

**HELP US STOP THE
SPREAD OF COVID-19.
PLEASE STAY HOME IF
YOU ARE SICK.**



If you get sick, someone else can pick up food for you. Fill out the form on the back of this page and have them bring it to the pantry.

To prevent the spread of illness:

- Cover your coughs and sneezes
- Avoid touching public surfaces
- Wash your hands often
- If you have a cough, fever, or shortness of breath, please do not visit the pantry

Please call 211 for additional resources.

YOU HAVE THE RIGHT TO ACCESS FOOD

You may not be excluded because of your race, color, national origin, religion, gender identity, sexual orientation, familial status, housing status, or disability. If you believe you have been discriminated against, please call Oregon Food Bank at 503-282-0555.

This institution is an equal opportunity provider.

The Emergency Food Assistance Program (TEFAP) Authorized Representative Form

Name: _____ Number of people in household: _____

Address: _____

(Client may identify homelessness by writing an "H" in the address line above.)

This table shows a yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food.

2020 Income guidelines		
Family Size	Monthly	Annual
1	\$3,190	\$38,280
2	\$4,310	\$51,720
3	\$5,430	\$65,160
4	\$6,550	\$78,600
5	\$7,670	\$92,040
6	\$8,790	\$105,480
7	\$9,910	\$118,920
8	\$11,030	\$132,360
For each additional member, add \$1,120 per month or \$13,440 per year		

You are also eligible to receive food from TEFAP if your household participates in any of the following programs. If you participate in one of these programs, please check the space next to it.

- Low Income Home Energy Assistance Program (LIHEAP)
- Social Security Disability Income/Social Security Income (SSDI/SSI)
- Supplemental Nutrition Assistance Program (SNAP) (formerly known as food stamps)
- Temporary Assistance for Needy Families (TANF)
- Women, Infant and Children Supplemental Nutrition (WIC)
- Free or Reduced School Lunch Program

By signing below, I declare that my household is in need of food and that the household income is at or below the eligible income levels, OR that I am currently participating in any one of the programs checked above. I will not sell, barter, or trade food received through this program. This certification form is being completed in connection with the receipt of federal assistance. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under state and federal law. I authorize the following person to act as my authorized representative:

(Name of authorized representative) _____

(Signature)

(Date)