

TEFAP Annual Eligibility Form: Minnesota July 2024 - June 2025

The Emergency Food Assistance Program (TEFAP) - United States Department of Agriculture (USDA)

(Name of Food Shelf or Distribution Site)

Name:

Address:

Total Number of People in Household:

_____ Children ages 0-17

_____ Adults ages 18-64

_____ Seniors ages 65+

ELIGIBILITY:

I am eligible to receive TEFAP commodity food because I am in Minnesota and because my household income is 300% or less of the Federal Poverty Guidelines. I am also eligible if I receive or participate in any the programs listed below.

OPTIONAL: Check the program(s) in which you participate

_____ MFIP (Minnesota Family Investment Program)

_____ GA (General Assistance)

_____ SNAP (Supplemental Nutritional Assistance Program)

_____ NAPS (Nutritional Assistance Program for Seniors)

_____ WIC (Women, Infants, and Children)

_____ Weatherization

_____ Child Care Assistance

_____ Head Start

_____ Section 8

_____ Public Housing

_____ Energy Assistance

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

Family Size	Annual Income
One	\$0 - \$45,180
Two	\$45,181 - \$61,320
Three	\$61,321 - \$77,460
Four	\$77,461 - \$93,600
Five	\$93,601 - \$109,740
Six	\$109,741 - \$125,880
Seven	\$125,881 - \$142,020
Eight	\$142,021 - \$158,160

*Add \$16,140 of allowable income for each additional family member

Data Privacy Notice/Tennessee 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.

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

Proxy 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 give permission to:

_____ (name) to pick up my food

_____ (name) to pick up my food

I understand I have the right to:

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

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.

Signature:

Date: