



TEFAP CIVIL RIGHTS TRAINING
FOR PARTNER AGENCY STAFF & VOLUNTEERS
2024-2025



WHAT ARE CIVIL RIGHTS

- **Civil rights are the non-political rights of an American Citizen:**
 - **The rights of personal liberty guaranteed to US citizen by the 13th and 14th Amendments to the US Constitution and Acts of Congress.**



GOALS OF CIVIL RIGHTS

- **Equal treatment for all applicants and beneficiaries**
- **Knowledge of rights and responsibilities**
- **Elimination of discriminatory barriers that prevent or deter people from receiving food**
- **Provide an atmosphere of dignity and respect for all**

WHAT IS DISCRIMINATION?

- **The act of distinguishing one person or group of persons from others, either intentionally, by neglect, or by the effect of action or lack of actions based on their protected classes.**



WHAT IS DISCRIMINATION?

- **What you fail to do or lack of action can also be seen as a form or discrimination**



INTENTIONAL DISCRIMINATION

- **To treat people differently based on their race or other protected characteristics**



TYPES OF INTENTIONAL DISCRIMINATION

- **Refusing service because someone is:**
 - An Atheist or a faith other than your own.
 - A supporter of a opposing political candidate
 - Drives a beautiful car
 - Dresses in expensive clothes
 - Does not speak a particular language
- **Treating clients differently based on protected class**
- **Using different eligibility criteria for certain clients**
 - Any exceptions must be in writing and posted on site ex: Drive thru for Disabled.

UNINTENTIONAL DISCRIMINATION

- Refers to policies, practices, rules or other systems that appear to be neutral, but result in a disproportionate impact on protected groups



WHAT IS DISCRIMINATION?

- People must also be protected from Retaliation
- Retaliation means negative treatment of someone because they filed a complaint or complained about their treatment at your agency.
- Retaliation could involve denial of service, harassment, intimidation etc.
- Retaliatory behavior can be considered discrimination



PROTECTED CLASSES

For Civil Rights in TEFAP, the Protected Classes are:

- **N**ational **O**origin
- **C**olor
- **A**ge
- **R**ace
- **D**isability
- **S**ex



EFFECTIVE PUBLIC NOTIFICATION



EFFECTIVE PUBLIC NOTIFICATION

- **TEFAP Agencies and Food Pantries must have public notification systems in place containing the following if TEFAP/USDA is mentioned or advertised:**
 - **Current Non-Discrimination Statement**
 - **Program Availability with Days & Times**
 - **USDA Poster**
 - **Complaint Procedure and client's rights**

NON DISCRIMINATION STATEMENT-(LONG)

- **In accordance with Federal Civil Rights Laws and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.**

NON DISCRIMINATION STATEMENT-(LONG)

- **(Continued)**
- **Persons with disabilities who require alternative means of communication for program information(ex: Braille, large print, audiotape, American Sign Language etc.) should contact the Agency (State or local) where they applied for benefits.**

NON DISCRIMINATION STATEMENT-(LONG)

- To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office.
- Can also write a letter to USDA and provide in the letter all information requested in form to:

U. S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Ave S.W.
Washington, D.C. 20250-9410

Fax to (202)690-7442 or email to program.intake@usda.gov

NON-DISCRIMINATION STATEMENT (SHORT)

**This institution is an equal
opportunity provider”**

**All public information related to TEFAP must
contain the Non-Discrimination Statement
Long or Short Form**

REACHING PROSPECTIVE CLIENTS

- **Press releases-newspaper, TV, Online**
- **Advertisements-newspaper, social media**
- **Signs-Outside your facility, post serving times**
- **Flyers-Clinics, public assistance offices, schools, libraries, etc.**

PROGRAM AVAILABILITY NOTIFICATION

St Mary's Food Pantry
Open Weekly Monday-Friday
9am to 5pm

For emergencies please call 407-555-1526

**This Institution is an Equal Opportunity
Provider**



PROGRAM AVAILABILITY NOTIFICATION

- Sign outside pantry listing regular hours of operation. **WHAT IS MISSING?**



PUBLIC NOTIFICATION

- **Public notification, or “outreach” is required**
- **Informs potential clients of program availability, rights and complaint procedures.**



