



Washington
State Department of
Agriculture

Food Assistance – Subcontractor Review

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Subcontractor's Name:

Contractor's Name:

Review Date:

Reviewer:

Purpose

Food Assistance (FA) has the responsibility to monitor the subcontractor's performance, compliance and assurance that services funded by FA are being delivered properly to help alleviate hunger in local communities.

FA does this by assisting the subcontractor in complying with the terms and conditions of the subcontract(s) and applicable laws and regulations. Our objectives for this review are:

- To verify program and financial management.
- To verify agency and administration compliance.
- To test if program costs and services are allowable and eligible.
- To ensure qualifying eligible client requirements and services are being met.
- To verify other subcontract compliance.
- To share with other partners the results of this review.

To accomplish the objectives of the program reviews, FA will conduct an on-site review including a review of documents and materials. If applicable, a financial review will be completed and backup documentation will be required. You will be notified if you are receiving a financial review.



Food Assistance (FA) – Subcontractor Review

Section A – Subcontractor Info

Subcontractor Information:	
Agency Name:	
Agency Physical Address:	
Agency Mailing Address:	
Director:	
Name:	Phone:
Email:	
Site Contact:	
Name:	Phone:
Email:	
Food Pantry/Shelter Hours of Operation:	Meal Program Hours of Operation:



Food Assistance (FA) – Subcontractor Review

Section B – General FA Questions

Subcontractor General Review Questions			
Storage and Facilities:			Comments
<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. Frozen: Does subcontractor have frozen (zero degrees) storage? <ul style="list-style-type: none"> • Current Temperature _____ • Thermometer Accurate($\pm 1^\circ$) <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. Cold: Does subcontractor have refrigerated (33-40 degrees) storage? <ul style="list-style-type: none"> • Current Temperature _____ • Thermometer Accurate($\pm 1^\circ$) <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Is a temperature log maintained for frozen and cold storage? <i>(Logs required in order for adhering to good food safety practices so that foods are stored in a manner to protect them from spoilage, infestation, damage or other condition that may jeopardize the wholesomeness or safety of the foods.)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	4. Dry: Does subcontractor have dry storage? <ul style="list-style-type: none"> • Current Temperature _____ • Does subcontractor have a thermometer in dry storage? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	5. Are all foods stored off the floor and 4" to 6" away from all walls? <input type="checkbox"/> N/A subcontractor does not maintain inventory onsite	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	6. Are fertilizers, toxic chemicals, and other potential adulterants adequately separated from human food storage areas?	

<input type="checkbox"/> Yes	<input type="checkbox"/> No	7. Is storage area free of evidence of current insect, rodent, bird, etc., activity?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	8. Does the subcontractor maintain inventory offsite? If yes, list locations: <i>Choose one additional location to view.</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	9. Do all storage areas have adequate security (locks, alarms, controlled access to storage, etc.)?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	10. Is there a pest control in place? <input type="checkbox"/> Self-applied <input type="checkbox"/> Professional <ul style="list-style-type: none"> • Has there been any issues with pests? <input type="checkbox"/> Yes <input type="checkbox"/> No • If yes, have those problems been corrected? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no issues Explain under “Comments” • If professional services are used did the last inspection indicate any problems with pests? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no issues <i>(check for traps if self-applied or 2 months records for professional)</i>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	11. Is the building of suitable construction and generally in good physical repair?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	12. Are food products and processing areas protected against contamination from breakage of light bulbs and other glass fixtures?	

<input type="checkbox"/> Yes	<input type="checkbox"/> No	13. Are floors, walls and ceiling constructed of easily cleanable materials?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	14. Is interior lighting sufficient to allow adequate inspection and cleaning of premises?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	15. Are facilities clean?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	16. Is cleaning of facilities done in such a manner as to avoid contamination of food products?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	17. Are windows screened?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	18. Are doors and loading doors kept closed when not in use?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	19. Are outside premises free from spillage, trash, brush, etc., that may attract or harbor rodents or other pests?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	20. Is refuse/garbage properly stored and protected from insects, rodents and other pests and disposed of in an adequate manner?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	21. Are restrooms in good repair, clean, properly ventilated and adequately separated from storage area?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	22. Are hand-washing facilities clean and supplied with soap, hot water, and sanitary towels?	
		23. What plan of action is in place in the event of a breakdown (freezer, water damage, etc.) that would result in damage to food?	

