

H.E.L.P.

SERVING: ST. HELENS, COLUMBIA CITY, DEER ISLAND & WARREN

NAME (Print) _____

ADDRESS _____ PHONE _____

LIST ALL HOUSEHOLD MEMBERS (INCLUDING APPLICANT):

| NAME- (PLEASE PRINT-FIRST/LAST) | AGE |
|---------------------------------|-------|
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |
| 4. _____ | _____ |
| 5. _____ | _____ |
| 6. _____ | _____ |
| 7. _____ | _____ |
| 8. _____ | _____ |

CLIENT DECLARATION: PLEASE READ CAREFULLY

I declare that I am participating in the Food Stamp Program, Low Income Energy Assistance (LIEP), ADC, TANF, or State General Assistance Program which automatically allows me to receive emergency food assistance---OR---that my TOTAL household income is at or below the amounts below:

2021USDA COMMODITY ELIGIBILITY GUIDELINES

| | MONTHLY INCOME | ANNUAL INCOME |
|---|----------------|---------------|
| 1 | \$3,222 | \$38,640 |
| 2 | \$4,356 | \$52,260 |
| 3 | \$5,490 | \$65,880 |
| 4 | \$6,627 | \$79,500 |
| 5 | \$7,761 | \$93,120 |
| 6 | \$8,895 | \$106,740 |
| 7 | \$10,032 | \$120,360 |
| 8 | \$11,166 | \$133,980 |

For each additional family member, add \$1,137 per month.

COMMODITY FOODS ARE FOR HOME CONSUMPTION ONLY AND ARE NOT TO BE SOLD, TRADED, BARTERED OR EXCHANGED FOR SERVICES.

RELEASE OF INFORMATION AND LIABILITY:

I certify that all the information given in requesting food assistance from this agency is true and correct. I also understand that all information may be made available to other emergency food pantries through the Columbia Pacific Food Bank. I release this agency, its Board of Directors and volunteers from all liability associated with their service. Rules for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, age, sex or handicap.

- 1. SIGNATURE _____ DATE _____
- 2. SIGNATURE _____ DATE _____
- 3. SIGNATURE _____ DATE _____
- 4. SIGNATURE _____ DATE _____
- 5. SIGNATURE _____ DATE _____
- 6. SIGNATURE _____ DATE _____
- 7. SIGNATURE _____ DATE _____
- 8. SIGNATURE _____ DATE _____
- 9. SIGNATURE _____ DATE _____
- 10. SIGNATURE _____ DATE _____
- 11. SIGNATURE _____ DATE _____
- 12. SIGNATURE _____ DATE _____

PLEASE READ: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.) should contact the Agency (State or local) where they apply for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

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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