

Commodity Supplemental Food Program Monitoring Form



Date of visit _____

Distributing CountyAgency _____

Agency Representative _____

Mid-Ohio Foodbank Representative _____

1. What is your procedure for determining eligibility?

2. What is your procedure for maintaining a waitlist of eligible recipients?

3. What, if any, outreach is conducted for your CSFP program?

4. Are recipients certified annually and re-certified at 6 months?

5. How is food stored until recipients pick it up?

6. Are recipient (or proxy) signatures obtained at each distribution?

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Agency & Program Services

7. Are you adhering to non-discrimination requirements as stated in CSFP Federal Regulations (printed statement on materials and "Justice for All" poster visible at distribution)?

8. Are all staff and volunteers with client contact recipients of civil rights training

9. Is at least one staff member trained in safe food handling (per Feeding America)? Name of person and date of training:

10. Do you provide any additional resources/information to clients?

11. What is your procedure to address complaints regarding food or procedures?

12. Other comments or questions?
