

ROCORI Area Food Shelf

Application for Emergency Assistance

Head of Household: _____ Date of Birth: _____

Sex: M F Race: _____ Hispanic: Yes No

Street Address: _____ Apt: _____ City: _____

State: MN Zip Code: _____ County: Stearns Telephone: _____

Additional Household Members

<u>Name (first and Last)</u>	<u>Birth Date</u>	<u>Sex</u>	<u>Race</u>	<u>Relation to You</u>
_____	_____	M F	_____	_____
_____	_____	M F	_____	_____
_____	_____	M F	_____	_____
_____	_____	M F	_____	_____
_____	_____	M F	_____	_____
_____	_____	M F	_____	_____
_____	_____	M F	_____	_____

What emergency need(s) do you have that the ROCORI Area Food Shelf can help you with at this time?

Data Privacy Notice/Tennessee Warning

You have rights under the Minnesota Government Data Practices Act. This Act protects your privacy. We are asking you for information so we can: tell you apart from other persons with a similar name, and decide if you can receive services from us and what or how much you can get.

Generally, you are not required to give us the information. However, if you do not give us the information, we may not be able to help you. The law allows us to share your information with staff from the Department of Human Services and Second Harvest Heartland and others who may be authorized to view your information to do their jobs.

You also have the right to copies of information he have about you. If you do not understand the information, you may have it explained to you. If you do not think the information is accurate or complete, you may object in writing to the food shelf director. For more information how to do this, ask the staff person working with you. I understand that this privacy notice will expire one (1) year after I have signed it.

Signature

Date