

The Emergency Food Assistance Program (TEFAP) - “Every Visit” Eligibility Form

Information for TEFAP Applicants:

To be eligible:

- **Self-report the required information (listed below)**
- **Self-declare that:**
 - You are in Minnesota
 - Your household income is at or below the income listed for the number of people in your household

The following is NOT required:

- No Identification, No Proof of Address, No Proof of Income, No Proof of Household Size
- No Social Security Number, No Proof of Citizenship/Immigration Status
- No information other than what is on this form can be required from you to access food at this site

Annual Income Eligibility: (300% of Federal Poverty Guidelines)

Household Size	1	2	3	4	5	6	7	8
Annual Income at or below:	\$46,950	\$63,450	\$79,950	\$96,450	\$112,950	\$129,450	\$145,950	\$162,450

*Add \$16,500 for each additional household member.

You will be asked to self-declare the following:

- Name.
- The number of children, adults, and seniors in your household.
- Zip code (this is optional).
- I am in Minnesota.
- My household income is at or below the above guidelines.
- The information I provided is correct to the best of my knowledge and ability.
- I have been shown and have read the **USDA Nondiscrimination Statement**.
- I have been shown and have read the **MN Data Privacy Notice**.

***Note to the TEFAP Distribution Site:** The information on this page must be shown, posted, or provided to TEFAP applicants, along with the USDA Nondiscrimination Statement and MN Data Privacy Policy.

USDA Nondiscrimination Statement

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.

Data Privacy Notice/Tennessen 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.

Legally, you are not required to give us the information. However, without it, we cannot determine eligibility or report accurate statistics which affects funding. The law allows us to share the information you provide with staff from the Minnesota Department of Children Youth and Families, 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.

Date: _____

	Name	Number of Kids (0-17)	Number of Adults (18-64)	Number of Seniors (65+)	Total Number in Household	Zip Code (optional)	Self-Declaration of Eligibility		Pounds (Optional/ Admin Only)
							Verbal	OR Signature (signature is optional)	
1							<input type="checkbox"/>		
2							<input type="checkbox"/>		
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20							<input type="checkbox"/>		