

Civil Rights



Civil Rights Training

- › All levels of TEFAP administration must receive Civil Rights training.
- › CAFB is responsible for training all EFOs and EFOs must train other “front-line” staff & volunteers who interact with program applicants or recipients.
 - › New employees/volunteers must receive training before participating in program activities.
 - › Training must be conducted on annual basis.
- › Food Banks and Recipient Partner Agencies must maintain documents after training is performed (i.e. sign-in sheets of attendees, agenda, etc.).

Volunteers gathered before distribution at La Iglesia de Santa Maria



Civil Rights Training Agenda

- › Purpose of Civil Rights Training
- › Legal Authority for Civil Rights
- › Civil Rights Compliance
 - › Effective public notification systems
 - › Complaint procedures
 - › Requirements for language assistance
 - › Requirements for reasonable accommodation of persons with disabilities
 - › Customer service
 - › Conflict Resolution
 - › Compliance review techniques
 - › Resolution of noncompliance

Purpose of Civil Rights Training

- › The primary responsibility of the Emergency Feeding Organization (EFO) is to ensure that no person is excluded from participation in, denied benefits of, or is subject to any discrimination under TEFAP.
- › The goal of civil rights is to:
 - › Ensure **equal and consistent treatment** for all applicants and participants.
 - › **Provide knowledge** of program participants' rights and responsibilities.
 - › Eliminate illegal barriers that prevent or deter people from receiving benefits.
 - › Promote **dignity and respect** for everyone.

Civil Rights

- › The rights of personal liberty guaranteed by the **13th and 14th Amendments** of the Constitution and Acts of Congress
- › Civil Rights are non-political rights. Any discrimination based on the protected classes is **prohibited by law**.

Protected Classes

- › TEFAP benefits and participation are made available without regard to:
 - › Race
 - › Color
 - › National Origin
 - › Age
 - › Sex
 - › Disability

Definition of Discrimination

- › Discrimination is defined as: different treatment which makes a distinction of one person or a group of persons from others
- › There are three types of discrimination:
 - › **Disparate Treatment:** This is the intentional discrimination against someone.
 - › **Disparate Impact:** When actions that appear neutral or unintentional have a negative impact on a protected class.
 - › **Retaliation/Reprisal:** The intentional negative treatment of someone who opposes discriminatory practices, makes a complaint, or assists in a complaint investigation.

Assurances

- › To qualify for Federal financial assistance, the program application must be accompanied by a written assurance that the program or facility will be operated in compliance with the nondiscrimination laws, regulations, instructions, policies, and guidelines.
- › A Civil Rights assurance statement must be incorporated in all agreements between Federal & State agencies, State & subrecipient agencies, and subrecipient agencies & their local sites.

(FNS Instruction 113-1, Appendix C)

Public Notification

- › TEFAP State or local agencies and their sub-recipients **must have** a public notification system.
- › The purpose of this system is to inform applicants, participants and potentially eligible persons of:
 - › Program availability (including dates, times and locations of TEFAP distributions)
 - › Program rights and responsibilities
 - › Policy of non-discrimination
 - › Policy for filing a complaint
- › Sites must prominently display **And Justice For All Poster**.
- › Sites must provide information in **alternative methods** for persons with disabilities and appropriate languages for persons with limited English proficiency.



Non-Discrimination Statement

The non-discrimination statement must be included on all information materials and sources, including:

- › websites,
- › forms,
- › public releases,
- › announcements of scheduled distributions, and
- › all other publications.

Non-Discrimination Statement

In accordance with Federal civil rights law 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.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Non-Discrimination Statement

De conformidad con la Ley Federal de Derechos Civiles y los reglamentos y políticas de derechos civiles del Departamento de Agricultura de los EE. UU. (USDA, por sus siglas en inglés), se prohíbe que el USDA, sus agencias, oficinas, empleados e instituciones que participan o administran programas del USDA discriminen sobre la base de raza, color, nacionalidad, sexo, discapacidad, edad, o en represalia o venganza por actividades previas de derechos civiles en algún programa o actividad realizados o financiados por el USDA.

