



## Klamath & Lake Counties Food Bank

3231 Maywood Drive, Klamath Falls, OR 97603

Ph: (541) 882-1223

Hours: Monday through Friday, 8 AM to 4 PM

Intakes to get a card: M-F, 11 AM to 3:30 PM

---

### Card

- Household size of 1-4 (no documentation required). Need to fill out an application during in-take hours to obtain a card.
- Household size 5+ (address verification required for each person).
- There are certain income guidelines to obtaining a card.
- Replacement cards are available if they were lost, stolen, or misplaced.
- Households are allowed to access the Food Pantry twelve times (12x) per year, from date of issue. May access the Food Pantry more than once a month! Each time you access the Food Pantry will be counted against the 12x available.

### Food Pantry (Food Distribution Site)

- For first-timers only, it is not necessary to have the card. However, every time afterward, you must have your card to access the Food Pantry.
- You are not restricted access to the Food Pantry in the city limits of where you live. The card may be used statewide!
- CAN SOMEONE PICK UP A FOOD BOX FOR SOMEONE ELSE (E.G. AN ELDER) IF THE PERSON HAS THE OTHER PERSON'S CARD? Absolutely! Have the card holder, complete the "**Representative Form.**" The designated person to pick-up the food box must have the person's card and form in-hand.

### Additional Information

- Food Bank provides updates on Facebook and their website! Visit those pages for the most recent news, updates, and information.

*The information was gathered to assist tribal and community members with accessing the local food pantry given the potential concern for food security. Information was gathered on 3/18/2020 by Aryel Harrington, Community Services Director. Information revised 6/12/2020.*

# 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)