

NATIONAL COMMODITY SUPPLEMENTAL FOOD PROGRAM ASSOCIATION PRESENTATION

A simple solution for managing CSFP



OasisInsight[™]



Kyle Minckler
Oasis Insight Team



Joey Yarber
Oasis Insight Team

What is Oasis?

-  Oasis Insight is an easy-to-use, cloud-based database designed to help food banks/partner agencies manage CSFP in a paperless way.
-  “Shorten the line” by simplifying the process of enrollment and distribution through barcode scanning.
-  Oasis Insight currently serves ~100 food banks and thousands of food pantries across the US.

SIMPLE AND AFFORDABLE

CSFP Management Features



Enroll + Manage
Participants



Client ID Cards +
Barcode Scanning



Capture Digital
Signatures



Generate
Rosters



Secure +
Cloud-Based



Paperless
Workflow

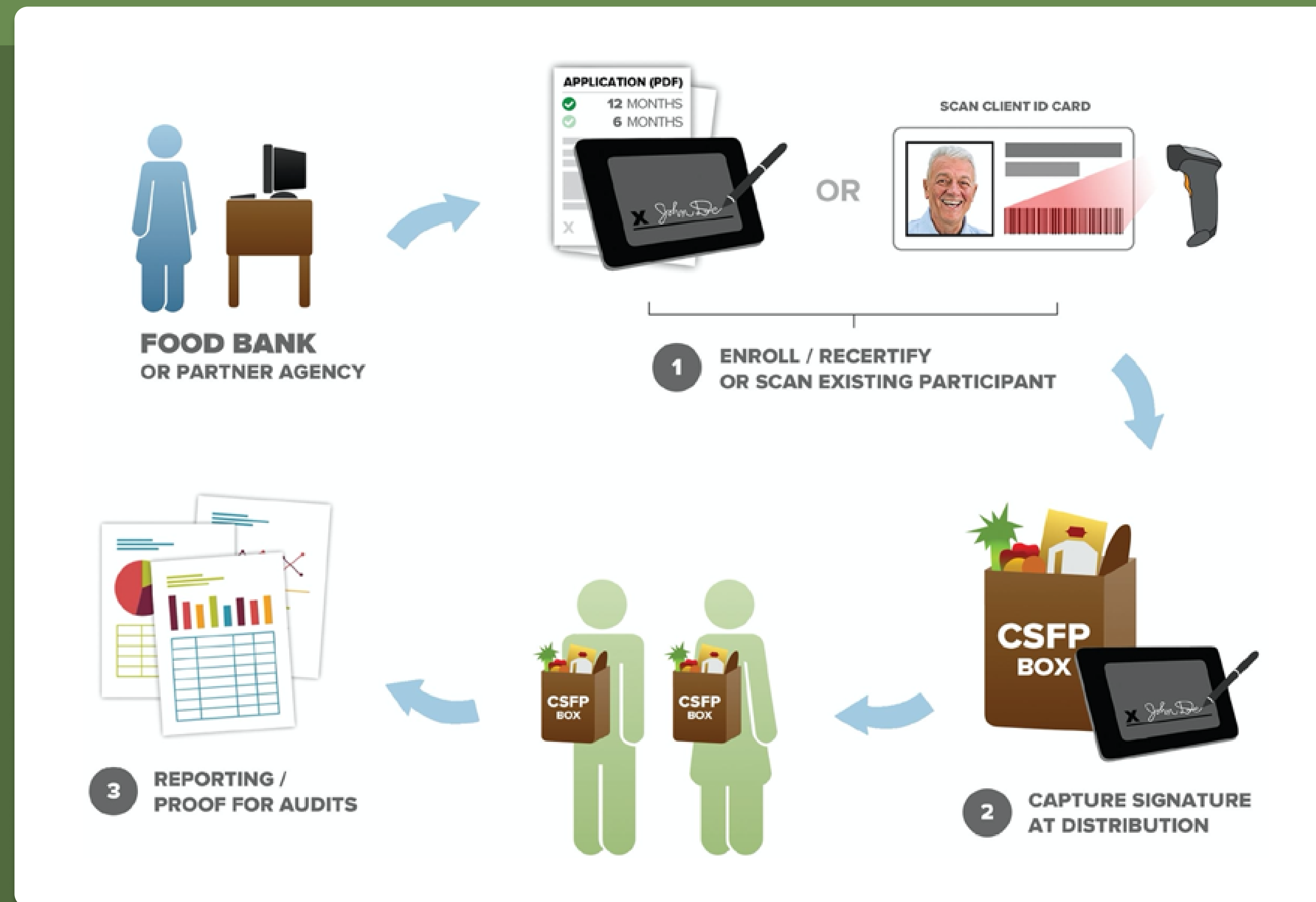


Reports + Proof
For Audits



Missed Distribution
Reports

CSFP Workflow



ABOVE AND BEYOND

We populate your state form

State of California – Health and Human Services Agency

California Department of Social Services

COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) PARTICIPANT APPLICATION

Enrollment Date:	7/1/2023	Date of Verbal Recertification:	<input checked="" type="checkbox"/> 12 Months: 7/1/2024
Site:	Helping Hands		<input checked="" type="checkbox"/> 24 Months: 7/1/2025

