

CIVIL RIGHTS TRAINING

THE EMERGENCY FOOD ASSISTANCE PROGRAM

Eligible Recipient Agency (CENTER) Name: _____

City: _____ Name Authorized Representative _____

Civil Rights Trainer/Self-Training: _____

Date: ____/____/____

ATTENDEES: Print Name

Training /Date

Attach: Copy of training or write on the back of this form the link to training if done on the computer website.

Retain form on file with TEFAP records for minimum of 3 years.

Child and Adult Nutrition Services - DOE
Website: <http://doe.sd.gov/cans/index.asp>
This agency is an equal opportunity provider.