

## LAKE CITY FOOD SHELF ELIGIBILITY FORM

The information you provide is needed to establish eligibility to receive food from the Lake City Food Shelf (hereinafter LCFS). Your signature authorizes the LCFS to verify the accuracy of the information. You also agree that as a client of the LCFS, you cannot and will not hold the City of Lake City, the LCFS Board of Directors, volunteers of the LCFS or any and all donating businesses or individuals liable for any spoiled food you may receive from the LCFS. Please be aware that the LCFS (1) has no cash to give recipients, (2) is an emergency source of food, and can only be used as such, and (3) will treat your information with confidentiality. By your signature below, you also attest to your eligibility to receive TEFAP commodity food because you are a resident of Minnesota and your yearly income is at or below 200% of Federal Poverty Guidelines (see table) OR you currently receive one or more of the benefits under No. 4 below. **Note: Eligibility is granted to all persons in situations of emergency and distress due to disasters.** Please answer the following questions:

1. Is your place of residence in the Lake City school district?  Yes  No
2. Do you use the services of any other food shelf?  Yes  No
3. Is anyone in your household working:  Yes  No
4. Household income/assistance received (check all that apply):
 

<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 Assist. Program	<input type="checkbox"/> Section 8
<input type="checkbox"/> NAPS Nutritional Assist. 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
5. I am (check all that apply)
 

Unemployed <input type="checkbox"/>	Pregnant <input type="checkbox"/>	Disabled <input type="checkbox"/>	Temporarily Ill <input type="checkbox"/>
Retired <input type="checkbox"/>	Raising Small Children <input type="checkbox"/>		

**LIST BELOW THE NAMES, BIRTHDATES AND AGES OF ALL THOSE LIVING IN YOUR HOUSEHOLD, INCLUDING YOURSELF**

Name	Age	Birthdate	Name	Age	Birthdate
1.			5.		
2.			6.		
3.			7.		
4.			8.		

**Data Privacy Notice/Tennessee Warning**

You have rights under the MN Practices Act which protect your privacy. We ask for your information so we can: tell you apart from others with a similar name and decide if you are eligible for certain services and to what extent. You are not required to provide this information, but if you don't we may not be able to help you. We may need to share your information with the MN Dept. of Human Services and others legally entitled to request it with regard to our operation as a food shelf. You have the right to copies of the information we have about you. If you don't understand the information, we can explain it to you. If you believe the information is incorrect you may object in writing to the LCFS director. To find out how to do so, ask a staff person. This data privacy notice will expire one (1) year after you have signed it.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Phone # (include area code) \_\_\_\_\_

Address \_\_\_\_\_

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, or disability. To file a discrimination complaint, write to: USDA, Director/Office of Civil Rights, Whitten Bldg., Room 326W, 1400 Independence Ave. SW, Washington, DC, 20250-9410, or call 202-720-5964.

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

Family Size	Yearly Income	Monthly Income	Family Size	Yearly Income	Monthly Income
One	\$ 24,280	\$ 2,023	Five	\$ 58,840	\$ 4,903
Two	\$ 32,920	\$ 2,743	Six	\$ 67,480	\$ 5,623
Three	\$ 41,560	\$ 3,463	Seven	\$ 76,120	\$ 6,343
Four	\$ 50,200	\$ 4,183	Eight	\$ 84,760	\$ 7,063

\*\$8,640 of allowable income for each additional family member over 8.