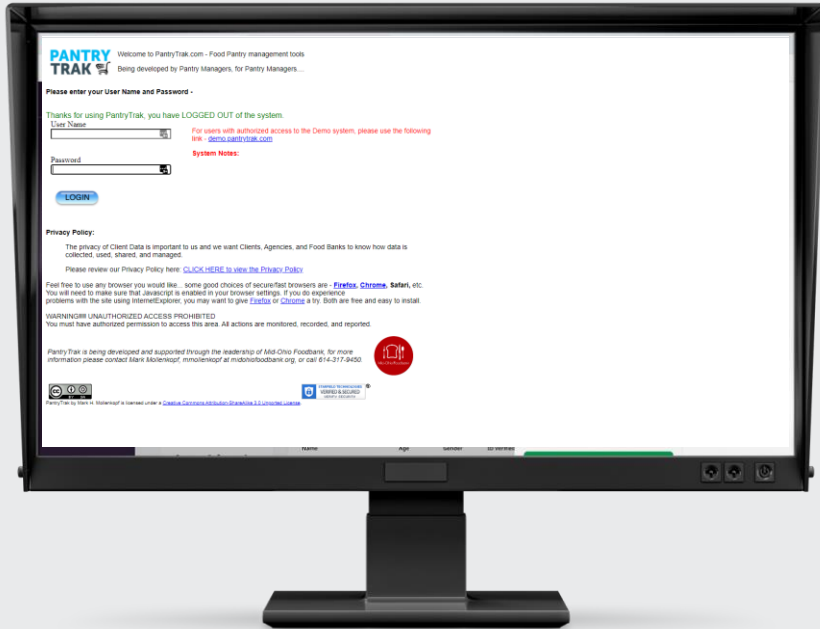




FreshTrak

CSFP: Application Renewal

What will I need?



Internet:

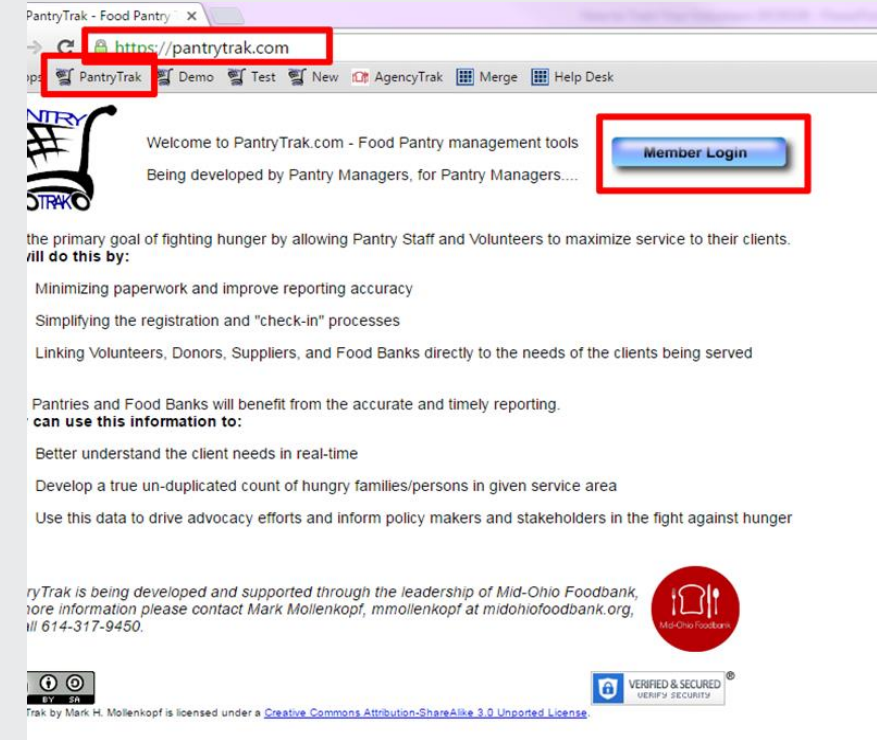
- **PantryTrak** can be accessed anywhere there is a computer and internet connection at the url:
 - secure.pantrytrak.com
- A WiFi network
- Or a hotspot! Smart phones can be used as a hotspot. Running PantryTrak for an hour during a distribution typically uses less data than watching a 5 min YouTube 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 a welcome message. Below the header, there is a section titled 'Please enter your User Name and Password -' which contains two input fields: 'User Name' and 'Password'. A red circle is drawn around these two input fields. Below the input fields is a blue 'LOGIN' button. To the right of the input fields, there is a 'System Note' in red text that reads: '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.' A red circle is drawn around the text 'demo.pantrytrak.com'. At the bottom of the page, there is a footer with a warning message and contact information for Mark Mollenkopf. A red circle is drawn around the 'LOGIN' button.