**Feeding the
Community**

PUBLIC NOTIFICATION

- **Try to reach underserved groups who may qualify using a variety of formats and languages if available**
- **Eligibility forms are currently available in English, Spanish, Creole, Russian, Polish**

REACHING PROSPECTIVE CLIENTS

- If you mention TEFAP on your website, you must have at least the short version of the Non-Discrimination Statement on the front page of your website, Facebook Page etc.
 - **This institution is an equal opportunity provider”**

- **And Justice for All Posters**
 - **Must be posted where eligibility forms are completed and/or where food or meals are being distributed**
 - **Should be visible for all to see where clients register .**
 - **All volunteers must understand what the poster means**
 - **If mobile distribution, sign must be displayed on vehicle**



WHAT DOES LIMITED ENGLISH PROFICIENCY MEAN?



- **People with LEP are those who have the limited ability to read, speak, write or understand English.**

SERVING THOSE WITH LIMITED ENGLISH PROFICIENCY

- **Agencies should take reasonable steps to ensure meaningful access to service**
- **Consider interpreters to help read eligibility forms to clients or explain program**
- **Remember accommodations must be reasonable. Translators are not required to be onsite.**

SERVING THOSE WITH LIMITED ENGLISH PROFICIENCY

Translators can assist with understanding the eligibility form and read form to the client to ensure that the neighbor qualifies for TEFAP



PERSONS WITH DISABILITIES



PERSONS WITH DISABILITIES

- A disabled person is someone who has a physical or mental impairment which substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment.

- Walking
- Seeing
- Hearing
- Breathing
- Thinking/Cognitive thought
- Caring for oneself



PERSONS WITH DISABILITIES

- Reasonable accommodations that do not cause undue hardships should be provided.
- Consider:
 - Parking Lot access
 - Entrance and Exits
 - Elevators
 - Restrooms
 - Assistance available for clients with disabilities
 - Alternate arraignments for services
 - Provisions for Service Animals



SERVING PEOPLE WITH DISABILITIES

You are not allowed to ask a client about the nature of their disability or to require proof that they are a person with a disability.

CIVIL RIGHTS AND FOOD DISTRIBUTION



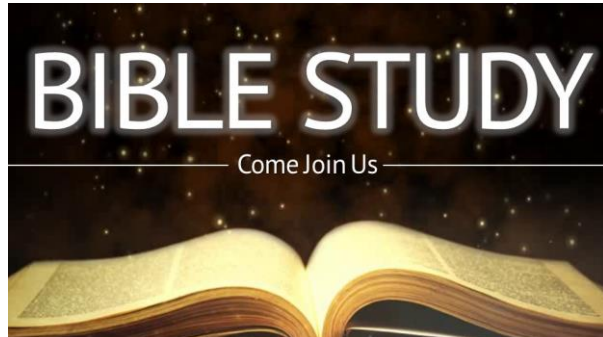
CIVIL RIGHTS AND FOOD DISTRIBUTION

- **GIVE to people in Need and GIVE away Freely**
 - No Payment in exchange for Food
 - No Work in exchange for Food
 - Do not require attendance for religious or political services for Food



CIVIL RIGHTS AND FOOD DISTRIBUTION

- **Clients must be informed of additional activities not associated with TEFAP are voluntary, and do not disrupt distribution of food**



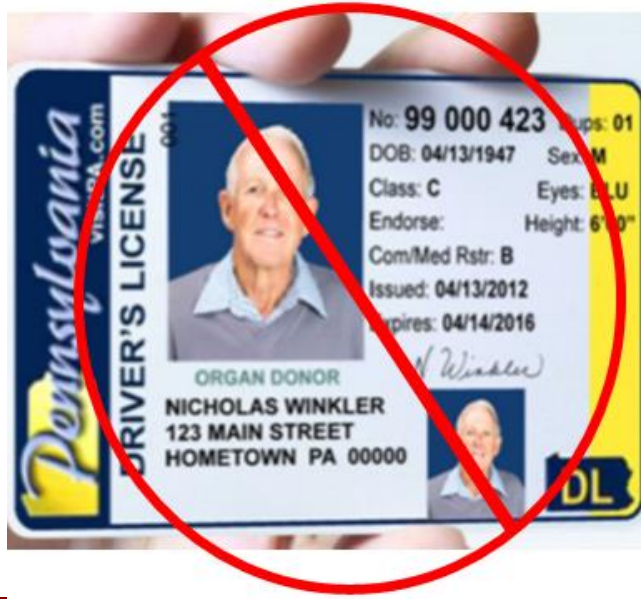
CIVIL RIGHTS AND FOOD DISTRIBUTION

- **Equal Treatment and service for all clients**
- **Make people feel welcome and respected**
- **Communication: Verbal and with signs**
- **No Special Favors!!!**



