Arkansas Department of Agriculture

Food and Nutrition Division

Food Distribution Unit

This institution is an equal opportunity provider.

Distribution Site Review - CSFP

Use of form: This form will be used to determine compliance with established program rules and regulations.

A. Distribution Site Contact Information:	
Outlet Name:	Address:
City, State, Zip:	Site Coordinator's Name:
Telephone Number:	Email Address:
Emergency Number:	Alternate Contact:
Date of Review:	Reviewer's Name:

B. General Information:

Yes	No	N/A	U	
				1. Number of Clients served: 2. Number of Paid Staff: 3. Number of Volunteers:
				4. Number of Clients who pick-up: 5. Number of deliveries to clients: 6. Agency Affiliation:
				7. Is there a current signed agreement on file between the distribution site and the Agency?

C. Certification:

Yes	No	N/A	U	
				1. Does the site certify clients on the day of distribution?
				2. If yes, describe method:
				3. Are written procedures/policy manual available and followed?
				4. Are the correct income guidelines followed?
				5. Are applicants certified in a timely manner?
				6. Is a waiting list utilized?
				7. If so, are clients notified in writing of temporary status?

Yes	No	N/A	U	
				8. Is the certification statement read to the clients or by the clients?
				9. Are clients informed of illegality of dual participation in CSFP?
				10. How are clients informed of illegality of dual participation?

D. Distribution:

Yes	No	N/A	U	
				1. Describe food delivery system, including shipments to site, product security, and handling of leftover commodities:
				2. Do all recipients show their proof of identity and sign for products?
				3. Can a client authorize someone to pick-up commodities for them?
				4. How is a person checked for their authority to pick up commodities for a client?
				5. What measures taken to ensure clients receive commodities from the authorized representative?
				6. List of products and issuance rate during current distribution:
				7. Is the correct amount being issued?
				8. What accommodations are made for the disabled?
				9. What is the alternate plan if the site does not have enough food/food packages to distribute?
				10. Are appropriate signatures obtained from home delivery recipients?
				11. Are staff and volunteers pleasant and respectful to clients?
				12. What is done with damaged or non-consumable commodities?
				13. What is done with any leftover commodities?
				14. How is the distribution information (new clients, signature sheets, reports) transferred to the main office?

E. Nutrition Education/Outreach:

Yes	No	N/A	U	
				1. List the Nutrition Education Materials available at the site and/or to the client. Attach examples:
				Is the correct CSFP –specific protected class information included?
				2. Is there an agency demonstration during distribution?
				3. Does the nutrition topic match the nutrition plan?
				4. What outreach information is available to the client:
				5. Has the site distributed a Nutrition Education Survey to all of your clients at least once per year?

F. Civil Rights:

Yes	No	N/A	U	
				1. Are services and facilities used by all persons without regard to race, color, sex, age, disability, or national origin?
				2. Is there segregation of the protected classes?
				3. Do program materials include the non-discrimination statement?
				4. Do materials include a provision that complaints may be filed directly to the Secretary of Agriculture?
				5. Is the Civil Rights Poster "And Justice for All" properly displayed?
				6. Does the site provide bilingual personnel/materials as necessary?
				7. What means of communication is used to inform clients of monthly CSFP distributions?
				8. Provide the date of the last Civil Rights training:
For Faith Based and/or Religious Organizations only:				
				9. Individual Written Notice of Beneficiary Rights provided to all CSFP program applicants at certification/recertification?
				10. Beneficiary Referral Request provided to any CSFP program applicant who requested service at alternate location?

G. Additional Comments:

Corrective Action Letter Required? Yes ☐ No ☐ Date Corrective Action Letter Due: