



Metropolitan State University Student Support Center Intake Form

We are located on the Saint Paul Campus on the lower level of Saint John's Hall, Rooms L.10 and L.14. You can reach us at 651-793-1571 (food pantry) or 651-793-1564 (student parent center). *We ask that students complete a new intake form once every new academic school year*

Date of intake (today's date):		For Staff Use Only	Staff Referrals made at DOI:
Received by:			

What is the primary reason for your visit? Please select all that apply.	<input type="checkbox"/> Food Pantry <input type="checkbox"/> Student Parent Center <input type="checkbox"/> Housing referral <input type="checkbox"/> Help with transportation <input type="checkbox"/> Emergency financial assistance <input type="checkbox"/> Parenting resources <input type="checkbox"/> Childcare Resources <input type="checkbox"/> Other:
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Participant Contact Information:

Student ID or Star ID:		Phone:	
First Name		Last Name	
Address		City	
Email Address:		Zip code	
Preferred pronouns	<input type="checkbox"/> She/her/hers <input type="checkbox"/> They/their/theirs <input type="checkbox"/> He/him/his <input type="checkbox"/> Other:	Okay to email?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Demographic Information:

Note: Metropolitan State University is asking for your private information. You are not required to provide this information. Providing it allows us to seek additional funds to provide necessary services to the Student Support Center and related services. Identifiable information is not shared with others.

Date of birth (Month/Day/Year):	
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“This document is available in alternative formats upon request, by contacting the Center for Accessibility Resources, Accessibility.Resources@metrostate.edu or 651-793-1549.”



Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Transgender or gender non-conforming <input type="checkbox"/> I do not wish to answer
Race	<input type="checkbox"/> American Indian/ Alaska Native/ Indigenous <input type="checkbox"/> Asian/ Pacific Islander <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Other:
Ethnicity	<input type="checkbox"/> Hispanic or Latinx <input type="checkbox"/> Not Hispanic or Latinx

Household Size	How many children? How many adults?
Relationship Status	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Other:
Current living arrangement:	<input type="checkbox"/> Live alone <input type="checkbox"/> Live with spouse/partner <input type="checkbox"/> Live with child(ren) <input type="checkbox"/> Live with parents <input type="checkbox"/> Currently homeless/highly mobile <input type="checkbox"/> Other:

Homeless or highly mobile: *homeless or highly mobile means that you may be living temporarily with others, in a shelter, car, and or etc., because you've lost or cannot afford your own housing. Please consider providing the information as it can be used to provide additional resources and to potentially seek additional funding for services.*

Are you currently homeless or highly mobile?	<input type="checkbox"/> If yes, how long: <input type="checkbox"/> No	Have you been homeless or highly mobile within the last 12 months?
Have you been homeless or highly mobile within your lifetime?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Would you like information or additional resources regarding this?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

Academics: statistical information is kept private & confidential.

What is your current enrollment status?	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Non-degree seeking <input type="checkbox"/> Unsure
What degree are you currently working on? And What is your major?	<input type="checkbox"/> Bachelor <input type="checkbox"/> Master <input type="checkbox"/> Doctorate/professional <input type="checkbox"/> Unsure <input type="checkbox"/> Major:
When do you expect to graduate?	Semester: Year:

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

Metropolitan State University Food for Thought Pantry

I am eligible to receive TEFAP commodity food because I am in Minnesota and because my household 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. I am also eligible if I receive or participate in the following services and programs:

OPTIONAL: Check the program(s) in which you participate:

- | | |
|---|--|
| <input type="checkbox"/> MFIP – Minnesota Family Investment Program | <input type="checkbox"/> Child Care Assistance |
| <input type="checkbox"/> GA – General Assistance | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> SNAP – Supplemental Nutritional Assistance Program | <input type="checkbox"/> Section 8 |
| <input type="checkbox"/> NAPS – Nutritional Assistance Program for Seniors | <input type="checkbox"/> Public Housing |
| <input type="checkbox"/> WIC – Women, Infants, and Children | <input type="checkbox"/> Energy Assistance |
| <input type="checkbox"/> Free and reduced breakfast and lunch | <input type="checkbox"/> Weatherization |

Income Eligibility: (200% of Federal Poverty Guidelines)

Family size	Annual Income
One	\$0 - \$24,980
Two	\$24,981 - \$33,820
Three	\$33,821 - \$42,660
Four	\$42,661 - \$51,500
Five	\$51,501 - \$60,340
Six	\$60,341 - \$69,180
Seven	\$69,181 - \$78,020
Eight	\$78,021 - \$86,860

Add \$8,840 of allowable income for each additional family member.

Number of people in household: <input type="checkbox"/> Children ages 0-17 <input type="checkbox"/> Adults ages 18-64 <input type="checkbox"/> Seniors ages 65+
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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.

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, 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.

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 give permission to:

_____ (name) to pick up my food.

I understand I have the right to:

- Change who I choose to pick up my food. I will 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, 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, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027) found online at: [How to File a 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
Washington, D.C. 20250-9410;
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

Signature

Date



The following section is only for students that are parents. Only complete this section if you are a parent.

Student Parent Questionnaire:

How many dependent(s) / minor child(ren) are you caring for?	Number of children:
Custodial Arrangement for your dependent child(ren):	<input type="checkbox"/> Full Custody – child(ren) living with me all the time <input type="checkbox"/> Shared custody- child(ren) live with me some of the time <input type="checkbox"/> No physical custody – child(ren) never live with me <input type="checkbox"/> I do not wish to answer
Would you like more information regarding parenting resources?	<input type="checkbox"/> Yes, I'm interested <input type="checkbox"/> No, I'm not interested

Please list the names of the child(ren) you are caring for:	Age:
1. Name:	
2. Name:	
3. Name:	
4. Name:	
5. Name:	
6. Name:	

Pregnant/Expecting Parent Status: complete this section if you are pregnant/expecting or someone else is pregnant with your child.

Are you pregnant or is someone pregnant with your child?	<input type="checkbox"/> No <input type="checkbox"/> Yes, I am pregnant <input type="checkbox"/> Yes, I am expecting a child (someone else is pregnant with my child)
Are you interested in a referral to any of the following: (check all that apply)	<input type="checkbox"/> Prenatal care <input type="checkbox"/> Breast feeding resources <input type="checkbox"/> Lactation Consultation Services <input type="checkbox"/> Lactation Room on campus <input type="checkbox"/> Post-partum depression resources <input type="checkbox"/> Healthy birth resources