

# The Emergency Food Assistance Program (TEFAP) - "Every Visit" Eligibility Form

## DISTRIBUTION SITE NAME:

### 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.

Posted 2/26

### USDA Nondiscrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

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 State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and 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:

1. **mail:**  
U.S. Department of Agriculture  
Office of the Assistant Secretary for Civil Rights  
1400 Independence Avenue, SW, Mail Stop 9410  
Washington, D.C. 20250-9410; or
2. **fax:**  
(202) 690-7442; or
3. **email:**  
[Program.Intake@usda.gov](mailto: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.

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"/>		
3							<input type="checkbox"/>		
4							<input type="checkbox"/>		
5							<input type="checkbox"/>		
6							<input type="checkbox"/>		
7							<input type="checkbox"/>		
8							<input type="checkbox"/>		
9							<input type="checkbox"/>		
10							<input type="checkbox"/>		
11							<input type="checkbox"/>		
12							<input type="checkbox"/>		
13							<input type="checkbox"/>		
14							<input type="checkbox"/>		
15							<input type="checkbox"/>		
16							<input type="checkbox"/>		
17							<input type="checkbox"/>		
18							<input type="checkbox"/>		
19							<input type="checkbox"/>		
20							<input type="checkbox"/>		