

**NorthPoint Health & Wellness Food Shelf****Enrollment Form**

Date: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Gender: \_\_\_\_\_

Housing Type: *circle*:

Own / Contract for Deed / Rent / Subsidized or Public Housing / Living with someone / Homeless

Working Status: \_\_\_\_\_ Race: \_\_\_\_\_

Marital status: \_\_\_\_\_

Do you meet posted income guidelines? (we do *NOT* ask for verification): YES / NO

Are you eligible for WIC (Nutrition Program for Women Infants Children)? YES / NO

Are you eligible for SNAP ("food stamps")? YES / NO If yes, do you receive SNAP now? YES / NO

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

City: Minneapolis OR other: \_\_\_\_\_ State: MN Zip code: \_\_\_\_\_*I have reviewed the attached policies and guidelines:*

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

OTHER HOUSEHOLD MEMBERS → → →

**Household Information *if applicable***

First Name, Last Name	Gender	Race	Birth Date	How are they related to you?

**If you are unable to visit our location, you can send someone to pick up food for you. This is called a 'proxy.' Please complete this section if you want a proxy to pick up food for you.**

I designate the following individuals/entities to pick up food for me:

---



---

***If you need additional resources, please call 612.767.9500.***



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

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:**

- Child Care Assistance
- Energy Assistance
- Free and reduced or breakfast or lunch
- GA - General Assistance
- Head Start
- MFIP - Minnesota Family Investment Plan
- NAPS - Nutritional Assistance Program
- Public Housing
- Section 8
- SNAP - Supplemental Nutritional Assistance Program
- SSDI-Supplemental Security Disability Income
- SSI - Supplemental Security Income
- Weatherization
- WIC - Women, Infants and Children

**Income Eligibility: (300% of Federal Poverty Guidelines)**

Family size	Annual Income
One	\$0 - \$38,280
Two	\$38,281 - \$51,720
Three	\$51,721 - \$65,160
Four	\$65,161 - \$78,600
Five	\$78,601 - \$92,040
Six	\$92,041 - \$105,480
Seven	\$105,481 - \$118,920
Eight	\$118,921 - \$132,360

Add \$4,480 of allowable income for each additional family member.

**TENNESSEN WARNING**

The information we ask you to give is necessary and helps us to serve you better. It also helps us to report to our funding sources that we are serving people in need. You are not legally required to provide this information but we request your cooperation. You have the right to review your records at any time and to request changes or ask that the agency no longer maintain information about you, your family or anyone in your household.

I, hereby authorize North Point Health & Wellness Center Inc. 1315 Penn Avenue North, Minneapolis Minnesota, 55411, to see/release information concerning me and/or my family, which may be helpful in assisting me and/or my family, which may be helpful in assisting my situation, to the Food Group, the Holiday Clearing Bureau, North Point, Neighborhood Research Programs, Hennepin county Social Service agencies and/or a court of law which has issued a subpoena for information related to an issue in which you are involved. This authorization shall be in effect until I revoke it in writing.

I also agree to the following:

- I. The food, furniture and other items are accepted "as is"
- II. I release, both the donor, North Point Health & Wellness Center Inc., the Food Group, and the Holiday Clearing Bureau from any liability resulting from the condition of the donated food, furniture and other items and further agree to indemnify and hold the Food Group, the Holiday Clearing Bureau and the original owner free and harmless against any and all liabilities, damages, losses, claims, causes of action and suits of law or inequity or any obligation whatsoever arising out of or attributed to any action of personnel in connection with the collection, storage, distribution, consumption and use or other disposition of the donated food, furniture or other items; and
- III. I will not sell or offer said for sale. .

## **DATA PRIVACY FORM**

The data being collected by NorthPoint Health & Wellness Center, Inc., is private information and will only be used for statistical reporting and determining services needed for our customers. It is agreed and understood that the information provided to NorthPoint Health & Wellness Center, Inc., is confidential and may only be accessed by NorthPoint Health & Wellness Center, Inc., staff.

By signing this form you are giving North Point Health & Wellness Center, Inc. authorization to document your family income, which will include Salary and Wages, Retirement Benefits including Social Security, MFIP, General Assistance, Public Assistance, Child Support and SSI.

The signature that you supply on this form will provide data privacy throughout NorthPoint Health & Wellness Center, Inc. and its programs. If at any time you choose to withdraw your authorization you may do so in writing, signed and dated. This notice of withdrawal must be given to a NorthPoint Health & Wellness Center, Inc., case manager for processing.

To best serve you, we require your full legal name, and date of birth. The data we are asking you to provide is confidential and you have the right to refuse to provide it. However, if you refuse to provide the data requested on this form services NorthPoint Health & Wellness Center, Inc., offers may be limited and/or services may be refused.

## **CODE OF CONDUCT**

*An agreement to be non-violent and/or non-abusive*

I agree not to engage in any violent or abusive behavior while participating in NorthPoint Health & Wellness Center, Inc. programs. By signing this agreement, I give my assurance to NorthPoint Health & Wellness Center, Inc., and its staff, that I will in no way act violent or abusive towards staff, customers, my spouse/partner, tenants and visitors at NorthPoint Health & Wellness Center, Inc. offices. This assurance of my non-violent or non-abusive conduct at NorthPoint Health & Wellness Center, Inc. shall be in effect when I am on the premises at NorthPoint Health & Wellness Center, Inc., in the lobby, or when I am going through the intake process, accessing services or doing any other business at NorthPoint Health & Wellness Center, Inc.

## **PARTICIPANT GRIEVANCE PROCEDURE**

Participants are informed of their right to submit a grievance about the operation and provision of services received at North Point Health & Wellness Center, Inc. via this written form presented to them when they first enroll for service.

1. Participants have the right to present grievances by telephone, letter or personal appearance. All participants are advised of the right to do so in the enrollment phase as well as upon request by any staff member. Management and staff business cards are available at the front desk and all staff are advised to inform participants of their right to file a grievance. Grievances may be presented to:
2. Participants shall have the right to appeal in matters of grievance or dispute and shall be appealed first to Program Director, to the Chief Operations Officer, to the Chief Executive Officer and finally to the Board of Directors.
3. The decision regarding the grievance shall be sent to the participant *in writing*. A copy will also be sent to the COO and CEO, so they may issue any directive if necessary.