

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 via email to FoodShelf@NPIMN.org, (if email is unavailable, then in person or mailed to the above address).
- Submit forms by noon on Wednesdays via email.
- Pick up boxes of food on Thursdays between noon and 4:00 p.m. You will wait outside and we will bring out a box to you.

For subsequent visits (clients are eligible to receive food one time in a calendar month):

- Email request for pickup to FoodShelf@NPIMN.org by noon on Wednesdays. Requests must include:
 - Your client's name
 - Your client's date of birth
- Pick up boxes of food on Thursdays between noon and 4:00 p.m. You will wait outside and we will deliver a box to you.

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 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 gives verbal consent to sign an acknowledgement of the attached and permits me to pick up food for them

You sign: _____ Date: _____

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

OFFICE USE ONLY
<p>• Order picked up on DATE: _____ Staff initial: _____</p> <p>• Database, check when entered:</p> <p><input type="checkbox"/> Customer Intake Form</p> <p><input type="checkbox"/> Proxy's name on Household Demographics</p> <p><input type="checkbox"/> Food slip</p>



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 - \$132,360Add \$8,640 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.