responsibility of the entity which last possessed the equipment.

---

##### Tagging Purchased Equipment

Any non-computer-related asset with a cost of \$5,000 or more and all computer and computer-related purchases are to be inventoried and tagged by ADHS.

When equipment purchased with CSFP funds is received by the Local Agency, contact information and a copy of the invoice, including manufacturer, model, price, payment method, and location, should be sent to the Inventory Specialist at ADHS Inventory Control.

Inventory Control staff will either schedule a trip to the location to tag the equipment or determine that it is more cost-effective to mail the tag with guidelines on placement. This copper-colored tag, with an embossed five-digit number, should be placed on the inventory asset when received. The equipment can be used by the program prior to being tagged.

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*Continued on Next Page*

## Chapter Seven

### Financial Management

---

#### Section B

#### Local Agency Responsibilities (Continued)

---

##### **Financial Record Retention**

All financial records pertaining to a specific fiscal year of the CSFP grant should be retained for a minimum of 5 years and 5 months after the Federal Fiscal Year end of September 30<sup>th</sup>. The retention period is extended when required by written notice from the USDA Food and Nutrition Service (FNS) or, if any litigation, claim, or audit is started before the expiration of the retention period.

Examples: Records for FFY 2012 (10/1/11-9/30/12) can be destroyed after 2/28/18. Records for FFY 2013 (10/1/12-9/30/13) can be destroyed after 2/28/19.

---

**Appendix A:  
Contractor's Expenditure Report (CER), Instructions and Example**

---

See Attached

Arizona Department of Health Services  
 Accounting/Contracts  
 1740 W. Adams Street  
 Phoenix, Arizona 85007

**CONTRACTOR'S EXPENDITURE REPORT**

1. Contract Number \_\_\_\_\_ P.O. # \_\_\_\_\_  
 2. Contractor's Name \_\_\_\_\_  
 3. Title of Program Commodity Supplemental Food Program (CSFP)  
 4. Reporting Period From \_\_\_\_\_ To \_\_\_\_\_

4A.  Cost Reimbursement - Cumulative Actual Expenditures  
 Fixed Price  
 4B.  Periodic Report  
 FINAL REPORT

Contractor's Detailed Statement of Expenditures and Fixed Price					
5. COST REIMBURSEMENT (Actual Expenditures)	Approved Budget (a)	Prior Report Period Year to Date Expenditures (b)	Current Reporting Period Expenditures (c)	Total Year to Date Expenditures (d)	
A. Account Classification:					
Personal Services and ERE	\$ -	\$ -	\$ -	\$ -	
Professional and Outside Services	\$ -	\$ -	\$ -	\$ -	
Travel Expenses	\$ -	\$ -	\$ -	\$ -	
Occupancy Expense	\$ -	\$ -	\$ -	\$ -	
Other Operating Expense	\$ -	\$ -	\$ -	\$ -	
Capital Outlay Expense	\$ -	\$ -	\$ -	\$ -	
Indirect	\$ -	\$ -	\$ -	\$ -	
<b>TOTAL</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	<b>\$ -</b>	
6. FIXED PRICE	Rate per Unit (1)	Number of Units Provided this Reporting Period (2)	Total Funds Earned this Reporting Period (3)	Prior Report Period Year to Date Funds Earned (4)	Total Year to Date Funds Earned (5)
A. Type of Unit:					
<b>TOTAL</b>					

ADHS USE ONLY	THIS SECTION FOR ADHS ACCOUNTING USE ONLY			
ADHS PROGRAM COORDINATOR CERTIFICATION: <input type="checkbox"/> Performance satisfactory for payment <input type="checkbox"/> Performance unsatisfactory, withhold payment <input type="checkbox"/> No payment due	Total Expenditures or total Fixed Price _____			
	Adj (if required): _____			
	Less: Year to date payments _____			
	Adj (if required): _____			
	Net payment due:			
	Index	PCA	AY	Amount
PROGRAM COORDINATOR SIGNATURE/DATE	0	0	0	_____

**7. CONTRACTOR CERTIFICATION**  
 I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report.

\_\_\_\_\_  
 AUTHORIZED CONTRACTOR'S SIGNATURE/TITLE/DATE

## INSTRUCTIONS FOR ELECTRONICALLY COMPLETING THE CER FOR THE CSFP PROGRAM

1. Click on the appropriate tab of the workbook for the month to be reported.
2. The Reporting Period, Contract Number, and PO Number have been pre-filled.
3. On the top right-hand side of the form, click “Cost Reimbursement” (in the box) in 4A; and in 4B click “Periodic Report” (in the circle) for monthly reports.

Note: Click “*Final Report*” under 4B only for the last report of the year.

- **Section A. Account Classification:**

This section on the left side of the CER lists the Budget Categories by line item. Use only the top half of the CER (Cost Reimbursement). Do not use the bottom half of the CER (Fixed Price).

