DEPARTMENT OF CHILDREN, YOUTH, AND FAMILIES

**For Office Use Only:**

Last Name:________________________

ID#: ____________________________

# Community Pathways

## The Emergency Food Assistance Program (TEFAP) Annual Eligibility Form

**To be eligible:**

- **Self-report the information in the table below**
- **Self-declare that:**
  - You are in Minnesota
  - Your household income is at or below the income listed for the number of people in your household

**The following is NOT required:**

- No Identification, No Proof of Address, No Proof of Income, No Proof of Household Size
- No Social Security Number, No Proof of Citizenship/Immigration Status
- No information other than what is on this form can be required from you to access food at this site

| **Name** | | | **Zip Code (optional)** |
|---|---|---|---|
| **Number of Children (0-17)** | **Number of Adults (18-64)** | **Number of Seniors (65+)** | **Total Number in Household** |
| **Proxy Permission:** I authorize the following person(s) to pick up food on my behalf as a proxy (optional): | | | |

**Annual Income Eligibility: (300% of Federal Poverty Guidelines)**

| Household Size | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|---|---|---|---|---|---|---|---|---|
| Annual Income at or below: | $45,180 | $61,320 | $77,460 | $93,600 | $109,740 | $125,880 | $142,020 | $158,160 |

*Add $16,140 for each additional member

**I self-declare that:**

- I am in Minnesota.
- My household income is at or below the above guidelines.
- The information I provided is correct to the best of my knowledge and ability.
- I have been shown and have read the USDA Nondiscrimination Statement.
- I have been shown and have read the MN Data Privacy Notice.

| ○ Verbal Self-Declaration | Date |
|---|---|
| **OR** | |
| ○ Signature (optional) | Date |

**USDA Nondiscrimination Statement**

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   Program.Intake@usda.gov

This institution is an equal opportunity provider.

**Data Privacy Notice/Tennessen Warning**

You have rights under the Minnesota Government Data Practices Act. This Act protects your privacy. We are asking for information so we can: tell you apart from other persons with a similar name and decide how to serve you best.

Legally, you are not required to give us the information. However, without it, we cannot determine eligibility or report accurate statistics which affects funding. The law allows us to share the information you provide with staff from the Minnesota Department of Children Youth and Families, Hunger Solutions Minnesota, Foundation for Essential Needs, and your regional food bank.

You also have the right to copies of information we have about you. If you do not understand the information, it may be explained to you.  If you do not think the information is accurate or complete, please correct it with the food shelf staff.

# Unique Finds Application

This section is optional and is used to determine your Unique Finds monthly stipend.

If you choose not to complete this section, it **will not** affect your ability to receive food.

However, you will only receive the base $30 monthly stipend to use at Unique Finds.

If you have additional household members, they **must be listed below** with the correct names and dates of birth to qualify for an increased stipend.

"Household" is defined as everyone that shops and prepares meals together.

If the information provided is found to be false, it may result in losing the opportunity to shop with a stipend at Unique Finds.

**Address:** ______________________________________**City** ______________________**Zip** __________

**County:** ________________________ **Phone Number** ____________________________

| Name (First and Last) | Date of Birth (mm/dd/yyyy) | *Race | Gender | **Employment Status |
|---|---|---|---|---|
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* Choose From: African American, Asian, Bi-Racial, Caucasian, Hispanic, Latin, Native American, Other, Somali, Sudanese

**Choose From: Disabled, Employed Full-Time, Employed Part-Time, Employed Temp, Homemaker, Laid Off, Medical Leave, Multiple Jobs, Retired, Self-Employed, Student, Unemployed (all children are considered 'Students' regardless of age)

By law, Community Pathways may not discriminate based on this information.
**Community Pathways appreciates as much information as possible to advocate for our customers.**

Estimated annual income (entire household): ____________________________________

I agree:

- That all information provided on this application is truthful to the best of my knowledge.
- To inform Community Pathways of any change in my application.
- To only take items needed by my family members listed in this application.
- That I will not sell, barter, or trade items received from Community Pathways and understand that doing so may result in loss of shopping privileges.
- That I will not take items from Community Pathways that are not run through the check-out process and understand that doing so may result in loss of shopping privileges.

_______________________________ ________________
Signature of Main Shopper Date

## Optional Messaging Sign Up

**TEXT MESSAGING – AUTHORIZATION:**

I wish to receive messages from Community Pathways via text message.
(Standard text message rates may apply)

Phone # ___________________________________________ Client Initials _________

**Email - Authorization**

I give Community Pathways permission to contact me via email for updates and newsletters.

Email Address ________________________________________ Client Initials _________

**FOR OFFICE USE ONLY:**

Application verified by: ___________________________________________
Initials Date