Inventory Control:		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	24. If the site stores USDA food, verify that the USDA food is dated, and/or separated by receipt date and USDA program.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	25. Is the site practicing the FIFO "first in, first out" method of food storage/usage?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	26. Does the site have insurance that will cover any loss of program related food? <ul style="list-style-type: none"> If no insurance, how would the commodities be paid for or replaced? Describe the replacement process: 	
Operations:		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	27. Do you provide any unique services, if so which ones? <ul style="list-style-type: none"> <input type="checkbox"/> Homebound Delivery (Meals or Food) <input type="checkbox"/> Mobile Food Pantry or Meal Program <input type="checkbox"/> Special Dietary Needs <input type="checkbox"/> Ready to Eat Foods for Homeless Populations <input type="checkbox"/> Backpack Programs for Kids <input type="checkbox"/> Other: 	
	28. Is the subcontractor collecting social security numbers from clients? <ul style="list-style-type: none"> For CSFP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A For TEFAP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A For EFAP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A For Other Programs <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <p><i>Resource: AGR-721 Minimum Requirement Sign AGR PUB 609-721</i></p>	

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>29. Is the “And Justice for All” poster displayed for clients to view in the client intake area?</p> <ul style="list-style-type: none"> Is it an original and not a copy? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>30. Is Civil Rights training conducted annually?</p> <ul style="list-style-type: none"> Do all staff/volunteers who interact directly with clients or handle personal client information read and sign the Civil Rights training materials? <input type="checkbox"/> Yes <input type="checkbox"/> No Are Civil Rights training verifications being maintained on file? <input type="checkbox"/> Yes <input type="checkbox"/> No 	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>31. Can you confirm there is no mandatory requirement for any food pantry or meal recipient to participate in any political or religious service, presentation, and/or class as a condition for receiving a meal or food?</p>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>32. Is the full USDA Nondiscrimination Statement posted and available at the point of client intake?</p>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>33. Is the subcontractor a faith-based or religious organization?</p> <ul style="list-style-type: none"> If yes, and is a TEFAP site, is it operating in accordance with 7 CFR Part 16.4(f), faith-based or religious organizations that receive USDA Foods or administrative funds for TEFAP must display the TEFAP Written Notice of Beneficiary/Client Rights poster (AGR PUB 609-565), so that all beneficiaries and prospective beneficiaries are informed of their right to be referred to an alternate provider when available? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A If yes, and a CSFP Site, is it operating in accordance with 7 CFR Part 16.4(f), faith-based or religious organizations that receive USDA Foods or administrative funds for CSFP must display the CSFP Written Notice of Beneficiary/Client Rights (AGR PUB 609-632), so that all beneficiaries and prospective 	

		<p>beneficiaries are informed of their right to be referred to an alternate provider when available?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <ul style="list-style-type: none"> Are TEFAP/CSFP Beneficiary/Client Referral Request Forms (AGR-2239) being retained? <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p> <p><i>Prior to the review, verify on the TEFAP Risk Assessment or CSFP Subcontract if the site is a faith-based or religious organization.</i></p>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>34. Has there been any significant changes in the way food or meals are being distributed during the past year? (i.e. packing boxes, shopping method, meal delivery service)</p>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>35. Does the site collect donations from clients to support their food pantry or meal service?</p> <ul style="list-style-type: none"> If yes, is it clear that the client is not required to do so in order to receive food or a meal? <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A</p>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>36. Do you have other distribution locations?</p> <p><i>Prior to the review verify locations on the TEFAP Risk Assessment or CSFP Subcontract. Choose one additional location to visit. (Official review not required).</i></p>	
Contracts & Paperwork:			Comments
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>37. Does subcontractor keep copies of all program related paperwork for six years following the date of the final payment under the specific funding program year?</p> <p>If no, please explain:</p>	