- **Column a, Approved Budget:**

This column shows the budgeted line item amounts approved for the fiscal year. These amounts match the numbers in the approved contract and may not be changed by the Local Agency. A Local Agency may formally request a budget amendment during a fiscal year. If approved, revised CERs will be provided to the Local Agency.

- **Column b, Prior Report Period Year to Date Expenditures:**

Year to date expenditure totals are brought forward from the previous month.

- **Column c, Current Reporting Period Expenditures:**

This column lists the expenses for the reported month. The Local Agency will enter information in column c using records of actual expenses for the month.

- **Column d, Total Year to Date Expenditures:**

This column calculates cumulative expenses to date. This figure is obtained by adding the current month’s expenses (column c) to the prior report period year to date expenditures (column b). The CER contains protected formulas to automatically calculate this field using the expense information entered by the CSFP Local Agency.

Note: Prior to submitting the CER to ADHS, an authorized signer and the preparer must sign and date the contractor certification in the lower right-hand corner of the CER.

Arizona Department of Health Services  
 Accounting/Contracts  
 1740 W. Adams Street  
 Phoenix, Arizona 85007

**CONTRACTOR'S EXPENDITURE REPORT**

1. Contract Number ADHS13-999999 E00XXXXX  
 2. Contractor's Name Organization Name  
 3. Title of Program Commodity Supplemental Food Program (CSFP)  
 4. Reporting Period 11/1/2013 11/30/2013

- 4A.  Cost Reimbursement - Cumulative Actual Expenditures  
 Fixed Price  
 4B.  Periodic Report  
 FINAL REPORT

**Contractor's Detailed Statement of Expenditures and Fixed Price**

5. COST REIMBURSEMENT (Actual Expenditures)		Approved Budget	Prior Report Period Year to Date Expenditures	Current Reporting Period Expenditures	Total Year to Date Expenditures
A. Account Classification:		(a)	(b)	(c)	(d)
Personal Services and ERE		\$ 6,000.00	\$ 828.35	\$ 455.06	\$ 1,283.41
Professional and Outside Services		\$ 1.00	\$ -	\$ -	\$ -
Travel Expenses		\$ 200.00	\$ -	\$ -	\$ -
Occupancy Expense		\$ -	\$ -	\$ -	\$ -
Other Operating Expense		\$ 240.00	\$ 25.61	\$ 7.16	\$ 32.77
Capital Outlay Expense		\$ -	\$ -	\$ -	\$ -
Indirect		\$ -	\$ -	\$ -	\$ -
<b>TOTAL</b>		<b>\$ 6,441.00</b>	<b>\$ 853.96</b>	<b>\$ 462.22</b>	<b>\$ 1,316.18</b>

  

6. FIXED PRICE		Rate per Unit	Number of Units Provided this Reporting Period	Total Funds Earned this Reporting Period	Prior Report Period Year to Date Funds Earned	Total Year to Date Funds Earned
A. Type of Unit:		(1)	(2)	(3)	(4)	(5)
<b>TOTAL</b>						

ADHS USE ONLY	THIS SECTION FOR ADHS ACCOUNTING USE ONLY			
ADHS PROGRAM COORDINATOR CERTIFICATION: <input type="checkbox"/> Performance satisfactory for payment <input type="checkbox"/> Performance unsatisfactory, withhold payment <input type="checkbox"/> No payment due	Total Expenditures or total Fixed Price _____			
	Adj (if required): _____			
	Less: Year to date payments _____			
	Adj (if required): _____			
	Net payment due: _____			
	Index	PCA	AY	Amount
PROGRAM COORDINATOR SIGNATURE/DATE	<u>99330</u>	<u>44181</u>	<u>13</u>	_____

**7. CONTRACTOR CERTIFICATION**

I certify that this report has been examined by me, and to the best of my knowledge and belief, the reported expenditures and fixed price information is valid, based upon our official accounting records (book of account) and consistent with the terms of the contract. It is also understood that the contract payments are calculated by the Department of Health Services based upon information provided in this report.

*G. Doe* Controller 12/10/13

\_\_\_\_\_  
 AUTHORIZED CONTRACTOR'S SIGNATURE/TITLE/DATE

Arizona Department of Health Services  
Accounting/Contracts  
1740 W. Adams Street  
Phoenix, Arizona 85007

**CONTRACTOR'S EXPENDITURE REPORT**

1. Contract Number ADHS13-999999 E00XXXXX  
2. Contractor's Name Organization Name  
3. Title of Program Commodity Supplemental Food Program (CSFP)  
4. Reporting Period 11/1/2013 11/30/2013

- 4A.  Cost Reimbursement -  
Cumulative Actual Expenditures  
 Fixed Price
- 4B.  Periodic Report  
 FINAL REPORT

