

For Helping Professionals  
Enrolling Their Clients at NorthPoint Food Shelf

## Enrollment – Proxy Form

If clients who need food are unable to visit the food shelf, they can select someone else – like their helping professional -- to pick up their food. This is called a proxy. Because of the COVID-19 pandemic, many professionals have restrictions on direct contact with their clients. Only if possible,

- It is helpful -- but not required -- to get a copy or photo of your client's i.d. just to make sure we have correct spelling of name and date of birth.
- If you are not able to obtain the client's signature, please document below that you obtained verbal consent from your client to act as proxy.

For your first visit:

- Complete this form, attach copy of client's i.d. if possible, and return in person or mail to the address above.
- Visit us at 1835 Penn Avenue North. You may park in the lot immediately south.
- Come to the front door to pick up boxes of food. You will wait outside and we will bring out a box to you, or we will take them to your vehicle.

For subsequent visits (clients are eligible to receive food one time in a calendar month), visit us and give us the name and date of birth of your client.

### **INFORMATION ABOUT YOU**

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

Your telephone: \_\_\_\_\_

Your email address: \_\_\_\_\_

Circle if you work at    NorthPoint

If you don't work at NorthPoint, name of your agency: \_\_\_\_\_

**INFORMATION ABOUT YOUR CLIENT**

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 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: \_\_\_\_\_

**SIGNATURES**

**If the client can sign:** *I permit my proxy to pick up my food, I permit staff to electronically sign on my behalf to indicate that I have reviewed the attached policies and guidelines.*

Client sign: \_\_\_\_\_ Date: \_\_\_\_\_

**If you are unable to obtain client's signature then get verbal consent:** My client gave me permission to sign for them indicating that they reviewed the attached policies and guidelines and permits staff to electronically sign on their behalf.

You sign: \_\_\_\_\_ Date: \_\_\_\_\_

<b>INFORMATION ABOUT YOUR CLIENT'S HOUSEHOLD <i>if applicable</i></b>				
<b>First Name, Last Name</b>	<b>Gender</b>	<b>Race</b>	<b>Birth Date</b>	<b>How are they related to you?</b>

<b>OFFICE USE ONLY</b>
<ul style="list-style-type: none"> <li>• Order picked up on DATE: _____ Staff initial: _____</li> <li>• Database, check when entered:               <ul style="list-style-type: none"> <li><input type="checkbox"/> Customer Intake Form</li> <li><input type="checkbox"/> Proxy's name on Household Demographics</li> <li><input type="checkbox"/> Food slip</li> </ul> </li> </ul>

### The Emergency Food Assistance Program

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 300% or less of the Federal Poverty Guidelines. I am also eligible if I receive or participate in the following services:

MFIP (Minnesota Family Investment Program)	Head Start
Child Care Assistance, GA (General Assistance)	Section 8
SNAP (Supplemental Nutritional Assistance Program)	Public Housing
NAPS (Nutritional Assistance Program for Seniors)	Energy Assistance
WIC (Women, Infants, and Children)	Weatherization
Free and reduced breakfast and lunch	

Income Eligibility: (300% of Federal Poverty Guidelines)			
Family Size	<u>Annual Income</u>	Family Size	<u>Annual Income</u>
One	\$0 - \$40,770	Five	\$83,251 - \$97,410
Two	\$40,771 - \$54,930	Six	\$97,411 - \$111,570
Three	\$54,931 - \$69,090	Seven	\$111,571 - \$125,730
Four	\$69,091 - \$83,250	Eight	\$125,731 - \$139,890
Add \$4720 of allowable income for each additional family member			

### Data Privacy Notice / Tennesen 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, Foundations for Essential Needs, 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 staff.

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 is confidential and may only be accessed by NorthPoint Health & Wellness Center, Inc., staff.

Your signature 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 staff member 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**

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.

### **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.
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.