

LOUISIANA DEPARTMENT OF HEALTH AND HOSPITALS
NUTRITION SERVICES

COMMODITY SUPPLEMENTAL FOOD PROGRAM
DISTRIBUTION SITE MANAGEMENT REVIEW

Standard /Follow-up

Corrective Action Required

Yes

No

Review Date:

Agency Name:

Reviewer:

Site Address:

Site Parish:

Staff and Title:

1. Days/Hours of operation:

2. Brief description of distribution

3. Number of participants certified:

4. Is there a waiting list?

Yes

☐

No

☐

If so, how long and how many are on the list? _____

Certification Process:

	Date of Application		Certification Statement
	Applicant Name		Non-Discrimination Statement
	Applicant Address		Assigned Alternate
	Household Size		Participant Signature
	Racial/Ethnic Information		Certifying Clerk Signature
	Group Designation Information		Participant Rights and Responsibility Provided
	Length of Certification		Application Approval Date
		Yes	No
			If no, explain
5.	Are participants informed that changes to household size and income must be reported within 10 days of the change?		
6.	Is the correct income guideline used?		
7.	Is the certification statement read to or by the applicant?		
8.	Is identification requested?		
9.	Are applicants provided referrals to other agency and programs?		
10.	Are applicants advised that they may not receive food at more than one distribution site? (Dual Participate)		
11.	Is the certification form completed when the applicant is ineligible?		
12.	Are participants notified in writing when ineligible?		

Comments _____

Food Distribution	Yes	No	If no, explain
13. Is the distribution date documented?			
14. Is identification required when certification (pink) card is unavailable?			
15. Is the participant's signature required?			
16. Is the alternate's signature required when picking up food box?			
17. Is the alternate documented?			
18. Is the participant provided any opportunity to refuse items?			
19. Are food box contents available for view?			
20. Is the date of the next distribution provided to participants?			

Food Distribution (continued)	Yes	No	If no, explain
21. Is the staff/volunteer's signature on the distribution record			
22. Is the "No Show" policy prominently displayed?			
23. Are participants required to participate in any religious activities as a condition of receiving CSFP benefits?			
24. Are participants required to make any payments, or provide any materials or services, in connection with the receipt of commodities?			

Food Box Contents Verification:**Comments:**

Food package contents and units listed on page 8.

FOOD PACKAGE #1			FOOD PACKAGE #2			FOOD PACKAGE #3		
Is the food box packed correctly?	Y	N	Is the food box packed correctly?	Y	N	Is the food box packed correctly?	Y	N
25. Brief Description of Distribution Process and Flow:								

Inventory Records	Yes	No	If no, explain
26. Is the manifest used to verify inventory prior to distribution?			
27. Is damaged/returned inventory documented on the manifest?			

Comments _____

Nutrition Education	Yes	No	If no, explain
28. Is nutrition education available at the site?			
29. Is Cooperative Extension utilized?			
30. Is nutrition education appropriate?			
31. Does nutrition education include the benefits of breastfeeding?			

Comments _____

Civil Rights Compliance		Yes	No	If no, explain
32. Is the USDA "Justice for All" poster displayed?				
33. Does the site provide or have access to bilingual personnel/materials?				
34. Are participants being served without regard to race, color, sex, age, disability or national origin?				
35. Are complaints forms available?				
36. Is the correct non-discrimination statement on all documents?				
37. Is civil rights training conducted annually?				
38. What forms of communication are utilized to inform the public of the CSFP distribution?				
	Newsletters		Program Materials	
	Local Newspapers		Brochures	
	Radio		Other _____	
	TV			

Comments _____

Document Verification

1. Does the notice of eligibility include: (Review Document)			
A. Provided at least 15 days	Yes	No	If no, explain.
B. Time, location, and means of food distribution	Yes	No	If no, explain.
C. Length of certification period	Yes	No	If no, explain.

2. What is the procedure for notifying participants of placement on waiting list? (Review Document)			
A. Applicant notified within 10 days	Yes	No	If no, explain.
B. Date of application	Yes	No	If no, explain.
C. The population group of applicant	Yes	No	If no, explain.
D. Contract information to applicant	Yes	No	If no, explain.

3. What is the procedure for notifying participants of certification expiration/re-certification? (Review Document)				
A. In writing at least 15 days prior to expiration	Yes	No	If no, explain.	
B. Non-discrimination Statement	Yes	No	If no, explain.	

Other Program Referrals	Yes	No	If no, explain
4. Are referrals to other programs provided to applicants/participants?			
5. Does written information on other programs and referrals include: (Review Document)			
A. WIC		E. Child support Enforcement Program	
B. Medicaid and other health insurance programs		F. The Food Stamp Program (SNAP)	
C. The Temporary Assistance for Needy Families (TANF)		G. Supplemental Security Income	
D. Medicare			

ADDITIONAL INFORMATION

Site Supervisor/Coordinator's Signature

Date

Reviewer's Signature

Date

Site Name _____
 Review Date _____

DISTRIBUTION REVIEW											
Review distribution for 25 participants.											
Participant Name and Household Number	Part. ID	Part. Sign	Alt. Sign	Alt. on Proxy	Next Dist. Date	Income	Household Size	Race and Ethnicity	Cert. Period	Cert. Approval Date	Ben Rights and Other
1.											
2.											
3.											
4.											
5.											
6.											
7.											
8.											
9.											
10.											
11.											
12.											

Site Name _____
 Review Date _____

DISTRIBUTION REVIEW

Review distribution for 25 participants.

Participant Name and Household Number	Part. ID	Part. Sign	Alt. Sign	Alt. on Proxy	Next Dist. Date	Income	Household Size	Race and Ethnicity	Cert. Period	Cert. Approval Date	Ben Rights and Other
14.											
15.											
16.											
17.											
18.											
19.											
20.											
21.											
22.											
23.											
24.											
25.											

Site Name _____

Review Date _____

FOOD BOX CONTENT VERIFICATION**Review distribution for 25 participants.**

GROUP	FOOD PACKAGE #1		FOOD PACKAGE #2		FOOD PACKAGE #3	
PROTEN						
PROTEIN						
PROTEIN						
DAIRY						
DAIRY						
DAIRY						
CEREAL						
CEREAL						
FRUIT						
JUICE						
MEAT						
MEAT						
STARCH						
STARCH						
VEGETABLE						
VEGETABLE						
VEGETABLE						
Is the box packed Correctly?	YES	NO	YES	NO	YES	NO