

Society of St Vincent de Paul, Faribault MN

Confidential Application

SVdP Use On

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.)
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		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Female	
		Male/Femate	

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)**

Society of St. Vincent de Paul, Faribault MN

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. I am also eligible if I receive or participate in the following:

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 - \$40,770
Two	\$40,771 - \$54,930
Three	\$54,931 - \$69,090
Four	\$69,091 - \$83,250
Five	\$83,251 - \$97,410
Six	\$97,411 - \$111,570
Seven	\$111,571 - \$125,730
Eight	\$125,731 - \$139,890

Add \$4720 for each person in household over 8 persons.

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 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, 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, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, 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.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination 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