

FISH Food Bank Registration Form

Location: Cascade Locks Hood River Mid Valley Odell Upper Valley Parkdale

First Name: _____ Last Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Date of Birth: _____

Number in Household: _____

Persons in Family or Household Size	Annual	Monthly
1	\$22,311	\$1,860
2	30,044	2,504
3	37,777	3,149
4	45,510	3,703
5	53,243	4,437
6	60,976	5,082
7	68,709	5,726
8	76,442	6,371
Each Add'l Member Add		+645

Household Members:

Name	Birth Date or Age	Gender

By signing below, 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 LIEAP. I also affirm that my address and number of people in my household is true and accurate.

Client Signature: _____

Date: _____

FISH Food Bank is an equal opportunity provider.

Food Bank use only:

Client ID: _____

Evidence of residency within FISH service area:

- Utility Bill
- Rent Agreement
- Picture Id
- Other _____

Received by: _____

4/5/2017