

Good in the Hood – Food for Thought at Metro State
700 East 7th Street
Saint Paul, MN 55107



TEFAP Form

The Emergency Food Administration Program

Date

Name (First)

(Last)

Student ID #

Street address, City, State, ZIP Code

Phone

Email Address

Birth Date

Food for Thought at Metro State is funded by our partner Good in the Hood, and through individual donors.

They would like to know why you value having a food pantry on campus.

Please describe briefly below.

Check ALL programs in which you participate:

- | | | |
|-------------------------------|---|--|
| <input type="checkbox"/> MFIP | <input type="checkbox"/> SNAP | <input type="checkbox"/> Energy Assistance |
| <input type="checkbox"/> SSI | <input type="checkbox"/> MN Care | <input type="checkbox"/> Child Care Assistance |
| <input type="checkbox"/> GA | <input type="checkbox"/> Section 8 | <input type="checkbox"/> Reduced Lunch/Breakfast |
| <input type="checkbox"/> WIC | <input type="checkbox"/> Head Start | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> MAC | <input type="checkbox"/> Weatherization | |

Do you currently receive or have you applied for SNAP Benefits?

- ☐ Yes
☐ No

Do you fall at or below the “Estimated Annual Income Guidelines” (to the right)?

- ☐ Yes
☐ No

Estimated Annual Income Guidelines

Family Size	200% Poverty Guideline	
	Annual Income	1 Month Income
1	\$ 24,120	\$ 2010
2	\$ 32,480	\$ 2707
3	\$ 40,840	\$ 3403
4	\$ 49,200	\$ 4100
5	\$ 57,560	\$ 4797
6	\$ 65,920	\$ 5493
7	\$ 74,280	\$ 6190
8	\$ 82,640	\$ 6887
additional household member(s) add:	\$8,360	\$ 697

By signing below I am stating that I am eligible to receive TEFAP commodity food because I am a Minnesota resident, and I receive or participate in one of the programs listed above OR because my income is 200% or less than the Federal Poverty Guidelines. Eligibility is granted to all persons in situations of emergency and distress.

Signature

Date

In accordance with Federal law and US Dept. of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Adjudication--1400 Independence Ave, SW, Washington, DC 20250-9410 or call toll-free (566)-632-9992 (Voice). Individuals who are hearing impaired or have speech difficulties may contact the USDA through the Federal Relay Service at (800) 877-8339 or (800) 845-6136 (Spanish)

****PLEASE CONTINUE ON BACK****

Total number of persons in household (including self):

*Please list ALL family members
and/or dependents below*

Grab N Go items are available to

- all Metropolitan State students

Grocery items are available to

- all Metropolitan State students
- family members/dependents, given the student is
 - the head of the household OR
 - responsible for helping support their family members and/or dependents

	Relationship to Applicant (do <u>not</u> include self)	Gender	Age
1	<hr/>	<hr/>	<hr/>
2	<hr/>	<hr/>	<hr/>
3	<hr/>	<hr/>	<hr/>
4	<hr/>	<hr/>	<hr/>
5	<hr/>	<hr/>	<hr/>
6	<hr/>	<hr/>	<hr/>
7	<hr/>	<hr/>	<hr/>
8	<hr/>	<hr/>	<hr/>
9	<hr/>	<hr/>	<hr/>
10	<hr/>	<hr/>	<hr/>
11	<hr/>	<hr/>	<hr/>
12	<hr/>	<hr/>	<hr/>

TENNESSEAN WARNING

Good in the Hood is required by various agencies to provide statistical information regarding its clients. This information is kept private and is used to receive funding and to purchase low cost food from area food providers and suppliers. Each year you will be asked to sign an agreement that says you have read the Tennessean Warning regarding privacy and that you understand how your personal information may be used.

Intake Data is being collected by Good in the Hood for statistical reports and for providing service to users of this program. This data may be shared with members of other agencies as needed. We require your correct name, birth date, number of people in your household, and address. This data is considered private and you have the right to refuse it. However, if you refuse to provide it, you may be refused service.

By signing below I acknowledge that I understand and agree to these terms and conditions.

Signature

Date