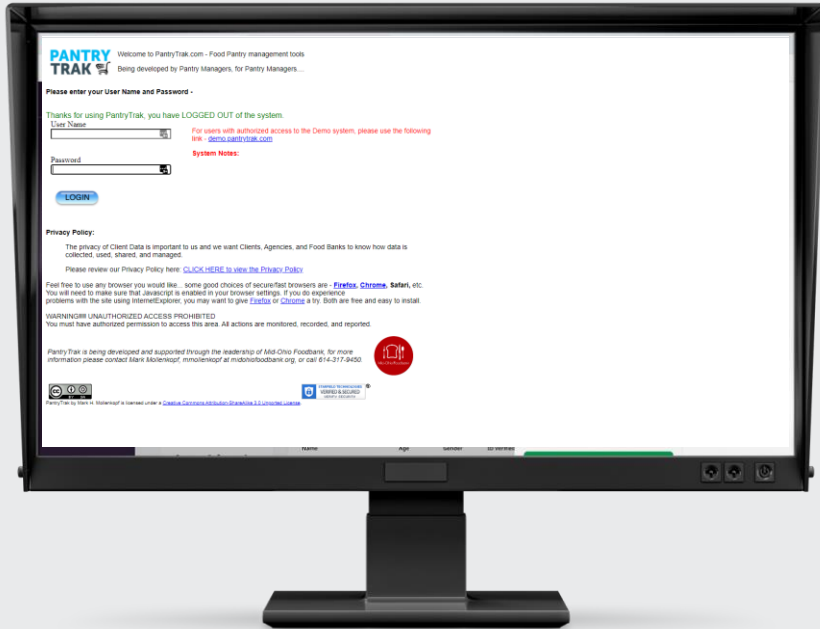




FreshTrak

CSFP: Application

What will I need?



Internet:

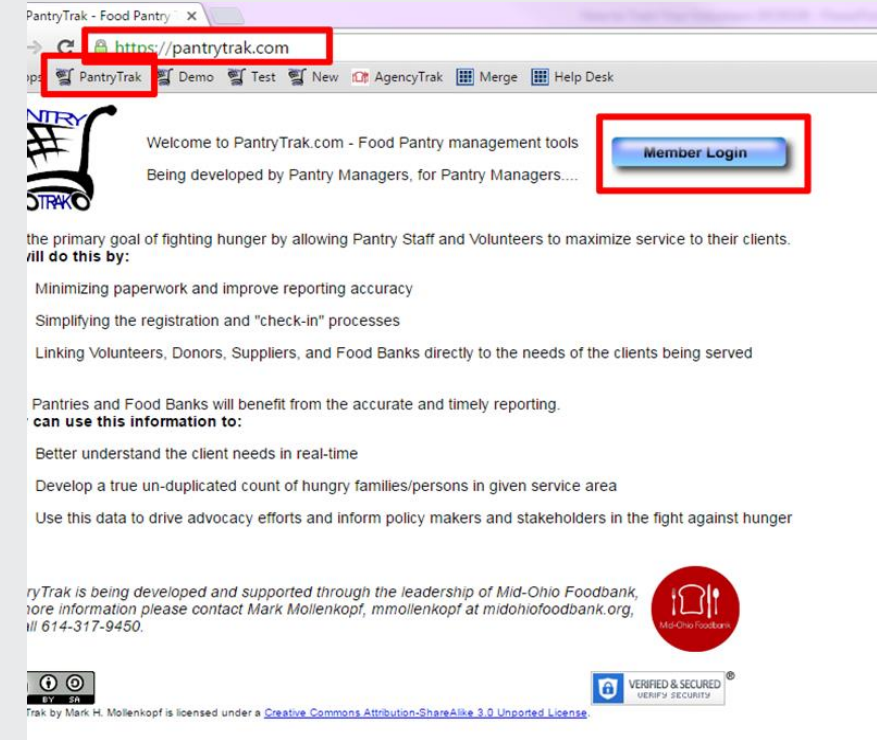
- **PantryTrak** can be accessed anywhere there is a computer and internet connection at the url:
 - secure.pantrytrak.com
- A WiFi network
- Or a hotspot! Smart phones can be used as a hotspot. Running PantryTrak for an hour during a distribution typically uses less data than watching a 5 min YouTube video!

Computers:

- Laptops
- A desktop computer
- Tablets - iPad, Amazon Fire
- Cell phone

PantryTrak Login

- After navigating to the website by typing the url...
- Or if it's already bookmarked..
- Click the Member Login button!

A screenshot of the PantryTrak login page. The page has a header with the PantryTrak logo and navigation links. The main content area includes a welcome message, a 'Member Login' button, and a list of goals for the system. At the bottom, there is a footer with contact information and a Creative Commons license. The login form is highlighted with a red circle, and the 'demo.pantrytrak.com' link in the system note is also circled in red.

Welcome to PantryTrak.com - Food Pantry management tools
Being developed by Pantry Managers, for Pantry Managers....

Please enter your User Name and Password -

User Name

Password

[LOGIN](#)

System Note: - Attention Demo System users: The PantryTrak Demo has moved to it's own server. You can access it here: demo.pantrytrak.com. Your username and password remain the same.

Feel free to use any browser you would like... some good choices of secure/fast browsers are - [Firefox](#), [Chrome](#), [Safari](#), etc. You will need to make sure that Javascript is enabled in your browser settings. If you do experience problems with the site using InternetExplorer, you may want to give [Firefox](#) or [Chrome](#) a try. Both are free and easy to install.

WARNING!!!! UNAUTHORIZED ACCESS PROHIBITED
You must have authorized permission to access this area. All actions are monitored, recorded, and reported.



PantryTrak is being developed and supported through the leadership of Mid-Ohio Foodbank, for more information please contact Mark Mollenkopf, mmollenkopf@midohiofoodbank.org, or call 614-317-9450.

- The next screen will prompt for a username and password.
- Click the login button
- Your username and password will be provided by your agency representative

Main Screen Overview

Notice all the places you can go from your home screen.

- Enrolled Programs Tools
- Yellow Service Buttons
- Mobile Service Button
- Reports
- Service Log (Current and Programs)


User: Colleen Havens - Senior Hunger Manager


[HOME](#)
[QUICK ADD](#)
[LOGOUT](#)

Main Menu	
Enrolled Program Tools	Enrolled Programs View Manage Applicants Program Distribution Program Letter Templates Reporting
Forms & Documents	Ohio revisions effective as of 7/1/2019 View All for Ohio
Service History Lookup	(to add NEW records, use the correct date from the list below, or use Quick Add) History Lookup
REPORTS	Agency Stats Report Main Pantry Report Include Produce
PRIVACY POLICY	Privacy Policy Privacy Policy Posting (recommended)
HELP DESK	Help Desk & Knowledge Base (ask for Help and find Answers about PantryTrak) PT Help Desk

Serve Families on 04/22/2020

[Pantry](#)
[Produce Market](#)
[Pantry Express](#)
[Holidays](#)
[CSFP Application \(Kroger\)](#)
[CSFP Distribution \(Kroger\)](#)

Jump to day
Select Event: Pantry
Choose a Date: 04/22/2020
[Submit](#)

Service Log

[Current](#)
[By Year](#)
[Programs](#)


Pantry ☒
Produce Market ☒
Pantry Express ☒
Holidays ☒
CSFP Application (Kroger) ☒

Event	Date	# Services	
CSFP Application (Kroger)	04/20/2020	2	
CSFP Application (Kroger)	04/16/2020	1	
CSFP Application (Kroger)	04/15/2020	111	
CSFP Application (Kroger)	04/13/2020	5	
CSFP Application (Kroger)	03/27/2020	1	
Pantry Express	03/20/2020	1	Check-in

Service Snapshot

	Visit Records	Served
Today	365	365
This Week	744	743
This Month	8623	8615
This Year	25615	25583

click chart below for NEW report



CSFP Application Tab

- Used to add a new customer to your program
- Try to search for you customer first
- If customer is not found you will enter "Add New Family & Visit"
- Select "Start Application" this will open a new tab.