**COMMENTS:**

**Appendix B:  
Labor Activity Report (LAR) and  
Certification of Duty Performance Forms**

---

See Attached

# Labor Activity Report

Pay Period: \_\_\_\_\_ To: \_\_\_\_\_

Department of Health Services

Position No.: \_\_\_\_\_

Timekeeper's Name: \_\_\_\_\_

Name: \_\_\_\_\_

EIN: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Default Funding	% Change	Description	Index	PCA	AY	%	S	S	M	T	W	T	F	S	S	M	T	W	T	F	Total	
%	%																					
						<b>Total Hours Worked</b>	%															

**LEAVE Time**

COMP	330																					
HOLIDAY	320																					
ANNUAL	300																					
SICK	310/311																					
LWOP/Furlough	640																					
Jury Duty	350																					
		<b>Total Leave Hours</b>																				

**Pay Period Totals**

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

I certify that the hours above represent, to the best of my knowledge, an accurate record of the time that I have devoted to the identified programs/activities as per ADHS policies and procedures.

\_\_\_\_\_  
Employee Signature Date

**NOTE:** Due to Timekeeper when signing time sheet.  
Due into Payroll Office on Monday, before close of business.  
LAR will not be processed without Signatures.

\_\_\_\_\_  
Business Manager / Supervisor Signature / Phone Number



**ARIZONA DEPARTMENT OF HEALTH SERVICES  
Bureau of Nutrition and Physical Activity**

**SUBJECT:**

**INCUMBENT:**

**POSITION TITLE:**

**POSITION NO:**

**FEDERAL GRANT:**

**PERIOD:**

As the incumbent of the position listed above, I certify that all work performed during this period was for the Federal grant shown above in accordance with the 2 CFR Part 225, Appendix B, Paragraph 8h, 3 - 4.

**Signature**

**Date**

---

**ARIZONA DEPARTMENT OF HEALTH SERVICES**  
**Bureau of Nutrition and Physical Activity**

**SUBJECT:**                    **Certification of Duty Performance**

**INCUMBENT:**            **Chris Doe**

**POSITION TITLE:**    **CNW**

**POSITION NO:**        **27H-2479**

**FEDERAL GRANT:**    **CSFP**

**PERIOD:**                **4/1/13-9/30/13\***

As the incumbent of the position listed above, I certify that all work performed during this period was for the Federal grant shown above in accordance with the 2 CFR Part 225, Appendix B, Paragraph 8h, 3 - 4.

**Signature**

**Date**

*CDoe*

**\*10/1/13**

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# Chapter Seven

## Financial Management

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# **Chapter Eight**

## **Non-Discrimination and Hearing Procedures**

# Chapter Eight

## Non-Discrimination and Hearing Procedures

---

### Overview

---

#### Policy

The Arizona Commodity Supplemental Food Program (CSFP) and its contractors will not discriminate in hiring or providing services. Eligible applicants will be hired or served without regard to race, color, religion, disability, age, national origin, gender or political affiliation.

**Note:** The State's policy for reasonable accommodation is in accordance with the Americans with Disabilities Act (ADA) and Section 504 of the Rehabilitation Act, dated April 1994.

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# Chapter Eight

## Non-Discrimination and Hearing Procedures

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### Section A

#### State Agency Responsibilities

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**State Agency  
Contract  
Statement of  
Non-  
Discrimination**

The State agency will ensure that the Civil Rights and ADA assurance statement is in the Local Agency contract.

---

**Civil Rights  
Training**

The State agency is responsible for training Local Agency Directors in Civil Rights, including ADA, so that they, in turn, can train their staff.

The State agency will designate staff time to coordinate, implement, and conduct training, and to enforce Civil Rights efforts. Training may be provided at bi-monthly statewide staff meetings, by distance learning and/or at in-house meetings.

---

**Public  
Notification  
of Program  
Benefits**

The State agency will ensure that advocacy and minority organizations as well as the general public are informed of program benefits at least annually.

Notification will include availability of program benefits, eligibility criteria for participation, location of clinics and hours of service, rights and responsibilities, nondiscrimination policy, and Civil Rights and ADA complaint procedures.

Applicants and CSFP participants will be provided access to Title VI information and CSFP regulations upon request.

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*Continued on Next Page*

# Chapter Eight

## Non-Discrimination and Hearing Procedures

---

### Section A

#### State Agency Responsibilities (Continued)

---

**United States  
Department of  
Agriculture  
(USDA)  
Non-  
Discrimination  
Policy**

The Arizona CSFP provides applicants with key information in languages other than English, as needed. These materials include applications and information describing eligibility criteria and procedures for delivery of benefits.

The Arizona CSFP requires its Local Agencies to include the USDA non-discrimination policy statements and Civil Rights and ADA complaint procedures on all outreach materials, such as program information letters, brochures, bulletins, and newspaper, TV, and radio ads.

The Arizona CSFP requires the “And Justice for All” poster to be displayed in all clinics and warehouse distribution centers.

---

**Monitoring  
Non-  
Discrimination  
Policy**

The State agency monitors Local Agencies’ compliance with Civil Rights and ADA requirements during periodic reviews of reports which detail enrollment by ethnicity, and by review of customer satisfaction surveys. In addition, during Management Evaluations, files of those determined to be ineligible for CSFP services and those placed on the waiting list for services will be reviewed.

The State agency will maintain complete and thorough records of all activities to monitor Civil Rights and ADA compliance and any known complaints of discrimination made by CSFP applicants or participants.

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*Continued on Next Page*

# Chapter Eight

## Non-Discrimination and Hearing Procedures

---

### Section A

#### State Agency Responsibilities (Continued)

---

**State Agency  
Management  
Evaluation  
Non-compliance  
Notification**

Areas determined to be out of compliance with non-discrimination policies during a Management Evaluation will be:

- Discussed with the appropriate Local Agency staff during the exit interview;
- Identified in a written report, sent by certified mail with return receipt requested. The report must be sent from the State agency to the Local Agency within twenty-one (21) calendar days. The report will:
  1. Request corrective action to be taken within thirty (30) calendar days of initial findings;
  2. Request a written response from the Local Agency within twenty-one (21) calendar days. The response will assure implementation of specific methods, according to a time line, to bring the Program into compliance;
  3. Offer technical assistance from the State agency and/or State Affirmative Action Officer, where appropriate.

---

*Continued on Next Page*

# Chapter Eight

## Non-Discrimination and Hearing Procedures

---

### Section A

#### State Agency Responsibilities (Continued)

---

**State Agency  
Non-  
Discrimination  
Follow-up**

The State agency will conduct follow-up reviews within thirty (30) calendar days of the initial Management Evaluation to ensure that the Program has been brought into compliance. Copies of all findings, recommendations, and correspondence will be forwarded immediately to USDA/FNS/WRO and the State Affirmative Action Officer. Technical assistance will be requested as necessary.

If voluntary compliance is not achieved by the Local Agency within 30 calendar days, notification and copies of all correspondence and documentation will be sent to the USDA Western Regional Office. Documentation will include the following:

- Relevant contracts, assurances, and agreements between the State agency and the Local Agency;
  - List of names, titles, office mailing addresses, and office telephone numbers of the parties involved;
  - List of available witnesses, their official titles, addresses, and a brief statement of the matter about which they can testify;
  - A statement of all actions to achieve voluntary compliance.
-

# Chapter Eight

## Non-Discrimination and Hearing Procedures

---

### Section B

#### Local Agency Responsibilities

---

##### Local Agency Training

Local Agencies will:

- Ensure that new staff members are instructed about Civil Rights and Americans with Disabilities Act (ADA), during their orientation;
  - Ensure that, annually, all staff will attend training or a staff meeting where Civil Rights and ADA issues are reviewed.
- 

##### Language / Cultural Needs and Disability Needs

- Ensure that bilingual staff and/or translation resources are available in areas where a significant proportion of non-English speaking persons reside.
  - Provide information about rights, obligations, and requirements of CSFP in the applicant's/participant's language. Rights and responsibilities listed on the certification form will be read to or by the applicant in the appropriate language.
  - Design nutrition education to meet the different cultural and language needs of Program participants.
  - CSFP staff will ensure handicapped applicants and participants have unimpeded access to CSFP clinics and services.
- 

##### Non-Discrimination Written Procedures

- Develop and implement written procedures on how to provide CSFP services to all eligible participants. Services will be provided without regard to race, color, disability, age, national origin, or gender, as per Federal regulations and the general provisions of the contract.
- 

*Continued on Next Page*

# Chapter Eight

## Non-Discrimination and Hearing Procedures

---

### Section B

#### Local Agency Responsibilities (Continued)

---

##### Local Agency Non- discrimination and Outreach

- Perform outreach to migrants and homeless persons, as well as advocacy groups and associations that work with minority groups.
- 

##### Racial / Ethnic Data Collection

- Collect accurate racial/ethnic data on participants in accordance with USDA requirements.
  - Explain that the collection of this information is strictly for statistical reporting requirements and has no effect on the determination of their eligibility to participate in the program.
    - Ask participants to self-identify their ethnicity as Hispanic or non-Hispanic, and their racial group(s) as American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White.
    - Applicants can choose as many races as are appropriate.
    - Country of origin or nationality should not be asked of applicants.
  - Self-declaration at the time of initial Certification is the preferred method of obtaining this data. If, after being asked to self-declare, the applicant does not provide the information, the staff member is to select the race “White” and “Client Refused, Observed by Staff.” The choice “White” as the race has been made the default (automatic choice) for situations such as described above.
  - This data only needs to be collected at initial Certification.
- 