CIVIL RIGHTS AND FOOD DISTRIBUTION

- Signage must state that requested documentation is NOT required for TEFAP



CIVIL RIGHTS AND FOOD DISTRIBUTION

- If any forms of identification or documentation are required for other services provided by the agency, TEFAP food must be distributed first before any these things are requested.



CIVIL RIGHTS AND FOOD DISTRIBUTION

- Clients only need to provide their name, the number of people in their household, the county they live in and their zip code on their eligibility form. The form is only completed once and proves eligibility until the neighbor states they no longer qualify for the program.**

YOUR AGENCY'S NAME HERE

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP)
CERTIFICATION OF ELIGIBILITY TO TAKE FOOD HOME
7 CFR 251

Name: _____ Number of People in Household: _____

County: _____ Zip Code: _____

If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food. The chart below is effective July 1, 2024 - June 30, 2025.

| Household Size | Annual Income | Monthly Income | Twice per Month | Every two Weeks | Weekly Income |
|--|---------------|----------------|-----------------|-----------------|---------------|
| 1 | \$45,180 | \$3,765 | \$1883 | \$1738 | \$869 |
| 2 | \$61,320 | \$5,110 | \$2,555 | \$2,358 | \$1,179 |
| 3 | \$77,460 | \$6,455 | \$3,228 | \$2,979 | \$1,490 |
| 4 | \$93,600 | \$7,800 | \$3,900 | \$3,600 | \$1,800 |
| 5 | \$109,740 | \$9,145 | \$4,573 | \$4,221 | \$2,110 |
| 6 | \$125,880 | \$10,490 | \$5,245 | \$4,842 | \$2,421 |
| 7 | \$142,020 | \$11,835 | \$5,918 | \$5,462 | \$2,731 |
| 8 | \$158,160 | \$13,180 | \$6,590 | \$6,083 | \$3,042 |
| For each additional family member add: | \$16,140 | \$1,345 | \$673 | \$621 | \$310 |

You are eligible to receive food from TEFAP if your household meets the income guidelines above or participates in any of the following programs. Please place a checkmark in the space next to the category that applies.

- ☐ Income eligibility
☐ Supplemental Nutrition Assistance Program (SNAP) (aka Food Stamps)
☐ Temporary Assistance to Needy Families (TANF)
☐ Supplemental Security Income (SSI)
☐ Medicaid

☐ The Local Distributing Agency staff must check this box, after the applicant has read the below certification statement:

I certify, by self attesting, that my yearly household gross income is at or below the income listed on this form for households with the same number of people OR that I participate in the program(s) that I have checked on this form. I also certify that as of today, I reside in the State of Florida. This certification is being submitted in connection with the receipt of Federal assistance. I understand that making a false certification may result in having to pay the State agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

OPTIONAL: I authorize _____ to pick up USDA food on my behalf.

Any changes in the household's circumstances must be reported to the distributing agency immediately.

PLEASE REFER TO THE REVERSE SIDE OF THIS DOCUMENT FOR THE USDA NON-DISCRIMINATION STATEMENT

ON MY HONOR

**Forms are completed “On the Honor System”
You can not ask for proof for requirements**



CIVIL RIGHTS AND FOOD DISTRIBUTION

- **Protect clients privacy on all Forms**
- **Eligibility forms are filed in a separate secured locations from other pantry forms.**

PROTECTED CLASSES

For Civil Rights in TEFAP, the Protected Classes are:

- **N**ational **O**origin
- **C**olor
- **A**ge
- **R**ace
- **D**isability
- **S**ex