- 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:
[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 Renewal:

Option 1: Begin from a current Distribution

- First SERVE the customer for the distribution
- From inside a distribution service event, you'll see a link at the top that says reapply. Follow the link.

Not secure | beta.pantrytrak.com/core/reservation_edit2.php?service_event_id=27996887

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

This enrollment is at risk of being canceled. Please advise the client that they must reapply soon if they wish to continue participating in this program. [Click here to reapply](#)

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 GROVE CITY STATE OH

ZIP CODE
43123

COUNTY
FRANKLIN County

Address Verified (optional): NO ☒ YES ☐

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

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

Family Notes

Proxy

In response to Covid-19, Program Staff (including Volunteers) in OHIO are permitted to complete this service **WITHOUT a signature by the Customer**. You simply need a verbal confirmation from the customer that their information is correct and that they meet the eligibility requirements.

SERVICE RECORDED

This customer has been SERVED.

2

1


CSFP Application Renewal

You already have an existing visit for this family today.
What would you like to do?

Porter, Amanda

12345 FOODBANK DR GROVE CITY, OH 43123

OPEN EXISTING VISIT

Visit Number	Service Type	Date	Visit Status
27996886	CSFP Application 	03/08/2021	Served

ADD NEW VISIT


Service Type



Date

03/08/2021

Event

CSFP Sign-Up [DEMO] 

Add Visit



A new screen will open.
Click the “Add Visit” button.

CSFP Application Renewal:

Option 2: Begin from application search

- Search for the customer
- You'll see a link labeled "Renew". Click on that link.

Not secure | beta.pantrytrak.com/core/program_reservation_list_apps.php?date=2021-03-08&event_id=3602

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

ryan.james

Found 15 matches - Hover over the info icon to see more information. Clicking the link will add the visit immediately.

