

Understanding Together: **USDA/TEFAP ATTESTATION** 1/8/2024

Today's Agenda





TEFAP/USDA Attestation:

- -What is it?
- -What does it mean for my program?
- -What are the requirements?
- -What are the steps for my feeding site to

meet

Compliance?

-Updated income guidelines coming

January/February

2024



TEFAP: The Emergency Food Assistance Program

Federal program hosted by the Food and Nutrition Service (FNS) branch of the United States Department of Agriculture (USDA) The goal of the program is to help supplement the diets of low-income Americans by providing them with emergency food assistance at no cost.



What does "attestation" mean?

- Attestation means that guests declare that their income from all sources does not exceed
 the income listed on the form for households with the same number of people as their
 household OR that their household participates in the program(s) listed on the attestation
 form. These programs such as SNAP and Medicaid are what is referred to as being
 categorically eligible
- Here is an example(s) of how you might explain what attestation means at your feeding program:
 - Because we distribute USDA foods through Feeding Westchester, it is a requirement of OGS and USDA, that all households 'attest' that they meet the federal income guidelines. We will not ask you to provide proof of your income; however, we will ask you to complete a yearly TEFAP Attestation of Eligibility form. And, at each distribution, we will ask you if you have had any changes to your household composition or categorical eligibility. If there has been a change, I will need to complete a new form.
- The household must reside in New York
- The yearly TEFAP Attestation of Eligibility form may not be altered

Example of USDA/OGS TEFAP Form





The Emergency Food Assistance Program (TEFAP) Attestation of Eligibility

| Recipient Name: | | | | | | | | |
|---|--|-----------------------------------|--|---|---|-----------------|----------------------------|---------------|
| Address: * | | | | | | | | |
| ease indicate the nu | mber of each t | selow, i.e. if t | wo children a | re in your hou | sehold enter "2 | " in the box be | ow Children. | |
| Children (Ages 0-17 | | A | dults s 18-64) | | Seniors (Ages 65+) | | Total Household Members | |
| option 2: House our household, you ar Household Size | hold Income: | If your gross | annual hous | ehold income | | he amount liste | ed for the numi | ber of people |
| Annual Income | \$30.578 | \$41,198 | \$51,818 | \$62,438 | \$73.058 | \$83,678 | \$94,298 | \$104,918 |
| 4. This food is fo | or the recipient | 's home cons | sumption only | | nes above. se sold, traded Nondiscriminat | | below. | |
| Recipient Signature | (optional) | | | | | | Di | ate (required |
| SDA Nondiscrimina | tion Stateme | nt | | | | | | |
| accordance with fed | iminating on t | he basis of ra | ce, color, nat | tional origin, se | | | | |
| | rat or Lecasiano | et for prior or | a right or or or or | | | | | |
| prohibited from discr sability, age, or repris rogram information mommunication to obta esponsible state or loo ontact USDA through | ay be made a in program inf cal agency tha | vailable in lar formation (e.g | nguages othe , Braille, larg the program | er than English ge print, audiot or USDA's TA | ape, American | Sign Languag | e), should cont | tact the |

email: program.intake@usda.gov
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Washington, D.C. 20250-9410; or 2. fax: (833) 256-1665 or (202) 690-7442; or

The completed AD-3027 form or letter must be submitted to USDA by:

93 Broadway, Menands, NY 12204 | (518) 474-5122 | https://ogs.ny.gov/usda-food-distribution

must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation.

1. mail: U.S. Department of Agriculture\Office of the Assistant Secretary for Civil Rights\1400 Independence Avenue, SW

(10/2022)

What does this mean for my program?



- This document is a New York State requirement and must be completed once a year + kept on file for at least 3 years
- Since this document is from NYS, we cannot alter the form in any way
 - If agency uses electronic registration system, attestation form may be embedded - but MUST be identical with no changes
- Client Sign In Sheets and Client Intake Forms are not a substitute for the yearly TEFAP Attestation form; they are different documents
- It is a USDA and NYS OGS requirement that the attestation form be readily available if audited
- Agencies are permitted to scan and store Annual TEFAP forms electronically
- Hot meal programs are exempt If you serve meals, you DO NOT need to complete the annual attestation nor do you have to have your guests 'attest' to eligibility. You must however, account for meals served as you normally would.

Client Sign-In Sheet: Quick View



Service Reporting Form

- Attached is an example of FW's Client Sign-In Sheet
 - The sign in sheet will help you to monitor verbal attestations at each distribution.
- Client sign-in sheets, in both English and Spanish versions, are always available on the Partner Portal

| FW Agen | Agency Name: Distribution Date: | | | | | | | | |
|---|---------------------------------|----------------------|------------------|------------------------|-----------------------|-------------------|------------------------|--|--|
| By checking the TEFAP ATTESTATION box, you are confirming that you have reed and understand that TEFAPUSDA food eligibility requirements and that your household qualifies based on income guidelines and/or are categorisally eligible. (Contact Feeding Westchester for any additional information & updates) | | | | | | | | | |
| | CLIENT NAME & SI | # of Peo | ople In Ho | usehold | T P LS | | | | |
| # of House- holds | LAST, FIRST and Address | SIGNATURE (OPTIONAL) | # of Children | # of Adults (18-59) | # of Seniors (60+) | 0 0 T P L E | TEFAP ATTEST- ATION | | |
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| | | TOTALS: | | | | | | | |
| | T OT AL Households: |) | | Page | 0 | | | | |

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Attestation Form Poster: Quick View



New York State Eligibility Requirements for The Emergency Food Assistance Program (TEFAP) through USDA.