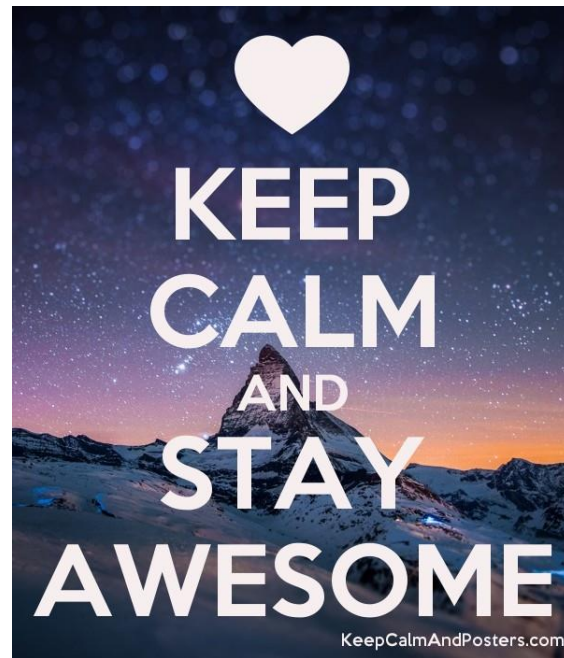
CONFLICT RESOLUTIONS

- **Post your Agency's policy for unacceptable behavior and conflicts.**



CONFLICT RESOLUTIONS

- **When Conflict arises: Stay Calm**



CONFLICT RESOLUTIONS

Don't interrupt or say the client is right or wrong



CONFLICT RESOLUTIONS

**Listen, try to be understanding
and nonjudgmental**



CONFLICT RESOLUTIONS

- **Identify the problem and possible solutions**



CONFLICT RESOLUTIONS

Get help if you feel threatened or uncomfortable



NOTICE OF BENEFICIARY RIGHTS

Policy Memorandum No. FD-155

TEFAP Written Notice of Beneficiary Rights

Name of Organization: _____

Because _____ is supported in whole or in part by financial assistance from the Federal Government, we are required to let you know that:

1. We may not discriminate against you on the basis of religion, a religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
2. We may not require you to attend or participate in any explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) that are offered by our organization, and any participation by you in such activities must be purely voluntary;
3. We must separate in time or location any privately funded explicitly religious activities (including activities that involve overt religious content such as worship, religious instruction, or proselytization) from activities supported with direct Federal financial assistance; and
4. You may report violations of these protections, including any denials of services or benefits by an organization, by contacting or filing a written complaint with the U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights Executive Director Center for Civil Rights Enforcement
1400 Independence Avenue SW
Washington, DC 20250-9410, or by email to program.intake@usda.gov
5. If you would like to seek information about whether there are any other federally funded organizations that provide these kinds of services in your area, please contact Florida Department of Agriculture and Consumer Services and/or USDA Hunger Hotline:

State Agency Contact Information:

Florida Department of Agriculture and Consumer Services Division of Food, Nutrition and Wellness
(850) 617-7400

The USDA Hunger Hotline:

- **By Phone:** 1-866-3-HUNGRY or 1-877-8-HAMBRE to speak with a representative from 7:00 AM – 10:00 PM Eastern Time.
- **By Text:** 914-342-7744 with a question that may contain a keyword such as “food,” “summer,” “meals,” etc. to receive an automated response to resources located near an address and/or zip code.

This written notice must be given to you before you enroll in the program or receive services from the program, unless the nature of the service provided or exigent circumstances make it impracticable to provide such notice before we provide the actual service. In such an instance, this notice must be given to you at the earliest available opportunity.

- If a client objects to the religious character of an organization that provides TEFAP Food, that organization must promptly make an effort to identify and refer the client to an alternate provider, if available to which the client has no objection
- This notice also provides additional services available to assist the neighbor
- This sign needs to be posted by all TEFAP agencies next to their poster at the intake area. .

