## Minnesota: The Emergency Food Assistance Program (TEFAP) Annual Eligibility Information United States Department of Agriculture (USDA)



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. I am also eligible if I receive or participate in any the following:

- 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
- Weatherization

Income Eligibility: (300% of Federal Poverty Guidelines)					
Family Size	Annual Income	Family Size	Annual Income		
One	\$0 - \$43,740	Five	\$90,001 - \$105,420		
Two	\$43,741 - \$59,160	Six	\$105,421 - \$120,840		
Three	\$59,161 - \$74,580	Seven	\$120,841 - \$136,260		
Four	\$74,581 - \$90,000	Eight	\$136,261 - \$151,680		
Add \$5140 of allowable income for each additional family member					

# 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.

Generally, you are not required to give us the information. However, without it, we can't report accurate statistics which affects 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, 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.

I understand that this data privacy notice will expire one (1) year after I have signed it.

# Proxy Permission for someone else to pick up my food:

If it's hard for you to get food from the food shelf, you have the option to select someone else to pick up your food.

I understand I have the right to:

- Change who I choose to pick up my food. I may need to fill out a new form for any changes.
- Let the food shelf staff know if I want to cancel my permission.

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 <u>How to File a Program</u> <u>Discrimination Complaint</u>, 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: <u>Program.Intake@usda.gov</u>

This institution is an equal opportunity provider.



**Registration Information** 

# Information about you:

Indian / Native American / Alaska acific Islander rican American astern / North African nglo nse
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Who else shares your home with you? (People you live with, share expenses, and/or cook meals for/with.)

Name:				Birth date://
	Relation	nship to you: Spouse / partner Child / grandchild or another child relative Parent / grandparent or another adult relative Roommate, friend, another adult	Race:	Race: American Indian / Native American / Alaska Native Asian / Pacific Islander Black / African American Middle Eastern / North African White / Anglo No response
		Female Male Non-binary Transgender No response	Ethnici	ty: Hispanic / Latino / Latina Non-Hispanic / Latino / Latina No response

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

#### Relationship to you:

- □ Spouse / partner
- □ Child / grandchild or another child relative
- Parent / grandparent or another adult relative
- Roommate, friend, or another adult

#### Gender:

- Female
- Male
- □ Non-binary
- □ Transgender
- No response

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

Relationship to you:

- □ Spouse / partner
- □ Child / grandchild or another child relative
- □ Parent / grandparent or another adult relative
- □ Roommate, friend, or another adult

#### Gender:

- Female
- Male
- □ Non-binary
- Transgender
- No response

Relationship to you:

- □ Spouse / partner
- □ Child / grandchild or another child relative
- Parent / grandparent or another adult relative
- Roommate, friend, or another adult

#### Gender:

- Female
- Male
- □ Non-binary
- □ Transgender
- No response

#### Race:

- American Indian / Native American / Alaska Native
- Asian / Pacific Islander
- Black / African American
- Middle Eastern / North African
- □ White / Anglo
- No response

#### Ethnicity:

- □ Hispanic / Latino / Latina
- Non-Hispanic / Latino / Latina
- $\square$ No response
  - \_\_\_\_\_ Birth date: \_\_\_/\_\_/\_\_\_\_

Birth date: / /

#### Race:

- American Indian / Native American / Alaska Native
- Asian / Pacific Islander
- Black / African American
- Middle Eastern / North African
- □ White / Anglo
- No response

#### Ethnicity:

- Hispanic / Latino / Latina
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# Name: Birth date: / /

#### Race:

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#### Ethnicity:

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- Non-Hispanic / Latino / Latina
- No response



Thank you for shopping at Channel One Food Shelf, where our mission is to strengthen food access. We are grateful to be able to support your household during a time when the food shelf is busier than ever. We have listened to shoppers' feedback and are changing some shopping guidelines to help.

Shoppers may visit once a week. If you shop for other households, please shop for yourself and those you are proxy for on the same day. If you send someone to shop for you as your proxy, please let them know.

Households may send one person to shop in the Food Shelf. Young children are welcome to accompany caregivers and adults who need assistance shopping are welcome to come with a companion.

Each household may take one cart of food per visit, including one trip to the Market Counter. We trust shoppers to take what you can use during your shopping trip. We have many shoppers each day waiting to park, get a shopping cart and shop as well. We ask that you be kind and considerate to others.

The Food Shelf is a place that welcomes and respects the dignity of all people, where volunteers and other shoppers feel safe.

When shoppers reach past one another, take food from other shoppers' carts, or do not give staff and volunteers space to stock shelves, it makes people feel unsafe. If shoppers make people feel unsafe, we will have them pick up groceries curbside or send another person as their proxy to shop for them.

If you have questions or would like to update your household's information (household members, proxy, address, phone number) with Channel One, please call 507-424-1707. Please leave a message with your name and phone number and we will call you back. You can also email us at <u>foodshelf@channel-one.org</u>.

Thank you—Channel One Food Shelf

131 35th Street SE, Rochester 55904 507-424-1707 <u>foodshelf@channel-one.org</u> <u>helpingfeedpeople.org/food-shelf</u>





# Channel One Food Shelf Shopper Grievance Policy

Our Values:

- People experiencing food insecurity are at the center of everything we do.
- We create an inclusive culture that welcomes and respects the diversity of people we serve, employees and volunteers and honors the fundamental value and dignity of all individuals.
- We build and foster a culture of continuous improvement and innovation.

Channel One Food Shelf is committed to maintaining an environment free from discriminatory behavior and providing an equal opportunity to serve food to all households regardless of race, religion, disability, national origin, sex, marital status, familial status, age, sexual orientation, gender identity or reprisal or retaliation for prior civil rights activity.

Shoppers have the right to make a complaint when they believe they may have been treated unfairly, unreasonably, or in a manner that constitutes discrimination or harassment. All staff and volunteers are expected to treat shoppers with respect.

Complaints can be made by the shopper, another member of their household or by their proxy or representative. Most problems are solved at Channel One by talking to our staff, who appreciate shopper feedback, are willing to listen to concerns and offer support.

If that does not address the concern, complaints can be emailed to the Food Shelf staff at <u>foodshelf@channel-one.org</u> or by calling the Food Shelf at 507-424-1707. If you would like a reply, please leave your name and a phone number or alternative way to reach you.

If this proves unsuccessful, the complaint should be brought to the attention of Shawn Barnett, Channel One Community Access Manager, at <u>shawnbarnett@channel-one.org</u> or at 507-424-1728.

Shoppers and community members may voice concerns or appeal any decision made by Channel One staff. Significant concerns should be sent in writing to the attention of the Programs and Agency Services Director and/or the Executive Director. Appeals will be heard by the Channel One team of directors or the board of directors, at the discretion of the Executive Director.

Complaints may also be submitted to the Minnesota Department of Human Services, Office of Economic Opportunity: <u>MNTEFAP.DHS@state.mn.us</u> or with the MN Food Helpline at 888-711-1151.