HOME Lists: Regular Serving/Check-In Offline Store Reload Page

washington geo Found 2 matches - Hover over the info icon to see more information, Clicking the link will add the visit immediately. RESET Expand

Search Results

Search these results:

Actions	Client	Enrollment	Info	Address	City, State	Zip	Last Served	Phone	Merge?
Start Application	Washington, George January 19, 1978	Not Enrolled		152 east rich street Apt. 126	Columbus, OH	43215		6149999999	<input type="checkbox"/>
Start Application	Washington, George March 03, 1960	Not Enrolled		2807 GROSSE PT	COLUMBUS, OH	43232		none	<input type="checkbox"/>

Showing 1 to 2 of 2 entries

[Add New Family & Visit](#)

Mobile Market Calendr x Paylocity x Asana - Log In x Mid-Ohio Foodbank - x 2020-04-22 CSFP App x Family Add

secure.pantrytrak.com/core/family_res_add1.php?event_date=20200422&event_id=4830

HOME Add a NEW Family and Service Record for TODAY, Wednesday Apr 22, 2020 - Step 1 of 3

Head of Household (HH) Last Last Name First First Name Middle Middle Name Suffix

☐ Homeless

Address Line(s) Street Address EXAMPLE: 123 Foodie Way Housing Type: Please Select Housing Type

Apt#, Lot#, Etc or Leave Blank

Zip Code (5 digits only) Zip Code < Enter Zip Code to lookup City, State, County

Phone Numbers Phone- Primary Phone Number 2nd Phone- Secondary Phone Number

No Phone Number

Personal Information (HH) Date of Birth OR Age - Age DON'T KNOW? Use a Placeholder of 25 40 65

Gender ☐ F ☐ M ☐ Not Specified or Listed

Total # of people in household by Age Group: # people 60+ yrs. Seniors - # people 18 - 59 yrs. Adults # people birth - 17 yrs. Kids

NEXT

Reset x Close Window & Don't ADD new record

11/18/2013 - NEW Entry Screens for Adding a Family

- This new process breaks up the entry into a couple steps and makes it easier to add new families and family members.
- Using the History Check-box on Screen 2 gives you the option to quickly add historical service records from paper JFS forms.

CSFP Application (Part 1)

1. Input the income as declared by the applicant. You only need to put information into one box, the rest will auto complete. (The income guidelines are below for CSFP)
2. CSFP requires a mailing address. Click the green button to copy the address into the mailing address fields.

← → ↻ Not secure | beta.pantrytrak.com/core/reservation_edit2.php?service_event_id=27996888

Main E-Signature Served Last on: 02/24/2021 Additional Info Notes Family Members Referrals Close Window Reload

Porter, Amanda

LAST FIRST MIDDLE SUFFIX
Porter Amanda Middle Name

☐ Homeless

Home Address

STREET ADDRESS
12345 FOODBANK DR

APT#, LOT#, ETC OR LEAVE BLANK.

CITY STATE
GROVE CITY OH

ZIP CODE
43123

COUNTY
FRANKLIN County

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

STREET ADDRESS
12345 FOODBANK DR

APT#, LOT#, ETC OR LEAVE BLANK.

CITY STATE
GROVE CITY OH

ZIP CODE
43123

COUNTY
FRANKLIN County

Address Verified (optional): NO ☒ YES ☐

MAIN PHONE 2ND PHONE NO PHONE NUMBER
614-317-9450

Family

Family Size	3	Children	0	Adults	0	Seniors	3
-------------	---	----------	---	--------	---	---------	---

Family Notes

Income Amount (Annual) - 18000.00
Income Amount (Monthly) - 1500.00
Income Amount (Weekly) - 346.15

(Enter just one of the 3 fields)

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

CSFP Application (Part 2)

3. If the applicant has a disability complete this section.

4. If the applicant identifies a Proxy complete this section (optional)

5. If you collect SNAP information complete this section (optional)

6. Complete Disability, Race and Ethnicity for applicant.

7. Check the "Serving" Box for applicant ONLY.

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

eligible for this service.
Your name, Amanda Porter, will go onto the electronic signature as a member of the Program Staff.

