Americans with Disabilities Act (ADA)
Accessibility Agreement for Minnesota Food Shelves

Food Shelf Name: ________________________________________________
Address: ______________________ __________________________
Contact Person: ________________________________________________
Telephone: ________________________________________________
Hours of Operation: ________________________________________________

In keeping with the American with Disabilities Act (ADA), we have evaluated the accessibility of our food shelf to persons with disabilities. We understand that the following list is not comprehensive, and that reasonable accommodations must be made to serve all individuals with disabilities who are eligible for our service.

1. Accessibility by persons with physical disabilities: (check one)
   ___ Our food shelf is accessible to people with physical disabilities, including people using wheelchairs.
   ___ Our food shelf is not accessible to some people with physical disabilities. It would be a financial hardship to make space accessible, so we will make accommodations such as curbside or home deliveries or we will allow people to designate another person to pick up food on their behalf (sometimes called a serving proxy).

2. Accessibility by persons who have learning or visual disabilities:
   If requested, we will have a staff person read forms and other materials to people who have learning or visual disability, or we will provide forms and other materials in alternate formats such as larger print or Braille. (Note: Your Regional Independent Living Center and the Minnesota Department of Human Services-Office of Economic Opportunity can provide information and/or access for Brailing materials.)

3. Accessibility by persons who have hearing or speech disabilities:
   If our food shelf does not have a TTY/TDD device, we will use the Minnesota Relay Service, which is a telephone communication service designed for people who have hearing or speech disorders. If a person requests, we will try to provide a sign language interpreter. If that is not possible, we will use written notes to communicate.

4. Communicating Accessibility:
   We will include a statement on publications, notices, announcements, fliers, and other documents, as appropriate, that we will provide reasonable accommodations (such as sign language interpreters, home or curbside delivery, readers, etc.) and make documents available in alternate formats (such as large print, Braille, computer disk, audio tape), on request, to serve people with disabilities. We will also include our TTY/TDD number or the numbers for the Minnesota Relay Service, on our publications as appropriate. We understand the need to serve all individuals who are eligible, and are committed to making these and any other appropriate and reasonable accommodations in order to make our services accessible.
Date _____________________________  Signature
Food Shelf Coordinator

Please keep a copy of this form for your files.
If you receive state funds through Hunger Solutions Minnesota please return a copy to:
Hunger Solutions Minnesota
555 Park Street, Suite 400 Phone: (651) 486-9860
St. Paul, MN 55103 Fax: (651) 486-9866
If you do not receive state funds through Hunger Solutions Minnesota, but do receive
TEFAP commodities or FEMA funds, please keep a copy in your files for your regional
food bank to review during monitoring visits.

Minnesota Relay Service: Greater Minnesota 1-800-627-3529
Minneapolis/St. Paul 612-297-5353