

Society of St Vincent de Paul, Faribault MN Confidential Application

Please PRINT the following information:

Last Name _____ First Name _____ Middle Initial _____

Address _____

City _____ State _____ Zip _____

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	Birth Date	Gender	Relationship
	Month/Day/Year	(Circle)	(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	

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

(Name of Food Shelf or Distribution Site)

Name: _____

Address: _____

Number of people in household: ____ Children ages 0-17 ____ Adults ages 18-64 ____ Seniors ages 65+

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 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"/> Weatherization | |

Income Eligibility: (300% of Federal Poverty Guidelines)			
Family Size	Annual Income	Family Size	Annual Income
One	\$0 - \$43,740	Five	\$90,001 - \$105,420
Two	\$43,741 - \$59,160	Six	\$105,421 - \$120,840
Three	\$59,161 - \$74,580	Seven	\$120,841 - \$136,260
Four	\$74,581 - \$90,000	Eight	\$136,261 - \$151,680
Add \$5140 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
(May 2023)

Date
English