Las personas con discapacidades que necesiten medios alternativos para la comunicación de la información del programa (por ejemplo, sistema Braille, letras grandes, cintas de audio, lenguaje de señas americano, etc.), deben ponerse en contacto con la agencia (estatal o local) en la que solicitaron los beneficios. Las personas sordas, con dificultades de audición o discapacidades del habla pueden comunicarse con el USDA por medio del Federal Relay Service [Servicio Federal de Retransmisión] al (800) 877-8339. Además, la información del programa se puede proporcionar en otros idiomas.

Para presentar una denuncia de discriminación, complete el Formulario de Denuncia de Discriminación del Programa del USDA, (AD-3027) que está disponible en línea en: http://www.ascr.usda.gov/complaint_filing_cust.html y en cualquier oficina del USDA, o bien escriba una carta dirigida al USDA e incluya en la carta toda la información solicitada en el formulario. Para solicitar una copia del formulario de denuncia, llame al (866) 632-9992. Haga llegar su formulario lleno o carta al USDA por:

(1) correo: U.S. Department of Agriculture

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Esta institución es un proveedor que ofrece igualdad de oportunidades.

St Paul UMC's Distribution Flyer

St. Paul United Methodist Church Lord's Food Pantry

The food pantry at St. Paul United Methodist Church distributes food on the **first Saturday** and **third Thursday** of each month.

The Saturday distribution opens around 7:30 a.m. and stays open until 10:30 a.m. or until we reach our limit of 75 households.

The Thursday distribution opens at 2:30 p.m. and stays open until 5:30 p.m. or until we reach 70 households.

We distribute both government-supplied food (from the USDA Emergency Food Assistance Program) and food donated to the church or bought with church funds. Clients who register for the government-supplied food can now visit a food pantry (for that food) once a week. So you can visit our pantry and receive the government food on both of our monthly distribution days: the first Saturday and the third Thursday each month.

However, we only give out the church-supplied food **once a month** to the same household. That means if you come to our pantry distribution on both Saturday and Thursday in the same month, you will receive only the government food at the Thursday visit.

The Internet website for the Capital Area Food Bank (<http://www.capitalareafoodbank.org>) lists the locations in this area that are distributing food for those in need.

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St. Paul United Methodist Church Despensa del Señor

La despensa de alimentos de la Iglesia de St. Paul United Methodist distribuye alimentos **el primer sábado** y **el tercer jueves** de cada mes.

La distribución de los sábados abre alrededor de las 7:30 a.m. y cierra a las 10:30 a.m. o cuando llegamos a nuestro límite de 75 hogares.

La distribución de los jueves abre a las 2:30 p.m. y cierra a las 5:30 p.m. o cuando lleguemos a 70 hogares.

Distribuimos tanto alimentos proporcionados por el gobierno (del Programa de Asistencia Alimentaria de Emergencia del USDA) como alimentos donados a la iglesia o comprados con fondos de la iglesia. Los clientes que se registran para los alimentos proporcionados por el gobierno ahora pueden visitar una despensa de alimentos (para esos alimentos) una vez a la semana. Entonces puede visitar nuestra despensa y recibir la comida del gobierno en los dos días de nuestra distribución mensual: el primer sábado y el tercer jueves de cada mes.

Solo entregamos los alimentos proporcionados por la iglesia **una vez al mes** al mismo hogar. Eso significa que si viene a la distribución de nuestra despensa el sábado y el jueves del mismo mes, solo recibirá la comida del gobierno en la visita del jueves.

El sitio web de Internet del Capital Area Food Bank (<http://www.capitalareafoodbank.org>) enumera las ubicaciones en esta área que están distribuyendo alimentos para los necesitados.

