

NUMBER SERVED: \_\_\_\_\_

# APPLICATION FOR EMERGENCY FOOD ASSISTANCE

This form is for food assistance only. Please provide the information listed below:

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Information for all food orders:**

Transportation: Yes \_\_\_ No \_\_\_ Cooking: Yes \_\_\_ No \_\_\_ Refrigeration: Yes \_\_\_ No \_\_\_

**By signing the below, I declare my household income is below the posted USDA guideline for eligibility or that I am currently participating in the Food Stamp Program, TANF, SSI, LIEAP, of General Assistance Program.**

Income			Based on Federal Poverty Guidelines released Feb 2011  In accordance with Federal Law and the U.S. Dept. of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, or disability. To file a complaint of discrimination, write to Oregon Food Bank, PPO Box 55370, Portland, OR 97238 or your Regional Food Bank. USDA is an equal opportunity provider and employer.
Family Size	Monthly	Annual	
1	\$1,679	\$20,147	
2	\$2,268	\$27,214	
3	\$2,857	\$34,281	
4	\$3,446	\$41,348	
5	\$4,035	\$48,415	
6	\$4,623	\$55,482	
7	\$5,212	\$62,549	
8	\$5,801	\$69,616	
For each additional member, add \$589 per month or \$7,067 per year			

**Do not use this form for rent, fuel or other types of assistance.**

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

Number of Adults (18+) \_\_\_\_\_ Children 6 to 17 \_\_\_\_\_ Children 5 & under \_\_\_\_\_

ARE THERE ANY FOOD ITEMS **YOU CANNOT USE AT THIS TIME?**  
PLEASE LINE THEM OUT

✓

SOY MILK	
POWDERED MILK	
FLOUR OR BAKING MIX	
SUGAR	
RICE	
PASTA	
VEGETABLE OIL	
OATS	
RAISINS	
DRIED PRUNES	
MACARONI & CHEESE	
CANNED SALMON	
FISH	
TUNA	
CHILI	
CANNED TOMATOES OR SAUCE	
CANNED FRUIT OR VEGETABLES	
CANNED BEANS, BLACK, PINTO, REFRIED	
PEANUT BUTTER	
MEAT	
TOFU	
ANYTHING ELSE NEEDED?	

**Approximate Value \$** \_\_\_\_\_ **Volunteer's Initials:** \_\_\_\_\_