



FreshTrak

CSFP: Application Review

Updated August 10, 2021
Created by the FreshTrak team

CSFP Application Review

Once you have a signed application you'll notice two new features on the main family screen.

The **Programs Tab** will be used to review the application

The **Program Timeline** is used as a visual reminder of when to reapply

secure.pantrytrak.com/core/reservation_edit2.php?service_event_id=27269769

Main Program E-Signature Served Last on: 06/23/2020 Additional Info Notes Family Members Referrals Close Window Reload

Homeless

Home Address

STREET ADDRESS
3960 BROOKHAM DR

APT#, LOT#, ETC OR LEAVE BLANK.
APT 101

CITY GROVE CITY STATE OH

ZIP CODE
43123

COUNTY
FRANKLIN County

Mailing Address [Click here to copy home address](#)

STREET ADDRESS
3960 BROOKHAM DR

APT#, LOT#, ETC OR LEAVE BLANK.
APT 101

CITY GROVE CITY STATE OH

ZIP CODE
43123

COUNTY
FRANKLIN County

Address Verified (optional): NO YES

MAIN PHONE 614-317-9773 2ND PHONE NO PHONE NUMBER

Income Amount (Annual) - 8400.00 (Enter just one of the 3 fields)
Income Amount (Monthly) - 700.00
Income Amount (Weekly) - 161.54

Income Limits

Family Size	Limit Year	Limit Month	Limit Week
1	\$16,588	\$1,383	\$319
2	\$22,412	\$1,868	\$431
3	\$28,236	\$2,353	\$543
4	\$34,060	\$2,839	\$655
5	\$39,884	\$3,324	\$767
6	\$45,708	\$3,809	\$879
7	\$51,532	\$4,295	\$991
8	\$57,356	\$4,780	\$1,103
addon	\$5,824	\$486	\$112

SERVICE RECORDED

This customer has been SERVED.

Program Timeline (Experimental)

Enrollment Start Oct 11, 2020

Nov 11, 2020 You are Here

Reapply Zone

Enrollment End Oct 31, 2021

Oct 16, 2021 Followup

Ryan , James T

3960 BROOKHAM DR APT 101

GROVE CITY , OH 43123

FRANKLIN

Notes	0 View/Add Notes
Application Service Event	Audit View Perform Action
All Distrubtions	
Application Date	10-11-2020 10:07am
Age in Days	31
Application Status	Applied
Serving Status	Not Determined
Eligibility Status	Not Determined
Notification Letters	Letter Not Required
Letters	0 View/Add Letters
Source Location	Mid-Ohio Foodbank Pantry
Serving Location	UNKNOWN LOCATION
Name	Ryan, James T
Address	3960 BROOKHAM DR APT 101
City	GROVE CITY
State	OH
Zip	43123
County	FRANKLIN
Phone	614-317-9773
Cell	
Email	
Enrollment Start Date	10/11/2020
Enrollment End Date	10/31/2021
Recertification Date	12/31/1969
Reapply Date	10/31/2021

CSFP Application Review Program Tab

This tab is a great reference for where the individual is in the pipeline.

Perform action: This is the key place to review the application.

Application Status/Serving Status/Eligibility Status: Will be set once you review the application from the “perform action” section. **DO NOT MANUALLY CHANGE THESE UNTIL YOU HAVE APPROVED/DENIED THE APPLICATION THROUGH “perform action”.**

Notification Letters: Where you can set the letters for this customer.

Serving Location: Must be set for customer to be on distribution list

Enrollment Start Date: Date of the application

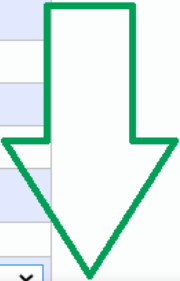
Reapply Date: Date that the customer must reapply before.

