

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

\_\_\_\_\_  
(Name of Food Shelf or Distribution Site)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Number of Persons in Household: \_\_\_\_\_

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.

**Please check the program(s) in which you participate:**

- |   |   |
|---|---|
| <input type="checkbox"/> MFIP – Minnesota Family Investment Program         | <input type="checkbox"/> Energy Assistance                  |
| <input type="checkbox"/> SSI – Social Security Income                       | <input type="checkbox"/> Child Care Assistance              |
| <input type="checkbox"/> GA – General Assistance                            | <input type="checkbox"/> Reduced or free lunch or breakfast |
| <input type="checkbox"/> WIC – Women Infants and Children                   | <input type="checkbox"/> Transitional Housing               |
| <input type="checkbox"/> Minnesota CARE                                     | <input type="checkbox"/> Section 8                          |
| <input type="checkbox"/> NAPS – Nutritional Assistance Program for Seniors  | <input type="checkbox"/> Weatherization                     |
| <input type="checkbox"/> SNAP – Supplemental Nutritional Assistance Program | <input type="checkbox"/> Head Start                         |

**Income Eligibility: (200% of Federal Poverty Guidelines)**

Family size	Annual Income
One	\$23,540
Two	31,860
Three	40,180
Four	48,500
Five	56,820
Six	65,140
Seven	73,460
Eight	81,780

Add \$8,320 of allowable income for each additional family member.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The U.S. Department of Agriculture (USDA) prohibits discrimination in all its programs on the basis of race, color, national origin, sex, religion, age, disability, political beliefs, sexual orientation, or marital or family status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (Braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TDD).

To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

**[Food Shelf Name]**

**Data Privacy Notice/Tennessee Warning**

You have rights under the Minnesota Government Data Practices Act. This Act protects your privacy. We are asking you for information so we can: tell you apart from other persons with a similar name, and decide if you can receive services from us and what or how much you can get.

Generally, you are not required to give us the information. However, if you do not give us the information, we may not be able to help you. The law allows us to share your information with staff from the Minnesota Department of Human Services, Second Harvest Heartland, United States Department of Agriculture, and those state and federal entities authorized to audit the programs such as the Office of State Auditor and Office of Legislative Auditor, or required by court order and the Attorney General.

You also have the right to copies of information we have about you. If you do not understand the information, you may have it explained to you. If you do not think the information is accurate or complete, you may object in writing to the Food Shelf manager. For more information on how to do this, ask the staff person working with you. I understand that this data privacy notice will expire one (1) year after I have signed it.

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Printed Name

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Signature Date