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>38. Has another agency that provides funding, and/or food, or that regulates the subcontractor's activities done a review in the last year? (Such as the city, county, Health Dept., Northwest Harvest, Second Harvest, FLL or others)</p> <ul style="list-style-type: none"> Were there any deficiencies noted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 	
		<ul style="list-style-type: none"> If corrective action required, did subcontractor complete the corrections? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Reviewed reports <input type="checkbox"/> 	
<p>Additional Questions for EFAP Subcontractors: <input type="checkbox"/> N/A – TEFAP or CSFP only – skip questions 1-3</p>			COMMENTS
<input type="checkbox"/> Yes	<input type="checkbox"/> No	1. When applicable, is the technical assistance satisfactory from the EFAP Contractor?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	2. When applicable, if your food pantry receives a cash reimbursement, is it timely and accurate?	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	3. Does your county conduct a fair and equitable application process and funding formula? If not, please comment.	



Food Assistance (FA) – Subcontractor Review

Section C – The Emergency Food Assistance Program (TEFAP)

Subcontractor Information:		
<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Shelter	
<input type="checkbox"/> Meal Program	<input type="checkbox"/> Other	
Site Type:		
<input type="checkbox"/> Contractor Site	<input type="checkbox"/> Subcontractor	
<input type="checkbox"/> Contractor Sponsored Site	<input type="checkbox"/> Subcontractor Site	
	<input type="checkbox"/> Subcontractor Sponsored Site	
	<input type="checkbox"/> Other	
Site Roles:		
<input type="checkbox"/> Temporary Site	<input type="checkbox"/> Stores Inventory	
<input type="checkbox"/> Permanent Site		
CONTRACTS AND PAPERWORK:		COMMENTS
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	1. Does the site have a current TEFAP subcontract with the contractor?	
	If no, and a subcontract is not required, what has the contractor provided to instruct the site on the required responsibilities?	
	Describe in comments, retain a copy of instructions, if available.	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	2. Are there any TEFAP reports (Inventory Reports, Financial Backup, etc.) currently overdue to the contractor?	
	If yes, please explain:	

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>3. Does the site receive any reimbursement from the contractor for TEFAP?</p> <ul style="list-style-type: none"> If yes, are the expenses allowable under TEFAP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – No reimbursements <p><i>Spot check the most recent receipts submitted to the contractor for reimbursement.</i></p>	
INVENTORY CONTROL:			COMMENTS
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>4. Is TEFAP inventory stored at the site?</p> <p>a. If no, how is the food returned to the contractor and/or subcontractor?</p> <p><input type="checkbox"/> Delivers to contractor/subcontractor <input type="checkbox"/> Contractor picks up</p> <p>b. If yes, complete Worksheet 2 and explain verification results:</p>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>5. Is the correct Subcontractor Inventory Report (AGR- 2272) being used?</p> <p><input type="checkbox"/> Review the last 3 Subcontractor Inventory Reports <input type="checkbox"/> Verify bills of lading <input type="checkbox"/> If loss, verify the loss was reported <input type="checkbox"/> Verify that TMP foods are being correctly Identified</p>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A – No loss	<p>6. Is the correct Commodity Loss/Adjustment Report for Subcontractors (AGR-2279) being used?</p>	
OPERATIONS:			COMMENTS
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>7. Does the contractor provide effective training?</p> <ul style="list-style-type: none"> Any suggested improvements? 	

Food Pantries Only		
CLIENT INTAKE:		COMMENTS
	<p>8. What type of client intake system does the site use?</p> <p><input type="checkbox"/> Electronic, complete questions 9-12, 15-19</p> <p><input type="checkbox"/> Manual, complete questions 13-19</p> <p><input type="checkbox"/> Combination, complete all questions</p>	
	<p>9. What electronic intake system does the site use?</p> <p><input type="checkbox"/> Link2Feed</p> <p><input type="checkbox"/> PantrySOFT</p> <p><input type="checkbox"/> Client Card</p> <p><input type="checkbox"/> SharePoint</p> <p><input type="checkbox"/> Other:</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know	<p>10. Has the contractor approved the sites electronic intake system?</p> <p><i>Verify that the system has received WSDA approval. If not, notify contractor of alternate intake approval process.</i></p>	
	<p>11. Describe the electronic intake process?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>12. Does the electronic system provide the same degree of confidence regarding the accuracy of eligibility determinations from the traditional paper-based systems?</p> <p><i>Refer to Policy Memo No. FD-036</i></p> <p>a. Review any additional guidance given to intake staff/volunteers regarding the electronic client intake process.</p>	

	<p>13. What type of paper intake form does the site use?</p> <p><input type="checkbox"/> TEFAP Household Intake Form (AGR-2271)</p> <p><input type="checkbox"/> Client Intake Form</p> <p><input type="checkbox"/> Other:</p> <p><i>If not using TEFAP Household Intake Form (AGR-2271) then retain a copy of the form being used and verify that the form has received WSDA approval. If not, notify contractor of alternate form approval process.</i></p>	
	<p>14. Describe the manual intake process:</p> <p><i>Review any additional guidance given to intake staff/volunteers regarding the manual client intake process.</i></p>	
	<p>15. Regardless of electronic or paper intake, how does the site ensure that client intake is updated at least annually?</p>	
<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>	<p>16. Is it clear that the client only needs to answer TEFAP specific questions in order to receive food?</p> <p><i>Resource TEFAP Minimum Requirement Sign (AGR PUB 609-721)</i></p>
<p><input type="checkbox"/> Yes</p>	<p><input type="checkbox"/> No</p>	<p>17. Does the client intake process comply with the requirement of requesting but not requiring more than self-declaration of client information?</p>
		<p>18. What client information is required at the time of intake?</p> <p>Please list below:</p> <ul style="list-style-type: none"> • • • • <p><i>List additional requested information in the comments.</i></p>

<input type="checkbox"/> Yes	<input type="checkbox"/> No	19. Are current TEFAP Income Guidelines (AGR PUB 609-445) posted for clients to view at the point of client intake?	
ADDITIONAL QUESTIONS:			COMMENTS
	20. How often may a client receive TEFAP commodities during the month?		
	21. Average number of clients/members served each month at food pantry: Clients: _____ Household Members: _____		



Food Assistance (FA) – Subcontractor Review

Section D – Commodity Supplemental Food Program (CSFP)

Site Type:	
<input type="checkbox"/> Contractor Site <input type="checkbox"/> Contractor Sponsored Site <input type="checkbox"/> Subcontractor	<input type="checkbox"/> Other
Site Roles:	
<input type="checkbox"/> Accepts Applications on Behalf of Contractor <input type="checkbox"/> Determines Eligibility, Certification	<input type="checkbox"/> Packs Boxes <input type="checkbox"/> Receives Prepacked Boxes <input type="checkbox"/> Other
Contracts and Paperwork:	Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	<p>1. Does the site have a current CSFP Subcontract (AGR 2320) with the contractor?</p> <p>If no, and a subcontract is not required, what has the contractor provided to instruct the site on the required responsibilities?</p> <p><i>Describe in comments, retain a copy of instructions, if available. Contractors are required to send in the face sheet of the subcontract within 30 days of subcontract execution.</i></p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>2. Are there any CSFP reports (Inventory Reports, Financial Backup, etc.) currently overdue to the contractor?</p> <p>If yes, please explain:</p>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>3. Does the site receive any reimbursement from the contractor for CSFP?</p> <ul style="list-style-type: none"> • If yes, are the expenses allowable and specific to CSFP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – No reimbursements <p><i>Spot check the most recent receipts submitted to the contractor for reimbursement.</i></p>