3 → Disabilities - Do you have any member of household with a disability?
Please Choose If YES, how many people from your Household have a disability? 0

4 →

5 →

Proxy Type	First	Middle	Last	Suffix	Address	Address 2	City	State	Zip	Phone	Start Date	End Date	Status
Add a new proxy													

How else can we help?
Do you receive SNAP benefits? YES NO If so, how much per month? \$0 Interested in SNAP benefits? YES NO

Service Provided	Add Secondary Service	Date & Time	Optional Reporting	Reporting Event
Primary Service - CSFP Application		11/10/2020 at 06:00 AM	(Show)	CSFP Application (Kroger)

First Name	Middle	Last Name	Suffix	Date of Birth mm/dd/yyyy	Age	Military Service/ Disabled/ Race/ Ethnicity	Gender	Status	Serving
James	T	Ryan		11/07/1958	62	Please Choose	OF OM		
Senior1A		Ryan		11/01/1978	42	Please Choose	OF OM	Active Inactive	

7 →

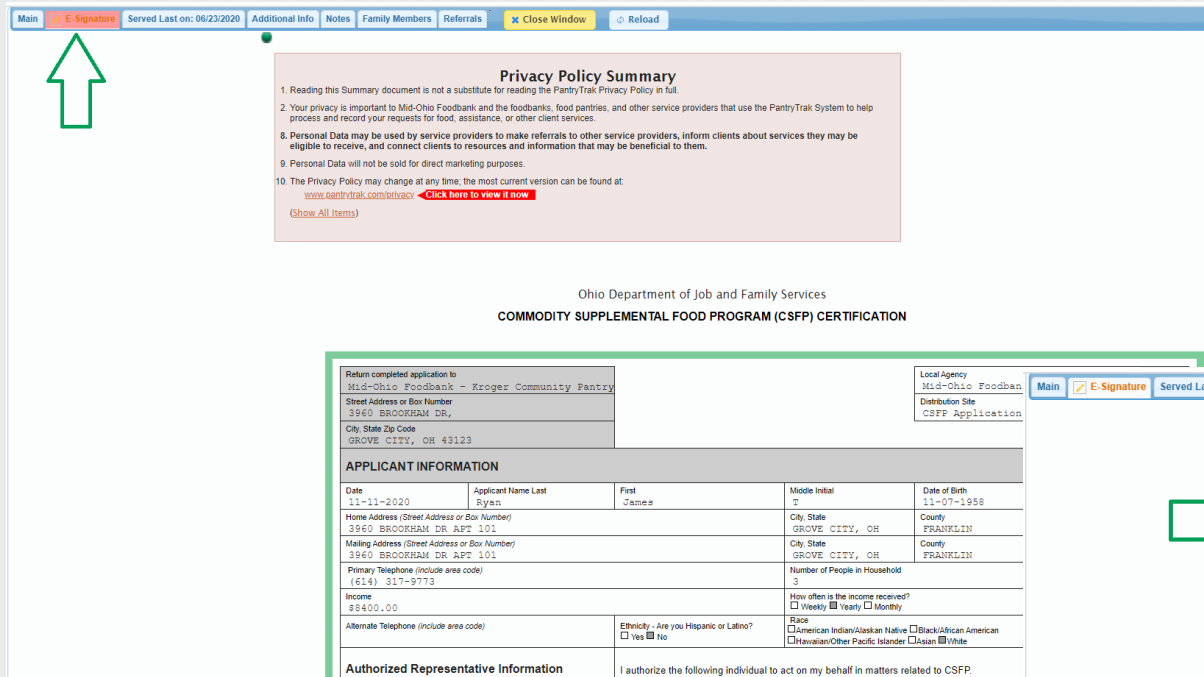
6 →

CSFP Signing the Application

Navigate to the “E-Signature” Tab.

About half way down: Check yes or no.

Scroll down to sign. If customer is with you, they should type in their initials.