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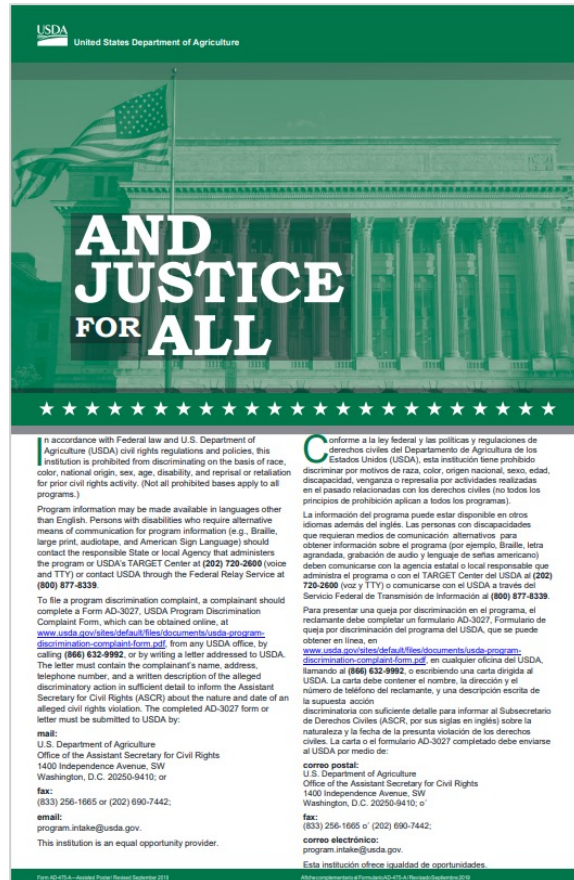
- | | |
|--|--|
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Esta institución es un proveedor que ofrece igualdad de oportunidades.

Non-Discrimination Statement

- › If the material is **too small** to include the whole statement, it will **at a minimum include**:
 - › “USDA is an equal opportunity provider and employer.”
 - › “Esta institución es un proveedor que ofrece igualdad de oportunidades.”
- › **Any material** such as brochures, flyers, press releases, church bulletins, etc., that mentions distribution of USDA foods **must contain the non-discrimination statement.**

And Justice For All



CIVIL RIGHTS COMPLAINT FORM
Virginia Department of Agriculture & Consumer Services
Food Distribution Program

1. Name of Complainant: _____
2. Address and Telephone Number of Complainant:

3. Agency Name and Location Service Provided:

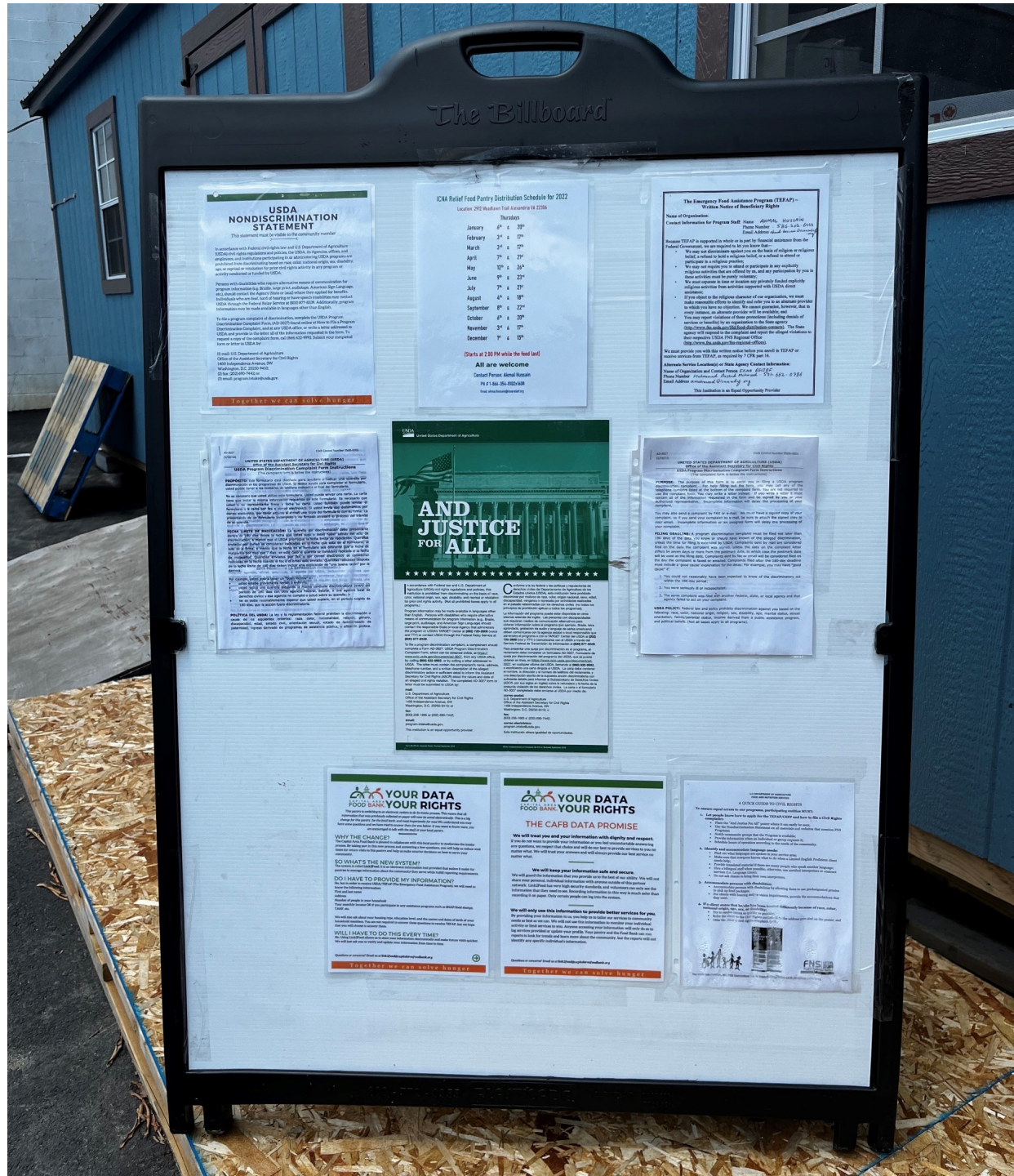
4. Describe the incident or action which you believe involved discrimination:

5. Check the factor(s) upon which you believe the discrimination was based:
____ Race ____ Color ____ National Origin ____ Age ____ Sex ____ Handicap

This poster **must be posted** in a highly **visible area** at your EFO during distribution.

Post the Civil Rights Complaint form **close to** the “And Justice for All” poster.

ICNA Relief USA Civil Rights Poster Board



**USDA
NONDISCRIMINATION
STATEMENT**

This statement meets USDA's nondiscrimination requirements under Executive Order 12816 and the USDA's Nondiscrimination Policy. It is a statement of the USDA's commitment to equal opportunity and nondiscrimination in all its programs and activities. It is a statement of the USDA's commitment to equal opportunity and nondiscrimination in all its programs and activities. It is a statement of the USDA's commitment to equal opportunity and nondiscrimination in all its programs and activities.

ICNA Relief Food Pantry Distribution Schedule for 2022

Location: 2000 West 10th Street, Anchorage, Alaska 99503

Month	Day	Time
January	4th	10:00 AM
February	3rd	10:00 AM
March	2nd	10:00 AM
April	7th	10:00 AM
May	12th	10:00 AM
June	9th	10:00 AM
July	7th	10:00 AM
August	4th	10:00 AM
September	8th	10:00 AM
October	4th	10:00 AM
November	2nd	10:00 AM
December	7th	10:00 AM

(Distributions end at 12:00 PM unless otherwise noted)

All are welcome!

Contact: Forank Amed Hassan
Phone: 907.561.0200

The Emergency Relief Assistance Program (ERAP) -
Written Notice of Beneficiary Rights

Name of Organization: ICNA Relief USA
Phone Number: 907.561.0200
Email Address: relief@icna.org

Reason ERAP is required is that you are not eligible for other relief programs.

We urge our beneficiaries to participate in our regularly scheduled activities.

We will not require you to attend or participate in any religious activities unless you have opted in.

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USDA Nondiscrimination Statement

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AND JUSTICE FOR ALL

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YOUR DATA FOOD BANK YOUR RIGHTS

WHY THE CHANGE?

SO WHAT'S THE NEW SYSTEM?

DO I HAVE TO PROVIDE MY INFORMATION?

WILL I HAVE TO DO THIS EVERY TIME?

Together we can solve hunger.

