

# PantryTrak | Compliance

## Key Areas of Note in PantryTrak

When entering or editing a client's information in PantryTrak there are a few key areas that require extra attention.

| First Name | Middle | Last Name    | Suffix | Date of Birth | Age | Military Service | Gender | Identification    | Status            |
|------------|--------|--------------|--------|---------------|-----|------------------|--------|-------------------|-------------------|
| James      | T      | Ryan         |        | 08/22/1980    | 35  | Warrant          | M      | Needed / Verified | Active / Inactive |
| Ma         |        | Shah         |        | 07/20/1980    | 37  | Please Choose    | F      | Needed / Verified | Active / Inactive |
| David      |        | Pickerington |        | 07/22/1988    | 29  | Please Choose    | F      | Needed / Verified | Active / Inactive |
| Rachel     |        | Reiser       |        | 08/08/1990    | 26  | Please Choose    | F      | Needed / Verified | Active / Inactive |
| Anna       |        | Reiser       |        | 08/08/1990    | 26  | Please Choose    | F      | Needed / Verified | Active / Inactive |
| Lois       |        | Wise         |        | 01/02/1996    | 21  | Please Choose    | F      | Needed / Verified | Active / Inactive |
| Schell     |        | Starr        |        | 05/04/2048    | 0   | Please Choose    | F      | Needed / Verified | Active / Inactive |
| John       |        | gn           |        | 08/05/1990    | 26  | Please Choose    | M      | Needed / Verified | Active / Inactive |

## Verifying Household information

Missing information (indicated by yellow/pink boxes) should be updated with client present. Ensuring the integrity of data for all pantries using PantryTrak.

- (A) Verify information with client, including name, address and phone number
- (B) Verify that family size is correct
- (C) Be aware of Active vs Inactive Household members, as it affects household size

## Using the E-Signature Tab

The Client MUST have clear visibility of this screen when signing the online form. The person signing the form should ALWAYS MATCH the name and household position on the E-signature tab.

| Ohio Department of Job and Family Services<br>FEDERAL AND STATE FUNDED FOOD PROGRAMS<br>ELIGIBILITY TO TAKE FOOD HOME<br>ELECTRONIC SIGNATURE FORM |                    | GROSS INCOME LIMITS FOR HOUSEHOLD OF 4                   |
|--|--------------------|--|
| Name: Ryan, James T<br>Address: 3960 BROOKHAM DR,<br>City: GROVE CITY Zip: 43123 Phone: 614-000-0000   |                    | Yearly - \$48,599<br>Monthly - \$4,049<br>Weekly - \$934 |
| Number of people in household by age: age 60+ <u>1</u> age 18 - 59 <u>3</u> age birth - 17 <u>0</u> Total <u>4</u>                                 |                    |  |
| Name of Person Signing<br>Ryan, James T  | Date<br>04-19-2017 | Household Position<br>Head of Household                  |

- (A) Verify household information with client
- (B) Verify with client they fall within gross income limits
- (C) Change name and household position if proxy or family member is signing
- (D) Client/proxy/household member MUST type their initials and click "I agree" button

**ATTENTION: DO NOT TYPE CLIENT'S INITIALS IN BOX or "I AGREE" FOR CLIENT**