

NUMBER SERVED: _____

APPLICATION FOR EMERGENCY FOOD ASSISTANCE

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

Name _____ Phone: _____

Address _____ City _____ State _____ Zip _____

Information for all food orders:

Transportation: Yes _____ No _____ Cooking: Yes _____ No _____ Refrigeration: Yes _____ No _____

By signing the below, I declare:

1. **Our household resides in the Sisters School District area**
2. **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.**
3. **Our household is in need of food**
4. **We will not sell, barter, or trade food received through this program.**

Family Size	Income	
	Monthly	Annual
1	\$1,722	\$20,665
2	\$2,333	\$27,991
3	\$2,943	\$35,317
4	\$3,554	\$42,643
5	\$4,164	\$49,969
6	\$4,775	\$57,295
7	\$5,385	\$64,621
8	\$5,996	\$71,947

For each additional member, add \$611 per month or \$7,332 per year _____

Number of Adults (18+) _____ Children 6 to 18 _____ Children under 6 _____

Date of Last Visit: _____

Signed: _____ Today's Date: _____

Number of Adults (18+) _____ Children 6 to 18 _____ Children under 6 _____

PLEASE LINE OUT ANY FOOD ITEMS YOU CANNOT USE AT THIS TIME	
SOY MILK/FLAVORED SOY MILK	
POWDERED MILK	
FLOUR OR BAKING MIX, PANCAKE MIX	
SUGAR	
RICE	
VEGETABLE OIL	
OATS/OATMEAL/CEREAL	
DRIED FRUIT (RAISINS/PRUNES)	
PASTA/MACARONI & CHEESE	
FISH	
CHILI	
CANNED TOMATOES OR SAUCE	
CANNED FRUIT OR VEGETABLES	
CANNED BEANS, BLACK, PINTO, REFRIED	
PEANUT BUTTER/JAM	
CANNED / FROZEN MEAT	
CONDIMENTS (CATSUP/MUSTARD/MAYONNAISE/SYRUP)	
FRESH STAPLES (MILK / EGGS / CHEESE / PRODUCE)	
ANYTHING ELSE NEEDED?	

Weight _____ **Volunteer's Initials:** _____