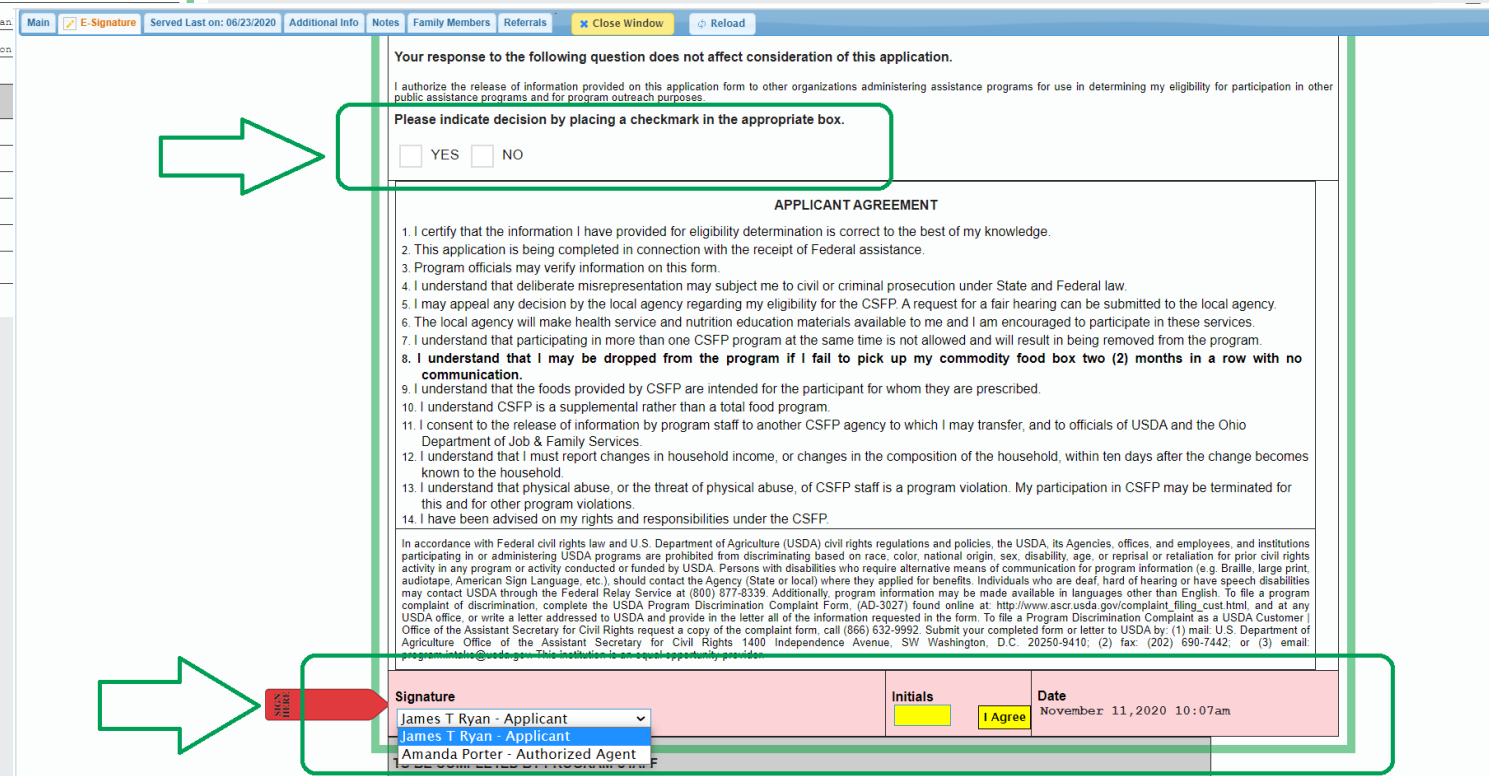


The screenshot shows the top portion of the CSFP application form. A green arrow points to the "E-Signature" tab in the navigation bar. Below the navigation bar is a "Privacy Policy Summary" section with several paragraphs of text. Below that is the "OHIO DEPARTMENT OF JOB AND FAMILY SERVICES" logo and the title "COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) CERTIFICATION". Below the logo is a table with applicant information.

Return completed application to		Local Agency	
Mid-Ohio Foodbank - Kroger Community Pantry		Mid-Ohio Foodbank	
Street Address or Box Number		Distribution Site	
3960 BROOKHAM DR.		CSFP Application	
City, State Zip Code			
GROVE CITY, OH 43123			

APPLICANT INFORMATION				
Date	Applicant Name Last	First	Middle Initial	Date of Birth
11-11-2020	Ryan	James	T	11-07-1958
Home Address (Street Address or Box Number)		City, State		
3960 BROOKHAM DR. APT 101		GROVE CITY, OH		
Mailing Address (Street Address or Box Number)		County		
3960 BROOKHAM DR. APT 101		FRANKLIN		
Primary Telephone (include area code)		City, State		
(614) 317-9773		GROVE CITY, OH		
Income		Number of People in Household		
\$5400.00		3		
Alternate Telephone (include area code)		How often is the income received?		
		<input type="checkbox"/> Weekly <input type="checkbox"/> Yearly <input type="checkbox"/> Monthly		
Ethnicity - Are you Hispanic or Latino?		Race		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Other Pacific Islander <input type="checkbox"/> Asian <input type="checkbox"/> White		
Authorized Representative Information		I authorize the following individual to act on my behalf in matters related to CSFP.		

