

COMMUNITY PATHWAYS APPLICATION FOR ASSISTANCE
(Optional form for Food Only)

For Office Use Only:
Unique Finds Amount: _____

Last Name of Main Shopper:

ID # _____

Address	Apt #
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City	Zip Code
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County	Phone #
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PR/HH	Name (First, Middle Initial, Last)	Date of Birth	*Race	Gender	** Employment Status	Place of Employ- ment (ADULTS ONLY)	Hours Per Week	Hourly Wage	***Highest Grade Level Completed (ADULTS ONLY)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

* 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

***Choose From: 8th grade or less, 9, 10, 11 12, Some College, College Graduate (Note: GED = 12)

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 the Minnesota Human Rights Act and the ESDA Civil Rights Regulations, Community Pathways will not discriminate on the basis of race, color, creed, national origin, sex, religion, age, sexual orientation, disability, political belief, and marital status with regard to public assistance.

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 form for Food Only)

Monthly Income Source	Amount	Updated		Amount	Updated
Income / Salary (HxWx4.3)			Worker's Comp		
Self-Employed Income			Child Support		
Social Security (SSI/RSDI)			County Assistance / MSA		
Retirement / Pension / VA			SNAP (Food Stamps)		
Unemployment Comp			MFIP (MN Family Invest Program)		
			Monthly Total:		
			Annual Total:		

I agree that all information provided on this application is truthful to the best of my knowledge.

I agree to inform Community Pathways of any change in my application.

I agree to only take items needed by my family members listed in this application.

I will not sell, barter, or trade items received from Community Pathways and understand that doing so may result in loss of shopping privileges.

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.

 Signature of Main Shopper

 Date

FOR OFFICE USE ONLY:

Application verified by: _____
 Initials Date Document Length of Residency

Comments: _____

**The Emergency Food Assistance Program (TEFAP)
Eligibility Form Required by
United States Department of Agriculture (USDA)**

ID # _____

(Name of Food Shelf or Distribution Site)

Name: _____

Address: _____

I am eligible to receive TEFAP commodity food because I am a Minnesota resident, and I receive or participate in the following services and programs, **OR**, because my income is 200% or less of the Federal Poverty Guidelines.

*Eligibility is granted to all persons in situations of emergency and distress due to disasters.

OPTIONAL: Check the program(s) in which you participate:

- | | |
|----------------------------------------------------------|-----------------------------|
| _____ MFIP – Minnesota Family Investment Program | _____ Child Care 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 |
| _____ Free and reduced breakfast and lunch | _____ Weatherization |

Income Eligibility: (200% of Federal Poverty Guidelines)

Family size	Annual Income	Income Eligible?
One	\$0 - \$24,980	Yes No
Two	\$0 - \$33,820	Yes No
Three	\$0 - \$42,660	Yes No
Four	\$0 - \$51,500	Yes No
Five	\$0 - \$60,340	Yes No
Six	\$0 - \$69,180	Yes No
Seven	\$0 - \$78,020	Yes No
Eight	\$0 - \$86,860	Yes No

Add \$8,840 of allowable income for each additional family member.

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

Signature _____ Date _____

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.) 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) 690-7442, or email: program.intake@usda.gov. This institution is an equal opportunity provider.

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 that affect 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, Channel One Food Bank and others who may be authorized to view your information to do their jobs.

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.

Signature

Date
