



Oregon's Food Resources: COVID-19 Pandemic

This webinar is brought to you by the OHSU University Center for Excellence in Developmental Disabilities (UCEDD), the Oregon Office on Disability Health (OODH) and 211 Info

ABOUT US

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OBJECTIVES

- Participants will learn:
 - How to apply for SNAP
 - Application process
 - Eligibility requirements
 - Learn how to maximize your benefits
 - COVID-19 changes





The Department of Human Services (DHS) honors applicants needs and abilities to access services at the most convenient locations

- *Self- Sufficiency Program (SSP)*
- *Adults and People with Disabilities (APD)*
 - *Area Agencies on Aging (AAA)*

“NO WRONG DOOR APPROACH”



Aging and People with Disabilities (APD) & Area Agencies on Aging (AAA)

- Serves adults 60 and older and people with disabilities
- Offers food, medical/medicaid, caregiver resources, information and assistance
- AAA serves same population and are administered by each county

***** If you fall in this category and you spend \$35+, make sure to report this. This can help maximize your SNAP benefits*****



Call 211 to

- Locate your local branch
- Request the online app
- Application process
- Problem solve with a specialist
- Complex questions about SNAP

If you already know where your branch is you can

- Call to request a paper copy via mail
- Walk into your local branch to fill out an application

*****During COVID-19 we are urging people to call in to make changes, only go in if you absolutely need to*****

STARTING POINT



Where to find them:



Find your local branch here:

<https://www.oregon.gov/DHS/Offices/Pages/index.aspx>

Paper copy:

<https://sharesystems.dhsoha.state.or.us/DHSForms/Served/de0415f.pdf>

Online application: <https://apps.state.or.us/onlineApplication/>

Application Process

1. Start a filling date (ASAP)
 - This happens as soon as you turn in your application
 - This includes all forms of submission
 - Mail, fax, drop off in person, online
2. Complete an interview (in person or over the phone)
3. Submit needed verification (proof of what you presented i.e. income)
4. Eligibility decision (approved or denied)
5. Benefits issued

***** COVID-19 related change: Individuals and families who have lost their income and report \$0 in earnings will be approved without an interview*****

ELIGIBILITY & WHO TO INCLUDE

How is SNAP eligibility determined?

- Eligibility is based on number of people living in the household
- Income: earned and unearned
 - Examples: income from a job is considered 'earned income', income from unemployment is counted as 'unearned income'
- Allowable deductions
 - Shelter, utility, childcare cost, court ordered child support

Who do you need to include in your application:

- People you prepare food with
- People who want to file together

Who must apply together:

- Married couples
- Individuals under 22 living w/ parent(s)
- Individuals under 18 who live under an adults custody

Person in Group	Categorical Eligibility Limit (185%) Use Number in Filing Group	Countable Income Limit 130% FPL Use Number in Need Group	Adjusted Income Limit 100% FPL Use Number in Need Group	SNAP Payment Standard (Thrifty Food Plan) Use Number in Benefit Group
1	\$1968	\$1354	1041	194
2	\$2658	\$1832	1410	355
3	\$3349	\$2311	1778	509
4	\$4040	\$2790	2146	646
5	\$4730	\$3269	2515	768
6	\$5421	\$3748	2883	921
7	\$6112	\$4227	3251	1018
8	\$6802	\$4705	3620	1164
+1	+691	+479	+369	+146

You can also visit Partners for a Hunger Oregon for more info:
<https://oregonhunger.org/apply-for-snap/>



Reporting Requirements

- 12 month certification period
- Interim change reports, mid certification review happens at 6 months
- Submitting your documents will ensure you continue to receive benefits
- What to report: change in deductions, like rent, utilities, income loss

***** COVID-19 related: If you were due to submit one of the documents mentioned above between March through May -- do not worry! You will automatically continue to receive your benefits for an additional six months *****

Application for Services



Application for Services

What do I need to do to get benefits?