Inventory Control:		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>4. Is CSFP inventory stored at the site?</p> <p>a. If no, what is your plan to get the food back to the contractor?</p> <p><input type="checkbox"/> Delivers to contractor</p> <p><input type="checkbox"/> Contractor picks up</p> <p>b. If yes, and store food on a regular basis, complete Worksheet 2 and explain verification results:</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – Does not pack boxes	<p>5. If the site packs its own boxes, is it using the current Monthly Distribution Rate?</p> <p>View Monthly Distribution Rate (AGR PUB 609-506)</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – No inventory	<p>6. Is the correct Subcontractor Inventory Report (AGR-2254) being used?</p> <p><input type="checkbox"/> Review the last 3 Subcontractor Inventory Reports</p> <p><input type="checkbox"/> Verify bills of lading</p> <p><input type="checkbox"/> If loss, verify the loss was reported</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – No loss	<p>7. Is the correct Commodity Loss Report for Subcontractors (AGR-2255) being used?</p>	
Operations:		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>8. Does the contractor provide effective training?</p> <ul style="list-style-type: none"> Any suggested improvements? 	

Application Process:		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>9. Does the site accept applications?</p> <p>If yes, please answer the following:</p> <p>a. Is it on behalf of the contractor? <input type="checkbox"/> Yes <input type="checkbox"/> No – site does certifications</p> <p>i. If yes, what are the contractor instructions and timeframes?</p> <p><i>Retain copies of instructions, if available.</i></p> <p>ii. Does the site send the application and participant agreement according to the contractor’s instructions so that the contractor meets the 10-day applicant notification requirement?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – site does certifications</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no applications	<p>10. Is the Eligibility Application (AGR-2244) being used?</p> <p><i>If not, retain a copy of the form being used and verify with the contractor that the form has received WSDA approval.</i></p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no applications	<p>11. Is the Participant Agreement (AGR-2247) being used?</p> <p><i>If not, retain a copy of the form being used and verify with the contractor that the form has received WSDA approval.</i></p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no applications	<p>12. Does the site verify the applicant’s ID and age?</p> <p><i>If not, contact the contractor to verify the process.</i></p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no applications	<p>13. Are current CSFP Income Guidelines (AGR PUB 609-444) posted for clients to view at the point of client intake?</p>	

Notification Process: Applicable ONLY to sites that certify applicants. If certifying applicants, also complete Worksheet 1.		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no certifications	14. Is the Notification of Eligibility Determination (AGR-2246) being used? <i>If not, retain a copy of the form being used and verify with the contractor that the form has received WSDA approval.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no certifications	15. Are applicants notified of their eligibility determination within 10 days?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no certifications	16. Are applicants notified of their placement on a waiting list within 10 days?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no certifications	17. Does the wait list include the following: <input type="checkbox"/> Date placed on the list <input type="checkbox"/> Date applicant was notified of being placed on the list <input type="checkbox"/> Address and phone number of applicant	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no certifications	18. Is the Notification of Eligibility Status Change (AGR-2245) being used? <i>If not, retain a copy of the form being used and verify with the contractor that the form has received WSDA approval.</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no certifications	19. Did any participant get terminated for participating in CSFP under false circumstances? If yes, what was the circumstance? <input type="checkbox"/> Participant made false statements either orally or in writing in order to obtain CSFP benefits to which they would not otherwise be eligible. <input type="checkbox"/> Participated in CSFP at two or more locations. <input type="checkbox"/> Participant concealed information in order to obtain CSFP benefits for which they would otherwise not be eligible. <input type="checkbox"/> Participant altered program documents for the purpose of receiving increased benefits for which they would not be eligible for the purpose of transferring benefits to an unauthorized individual. <input type="checkbox"/> Participant used the CSFP foods in an unauthorized manner such as trading or selling the food.	

<input type="checkbox"/> N/A – no certifications	<p>20. Are program benefits based upon certifications established in accordance with the following timeframes:</p> <p>a. Are informal certifications being conducted every 12 months to ensure that none of the information in the initial formal certification has changed and that the participant wishes to continue to participate in CSFP? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>b. Are formal certifications being conducted once every 36 months? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A – no certifications	<p>21. Do participants receive the Welcome to the Commodity Supplemental Food Program (AGR PUB 609-739) resource handout?</p> <p>What other referrals are given to participants?</p>	
Participation:		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>22. Does the site check the identification of each participant or proxy?</p>	
Nutrition Education:		Comments
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>23. Do participants receive information on the use of supplemental foods, nutrition, and related senior resources at least once every quarter?</p>	
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>24. Does the contractor provide the subcontractor with participant nutrition information?</p>	
<p>25. If using nutrition education materials from other sources, please Identify other sources used.</p>		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<p>26. Does the site provide other types of participant nutrition education? (classes, food demonstrations, etc)</p>	