4 Total In Household 2 Total Qualifying Members

COMMODITY SUPPLEMENTAL FOOD PROGRAM QUALIFYING MEMBERS

1. Applicant (Last Name, First Name): John Doe			
Address: 123 Main Street		City, State, Zip Code: Anycity, CA 90210	<input checked="" type="checkbox"/> Verified Proof of Residency
Date of Birth: 3/5/1946	ID Number: DL33787447	Phone Number: (555) 555-5555	
Hispanic / Latino: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Race (choose one or more): <input checked="" type="checkbox"/> Asian <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Native Alaskan		
2. Applicant (Last Name, First Name): Jane Doe			
Date of Birth: 11/21/1949	ID Number: PP334433	Phone Number: (555) 555-5555	
Hispanic / Latino: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Race (choose one or more): <input type="checkbox"/> Asian <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> American Indian or Native Alaskan		

I certify under penalty of perjury that my household income for the past 30 days does not exceed the Commodity Supplemental Food Program posted monthly guidelines, or for the past twelve months does not exceed the annual guidelines and that the number listed for my household size is true and correct. Commodities are for my personal home use, not to be sold, traded, or given away. ☒ YES ☐ NO

This application is being completed in connection with the receipt of Federal assistance. Program officials may verify:



OasisInsight™

BENEFITS

Why Oasis Insight?



Easily Enroll & Manage CSFP Participants



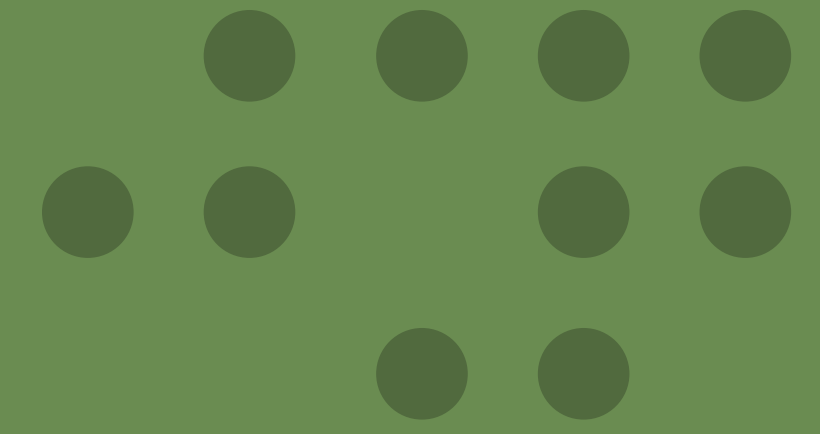
Paperless Workflow with Digital Signatures



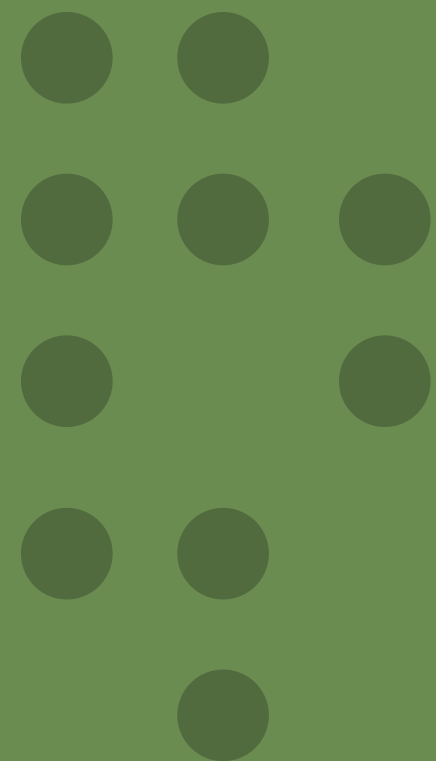
Speed Up Distributions with Client IDs & Barcodes



Affordable, Cloud-Based System



Questions + Answers



WE'RE HONORED TO PRESENT

Thank you for your time!



CONTACT INFORMATION

Learn More

 Request demonstration at www.OasisInsight.net

 Call us at (888) 764 - 0633

 Email us at info@oasisinsight.net