RESET

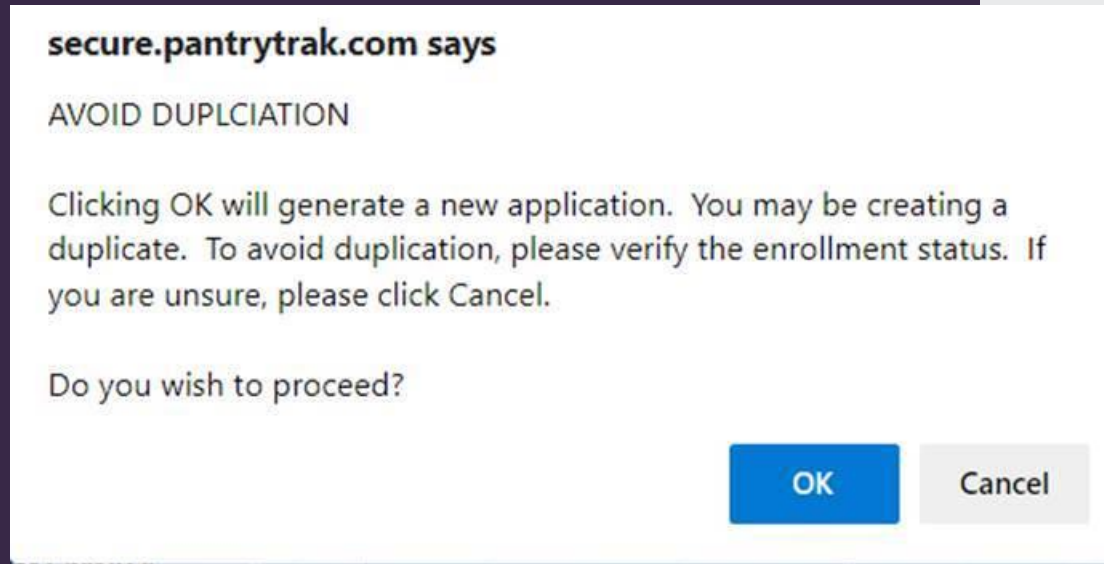
☐ Expand

Search Results

Search these results:

Actions	Client	Enrollment	Info	Address	City, State	Zip	Last Served	Phone	Merge?
Start Application	Ryan, James Robert	Not Enrolled		1108 PEACH ST	SEGUIN, TX	78155		830-556-2104	<input type="checkbox"/>
Start Application	Ryan, James June 01, 1938	Not Enrolled		113 WATKINS ST	NELSONVILLE, OH	45764		740-818-3943	<input type="checkbox"/>
Start Application	Ryan, James March 18, 2013	Not Enrolled		123 WAGON TRL	SEGUIN, TX	78155		830-243-3962	<input type="checkbox"/>
Start Application	Ryan, James January 11, 1995	Not Enrolled		123 WAGON TRL	SEGUIN, TX	78155		830-243-3962	<input type="checkbox"/>
View Application Renew	Ryan, James October 10, 1950	Active Enrollment Apr 08, 2020 - Apr 07, 2021 CSFP Distribution [DEMO]		12345 FOODBANK DR	GROVE CITY, OH	43123	03/08/2021	614-317-9450	<input type="checkbox"/>

CSFP Application Renewal



A pop up will open. Click the "Ok" button.

Note: If you click renew and nothing happens be sure you don't have pop-ups blocked in your browser.

CSFP Application Renewal (Part 1)

1. Confirm 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. Confirm the Mailing Address.

← → ↻ 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 Size	3	Children	0	Adults	0	Seniors	3
-------------	---	----------	---	--------	---	---------	---

Family Notes

Income Amount (Annual) - 18000.00 (Enter just one of the 3 fields)
Income Amount (Monthly) - 1500.00
Income Amount (Weekly) - 346.15

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 Renewal (Part 2)

