

OREGON FOOD BANK - USDA COMMODITIES GENERAL FOOD BOX SIGN-IN

Distribution Site: _____

Phone Number: _____

Date	Print Name	Zip Code (mark H if homeless)	Town/City	# of people in household

For USDA Commodities, you self-declare that:

1. Your zip code and household size are correct (unless homeless).
2. Your household income is at or below 300% of the federal poverty levels as shown below, OR you are currently participating in SNAP (Food Stamp program), TANF, SSI, or LIHEAP.
3. You have been shown the USDA Nondiscrimination Statement.
 - You DO NOT need to provide your social security number, proof of citizenship, or photo ID.
 - You DO NOT need to provide proof of income or household size.
 - Some programs have service boundaries. Information provided below may be used to confirm boundaries, you DO NOT need to provide any other proof. You will not be turned away if you do not have an address.

Family Size	Monthly Income	Annual Income
1	\$3,990	\$47,880
2	\$5,410	\$64,920
3	\$6,830	\$81,960
4	\$8,250	\$99,000

Family Size	Monthly Income	Annual Income
5	\$9,670	\$116,040
6	\$11,090	\$133,080
7	\$12,510	\$150,120
8	\$13,930	\$167,160

For each additional family member, add \$1,420 per month

***See back for non-discrimination statement and civil rights disclosure* This institution is an equal opportunity provider**

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To file a program complaint of discrimination, complete the USDA Program, Discrimination Complaint form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) Mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington D.C. 20250-9410; (2) Fax: (202)690-7442; or (3) Email: program.intake@usda.gov.

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