|  |  |
| --- | --- |
|  | The Community Partnership for the Prevention of Homelessness Certified Food Handler Form |

The Community Partnership for the Prevention of Homelessness (TCP)’s Meal Delivery and Receipt Protocol requires any program that receives meals to have at least one staffed Certified Food Handler to receive and plate meals and to ensure the quality of food before distributing to program participants. Please utilize this form to provide the names of the employees within your program that are Certified Food Handlers. Please note that the submission of this document is only required for programs that receive meals. If your program does not receive meals, please complete and submit TCP’s Contract Deliverable Exemption Form in lieu of this document.

### Contract Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Provider Name: |  | |  | Name of Program: |  |
| Contract Number: |  | |  | Contract Period: |  |
|  | |  | | | |

### Program Information

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | | Program Manager Name: |  | | |  | Email Address of Program Manager: | |  | |  | |  |  | | |  | | |
| **Does this program have at lease one Certified Food Handler staffed per shift? No Yes**  **If yes, how many certified food handlers are staffed per shift? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **How many different shifts does your program have per day? \_\_\_\_\_\_\_\_\_\_\_\_\_\_**  **In the space provided, outline the times of the number of shifts reported.**   |  | | --- | |  |   **IF YOU DO NOT HAVE A CERTIFIED FOOD HANDLER FOR ANY SHIFT, YOU MUST SUBMIT A STAFFING/HIRING PLAN WITH THIS FORM.** |
|  |

### Staff Information

**Please utilize the table below to include the name(s) of each employee that is a Certified Food Handler, the employee’s date of hire, their assigned work shift, certification issue date and certification expiration date.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name** | **Date of Hire** | **Assigned Work Shift** | **Date Certification Was Issued** | **Certification Expiration Date** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**A COPY OF THE CERTIFIED FOOD HANDLER CERTIFICATE FOR EACH EMPLOYEE LISTED MUST ACCOMPANY THIS FORM.**

### Acknowledgment and Signature

**By signing this form, you acknowledge the submission of the TCP required Certified Food Handler Certification form. This document and supporting documentation must be reviewed and deemed acceptable before payment on any submitted invoices can be made.**

|  |  |
| --- | --- |
|  |  |
| **Preparer Signature** | **Date** |
|  |  |
| **Executive Director** | **Date** |

### TCP Use Only

**Is the form completed correctly? No Yes**

**If no, outline the errors in the form below.**

**Has the provider submitted supporting documentation? No Yes**

**Which supporting documents were submitted? Certified Food Handler Certificates for Staff Staffing/Hiring Plan**

**Deliverable Accepted? No Yes**

**If no, outline the reason for not accepting the deliverable in the space below with resubmission date.**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
| **TCP Staff Signature** | **Date** |