YOUR DATA FOOD BANK YOUR RIGHTS

THE CAFB DATA PROMISE

We will keep your information safe and secure.

We will only use this information to provide better services for you.

Together we can solve hunger.

A NOTICE CONCERNING CIVIL RIGHTS

ICNA Relief USA is committed to equal opportunity and nondiscrimination in all its programs and activities.

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Complaints of Discrimination

- › Complaints shall be **accepted and forwarded** to USDA.
- › Complaints must be filed within **60 days** from the alleged act of discrimination.
- › Complaints may be written, verbal, or anonymous;
- › Confidentiality is **extremely important** and must be maintained.

Civil Rights Complaint Process

- › Name, address, and telephone number of the complainant
- › The location and name of the organization or office
- › The nature of the incident or action
- › The names, titles, and business addresses of persons who may have knowledge of the discriminatory action
- › The date(s) during which the alleged discriminatory actions occurred
- › The basis for the alleged discrimination.

Accommodations for Persons with Limited English Proficiency

- › State agencies, local agencies or other sub-recipients are **required to provide access** to TEFAP services to Limited English Proficiency (LEP) persons and participants.
- › Take reasonable steps to assure access is provided.
 - › The responsibility of Language Assistance is a **responsibility of the EFO not the client**
- › Factors to Consider for addressing LEP
 - › Number or proportion of LEP persons served or encountered in the eligible population.
 - › Frequency with which LEP individuals come in contact with the program.
 - › Nature and importance of the program, activity, or service provided by the program.
 - › Resources available to the recipient and costs.

PROGRAMA DE ASISTENCIA ALIMENTARIA DE EMERGENCIA (TEFAP) CERTIFICACIÓN DE ELEGIBILIDAD

Nombre de la agencia _____ Número de agencia _____
Nombre: _____ Número de personas en el hogar: _____
Dirección: _____
Estado/Ciudad: _____ Condado _____

Usted es elegible para recibir alimentos del TEFAP si su hogar participa en alguno de los siguientes programas. Coloque una marca de verificación en el espacio junto a la categoría que corresponde. (Solicitud de firma y fecha)

____ Programa Suplementario de Asistencia Nutricional (SNAP) (Cupones de Alimentos)
____ Asistencia Temporal a Familias Necesitadas (TANF)

Usted es elegible para recibir alimentos del TEFAP si su hogar cumple con las pautas de ingresos además de participar en el Programa de Ingreso de Seguridad Suplementario (SSI) o Medicaid. Coloque una marca de verificación en el espacio al lado de la categoría que corresponda e incluya los ingresos. (Solicitud de firma y fecha)

____ Ingreso de Seguridad Suplementaria (SSI) _____ Ingreso Total de la Vivienda
____ Medicaid _____ Ingreso Total de la Vivienda

Usted es elegible para recibir alimentos del TEFAP si su hogar cumple con las pautas de ingresos. Coloque la cantidad total de ingresos del hogar en el espacio al lado de lo que corresponde. (Solicitud de firma y fecha)

____ Semanal _____ Mensual _____ Anual

Lea atentamente la siguiente declaración y luego firme el formulario y escriba la fecha de hoy. Solo necesita cumplir uno de estos requisitos para ser elegible para recibir alimentos del TEFAP.
Certifico que el ingreso total anual de mi hogar es igual o inferior al ingreso de los hogares con la misma cantidad de personas o que participo en los programas que he marcado en este formulario. También certifico que, a partir de hoy, resido en el estado de Virginia. Esta certificación se presenta en relación con la recepción de asistencia federal. Los funcionarios del programa pueden verificar que lo que declaré es verdadero. Entiendo que hacer una declaración falsa puede resultar en tener que pagarle a la agencia estatal el valor de los alimentos que se me emitieron incorrectamente y puede someterme a un enjuiciamiento civil o penal en virtud de la ley estatal y federal.

____ Firma _____ Fecha _____
ESTA CERTIFICACIÓN ES VÁLIDA POR UN PERÍODO DE UN AÑO y puede renovarse según sea necesario. Cualquier cambio en las circunstancias del hogar debe ser reportado a la agencia distribuidora de inmediato.