<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>27. Does the subcontractor review the nutrition education information and resources available on the FA website?</p> <p><i>WSDA will be producing a quarterly senior newsletter (should be available Fall of 2019)</i></p>	
<input type="checkbox"/> Yes	<input type="checkbox"/> No	<p>28. Does the subcontractor conduct the annual Participant Survey (AGR-2248)?</p> <p>If yes, are there any recommendations for improvement?</p>	



Food Assistance (FA) – Subcontractor Review

Section E – Summary of Findings and Recommendations

Summary: General FA Questions – Section B

Check Applicable Box:

Satisfactory May include recommendations.

Satisfactory With Follow-up Required

All Required Follow-up Listed Below: Yes No If No, then a follow-up letter or email will be sent

Corrective Action A corrective action letter or email will be sent

List Follow-Up Required:

List Recommendations or Notes:

Summary: The Emergency Food Assistance Program (TEFAP) – Section C

Check Applicable Box:

N/A – Does Not Participate in TEFAP

Satisfactory May include recommendations.

Satisfactory With Follow-up Required

All Required Follow-up Listed Below: Yes No If No, then a follow-up letter or email will be sent

Corrective Action A corrective action letter or email will be sent

List Follow-Up Required:

List Recommendations or Notes:

Summary: Commodity Supplemental Food Program (CSFP) – Section D

Check Applicable Box:

N/A – Does Not Participate in CSFP

Satisfactory May include recommendations.

Satisfactory With Follow-up Required

All Required Follow-up Listed Below: Yes No If No, then a follow-up letter or email will be sent

Corrective Action A corrective action letter or email will be sent

List Follow-Up Required:

List Recommendations or Notes:



Food Assistance (FA) – Subcontractor Review

Section F – Review Participants

Signatures of Review Participants:	
Subcontractor Representative Name & Title	Date
Subcontractor Signature	
Food Assistance Reviewer Name & Title	Date of Review
Food Assistance Reviewer Signature	Reviewer's Phone Number



Food Assistance (FA) – Subcontractor Review

Worksheet 1 – Participant File Review

This chart is to be completed for subcontractors who process applications.

Case file number or participant's name:		
Application date:		
Application signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Participant agreement signed?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eligibility based on participation in another program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of other program:		
Address verified? <i>Mail, Driver's License, Utility Bill, Private Insurance Card, Rent/Lease Agreement, Rent Receipt, Other</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Racial data collected? <i>American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ethnic data collected? <i>Hispanic or Latino, Not Hispanic or Latino</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
ID verified? <i>Birth Certificate, Driver's License, ID Card, Other</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of birth:		
Age:		
Self-declared household size:		
Did they self-declare income?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certification decision indicated on application?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Certification date:		

Correct certification period assigned?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Number of days from application to certification decision?		
Were they placed on a waiting list?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were the required notifications sent on time?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments/Suggestions:		



Food Assistance (FA) – Subcontractor Review

Worksheet 2 – Inventory Spot Check

To complete this chart, use inventory records, shipping receipts, distribution records and commodity loss forms. No need for physical inventory. For TEFAP, review two commodities in inventory. If the subcontractor packs boxes for participants, review two commodities in inventory. If the subcontractor stores pre-packed boxes, fill in one column.

Program:	<input type="checkbox"/> CSFP <input type="checkbox"/> TEFAP			
Commodity Description: Or CSFP Pre-Packed Box				
Month/Year:				
Beginning Inventory:				
Amount Received: <i>View bills of lading/receiving docs</i>				
Amount Issued:				
Loss/Adjustment:				
Ending Book Inventory:				
Agree with Inventory Reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No			
Comments/Suggestions:				