

HOW TO USE:

AUTHORIZED REPRESENTATIVE FORM

SUPPORT SOMEONE WHO CANNOT MAKE IT TO A PANTRY ON THEIR OWN.

1. Print out form
2. Ask the person you are picking up for to complete.
3. Locate a pantry using OregonFoodFinder.org
4. Take completed Authorized Rep Form to a pantry to pick up on behalf of the person. The pantry will keep a copy of this on file.

Here are a few additional details to know:

- Form is renewed with individual pantries annually (qualifying income is updated each Jan.)
- Each pantry needs to keep a copy on file - make copies if visiting more than one pantry
- If you are visiting for the first time and do not have this form, the pantry should still allow you to shop and give you information about the form to bring back next time.
- There is no verification of name, zip code, number in household needed by you or the person you are shopping for.
- You will not be asked for verification of income.

**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.

2024 Income guidelines		
Family Size	Monthly	Annual
1	\$3,765	\$45,180
2	\$5,110	\$61,320
3	\$6,455	\$77,460
4	\$7,800	\$93,600
5	\$9,145	\$109,740
6	\$10,490	\$125,880
7	\$11,835	\$142,020
8	\$13,180	\$158,160
For each additional member, add \$1,345 per month or \$16,140 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)

