



**OREGON FOOD BANK NETWORK  
USDA COMMODITIES GENERAL FOOD BOX SIGN-IN SHEET – EFB  
REGISTRO PARA RECIBIR COMIDA**

Period Covered: \_\_\_\_\_ through \_\_\_\_\_

Distribution Site: \_\_\_\_\_

**USE BOTH SIDES**

Phone Number: \_\_\_\_\_ Staff/Volunteer Initials: \_\_\_\_\_

Date <i>Fecha</i>	Print name <i>Nombre y apellido</i>	Signature <i>Firma</i>	Address (mark H if homeless) <i>Domicilio (o H si está sin hogar)</i>	Town/City <i>Ciudad</i>	# People in household <i># Personas en casa</i>	OPTIONAL INFORMATION: NOT REQUIRED TO RECEIVE FOOD INFORMACIÓN OPCIONAL: NO ES REQUERIDO PARA OBTENER COMIDA	# Adults in household (18+) <i># Adultos en casa (18+)</i>	# Children in household (17 & under) <i># Niños en casa (17 y menor)</i>	New since July 1? Yes/No <i>Nuevo desde 1 de julio? Sí/No</i>	

For USDA Commodities		Income / Ingresos			TOTALS:	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.
By Signing Above / Por Firmar Arriba:	Family Size <i>Tamaño de la familia</i>	Monthly <i>Mensual</i>	Annual <i>Anual</i>			
I declare that my household income is at or below the eligible income levels, OR that I am currently participating in SNAP (Food Stamp program), TANF, SSI, or LIHEAP. I also affirm that my address and the number of people in my household are true and accurate.  <i>Yo declaro que mis ingresos de casa están iguales o bajos del nivel de ingresos elegibles, o que yo estoy participando corrientemente en SNAP (programa de estampillas de comida), TANF, SSI, o LIHEAP. Yo también declaro que mi domicilio y cantidad de personas en mi hogar es cierto y exacto.</i>	1	\$3,190	\$38,280		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: <a href="http://www.ascr.usda.gov/complaint_filing_cust.html">http://www.ascr.usda.gov/complaint_filing_cust.html</a> , 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: <a href="mailto:program.intake@usda.gov">program.intake@usda.gov</a> .  This institution is an equal opportunity provider. <i>Esta institución es un proveedor que ofrece igualdad de oportunidades.</i>	
	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 <i>Por cada miembro adicional, agregue \$1,120 por mes o \$13,440 por año</i>					



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