

Minnesota: The Emergency Food Assistance Program (TEFAP) Annual Eligibility Form

United States Department of Agriculture (USDA): Community Pathways of Steele County

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"/> WIC – Women, Infants, and Children |
| <input type="checkbox"/> GA – General Assistance | <input type="checkbox"/> Head Start | <input type="checkbox"/> Energy Assistance |
| <input type="checkbox"/> SNAP – Supplemental Nutritional Assistance Program | <input type="checkbox"/> Section 8 | <input type="checkbox"/> Weatherization |
| <input type="checkbox"/> NAPS – Nutritional Assistance Program for Seniors | <input type="checkbox"/> Public Housing | <input type="checkbox"/> Free and reduced breakfast and lunch |

Income Eligibility: (300% of Federal Poverty Guidelines)

Family size	Annual Income	Eligible?
One	\$0 - \$40,770	Yes No
Two	\$0 - \$54,930	Yes No
Three	\$0 - \$69,090	Yes No
Four	\$0 - \$83,250	Yes No
Five	\$0 - \$97,410	Yes No
Six	\$0 - \$111,570	Yes No
Seven	\$0 - \$125,730	Yes No
Eight	\$0 - \$139,890	Yes No

Add \$4,720 of allowable income for each additional family member.

Number of people in household:

Children ages 0-17

Adults ages 18-64

Seniors ages 65+

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 complaint alleging discrimination, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at http://www.ascr.usda.gov/complaint_filing_cust.html or 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: mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or fax: (202) 6907442, or email: program.intake@usda.gov. This institution is an equal opportunity provider.

COMMUNITY PATHWAYS APPLICATION FOR ASSISTANCE

(Optional)

Address	Apt #
City	Zip Code
County	Phone #

For Office Use Only:
 Unique Finds Amount: _____

 Last Name: _____

 ID#: _____

Name (First, Middle Initial, Last)	Date of Birth	*Race	Gender	**Employment Status	Place of Employment (ADULTS ONLY)	Hours per Week	Hourly Wage	Monthly Wage Hours x Wage x 4.3

* Choose From: African American, Asian, Bi-Racial, Caucasian, Hispanic, Latin, Native American, Other, Somali, Sudanese
 **Choose From: Disabled, Employed Full-Time, Employed Part-Time, Employed Temp, Homemaker, Laid Off, Medical Leave, Multiple Jobs, Retired, Self-Employed, Student, Unemployed (all children are considered 'Students' regardless of age)
 Furnishing your age and race is optional. By law, the food shelf/clothesline may not discriminate on the basis of this information. **Community Pathways appreciates as much information as possible in order to advocate for our customers.**

NON-DISCRIMINATION STATEMENT

In accordance with Federal 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, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity. (Not all prohibited bases apply to all programs.). If you feel you have been discriminated against, please ask for our grievance procedure by contacting Community Pathways @ 507-455-2991.

Monthly Income for ALL Adults in the household:

(Optional)

Monthly Income Source	Amount	Updated		Amount	Updated
Income / Salary (From page 1)			Child Support		
Self-Employed Income			County Assistance / MSA		
Social Security (SSI/RSDI)			SNAP (Food Stamps)		
Retirement / Pension / VA			MFIP (MN Family Invest Program)		
Unemployment Compensation			Monthly Total:		
Worker's Compensation			Annual Total:		

I agree:

- That all information provided on this application is truthful to the best of my knowledge.
- To inform Community Pathways of any change in my application.
- To only take items needed by my family members listed in this application.
- That I will not sell, barter, or trade items received from Community Pathways and understand that doing so may result in loss of shopping privileges.
- That I will not take items from Community Pathways that are not run through the check-out process and understand that doing so will result in loss of shopping privileges.

I give Community Pathways the right to provide data to the Steele and/or Dodge County Human Services, the United Way agencies, MET, Public Health, and other organizations. No specific or personal information is shared with any outside organization.

Community Pathways reserves the right to limit food at any time. Those who refuse to adhere to limitations may lose their shopping privileges.

Signature of Main Shopper

Date

Proxy Permission – If it is difficult for you to get food and/or clothing, you have the option to select someone else to pick them up for you. I, _____ give _____ permission to pick up my food and/or clothing. I understand that I have the right to change who picks up my food and/or clothing. I will need to let Community Pathways' staff know of my change of choice. I can cancel permission at any time.

Comments:

