

Society of St Vincent de Paul, Faribault MN

Confidential Application

SVdP Use Only

Date _____

Number _____

Please PRINT the following information:

Number in Household - Seniors _____ Adults _____ Children _____

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____ County _____

We will serve you if you are homeless.

Home Phone _____ Cell Phone _____ Applicant's Date of Birth _____

Other Phones _____ Applicant Male / Female

Complete for all remaining household members. Please Print.

(Do not include yourself)

Full Name	(Optional) Birth Date	Gender (Circle)	Relationship (Spouse, Child, etc.)
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	

If you do not fill in Birth Date, indicate if `Senior (over 65), Adult (18 to 64) or Child (under 18)
 This application is for SVdP use only, will not be shared. Must also complete TEFAP Form for food.

**Minnesota: The Emergency Food Assistance Program (TEFAP)
Annual Eligibility Form
United States Department of Agriculture (USDA)**

SSVDP

(Name of Food Shelf or Distribution Site)

Name: _____

Address: _____

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. Eligibility is granted to all persons in situations of emergency and distress due to disasters. I am also eligible if I receive or participate in the following services and programs:

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: (300% of Federal Poverty Guidelines)

Family size	Annual Income
One	\$0 - \$38,640
Two	\$38,641 - \$52,260
Three	\$52,261 - \$65,880
Four	\$65,881 - \$79,500
Five	\$79,501 - \$93,120
Six	\$93,121 - \$106,740
Seven	\$106,741 - \$120,360
Eight	\$120,361 - \$133,980

Add \$4,540 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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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, 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 will 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, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: How to File a Complaint, and 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:

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

This institution is an equal opportunity provider.

Signature

Date