However, if you are inputting a paper application use the drop down menu to select your name. **Remember to change the date to the date the PAPER application was signed.** This is important for reenrollment purposes.



The screenshot shows the bottom portion of the CSFP application form. A green arrow points to the "E-Signature" tab in the navigation bar. Below the navigation bar is a section titled "Your response to the following question does not affect consideration of this application." with a text box for authorization. Below that is a section titled "Please indicate decision by placing a checkmark in the appropriate box." with "YES" and "NO" options. Below that is the "APPLICANT AGREEMENT" section with a list of 14 statements for the applicant to agree to. Below the agreement is a section for the signature, with a dropdown menu for the name and a date field.

Your response to the following question does not affect consideration of this application.

I authorize the release of information provided on this application form to other organizations administering assistance programs for use in determining my eligibility for participation in other public assistance programs and for program outreach purposes.

Please indicate decision by placing a checkmark in the appropriate box.

☐ YES ☐ NO

APPLICANT AGREEMENT

- I certify that the information I have provided for eligibility determination is correct to the best of my knowledge.
- This application is being completed in connection with the receipt of Federal assistance.
- Program officials may verify information on this form.
- I understand that deliberate misrepresentation may subject me to civil or criminal prosecution under State and Federal law.
- I may appeal any decision by the local agency regarding my eligibility for the CSFP A request for a fair hearing can be submitted to the local agency.
- The local agency will make health service and nutrition education materials available to me and I am encouraged to participate in these services.
- I understand that participating in more than one CSFP program at the same time is not allowed and will result in being removed from the program.
- I understand that I may be dropped from the program if I fail to pick up my commodity food box two (2) months in a row with no communication.**
- I understand that the foods provided by CSFP are intended for the participant for whom they are prescribed.
- I understand CSFP is a supplemental rather than a total food program.
- I consent to the release of information by program staff to another CSFP agency to which I may transfer, and to officials of USDA and the Ohio Department of Job & Family Services.
- I understand that I must report changes in household income, or changes in the composition of the household, within ten days after the change becomes known to the household.
- I understand that physical abuse, or the threat of physical abuse, of CSFP staff is a program violation. My participation in CSFP may be terminated for this and for other program violations.
- I have been advised on my rights and responsibilities under the CSFP.

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 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: James T Ryan - Applicant
James T Ryan - Applicant
Amanda Porter - Authorized Agent

Initials: [Redacted] I Agree

Date: November 11, 2020 10:07am

Application: Things To Remember

The screenshot shows a web browser window with the URL `secure.pantrytrak.com/core/reservation_edit2.php?service_event_id=24457541#signature-tab`. The browser's address bar and navigation buttons are visible. Below the browser window, a "Privacy Policy Summary" box contains the following text:

Privacy Policy Summary

1. Reading this Summary document is not a substitute for reading the PantryTrak Privacy Policy in full.
2. Your privacy is important to Mid-Ohio Foodbank and the foodbanks, food pantries, and other service providers that use the PantryTrak System to help process and record your requests for food, assistance, or other client services.
8. Personal Data may be used by service providers to make referrals to other service providers, inform clients about services they may be eligible to receive, and connect clients to resources and information that may be beneficial to them.
9. Personal Data will not be sold for direct marketing purposes.
10. The Privacy Policy may change at any time; the most current version can be found at:
www.pantrytrak.com/privacy **Click here to view it now**

(Show All Items)

Error in family member count.

Please return to the main tab and make sure that only one person is checked with the Serving check box.

- If you do not select a member (check the box) you will receive this error message.

The screenshot shows the "Signature" section of the application. A red arrow points to the "Signature" dropdown menu, which is currently set to "Amanda - Authorized Agent". To the right of the signature field is an "Initials" field and an "I Agree" button. Below the signature field is a section titled "TO BE COMPLETED BY PROGRAM STAFF" which includes fields for "Date of Initial Application Received", "Eligibility Income" (YES/NO), "Residency" (YES/NO), "Age", and "Determination" (Eligible (Serving), Not Eligible, Waiting List). A calendar pop-up is visible over the "Date Applied on Paper" field, showing the date "2020-06-10 09:53".

- Change the name and time on the signature if you are inputting paper applications.

Questions?