3. Confirm if the applicant has a disability complete this section.

4. If the applicant identifies a Proxy complete this section (optional). Confirm dates are current.

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

6. Confirm 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

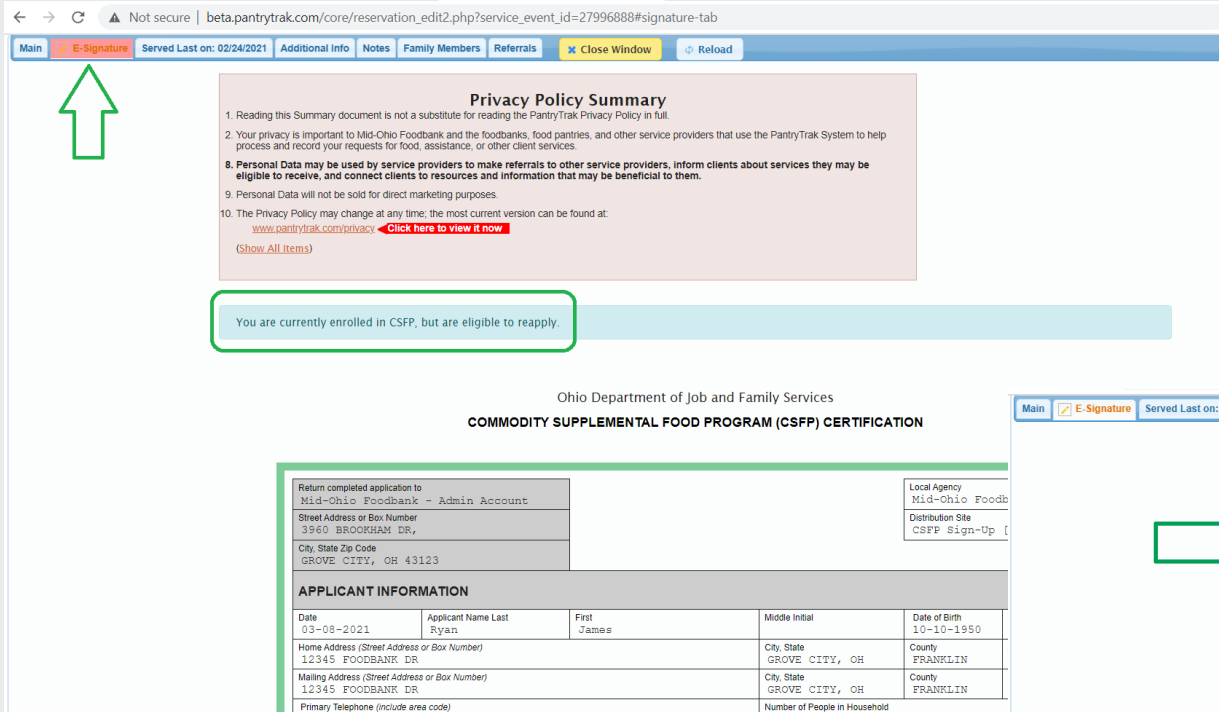
Service Provided	Add Secondary Service	Date & Time	Optional Reporting	Reporting Event
Primary Service - CSFP Application		11/10/2020 at 06:00 AM	(Show)	CSFP Application (Kroger)

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



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

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



Privacy Policy Summary

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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)

You are currently enrolled in CSFP, but are eligible to reapply.

Ohio Department of Job and Family Services
COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) CERTIFICATION

Return completed application to Mid-Ohio Foodbank - Admin Account		Local Agency Mid-Ohio Foodb
Street Address or Box Number 3960 BROOKHAM DR,		Distribution Site CSFP Sign-Up [
City, State Zip Code GROVE CITY, OH 43123		

APPLICANT INFORMATION				
Date 03-08-2021	Applicant Name Last Ryan	First James	Middle Initial	Date of Birth 10-10-1950
Home Address (Street Address or Box Number) 12345 FOODBANK DR		City, State GROVE CITY, OH	County FRANKLIN	
Mailing Address (Street Address or Box Number) 12345 FOODBANK DR		City, State GROVE CITY, OH	County FRANKLIN	
Primary Telephone (include area code)		Number of People in Household		