TEFAP AND VOLUNTEERS



TEFAP AND VOLUNTEERS

- **All Agency Staff and Volunteers must attend Civil Rights training each year.**
- **A sign in sheet materials must be used at the training and this sheet and a copy of the training materials must be stored with all important agency paperwork**
- **This materials must be produced at your annual monitoring to ensure that your agency staff and volunteers have attended training.**

TEFAP AND VOLUNTEERS

- **Staff and Volunteers who are also eligible TEFAP clients can not be giving:**
 - **Special distribution times and days unless at the end of distribution on the regular distribution day.**

TEFAP AND VOLUNTEERS

- Opportunities to “Cherry Pick” the best items before distribution or have special product set aside for them



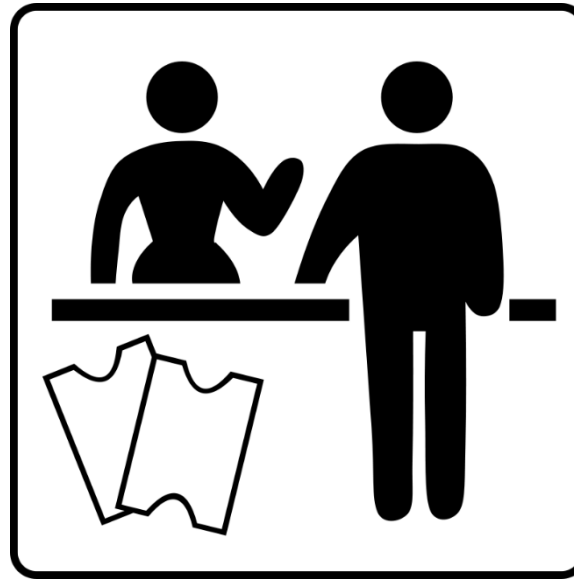
TEFAP AND VOLUNTEERS

Approval to move ahead in line if they are volunteering



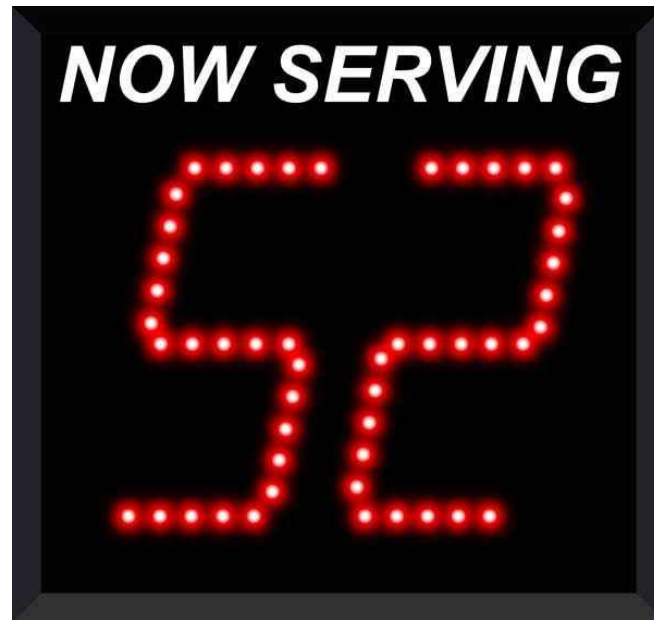
TEFAP AND VOLUNTEERS RECOMMENDATIONS

- **Staff and Volunteers who are also eligible TEFAP clients must following the same check in process as a regular client!**



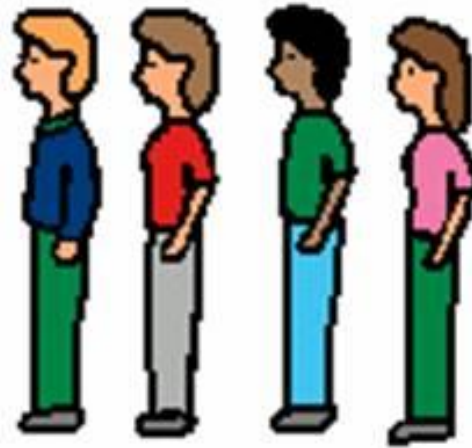
TEFAP AND VOLUNTEERS RECOMMENDATIONS

- **Number System for all clients, including volunteers**



TEFAP AND VOLUNTEERS RECOMMENDATIONS

- TEFAP food Preppacked so all clients receive the same food!
- The 1st in line receives the same as the last in line.



CIVIL RIGHTS DISCRIMINATION COMPLAINT PROCESS



**HAVE A
COMPLAINT?**

DETERMINING A CIVIL RIGHTS DISCRIMINATION COMPLAINT

- Receiving the complaint may be verbal or written.



