

**The Emergency Food Assistance Program (TEFAP)  
Eligibility Form Required by  
United States Department of Agriculture (USDA)  
Christian Cupboard Emergency Food Shelf (CCEFS)**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Number of Persons in Household: \_\_\_\_\_ # Adults: \_\_\_\_\_ # Children: \_\_\_\_\_

I am eligible to receive TEFAP commodity food because I am a Minnesota resident, and I receive or participate in the following services and programs, **OR**, because my income is 200% or less of the Federal Poverty Guidelines.

\*Eligibility is granted to all persons in situations of emergency and distress due to disasters.

**Please check the program(s) in which you participate:**

- |   |  |
|---|--|
| <input type="checkbox"/> MFIP – Minnesota Family Investment Program         | <input type="checkbox"/> Child Care Assistance |
| <input type="checkbox"/> GA – General Assistance                            | <input type="checkbox"/> Head Start            |
| <input type="checkbox"/> SNAP – Supplemental Nutritional Assistance Program | <input type="checkbox"/> Section 8             |
| <input type="checkbox"/> NAPS – Nutritional Assistance Program for Seniors  | <input type="checkbox"/> Public Housing        |
| <input type="checkbox"/> WIC – Women, Infants, and Children                 | <input type="checkbox"/> Energy Assistance     |
| <input type="checkbox"/> Free and reduced breakfast and lunch               | <input type="checkbox"/> Weatherization        |

**Income Eligibility: (200% of Federal Poverty Guidelines)**

| <b>Family size</b> | <b>Annual Income</b> |
|--------------------|----------------------|
| One                | \$0 - \$23,760       |
| Two                | \$23,761 - \$32,040  |
| Three              | \$32,041 - \$40,320  |
| Four               | \$40,321 - \$48,600  |
| Five               | \$48,601 - \$56,880  |
| Six                | \$56,881 - \$65,160  |
| Seven              | \$65,161 - \$73,460  |
| Eight              | \$73,461 - \$81,780  |

Add \$8,320 of allowable income for each additional family member.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

In accordance with Federal 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, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

To file a complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) or at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or fax: (202) 690-7442, or email: [program.intake@usda.gov](mailto:program.intake@usda.gov). This institution is an equal opportunity provider.

## CCEFS Liability and Privacy Release

Please read and initial on each line. Your intake worker can answer questions you may have.

Name: \_\_\_\_\_

\_\_\_\_\_ I accept the food as is.

\_\_\_\_\_ I release both the original donor and CCEFS from any liability resulting from the condition of the donated food; and further agree to indemnify and hold CCEFS and the original donor free and harmless against all and any liabilities, damages, losses, claims and causes of action and suit of law or inequity or any obligation whatsoever arising out of or attributed to any action of any personnel in connection with its storage and use of donated food.

\_\_\_\_\_ I will not sell or offer said food for sale nor shall I use it to barter. I understand that should I at any time choose to use the services at any other food shelf, I shall no longer be able to use the services of the CCEFS.

\_\_\_\_\_ I authorize CCEFS to contact me using my address, email address, or cell phone number. I understand that I do not have to authorize CCEFS to mail, email, call or text me, in order to receive food support from CCEFS.

\_\_\_\_\_ If I am currently not receiving services I may be eligible for, I authorize CCEFS to share the information on my TEFAP with third parties, so they may contact me about these services. I understand that I do not have to initial this in order to receive food support from CCEFS. Otherwise all TEFAP information is kept strictly confidential.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The following questions help us understand who our customers are. All information is kept strictly confidential.

Which of the following best describes your ethnic or racial background? Choose all that apply.

- Black, African American, or Afro-Caribbean (for example: Nigeria, Somali, Haitian)
- Hispanic or Latino (for example, Puerto Rican, Nicaraguan, Cuban)
- Asian (for example, Asian Indian, Hmong, Pakistani, Chinese)
- Native Hawaiian or Pacific Islander (for example, Fijian, Samoan)
- White/Caucasian (for example, German, Russian, Egyptian)
- American Indian or Alaska Native
- Other: \_\_\_\_\_

How did you hear about us?

- Flyer or brochure
- Friend or family member
- Social Worker
- CCEFS website
- School
- Church
- Community Center
- Program referral
- Event (parade, picnic, community event, etc.)
- Drove by
- Other: \_\_\_\_\_