

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 mm-ss-yyyy	Age	Military Service	Gender	Identification	Status
James	T	Ryan		08/22/1980	36	Veteran	M	Needed/Verified	Active/Inactive
Arthur		Marar		02/07/1932	35	Please Choose	M	Needed/Verified	Active/Inactive
Mac		Is'ash		07/20/1980	37	Please Choose	M	Needed/Verified	Active/Inactive
David's		Pickerington		07/22/1988	28	Please Choose	M	Needed/Verified	Active/Inactive
Rachel		Reiser		08/08/1990	26	Please Choose	F	Needed/Verified	Active/Inactive
Amel		Muter		08/08/1990	26	Please Choose	F	Needed/Verified	Active/Inactive
Loise		Muse		07/02/1996	21	Please Choose	F	Needed/Verified	Active/Inactive
Schmitt		Brent		06/04/2046	0	Please Choose	M	Needed/Verified	Active/Inactive
None		grt		08/06/1990	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
FEDERAL AND STATE FUNDED FOOD PROGRAMS
ELIGIBILITY TO TAKE FOOD HOME
ELECTRONIC SIGNATURE FORM

Name: Ryan, James T
Address: 3960 BROOKHAM DR,
City: GROVE CITY Zip: 43123 Phone: 614-000-0000

Number of people in household by age: age 60+ 1 age 18 - 59 3 age birth - 17 0 Total 4

GROSS INCOME LIMITS FOR HOUSEHOLD OF 4
Yearly - \$48,599
Monthly - \$4,049
Weekly - \$934

Name of Person Signing: Ryan, James T Date: 04-18-2017 I Agree Household Position: 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