



AGENCY PARTNER MONTHLY TEFAP REPORTING INSTRUCTIONS

1. Each month all agency partners are required to submit **The Emergency Food Assistance Program (TEFAP)-Household Distribution Site Sign-In Sheet**, until active on Link2Feed, in addition to the **TEFAP Monthly Inventory and Participation Report (MIPR)** by the end of the month. For reporting concerns, please contact your Agency Relations Manager or email monthlyreports@unitedfoodbank.org.
 - a. All columns on the TEFAP Household Distribution Site Sign-In Sheet **must** be filled out (i.e. name, complete address, number of persons in the household, number of boxes, birthday). If the client is homeless, please write N/A on address line.
2. If already live on Link2Feed, then disregard the sign-in sheets. The Household Distribution Sign-In Sheet needs to be manually counted to gather all the total numbers for the MIPR. All sign in sheets must have the agency name and must be signed and dated at the bottom to be valid. Page 3 will be a key visual to finding the numbers needed for the MIPR.
 - a. Total up the column labeled **Name** for all sign in sheets (if there are multiple) and add the totals together to receive the **Total # of Households Served**. You will use this total on the MIPR on the **blue box** labeled **B**.
 - b. Total up the column labeled **Num. of Person in Household** for all sign in sheets (if there are multiple) and add the totals together to receive the **Total # of Individuals Served**. You will use this total on the MIPR on the **green box** labeled **C**.
 - c. Total up the column labeled **# of Boxes** for all sign in sheets (if there are multiple) and add the totals together to receive the **Total # of Emergency Food Boxes Distributed**. You will use this total on the MIPR on the **yellow box** labeled **A**. Remember every bag/box you distribute is considered an Emergency Food Bag.
3. The Monthly Inventory and Participation Report (MIPR) will have all totals gathered from the Household Distribution Sign-In Sheet or Link2Feed Statistics Report. The column **Commodity Name** on the MIPR table will only need to be filled out if the agency is receiving TEFAP product.

- a. If you are *not* receiving any TEFAP product, then only fill out the top portion of the MIPR, which will include: **Reporting Period** and **Type of Emergency Food Distribution**. The Reporting Period will be the month and year of the distribution data. The Type of Emergency Food Distribution will include boxes: Emergency Food Boxes and Household Distribution. The number of emergency food boxes distributed, households served, and individuals served will be gathered from the sign-in sheets. See Step 2 for more details. You will need to fill out the **Distribution Site**, sign and date.
- b. The TEFAP Commodity Table, located on the MIPR, will allow United Food Bank to see how much food your agency is able to distribute in order to appropriately allocate food quantities to all agencies. You will fill out this table *only* if you are receiving TEFAP product. To fill out this TEFAP Commodity table, use your United Food Bank Invoice to see the **Commodity Name, Date Received, and # of Emergency Food Boxes (EFB) Received**. You will fill out **# of EFB Remaining in Inventory** by counting your agency's inventory after your month's distributions. You will need to fill out the Distribution Site, sign and date.
 - i. If you are a **Congregate** meal site, you will need to select the **Congregate meals** box and fill out **# of Cases Received, # of Cases used in Meals** as shown in the **purple box** on Page 4. If you are a Congregate meal site *and* Pantry, meaning you still participate in EFB and household distributions, then you will fill out two separate MIPRs. One for Congregate and one for Pantry (emergency food boxes and/or household distributions. The MIPR TEFAP Commodity table will then need to have each column filled out. You will need to fill out the **Distribution Site**, sign and date. If you are NOT a Congregate meal site, then do not fill out the **# of cases used in meals**.
 - ii. If you have more Commodities than lines on the **TEFAP Commodity Table**, please use another MIPR form to ensure that all commodities are recorded.
4. Once all documents are properly filled out and signed, you will need to either scan the documents to Agency Relations at monthlyreports@unitedfoodbank.org, drop the documents off or mail them to United Food Bank's Main Office at 245 S. Nina Drive Mesa, AZ 85210. All documents are **required** to be in by the 5th of the following month. All questions/comments/concerns can be sent to Agency Relations. For more information about Link2Feed, please email Tory Wilson at torywilson@unitedfoodbank.org.

****All agencies who receive TEFAP are required to submit monthly TEFAP sign-in sheets until active on Link2Feed.** Please note that all information on the sign in sheet must be completely filled out, including name, complete address, number in household, number of boxes and birthday. PO Boxes are accepted for rural counties and if homeless put N/A for address.

HRP-1013A FORFF (1-19)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Aging and Adult Services

Page 1 of 2

THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) / Programa de Asistencia de Alimentos de Emergencia (TEFAP)
HOUSEHOLD DISTRIBUTION SITE SIGN-IN SHEET / Hoja de Registro del Centro de Distribución a los hogares

FEDERAL POVERTY GUIDELINES 185% / 185% del índice federal de pobreza							
Important! Please read before completing	¡Importante! Por favor, lea antes de llenar	Household	Annual	Monthly	Twice Monthly	Bi-Weekly	Weekly
		del Hogar	Anual	Mensual	Dos veces al mes	Bisemanal	Semanal
By printing my name on this form, I certify the following: • I meet the current income eligibility guidelines listed to receive USDA commodities. • I will not sell, trade, barter, or exchange these commodities for service. • I live in the geographic area served by this distribution site	Al poner mi nombre en este formulario, certifico lo siguiente: • Cumplo con los requisitos de elegibilidad de ingresos para poder recibir productos de la USDA. • No venderé, cambiaré, trocaré, ni intercambiaré estos productos por servicios. • Resido en el área geográfica servida por este centro de distribución.	1	\$21,775	\$1,815	\$908	\$838	\$419
		2	\$29,471	\$2,456	\$1,228	\$1,134	\$567
		3	\$37,167	\$3,098	\$1,549	\$1,430	\$715
		4	\$44,863	\$3,739	\$1,870	\$1,726	\$863
		5	\$52,559	\$4,380	\$2,190	\$2,022	\$1,011
		6	\$60,255	\$5,022	\$2,511	\$2,318	\$1,159
		7	\$67,951	\$5,663	\$2,832	\$2,614	\$1,307
		8	\$75,647	\$6,304	\$3,152	\$2,910	\$1,455
		For each additional member, add / Para cada miembro adicional, agregue			+\$7,696	+\$642	+\$311
Name (Print)	Address (No., Street, City, State, ZIP)	Num. of persons in household	# of Boxes	Birthday			
Nombre (Escriba en letra de molde)	Dirección (Núm., Calle, Ciudad, Estado, Código postal)	Num. de personas en el hogar	de cajas	Fecha de nacimiento			
1.							
2.							
3.							
4.							
5.							
6.							
7.							
8.							
9.							
Distribution Site / Centro de distribución:		Signature / Firma:		Date / Fecha:			

Num. of persons in household= total # of INDIVIDUALS SERVED (C)

Name column= total # of HOUSEHOLDS SERVED (B)

of Boxes= total # of EMERGENCY FOOD BOXES distributed (A)

TEFAP Sign-In Sheets only valid when Distribution Site, Signature, and Date are all filled out.

Congregates will select this box, and select EFB and Household Distribution if it applies.

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
 Division of Benefits and Medical Eligibility (DBME)
 Coordinated Hunger Relief Program

TEFAP Monthly Inventory and Participation Report (MIPR)
Distribution Sites

Instructions: Complete this form as of the last business day of the month. By the 5th of the following month, mail, fax, or email to the Regional Food Bank from which you receive USDA commodities.

REPORTING PERIOD (Month and Year)
 [] [] [] [] [] []

Type of emergency food distribution:

- Congregate meals
- Emergency food boxes
- Household distribution

Number of **meals** served: [] [] [] []

Number of **emergency food boxes** distributed: [] [] [] []

Number of **households** served: [] [] [] []

Number of **individuals** served: [] [] [] []

A
B
C

TEFAP

Commodity Name	Date Received	# of Cases Received	# of Cases used in Meals	# of Cases Remaining Inventory	# of Emergency Food Boxes (EFB) Received	# of EFB Remaining Inventory
[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []
[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []
[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	Congregate Meals Only	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []
[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []
[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []
[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []
[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []	[] [] [] [] [] []

EFB Only

DISTRIBUTION SITE
 [] [] [] [] [] []

DISTRIBUTION SITE REPRESENTATIVE'S SIGNATURE _____ DATE [] [] [] [] [] []

EXAMPLE-TEFAP, EFB, & Bulk

HRP-1005A FORFF (3-16)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Benefits and Medical Eligibility (DBME)
Coordinated Hunger Relief Program

TEFAP Monthly Inventory and Participation Report (MIPR) Distribution Sites

Instructions: Complete this form as of the last business day of the month. By the 5th of the following month, mail, fax, or email to the Regional Food Bank from which you receive USDA commodities.

REPORTING PERIOD (Month and Year)
NOVEMBER 2019

Type of emergency food distribution:

Congregate meals Number of meals served: _____

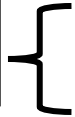
Emergency food boxes Number of emergency food boxes distributed: 155

Household distribution Number of households served: 155

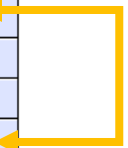
Number of individuals served: 250

Commodity Name	Date Received	# of Cases Received	# of Cases used in Meals	# of Cases Remaining Inventory	# of Emergency Food Boxes (EFB) Received	# of EFB Remaining Inventory
Emergency Food Bags	10/25/19					5
Spaghetti	10/25/19			5		
Garbanzo Beans	10/25/19			10		
Emergency Food Bags	11/22/19				200	50
Spaghetti	11/22/19	20		4		
Mac and Cheese	11/22/19	50		0		
Garbanzo Beans	11/22/19	15		7		
Orange Juice	11/22/19	10		1		

Previous month's remaining inventory



Current month's inventory



DISTRIBUTION SITE
AGENCY NAME-AGENCY NUMBER _____

DISTRIBUTION SITE REPRESENTATIVE'S SIGNATURE _____ DATE 12/1/2019

AGENCY SIGNATURE _____