DETERMINING A CIVIL RIGHTS DISCRIMINATION COMPLAINT

- **Determining if complaint is against the 6 protected classes, which is considered a Civil Rights Complaint**
 - **National Origin**
 - **Color**
 - **Age**
 - **Race**
 - **Disability**
 - **Sex**



DETERMINING A CIVIL RIGHTS DISCRIMINATION COMPLAINT

- Complaint can be made to any staff member at the agency, SHFB, the Florida Department of Agriculture, or USDA.



PROCEDURES FOR HANDLING A CIVIL RIGHTS COMPLAINT

- 1. Listen to the person making the complaint, and practice good customer service.**
- 2. Write it down using an established form (see sample complaint form).**
- 3. Immediately forward complaint by notifying your Food Bank staff.**
 - SHFB notifies Bureau of Food Distribution**
 - Bureau notifies USDA.**

SAMPLE COMPLAINT FORM

U.S. Department of Agriculture USDA Program Discrimination Complaint Form

| Complainant Information | | |
|---|--|--|
| First name | Middle Initial | Last Name |
| Mailing Address | | |
| Primary Phone Number | Alternate Phone Number | Email |
| Best way to reach you: <input type="checkbox"/> Mail <input type="checkbox"/> Phone <input type="checkbox"/> Email <input type="checkbox"/> Other | | |
| Representative Information | | |
| Do you have a representative? <input type="checkbox"/> Yes <input type="checkbox"/> No | | Do you have written authorization from representative? If so, please attach. <input type="checkbox"/> Yes <input type="checkbox"/> No |
| First name | | Last Name |
| Mailing address | | |
| Phone | Email | |
| Complaint Information (attach additional pages and supporting documentation as needed) | | |
| 1. Provide the name of the program you applied for (if known/applicable). | | |
| 2. Select the USDA agency that conducts the program or provides Federal financial assistance for the program. <input type="checkbox"/> FNS <input type="checkbox"/> FS <input type="checkbox"/> FSA <input type="checkbox"/> RD <input type="checkbox"/> NRCS <input type="checkbox"/> Other <input type="checkbox"/> Unknown | | |
| 3. Date of recent alleged discrimination (mm/dd/yyyy) | 4. Location and/or address of the office where discrimination occurred | |
| 5. Who do you believe discriminated against you? Include the name(s) of person(s) involved in the alleged discrimination (if known). | | |
| 6. What happened to you? (please include dates of each allegation) | | |
| 7. It is a violation of the law to discriminate against you based on the following: race, color, national origin, religion, sex (including gender identity and expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, and political beliefs. (Not all bases apply to all programs). Reprisal is prohibited based on prior civil rights activity. I believe I was discriminated against based on: | | |
| Remedies | | |
| 8. How would you like to see this complaint resolved? | | |
| 9. Have you filed a complaint about the incident(s) with another federal, state, or local agency or with a court? | | |
| 10. If yes, with what agency or court did you file? | | 11. If yes, when did you file? (mm/dd/yyyy) |

Complainant Signature

Date

Representative Signature

Date

PROCESSING THE CIVIL RIGHTS COMPLAINT

- SHFB has **3** days to notify USDA of complaint.
- Client has **180** days to file complaint.
- Complaint investigation and resolution will be determined by the USDA.

RECOGNIZING PROGRAM COMPLAINTS

- **PROGRAM** complaints are not civil rights complaints, although equally important.
- They are **NOT** based on one of the 6 protected classes.



RECOGNIZING PROGRAM COMPLAINTS

- Some examples of program complaints.
 - Variety and quantity of food
 - Customer Service
 - Inadequate Parking



CIVIL RIGHTS REVIEW

- **6 protected classes/bases NOCARDS**
- **Public Notification System-All required posters and information displayed so client can see clearly.**
- **Complaint and Processing Procedure**
- **Training Staff/Volunteers**

FORMALIZE YOUR CIVIL RIGHTS COMPLAINT PROCESS AND TRAIN

- ❑ **Write down** your agency's civil rights complaint process
- ❑ **Train your volunteers and staff !!!**
- ❑ Keep a roster of those who are trained with pantry documents (we will ask to see it at monitoring's)





Any Questions?