

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone: \_\_\_\_\_ Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Race/Ethnicity:**

- White
- Hispanic, Latino, or Spanish
- Black or African American
- Asian
- American Indian or Alaska Native
- Native Hawaiian/other Pacific Islander
- Middle Eastern or North African
- Some other race or ethnicity
- Don't Know/Prefer Not to Answer

**Gender:**

- Female
- Male
- Transgender
- None of These
- Don't Know/Prefer Not to Answer

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

- MFIP – MN Family Investment Program
- GA – General Assistance
- SNAP – Supplemental Nutritional Assistance Program
- NAPS – Nutritional Assistance Program for Seniors
- WIC – Women, Infants and Children
- Child Care Assistance
- Head Start
- Section 8
- Public Housing
- Energy Assistance
- Weatherization

<b>Income Eligibility (300% of Federal Poverty Guidelines)</b>	
<b>Family Size</b>	<b>Annual Income</b>
One	0-\$43,740
Two	\$43,741-\$59,160
Three	\$59,161-\$74,580
Four	\$74,581-\$90,000
Five	\$90,001-\$105,420
Six	\$105,421-\$120,840
Seven	\$120,841-\$136,260
Eight	\$136,261-\$151,680

Add \$5,140 for each person in household over 8 persons.

**Number of People in the Household**

**Children ages 0-17** \_\_\_\_\_ **Adults ages 18-64** \_\_\_\_\_ **Seniors ages 65+** \_\_\_\_\_

*I certify that I have willingly shared the information above, meet the monthly income guidelines, and/or am in need of food assistance.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please list name and date of birth for each additional member of the household *(not including yourself)*

<b>First Name</b>	<b>Last Name</b>	<b>Date of Birth</b>	<b>Age</b>

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