

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



Name: _____

Address: _____

Number of people in household: _____ **Children ages 0-17:** _____ **Adults ages 18-64:** _____ **Seniors 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:

- | | |
|--|----------------------|
| MFIP – Minnesota Family Investment Program | Childcare Assistance |
| GA – General Assistance | Head Start |
| SNAP – Supplemental Nutritional Assistance Program | Section 8 |
| NAPS – Nutritional Assistance Program for Seniors | Public Housing |
| WIC – Women, Infants, and Children | Energy Assistance |
| Weatherization | |

OR

Income Eligibility: (300% of Federal Poverty Guidelines)			
Family Size	Annual Income	Family Size	Annual Income
One	\$0 - \$45,180	Five	\$93,601 - \$109,740
Two	\$45,181 - \$61,320	Six	\$109,741 - \$125,880
Three	\$61,321 - \$77,460	Seven	\$125,881 - \$142,020
Four	\$77,461 - \$93,600	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.

This institution is an equal opportunity provider.

Signature

Date