OPCIONAL: I autorizo _____ a recoger alimentos del TEFAP en mi nombre.

El Departamento de Agricultura de los Estados Unidos (USDA) prohíbe la discriminación contra sus clientes, empleados y solicitantes de empleo por motivos de raza, color, nacionalidad, edad, discapacidad, sexo, identidad de género, religión, represalia y, en su caso, creencias políticas, estado civil, estado familiar o parental, orientación sexual, o si todo o una parte de los ingresos de una persona se derivan de algún programa de asistencia pública o información genética protegida en el empleo o en cualquier programa o actividad realizada o financiada por el Departamento. (No todas las bases prohibidas se aplicarán a todos los programas y / o actividades de empleo).
Si desea presentar una queja de discriminación del programa de Derechos Civiles, complete el Formulario de queja de discriminación del programa del TEFAP, que se encuentra en línea en http://www.ascr.usda.gov/complaint_filing_cust.html, o en cualquier oficina del USDA, o llame al (866) 632-9992 para solicitar el formulario. También puede escribir una carta que contenga toda la información solicitada en el formulario.
Envíenos su formulario o carta de queja completa por correo a la siguiente dirección:
US Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, DC 20250-9410, por fax (202) 690-7442 o por correo electrónico al program_intake@usda.gov.
Las personas sordas, con dificultades auditivas o del habla pueden comunicarse con el USDA a través del Servicio Federal de Retransmisión al (800) 877-8339, o (800) 845-6136 (en español).

El USDA es un proveedor y empleador que ofrece igualdad de oportunidades.
Información del Censo
Total _____ Niños _____ Adultos _____ Personas Mayores En El Hogar _____

Accommodations for Persons with Disabilities

- › USDA Definition of Disability
 - › A person 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.
- › Legal authority for accommodations
 - › Americans with Disabilities Act
 - › Section 504 of Rehabilitation Act of 1973
 - › 7CFR Part 15b: **Prohibits discrimination on the basis of disability in all services, programs and activities provided to the public by state and local governments. Reasonable accommodations that do not cause undue hardship must be provided.**

The Code of Quality Customer Service

Service is

Effectively communicating with customers,

Responding to their needs,

Valuing their worth, and

Instilling excellence through

Courtesy, confidence, and

Enthusiasm.

› **Always:**

- › Smile and Be Pleasant
- › Treat Everyone with Respect and Courtesy
- › Be Caring and Understanding
- › Be a good listener
- › Offer Assistance
- › Serve Clients in a Timely Manner
- › Apologize for Any Inconvenience
- › Make Clients Feel Appreciated

Conflict Resolution

- › **IDENTIFY THE PROBLEM.** Identify the problem based on the information the customer gives you.
- › **DETERMINE A SOLUTION.** Depending on the specifics of the conversation and your knowledge of your organization, the solution may involve calling the customer again.
- › **GAIN APPROVAL FROM THE CUSTOMER.** If the customer does not agree to the proposed solution, it will resolve nothing!
- › **MAKE AN AGREEMENT.** You and the customer should determine what is to be done, when it is to be done, and by whom. If it is not possible, suggest an alternative.
- › **FOLLOW UP.** Personally make sure that the customer has been satisfied; and provide feedback.

Compliance Reviews

- › The purpose of Compliance Reviews is to examine the activities of State agencies, subrecipients, and local sites to determine Civil Rights compliance.
- › FNS Staff and State Agencies review subrecipients. Subrecipients review local sites.
- › Significant findings must be provided in writing to the reviewed entity and to FNS.

Types of Compliance Reviews

- › Pre-Award Compliance Reviews
- › Routine (Post-Award) Compliance Reviews
- › Special Compliance Reviews
 - › May be scheduled or unscheduled
 - › Possible Reasons for Special Compliance Reviews
 - › To follow-up on previous findings of noncompliance
 - › To investigate reports of noncompliance by other agencies, media, or grassroots organizations
 - › May be specific to an incident or policy
 - › May be to investigate a pattern of complaints of discrimination

**Please sign the Civil Rights form
verifying that you have received this
training. Thank you!**

