

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

Christian Cupboard Emergency Food Shelf (CCEFS)

Name: _____

Address: _____

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.

OPTIONAL: 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)

Family size	Annual Income
One	\$0 - \$24,280
Two	\$24,281 - \$32,920
Three	\$32,921 - \$41,560
Four	\$41,561 - \$50,200
Five	\$50,201 - \$58,840
Six	\$58,841 - \$67,480
Seven	\$67,481 - \$76,120
Eight	\$76,121 - \$84,760

Add \$8,640 of allowable income for each additional family member.

Number of people in household: <input type="checkbox"/> Children ages 0-17 <input type="checkbox"/> Adults ages 18-64 <input type="checkbox"/> Seniors ages 65+
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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. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202)720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800)877-8339. Additionally, program information may be made available in languages other than English.

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**Data Privacy Notice/Tennessee Warning
Christian Cupboard Emergency Food Shelf (CCEFS)**

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.

Generally, you are not required to give us the information. However, without it, we can't report accurate statistics which affects funding. The law allows us to share your information (the number of children, adults, and seniors in your household and the number of pounds of food received) with staff from the Department of Human Services, Hunger Solutions Minnesota, and Second Harvest Heartland and others who may be authorized to view your information to do their jobs.

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.

I understand that this data privacy notice will expire one (1) year after I have signed it.

Signature

Date

Permission for someone else to pick up my food:

If it's hard for you to get food from the food shelf, you have the option to select someone else to pick up your food.

I, _____ (participant's name) give permission to

_____ (name) to pick up my food.

I understand I have the right to:

- Change who I choose to pick up my food. I will need to fill out a new form for any changes.
- Let the food shelf staff know if I want to cancel my permission.

Signature

Date