CSFP Application Review

Ryan , James T

3960 BROOKHAM DR APT 101
GROVE CITY , OH 43123
FRANKLIN

Notes	0 View/Add Notes
Application Service Event	Audit View Perform Action
All Distributions	<input type="checkbox"/>
Application Date	10-11-2020 10:07am
Age in Days	31
Application Status	Valid <input type="button" value="v"/>
Serving Status	Serving <input type="button" value="v"/>
Eligibility Status	Eligible <input type="button" value="v"/>
Notification Letters	Letter Not Required <input type="button" value="v"/>
Letters	0 View/Add Letters
Source Location	Mid-Ohio Foodbank Pantry
Serving Location	UNKNOWN LOCATION <input type="button" value="v"/>
Name	UNKNOWN LOCATION Mid-Ohio Foodbank - Kroger Community Pantry CSFP Distribution (Kroger)
Address	3960 BROOKHAM DR APT 101
City	GROVE CITY
State	OH
Zip	43123
County	FRANKLIN
Phone	614-317-9773
Cell	
Email	
Enrollment Start Date	<input type="text" value="10/11/2020"/>
Enrollment End Date	<input type="text" value="10/31/2021"/>
Recertification Date	<input type="text" value="12/31/1969"/>
Reapply Date	<input type="text" value="10/31/2021"/>



Set Serving Location

It's recommended that you do this step BEFORE "Perform Action".

Use drop down menu to set serving location.

This step is KEY for setting up distribution events and finding your customers.

Must set serving location before assigning letters.

CSFP Application Review

Perform Action

This section is identical to the paper form.

1. Validate the individual's eligibility
2. Set the serving status
3. Sign

Manage Letters | Close Window

Form: to file a Program Discrimination Complaint as a USDA Customer | Office of the Assistant Secretary for Civil Rights 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.

Signature Amanda Porter - Authorized Agent	Initials ALP	Date November 11, 2020 10:29am
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TO BE COMPLETED BY PROGRAM STAFF

Date of Initial Application Received 10-11-2020	1 Eligibility Income <input type="checkbox"/> YES <input type="checkbox"/> NO Residency <input type="checkbox"/> YES <input type="checkbox"/> NO Age <input type="checkbox"/> YES <input type="checkbox"/> NO	2 Determination <input type="checkbox"/> Eligible (Serving) <input type="checkbox"/> Not Eligible <input type="checkbox"/> Waiting List (Eligible)	Date Certified/Denied 11/11/2020 Certification Period: From 10-11-2020 To
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I hereby certify that the information provided is true and correct.

3 Signature Amanda Porter	Type Your Initials Here [Yellow Box]	Title Vista	Date 11/11/2020
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Click to Complete Certification

CSFP PROGRAM REQUIREMENT
Please remember to provide the applicant with a printed copy of the following information:

Ryan , James T

3960 BROOKHAM DR APT 101
GROVE CITY , OH 43123
FRANKLIN

Notes	0 View/Add Notes
Application Service Event	Audit View Perform Action
All Distrubtions	
Application Date	10-11-2020 10:07am
Age in Days	31
Application Status	
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Phone	614-317-9773
Cell	
Email	
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Enrollment End Date	10/31/2021
Recertification Date	12/31/1969
Reapply Date	10/31/2021

CSFP Application Review Reminders

You MUST use the "Perform Action" section to initially approve/deny your application.

Do not manually change the statuses from the Programs Tab or from the Manage Applicant section.

Signature: Amanda Porter - Authorized Agent
Initials: ALP
Date: November 11, 2020 10:29am

1 Eligibility: YES/NO
2 Determination: Eligible (Serving), Not Eligible, Waiting List (Eligible)
3 Signature: Amanda Porter, Title: Vista, Date: 11/11/2020

Click to Complete Certification

Enrollment ID	Name	Notes	Application Service Event	Application Date	Age in Days	Eligibility Status	Serving Status	Notification Letters	Letters
57146		26 View/Add Notes	24285415 Audit View Perform Actions	09-07-2019 1:26pm	703	Valid	Serving	Letter Mailed	4 View/Add Letters
57154		13 View/Add Notes	24285784 Audit View Perform Actions	04-15-2020 1:31pm	482	Not Eligible	Removed	Letter Not Required	0 View/Add Letters
57157		15 View/Add Notes	24286087 Audit View Perform Actions	04-15-2020 1:32pm	482	Not Eligible	Removed	Letter Not Required	0 View/Add Letters
57164		18 View/Add Notes	24286483 Audit View Perform Actions	04-15-2020 1:37pm	482	Valid	Serving	Letter Not Required	0 View/Add Letters

Questions?