##### Civil Rights Compliance / Complaints Records

- Maintain complete and thorough records of all activities to monitor Civil Rights and ADA compliance and any known complaints of discrimination made by CSFP applicants or participants.
-

# Chapter Eight

## Non-Discrimination and Hearing Procedures

---

### Section B

#### Local Agency Responsibilities (Continued)

---

##### Handling of Discrimination Complaints

- Participate in the handling of complaints, as described in Section C below.
- 

##### Racial / Ethnic Reports

- On an annual basis, complete and submit FNS-191 Racial and Ethnic Group Participation Report based on the April CSFP participation for their agency.
-

# Chapter Eight

## Non-Discrimination and Hearing Procedures

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### Section C

#### Handling of Complaints

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#### Handling of Complaints

Complaints of discrimination based on race, color, disability, age, national origin, or gender will be handled as follows. State or Local Agency CSFP staff, as appropriate, will:

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#### Offer Assistance

Volunteer assistance to applicant or participant in making a written or verbal complaint. This assistance, if accepted, will be provided on the same day the complaint is made.

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#### Discrimination Complaint Documentation

Ensure that all of the complaints received are documented on the Complaint Record. Every effort should be made to have the following information:

- Identification of complainant, including address and phone number;
- Narrative of the complaint, including date(s) when the alleged discriminatory actions occurred and a description of the actions;
- Name of CSFP agency and individual(s) against whom the complaint is filed;
- Date complaint filed and with whom.

**Note:** A complainant does not have to identify him- or herself. Staff will accept an anonymous complaint and document it.

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# Chapter Eight

## Non-Discrimination and Hearing Procedures

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### Section C

#### Handling of Complaints (Continued)

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#### Tracking of Discrimination Complaints

Document all activities regarding the complaint, such as information or assistance given to the complainant and all information relating to the complaint:

- Maintain a case file of each complaint;
  - Keep complainant informed of all actions taken;
  - Encourage complainant to retain a copy of the complaint.
- 

#### Notification

The CSFP Manager or other State CSFP staff will immediately notify the Director, Supplemental Foods Division, Food and Nutrition Services USDA, Washington, D.C. 20250. Complaints based on gender or disability will be forwarded to the Western Region Food and Nutrition Service (FNS) office.

Local Agencies will immediately notify the CSFP Manager upon receipt of a complaint. The CSFP Manager must submit a written record of the complaint(s) to the ADHS Director within fifteen (15) days.

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#### Consultation

The ADHS Human Rights Office will provide consultation and technical assistance to Local Agencies in order to avoid and/or eliminate discriminatory practices.

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#### ADHS Online Complaint Application

CSFP applicants and participants can also file complaints about a CSFP staff member or another CSFP participant through the online complaint application found at [www.azwic.gov](http://www.azwic.gov). Complaints can be related to any of the following: poor customer service, criminal activity such as fraud, waste of funds, discrimination, employee misconduct, conflict of interest, or discrimination.

NOTE: this is the same complaint application that is used by the WIC Program; CSFP participants can click on the 'WIC Participant' or 'WIC Staff' buttons to initiate their complaint.

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# Chapter Eight

## Non-Discrimination and Hearing Procedures

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### Section D

#### Civil Rights/ADA Training

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#### Civil Rights / ADA Training Policy

State agency staff is responsible for training Local Agency CSFP Directors on Civil Rights and ADA, so that they, in turn, can train their staff.

All new Local Agency staff members will be instructed on Civil Rights and ADA during the orientation period.

Annually, all CSFP staff will attend training or a staff meeting where Civil Rights and ADA issues are reviewed.

Civil Rights and ADA training will be documented in each staff member's training file.

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#### Subjects Covered

Subjects to be covered when training Local Agency Nutritionists and CSFP Directors will include:

- Collecting and using racial/ethnic data;
- Effective public notification systems;
- Complaint procedures;
- A review of techniques for Local Agency monitoring of clinic procedures;
- Resolution of noncompliance.

**Note:** All training will be based on FNS instruction 113-2, Rev. 1. Local Agency Directors are responsible for training their staff.

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## Chapter Eight

### Non-Discrimination and Hearing Procedures

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#### Section D

#### Civil Rights/ADA Training (Continued)

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##### Non-Discrimination References

The State agency will keep on file all of the following:

- FNS Instruction 113-2, Rev. 1;
- Title VI (1964), 7 CFR 15;
- Title IX, USDA Administrative Regulations;
- Title IX, Education Amendments, 7 CFR 15a (gender discrimination);
- Title 28, Department of Justice Regulations;
- Section 504, Handicap Regulation 7 CFR 15b;
- Americans with Disabilities Act of 1991;
- Memorandum on Legality of Racial/Ethnic data collection;
- Grassroots Organization Directory;
- Self-evaluation;
- Age Discrimination Act of 1975, 7 CFR 15c.

