

## Perham Community Food Shelf Application Form

Name \_\_\_\_\_ Phone Number \_\_\_\_\_  
 Address \_\_\_\_\_ School District: Perham/Dent \_\_\_\_  
 City \_\_\_\_\_ Zip Code \_\_\_\_\_

**Please list ALL Household Members - Including you:**

Name	Age	Birthdate	ID✓

Check if Proof Of Residency (POR) Provided:

### Release of Information

I hereby authorize the Perham Community Food Shelf to seek release information concerning me and/or my family which may be helpful in assessing my situation. I also give permission to the Perham Community Food Shelf to release information to other food shelves and the food bank and to receive appropriate information concerning my use of other food shelves from them. The authorization given shall continue in effect until I revoke it in writing or the services provided to me are completed or terminated.

**I hereby agree to:** accept the food “as is” and release both the original donor and the Perham Area Community Food Shelf from any liability resulting from the conditions of the donated food. I further agree to indemnify and hold the Perham Community Food Shelf and the original donor free and harmless against all and any liabilities, damages, losses, claims causes, or actions and suites of law or inequity or any obligation whatsoever arising out of or attributed to any action of any personnel in connection with its storage and use of the donated food. **I will not sell or offer food I receive from the Perham Community Food Shelf for sale.**

Today’s Date \_\_\_\_\_ Signature \_\_\_\_\_  
 Perham Community Food Shelf Rep. Initials \_\_\_\_\_ Date \_\_\_\_\_  
 Comments/Notes \_\_\_\_\_

# The Emergency Food Assistance Program (TEFAP) Eligibility Form Required By USDA

\_\_\_\_\_  
PERHAM FOOD SHELF  
\_\_\_\_\_  
(Name of Food Shelf or Distribution Site)

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

Address: \_\_\_\_\_

Number of Persons in Household: \_\_\_\_\_

I am eligible to receive TEFAP commodity food because I am a Minnesota resident, and I receive or participate in the following services and programs, **OR**, because my 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.

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

- |   |   |
|---|---|
| <input type="checkbox"/> MFIP - MN Family Investment Program        | <input type="checkbox"/> Energy Assistance                  |
| <input type="checkbox"/> SSI - Social Security Income               | <input type="checkbox"/> Child Care Assistance              |
| <input type="checkbox"/> GA – General Assistance                    | <input type="checkbox"/> Reduced or free lunch or breakfast |
| <input type="checkbox"/> WIC – Women Infants & Children             | <input type="checkbox"/> Transitional Housing               |
| <input type="checkbox"/> Minnesota Care                             | <input type="checkbox"/> Section 8                          |
| <input type="checkbox"/> NAPS – Nutritional Asst. Prog. for Seniors | <input type="checkbox"/> Weatherization                     |
| <input type="checkbox"/> SNAP – Suppl. Nutritional Asst. Program    | <input type="checkbox"/> Head Start                         |

**Income Eligibility: (200% of Federal Poverty Guidelines)**

Family size	Annual Income
One	\$23,340
Two	31,460
Three	39,580
Four	47,700
Five	55,820
Six	63,940
Seven	72,060
Eight	80,180

Add \$8,120 of allowable income for each additional family member.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202)720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.