

## LOCAL AGENCY SELF EVALUATION FORM

1. What was the date of your last agency financial audit? Were there any audit exceptions? If so, what were they?
2. Describe changes in your organization chart and budget narrative since your budget was submitted.
3. Detail your agencies outreach efforts within the last 12 months, including targeting of homeless, migrants and working poor.
4. Detail the networks in place to refer CSFP participants to and from other health and/or social programs outside your agency.
5. Describe your scheduling procedures for certifications, recertification and nutrition education classes, if held.
6. List food distribution site(s) and the times open for each site.
7. What is your current caseload?
8. Do you have a waiting list? If so, how many are on it?
9. Describe how non-civil rights complaints are handled.
10. What is the name and title of the person designated as the Civil Rights Coordinator for your agency?
11. Describe how civil rights complaints are handled.
12. Describe how participant abuse and/or dual participation are handled.
13. Describe how participant's racial/ethnic category is determined (visual, self-identification, etc.).
14. What provisions are made for non-English speaking, disabled and homebound participants?
15. Describe your procedures for notifying participants/applicants of program changes, revisions in eligibility standards, and/or location of new distribution site, as well as hours of service.
16. Describe your procedure for identifying homeless CSFP applicants and referral to other assistance agencies.
17. Describe your procedure for monitoring/reviewing your distribution site(s). Provide date of last evaluation(s).
18. Are client files maintained by individual or family?