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# Chapter Eight

## Non-Discrimination and Hearing Procedures

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### Section E

#### CSFP Civil Rights and ADA Quality Assurance Criteria

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Criteria	Data Source
1. USDA non-discrimination poster (And Justice for All) prominently displayed in clinic within viewing range of participants.	Observation
2. Knowledge/Documentation: a. Participant informed, regardless of eligibility or ineligibility, in a language s/he understands, that standards for participation in the Program are the same for everyone. b. Participant signs a copy of the Verification of Certification (VOC) acknowledging his/her eligibility or ineligibility for services.	Participant interview Certifier interview VOC in participant's records
3. Eligible Program participants receive services, as funds are available according to the Nutrition Risk Factors by Priority for Service.	VOC in participant record notes: a. Date of request b. Eligible/ineligible waiting list status
4. Program information materials provided in the appropriate language(s) of participant population served. All materials announcing Program benefits include non-discrimination statement.	Observation
5. Nutrition education provided: a. In the predominant language of participant population served; b. With consideration to cultural beliefs and values of participants served.	Monitoring visit documentation in participant records Certifier interview

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# Chapter Eight

## Non-Discrimination and Hearing Procedures

---

### Section E

#### CSFP Civil Rights and ADA Quality Assurance Criteria (Continued)

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Criteria	Data Source
<p>6. Participants interviewed periodically, using State and/or locally developed surveys, regarding:</p> <ul style="list-style-type: none"> <li>a. Feelings/attitudes about Program services and participation;</li> <li>b. Treatment received from clinic personnel;</li> <li>c. Nutrition education received;</li> <li>d. Rights and obligation to receive Program services;</li> <li>e. Persons to contact about complaints of discrimination.</li> </ul>	<p>Record of participant responses from interview/survey</p>
<p>7. Local Agency staff renders requested assistance to participants wishing to report complaints of discrimination to appropriate Program officials.</p>	<p>Documentation of requests in Local Agency files Participant interview Certifier interview</p>
<p>8. Known participant complaints of discrimination documented and reported to the CSFP Manager and:</p> <p style="padding-left: 40px;">USDA Office of Advocacy and Enterprise Washington, DC 20250</p>	<p>Documentation of requests in Local Agency files Documentation in State CSFP office files</p>
<p>9. Program population served matches ethnic composition of service population based on statistics for:</p> <ul style="list-style-type: none"> <li>a. Age</li> <li>b. Income</li> <li>c. Ethnicity/Race</li> <li>d. Gender</li> </ul>	<p>FNS - 191 Department of Economic Security ADHS Economic and Health Statistics</p>

*Continued on Next Page*

## Chapter Eight

### Non-Discrimination and Hearing Procedures

---

#### Section E

#### CSFP Civil Rights and ADA Quality Assurance Criteria (Continued)

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Criteria	Data Source
10. Local Agency contacts outreach/referral agencies to review: <ul style="list-style-type: none"> <li>a. CSFP Program benefits;</li> <li>b. CSFP eligibility criteria;</li> <li>c. Referral procedures;</li> <li>d. CSFP non-discrimination policies and procedures.</li> </ul>	Documentation in Local Agency files or copies of distributed materials
11. Annual public notification by the State agency of availability of Program services: <ul style="list-style-type: none"> <li>a. Contains non-discrimination statement;</li> <li>b. Is directed to minority groups;</li> <li>c. Is accessible to handicapped applicants and participants.</li> </ul>	Documentation in State agency correspondence files or copies of distributed materials
12. Annual public notification by Local CSFP Agencies of availability of Program services: <ul style="list-style-type: none"> <li>a. Contains non-discrimination statement;</li> <li>b. Is directed toward minority groups.</li> </ul>	Documentation in Local Agency files or copies of distributed materials
13. Availability of bilingual staff during clinic hours.	Personnel records observation
14. Local Agency staff can explain their role in filing for a show cause meeting, fair hearing or discrimination complaint.	Staff interview

# Chapter Eight

## Non-Discrimination and Hearing Procedures

---

### Section F

#### Non-Discrimination Hearing Procedures

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##### Overview

All hearings will be held in accordance with 7 CFR 247.33, Fair hearings, for applicants or participants and 7 C.F.R. 247.35, Local agency appeals of State agency actions, for Local Agencies.

The total appeal process for applicants or participants will not exceed forty-five (45) calendar days from the date of receipt by the State agency of the request for a fair hearing.

The total appeal process for Local Agencies will not exceed sixty (60) calendar days from the date of receipt by the State agency of the request for a fair hearing.

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# Chapter Eight

## Non-Discrimination and Hearing Procedures

---

### Section G

#### Fair Hearings for Applicants/Participants

---

##### Fair Hearings

The State agency will provide the fair hearing as a forum for applicants or participants to appeal an adverse action.