In order for this Feeding Program to offer TEFAP foods the USDA requires you to attest that at least one of the below scenarios is true in order to receive TEFAP foods.

SCENARIO 1: Household Income

If your household gross income is at or below the income listed (below) for the number of people in your household, you are eligible to receive TEFAP Foods through USDA.

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|-------------------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Annual Income | \$30,578 | \$41,198 | \$51,818 | \$62,438 | \$73,058 | \$83,678 | \$94,298 | \$104,918 |

^{*}For each additional family member add \$10,620

SCENARIO 2: Participation in any of the below programs

If you or people in your household participate in any of the below programs, you are eligible to receive TEFAP Foods through the USDA.

| PROGRAMS | | | | | | | |
|------------|-----|------|--------------|--|--|--|--|
| SNAP | WIC | TANF | Unemployment | | | | |
| Disability | SSI | | | | | | |

**You will need to check the TEFAP ATTESTATION box, you are confirming that you have read and understand the TEFAP/USDA food eligibility requirements and that your household qualifies based on income guidelines and/or participates in one of the programs listed above. V. 10/22

No documentation is needed to prove the above scenarios

USDA Nondiscrimination Statement In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20PComplaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

- 1. mail: U.S. Department of Agriculture\Office of the Assistant Secretary for Civil Rights\1400 Independence Avenue, SW Washington, D.C. 20250-9410; or
- 2. fax: (833) 256-1665 or (202) 690-7442; or
- 3. email: program.intake@usda.gov

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Requisitos del Estado de Nueva York para solicitar The Emergency Food Assistance Program (TEFAP - El Programa de Asistencia Alimentaria de Emergencia) a través

| del CODA: | | | | | | | | |
|--|----------|----------|----------|----------|----------|----------|----------|-----------|
| Cantidad de personas en el hogar | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| Ingresos anuales | \$30,578 | \$41,198 | \$51,818 | \$62,438 | \$73,058 | \$83,678 | \$94,298 | \$104,918 |

^{*}Sume 10 620 \$ por cada miembro adicional de la familia.

SCENARIO 2: Participation in any of the below programs

Para que este Programa Alimentario pueda ofrecer alimentos de TEFAP, el USDA le exige que dé fe de que Ud. en verdad atraviesa al menos una de las situaciones planteadas debajo para poder recibir alimentos de TEFAP.

SITUACIÓN 1: Ingreso familiar

Si los ingresos brutos familiares son iguales o inferiores a los enumerados (debajo) para el número de personas en su hogar, Ud. es apto para recibir alimentos de TEFAP a través del USDA.

SITUACIÓN 2: Participación en cualquiera de los programas mencionados debajo

Si Ud. o alguna persona en su hogar participa en cualquiera de los programas mencionados debajo, Ud. es apto para recibir alimentos de TEFAP a través del USDA.

| PROGRAMAS | | | | | | | |
|--------------|-----|------|-----------|--|--|--|--|
| SNAP | WIC | TANF | Desempleo | | | | |
| Discapacidad | SSI | | - | | | | |

**Tendrá que marcar el casillero de DECLARACIÓN TEFAP en el formulario de registro. Al marcar el casillero de DECLARACIÓN TEFAP, Ud. confirma que puede leer y entender los requisitos para solicitar alimentos TEFAP/USDA y que su hogar califica para ello, basándose en los lineamientos sobre ingresos o porque participa en alguno de los programas enumerados más arriba o ambas cosas. V. 10/22

No se necesita ningún tipo de documentación para demostrar las situaciones mencionadas arriba.

Declaración de no discriminación del USDA. De acuerdo con la ley federal de derechos civiles y las regulaciones y políticas de derechos civiles del Departamento de Agricultura de los Estados Unidos (USDA, por sus siglas en inglés), se prohibe que esta institución discrimine con razón de raza, color, nacionalidad, sexo (incluidas identidad de género y orientación sexual), discapacidad, edad, o en venganza por actividades previas de derechos civiles. La información del programa puede proporcionarse en otros idiomas además del inglés. Las personas con discapacidades que requieran medios de comunicación alternativos para obtener la información del programa (por ejemplo, sistema braille, tamaño de letra grande, cintas de audio, lengua de signos estadounidense) deberán ponerse en contacto con la agencia estatal o local responsable de administrar el programa o con el centro TARGET del USDA llamando al (202) 720-2600 (voz o teletipo) o contactar al USDA mediante el Federal Relay Service llamando al (800) 877-8339.

Para presentar una queja por discriminación contra el programa, el reclamante debe cumplimentar el formulario AD-3027, formulario de queja por discriminación del USDA que se puede obtener en línea a través de siguiente dirección: https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20PComplaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf, en cualquier oficina del USDA llamando al (866) 632-9992 o escribiendo una carta al USDA. En la carta deben figurar el nombre, la dirección, el número de teléfono y una descripción detalla por escrito de la presunta acción discriminatoria para informar al Subsecretario de Derechos Civiles (ASCR, por sus siglas en inglés) acerca de la naturaleza y la fecha de la presunta violación de derechos civiles. El formulario o la carta AD-3027 cumplimentado debe presentarse al

- 1. correo postal: U.S. Department of Agriculture\Office of the Assistant Secretary for Civil Rights\1400 Independence Avenue, SW Washington, D.C. 20250-9410; o
- 2. fax: (833) 256-1665 or (202) 690-7442; o
- correo electrónico: program.intake@usda.gov.
 Esta institución proporciona igualdad de oportunidades.

Client Intake Form: Quick View



Client Intake Form

- Please use this form to help you keep track of each client's annual written TEFAP attestation completion
 - If you already have a client intake form, please do go ahead and keep using it
 - This is an example of how to track yearly attestations

| Name: | | | | | | | | |
|--------------|--------------|------------|--------------|---------------|------------|------------|--|--|
| realitie. | | | | | | | | |
| | | | | | | | | |
| Street Addre | ee | | | Apt./Building | | | | |
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| City | | | State | | | | | |
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| Your Email A | ddress | | | | | | | |
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| | | | 011 | | | | | |
| Cell # | | | Other Cor | | | | | |
| #Adu | ılts (18-59) | #Ch | ildren (0-17 | ') | #Seni | iors (60+) | | |
| | | | | | | | | |
| Household M | embers | | | | | | | |
| | erriber 5 | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Date | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Annual TEFA | Attestation | i Form Com | ipietea | | | | | |

reedingwesichesier.ORG

What are the specific requirements?



- The TEFAP Yearly Attestation Form needs to be completed once a year by each client (or new clients) and kept on file for a minimum of 3 years
- At each distribution while completing the client sign in form with the client's info, the volunteers/staff need to ask if there has been any change in family composition, income or categorical eligibility
 - If the client indicates that there is no change, then the attestation box can be checked off on the client sign in sheet
 - If the client indicates that there is a change, a new TEFAP attestation form needs to be completed
- TEFAP Posters (different from the yearly form) needs to be visible for clients where food is being distributed

What is required for my site to be in compliance with state/federal regulations?



All TEFAP recipient agencies are required to have the following documents posted and visible for guests to see where food is being distributed:

1.Bill of Rights - Clients (In both English and Spanish)

2.Bill of Rights - Provider (In both English and Spanish)

3.Civil Rights Log - all staff/volunteers must sign annually (does not need to be posted)

4.TEFAP Attestation Poster

5. Justice for All Poster

6.Civil Rights Training Slides - readily available to be used for training (does not need to be posted)

*Forms are available on the Partner Portal under Training Resources: Partner Portal - Feeding
Westchester

Frequently Asked Questions



- 1. Q. I operate a soup kitchen/hot meal program, does my program need to complete the yearly TEFAP form once a year and complete a verbal attestation at each distribution?

 A. No, there are no federal standards or procedures for determining an individual's eligibility to receive prepared meals. They are presumed to be "in need" because they seek meals at an approved TEFAP site. Sites do not have to maintain records of the names of participants to whom they serve meals but must keep a count of the number of meals served.
- 2. Q. What is best practice for ensuring the mandatory yearly TEFAP Attestation form is completed?
- **A.** FW suggests selecting a specific month to complete the annual form, such as every January. Volunteers should be trained to ask at each distribution, if the individual/family is new to the pantry, or if there have been any changes to household.
- 3. Q. If a guest reports that they've already completed an attestation form at another site, do they need to complete one for <u>my</u> feeding site?

 A. Yes.
- 4. Q. My feeding program is limited for volunteers, and completing the annual attestation is a burden. Must we complete yearly?
- **A.** Yes, the annual TEFAP form is **required by NYS** yearly (or) anytime there is a change in the HH or categorical eligibility of the HH (receiving SNAP, WIC, TANF, Medicaid or SSI).

Link2Feed

Link2Feed is a client management system built especially for hunger relief organizations.

- Used to collect, manage, and report service data.
- Provides real-time information.
- Increases our network's efficiency and communication.
- Allow us to understand the true need.
- 100% ONLINE.
- Gathers all the information that is needed for compliance as a network including Yearly TEFAP Attestation
- The Information entered in to L2F is powerfully protected
- If interested in learning more, please contact bsanchez@feedingwestchester.org or vdantes@feedingwestchester.org



Thank you!

Your Agency Relations and Programs Team