

The Emergency Food Assistance Program (TEFAP) Annual Eligibility Form

To be eligible:

- **Self-report the information in the table 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

Name			Zip Code (optional)
Number of Children (0-17)	Number of Adults (18-64)	Number of Seniors (65+)	Total Number in Household

Proxy Permission: I authorize the following person(s) to pick up food on my behalf as a proxy

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 member

I self-declare that:

- 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.

<input type="checkbox"/> Verbal Self-Declaration	Date
OR	
<input type="checkbox"/> Signature (optional)	Date

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, audiotope, 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.



Registration Information

Name: _____ Birth date: ___/___/___

Phone number: _____

Address: _____

ZIP code: _____

My gender is:

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

My race is:

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

My ethnicity is:

- Hispanic / Latino / Latina
- Non-Hispanic / Latino / Latina
- No response

Who else are you shopping for? *(People you live with, share expenses, and cook meals for.) We only ask for this information to know the number of children, adults and seniors you are shopping for.*

Name: _____ Birth date: ___/___/___

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Name: _____ Birth date: ___/___/___

Name: _____ Birth date: ___/___/___

Name: _____ Birth date: ___/___/___

Name: _____ Birth date: ___/___/___



Welcome to Channel One Food Shelf. Our mission is to strengthen food access and build healthy communities. We are grateful to support your household during a time when the food shelf is busier than ever. What you can expect when you come to Channel One:

Registration takes a few minutes. You do not need to bring any identification, proof of address or income, or proof of citizenship or immigration status. We respect and protect your privacy. We ask for enough information so we can tell you apart from other people with a similar name and decide how to serve you best. Optional information about where you live, and demographic details about you and your household help us support you with other programs like delivery. You have the right to see the information we have about you, and to correct it with our team.

Shoppers may visit weekly. When you check in, we ask who you are shopping for. If you cannot shop in person for yourself, you can give permission for someone else to shop for you as your proxy. Your household may shop once per week.

We are busy. Children are welcome with caregivers and adults who need assistance are welcome to come with a companion. We may limit the number of adults shopping when the food shelf is full. Please respect others waiting to park, standing in line to check in and get a shopping cart.

Households may take one cart of food per visit. You can choose the foods and amounts you can use. We will help you with some food at the Market Counter. When your cart is full, we will ask you to finish your shopping trip. We have many shoppers each day. Please be considerate of other shoppers.

All are welcome here. The Food Shelf is a place that welcomes and respects the dignity of everyone. All are welcome here and deserve to feel safe. Speaking loudly and disrespectfully to or about others, reaching past one another, taking food from other carts, not giving space for the team to stock shelves and coolers makes people feel unsafe. **If shoppers make people feel unsafe, they will be asked to leave.** They may need to send someone to shop for them if they continue to make people feel unsafe.

Thank you
The Channel One Food Shelf Team



Channel One Food Shelf Complaint 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 supporting an environment free from discriminatory behavior and providing an equal opportunity to serve all households regardless of race, color, national origin, religion, sex (including gender identity and sexual orientation), disability, age, creed or family status.

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

Complaints can be made by the shopper, someone in their household or by their proxy. Most problems are solved by talking to Channel One 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 foodshelf@channel-one.org or by calling the Food Shelf at 507-424-1707. If you would like a reply, please leave your name and a phone number to reach you.

Complaints can also be brought to the attention of Ashley Keller, Channel One Community Access Manager, at ashleykeller@channel-one.org 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 Children, Youth and Families: MNTEFAP.DCYF@state.mn.us or with the MN Food HelpLine at 1-888-711-1151.

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