The State or Local Agency will not limit or interfere with the applicant's or participant's right to request a fair hearing.

**Note:** If the applicant/participant has been denied participation at a previous fair hearing and cannot provide new evidence that circumstances relevant to Program eligibility have changed in such a way as to justify a new fair hearing, the State or Local Agency can deny the request.

---

##### Applicant / Participant Fair Hearing Time frame

The applicant/participant has sixty (60) calendar days from the date the State agency mails or otherwise gives notification of the "notice of adverse action" to make a clear expression, verbal or written, to a State or Local Agency official that an appeal of the adverse action is desired (a fair hearing). The request for a fair hearing must include a statement of the facts asserted and relief sought.

---

##### Procedure

Except for participants whose certification period has expired, participants disqualified from participation in the Arizona CSFP will continue to receive benefits if they appeal within fifteen (15) calendar days from receipt of the "notice of adverse action." CSFP services will be provided until the ADHS Director reaches a decision or the certification period ends, whichever comes first.

Applicants/participants who are denied benefits at initial certification or at subsequent certifications may appeal the denial but shall not receive benefits while awaiting the hearing.

The Administrative Law Judge will make a recommendation to the ADHS Director based solely on the evidence presented at a fair hearing and the statutory and regulatory provisions governing the Program.

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# Chapter Eight

## Non-Discrimination and Hearing Procedures

---

### Section G

#### Fair Hearings for Applicants/Participants (Continued)

---

##### Applicant / Participant Appeal Rights Notification Process

At the time of denial of participation in or of disqualification from the Program, the applicant/participant will be informed, in writing, of the right to a fair hearing. The mechanism for providing written notice to participants will be through the Notification of Ineligibility. All notifications will inform the applicant/participant of the right to self-represent or to be assisted or represented by a relative, friend, legal counsel, or other spokesperson and the right to bring witnesses. The applicant/participant is entitled to introduce arguments, question or refute any testimony or evidence, confront and cross-examine adverse witnesses, and submit evidence to support the applicant/participant's case. All pertinent documents may be examined prior to or during the fair hearing.

**Note:** As a matter of course, the Administrative Law Judge records all fair hearings.

A written request for a fair hearing must be sent or hand-delivered (see "Applicant/Participant Fair Hearing Time Frame" on page 16) no later than sixty (60) calendar days from the date the agency mails the notice of adverse action. The request for a fair hearing will be addressed as follows:

Clerk of the Department  
Arizona Department of Health Services  
150 N. 18<sup>th</sup> Ave, Suite 500  
Phoenix, Arizona 85007

Local Agency staff may assist the participant/applicant in his/her preparation and submission of a written request for a fair hearing. The request must contain a statement of facts, the reasons the applicant/participant believes that s/he is entitled to a fair hearing, and the relief sought.

The CSFP Manager will be notified by the Clerk of the Department of a request for a fair hearing and the CSFP Manager will discuss the contents of the request with the Local Agency Director. Documentation of this notification will be maintained by the CSFP Manager or designee.

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# Chapter Eight

## Non-Discrimination and Hearing Procedures

---

### Section G

#### Fair Hearings for Applicants/Participants (Continued)

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**Fair Hearing  
Procedures**

When a fair hearing is requested, Arizona Revised Statutes, Title 41, Article 10 will dictate procedure. The fair hearing will be held within twenty-one (21) calendar days of the date of receipt of the request for the fair hearing.

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**ADHS  
Administrative  
Counsel**

Fair hearing arrangements will be handled by the ADHS Administrative Counsel. The fair hearing will be held at the Office of Administrative Hearings. At least ten (10) calendar days advance written notice of the date, time, and place of the hearing will be sent by certified mail to the applicant/participant. This advance written notice will include an explanation of the fair hearing procedure.

---

**Denial or  
Dismissal of  
Request**

A request for a fair hearing will be denied if the written request is postmarked more than sixty (60) calendar days from the date the agency mails the notice of adverse action.

A request for a fair hearing may be dismissed if the request is withdrawn, in writing, by the applicant or the participant/authorized representative.

A request for a fair hearing may be dismissed if the applicant/participant, without good cause, fails to appear at the scheduled hearing.

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# Chapter Eight

## Non-Discrimination and Hearing Procedures

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### Section G

#### Fair Hearings for Applicants/Participants (Continued)

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**Applicant /  
Participant  
Time Frames for  
Fair Hearing  
Decision /  
Follow-Up**

Within forty-five (45) calendar days of the date of receipt of the request for a fair hearing, the applicant/participant will be informed in writing of the fair hearing decision and reasons for the decision.

The applicant/participant has thirty (30) calendar days from the date of receipt of the fair hearing decision to request re-hearing or review of the adverse decision. The request for rehearing or review will conform to the requirements of Arizona Administrative Code (A.A.C.) R9-1-103. The applicant/participant may appeal the Director's final decision to the Superior Court pursuant to Title 12, Chapter 7, Article 6 of the Arizona Revised Statutes.

---

**Decision in  
Favor of the  
Applicant or  
Participant**

If the decision is in favor of the **participant**, the following will occur:

- The Local Agency will continue the benefits of participation until the end of the certification period;
- The Local Agency will modify the participant's record according to the findings of the fair hearing.

If the decision is in favor of the **applicant**, the following will occur:

- The Local Agency will enroll the applicant immediately and provide benefits as appropriate.
- 

**Decision in  
Favor of the  
State Agency**

If the decision is in favor of the State agency, the following will occur:

- The Local Agency will discontinue benefits as soon as administratively feasible;
  - The State agency may attempt to collect claims for benefits improperly issued.
- 

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## **Chapter Eight**

### **Non-Discrimination and Hearing Procedures**

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#### **Section G**

#### **Fair Hearings for Applicants/Participants (Continued)**

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**Applicant /  
Participant  
Availability of  
Fair Hearing  
Records**

The State and Local Agency will make all fair hearing records and decisions available for public inspection and copying; however, the names and addresses of applicants/participants will be kept confidential in accordance with 7 CFR 247.36(b).

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# Chapter Eight

## Non-Discrimination and Hearing Procedures

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### Section H

#### Fair Hearings for Local Agencies/Food Banks

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**Policy**

The State agency will provide the fair hearing as a forum for Local Agencies to appeal adverse actions.

The State agency will provide the Local Agency with sixty (60) calendar days advance written notification of pending adverse action. Notwithstanding an appeal, a Local Agency that is permitted to continue in the Program must continue to comply with the terms of its contract with ADHS.

The State agency will not limit or interfere with a Local Agency's right to request a fair hearing.

**Local Agency /  
Food Bank  
Time Frame**

To contest an adverse action, a Local Agency must file a written request for a fair hearing with the Clerk of the Department, Arizona Department of Health Services, 150 N. 18<sup>th</sup> Ave. Suite 500, Phoenix, Arizona 85007, within sixty (60) calendar days from the date the State agency mails the written notice of adverse action.

**Local Agency /  
Food Bank  
Procedures**

The request for a fair hearing must contain a concise statement of the facts and the reason(s) the Local Agency believes it is entitled to a fair hearing and any relief sought. If the Local Agency elects to be represented by an attorney, the written request must also contain the name, address and telephone number of the attorney.

The Local Agency is entitled to introduce arguments, question or refute any testimony or evidence, including confront and cross-examine adverse witnesses, and submit evidence to support its case. All pertinent documents may be examined prior to the fair hearing.

The fair hearing will be conducted in accordance with Arizona Revised Statutes, Title 41, Article 10.

**Note:** As a matter of course, the Administrative Law Judge records all fair hearings.

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# Chapter Eight

## Non-Discrimination and Hearing Procedures

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### Section H

#### Fair Hearings for Local Agencies/Food Banks (Continued)

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**ADHS  
Administrative  
Counsel**

Fair hearing arrangements will be handled by the ADHS Administrative Counsel. The Local Agency requesting a fair hearing will be provided:

At least ten (10) calendar days advance written notice of the date, time, and place of the fair hearing will be given. This advance written notice will include an explanation of the fair hearing procedure.

A request for a fair hearing will be denied if the written request is postmarked more than sixty (60) calendar days from the date the agency mails the written notice of adverse action.

A request for a fair hearing may be withdrawn in writing by the Local Agency.

Failure to appear at a scheduled fair hearing without good cause may result in a decision in favor of the State agency.

An Administrative Law Judge will decide the validity of the State agency's action based solely on the evidence presented at the fair hearing and the statutory and regulatory provisions governing the Program or contract between the parties. The basis for the decision will be stated in writing and will contain formal findings of fact and conclusions of law. The decision will be presented to the ADHS Director in the form of a recommendation for a final decision.

---

**Local Agency /  
Food Bank  
Decision  
Notification/  
Follow-Up**

The State agency shall provide the Local Agency with written notification of the decision concerning the appeal within sixty (60) calendar days from the date of receipt of the request for a fair hearing.

The Local Agency may request a re-hearing or review after an adverse decision pursuant to A.A.C. R9-1-103. The Director's decision may be appealed to the Superior Court pursuant to Title 12, Chapter 7, Article 6 of the Arizona Revised Statutes.

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**Chapter Eight**  
**Non-Discrimination and Hearing Procedures**

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**Appendix A**  
**Arizona Commodity Supplemental Food Program (CSFP)**  
**Complaint Tracking Form**

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# Chapter Eight

## Non-Discrimination and Hearing Procedures

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