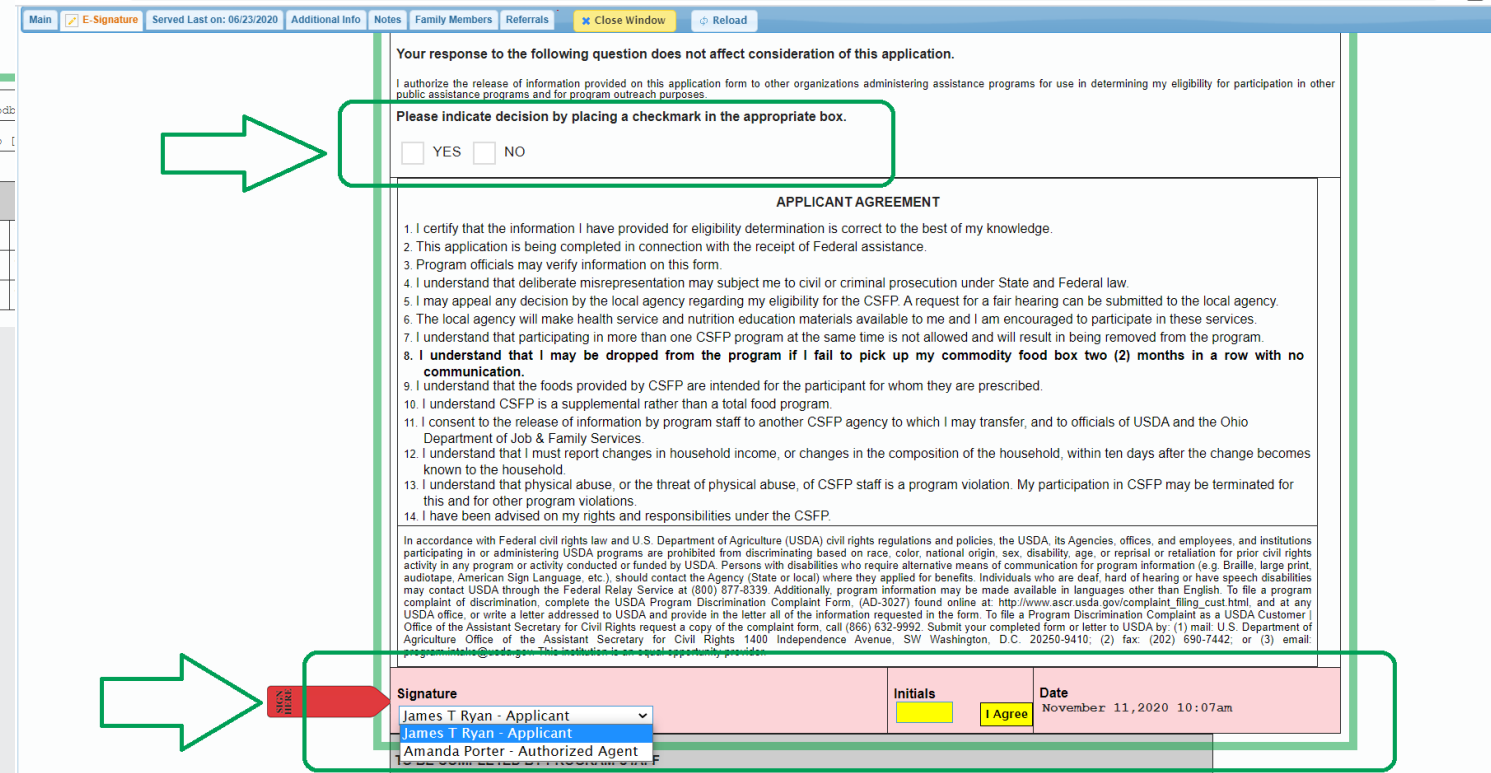
You'll see a blue bar saying "You are currently enrolled in CSFP, but are eligible to reapply".

This is your indication you're applying a new 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.



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

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

1. I certify that the information I have provided for eligibility determination is correct to the best of my knowledge.

2. This application is being completed in connection with the receipt of Federal assistance.

3. Program officials may verify information on this form.

4. I understand that deliberate misrepresentation may subject me to civil or criminal prosecution under State and Federal law.

5. 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.

6. The local agency will make health service and nutrition education materials available to me and I am encouraged to participate in these services.

7. 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.

8. **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.**

9. I understand that the foods provided by CSFP are intended for the participant for whom they are prescribed.

10. I understand CSFP is a supplemental rather than a total food program.

11. 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.

12. 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.

13. 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.

14. 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 <input type="text"/>	Date November 11, 2020 10:07am
--	---	--

I Agree

Application Renewal: Things To Remember

Application Renewal Form for Porter, Amanda. The form includes a warning message: "This enrollment is at risk of being canceled. Please advise the client that they must reapply soon if they wish to continue participating in this program. [Click here to reapply](#)." The form fields include: LAST (Porter), FIRST (Amanda), MIDDLE (Middle Name), SUFFIX (dropdown), Homeless (checkbox), Home Address (12345 FOODBANK DR), and APT#, LOT#, ETC OR LEAVE BLANK. The Family Notes section is empty. The Family Size section shows: Family Size 3, Children 0, Adults 0, Seniors 3.

- Customers can renew up to 60 days before the end of their application period. The system will try to encourage you to apply before the application ends.

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(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.

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(Show All Items)

You are already enrolled in CSFP and not yet eligible to reapply.

- If the customer is already enrolled, but not yet eligible for renewal, the system will give you an error message.

Questions?