1. Pick up an application (DHS 0415F).

You can get an application by:

- Printing one from <https://apps.state.or.us/Forms/Served/de0415F.pdf>;
- Calling your local self-sufficiency office to have one mailed to you;
- Picking one up at your local self-sufficiency office; or
- For SNAP food benefits only, you may apply online by going to: <https://apps.state.or.us/connect>

To find the closest office, dial 211 or go online to: www.oregon.gov/DHS/Offices/Pages/index.aspx.

2. Fill out the application.

- **Child care**, Employment Related Day Care (ERDC): For low income working families.

More information can be found at the following website:

<http://www.oregon.gov/dhs/assistance/CHILD-CARE>

To apply, fill out pages 1–5. Read pages 13–15 and sign page 15.

- **Food benefits**, Supplemental Nutrition Assistance Program (SNAP): Help to buy food. To apply, fill out pages 1–7. Read pages 12–15 and sign page 15. **You can submit pages 1 and 2 with only your name, address and signature to start the application process.** If you are eligible for benefits, they will begin from this date.

- **Medical assistance**: To apply for health coverage, go online to: OregonHealthCare.gov or call 1-800-699-9075 or 711 (TTY) Monday through Friday, 7 a.m. to 6 p.m. to request an application.

- **Cash assistance**, Temporary Assistance for Needy Families (TANF): For very low income families with dependent children, those who are in the late stages of pregnancy, or Refugee Cash Assistance: For refugees who are within their eight months in the United States. To apply for cash assistance, fill out the entire application.

3. Turn in the application.

You can mail, fax or drop the application off at your local self-sufficiency office (*you can make a date-stamped copy for your records*). If you are a newly arrived refugee within 8 months of U.S. arrival and reside in Multnomah, Washington or Clackamas counties, turn in your application at the local refugee resettlement office. You will be served in the Refugee Case Service Project (RCSP).



Application for Services

What do I need to bring to the interview?

You may need to bring:

1. Your identification;
2. Proof of your income;
3. Social Security numbers for everyone in your household who wants benefits; and
4. Proof of your legal immigration status for those persons who want benefits.

Please let us know if you need help getting the information and we may be able to help you.

When will my benefits start if I qualify?

- *Cash benefits* usually start based on the date we get the application. The amount of your benefits is also based upon this date.
- *Food benefits* usually start based on the date we get the application. The amount of your benefits is also based upon this date.
- *Child care benefits* start on the first day of the month in which the request is made if you qualify. However, the effective date for payment cannot be earlier than the date your provider of choice is in approved listing status with the Department of Human Services (DHS).

Social Security numbers (SSN) and citizenship.

If you are applying for someone else and not for yourself, we do not need your SSN or citizenship status. People who are not U.S. citizens may still qualify for certain benefits. If you do not have an SSN yourself, other family members who do have SSNs may still qualify. Page 13 tells why DHS collects each SSN and what each SSN is used for.

Social Security numbers are not required for Refugee Cash Assistance.

You can get this document in other languages, large print, braille or a format you prefer. To request this form in another format or language, contact your local office or 711 for TTY. For a list of local offices please see www.oregon.gov/DHS/Offices/Pages/index.aspx.

Application for Services

Agency use only:	Branch:	Case number:	Worker ID:	Case name:	Date of request:	Filing date:
	Expedited service? <input type="checkbox"/> Yes <input type="checkbox"/> No	Appointment date/time:	Receptionist ID:	MA notice <input type="checkbox"/>		
Please ask if you need help filling out this form.						

Language I speak: _____

Let us know if you need:

☐ An interpreter ☐ A sign language interpreter

☐ Written materials translated (*what language*): _____

Materials in: ☐ Braille ☐ Large print ☐ Audio tape ☐ Computer disk ☐ Oral presentation

Tell us about you			
Full name <small>(last, first, middle initial)</small>		Maiden <small>(or other names used)</small>	
_____ Social Security number	_____ Phone number	_____ Message number	_____
Home address		City	State ZIP code
Mailing address <small>(if different)</small>		City	State ZIP code
Email: _____			

- I am applying for: ☐ Child care ☐ Domestic violence help ☐ Food
☐ Cash for families ☐ Refugee Cash Assistance (RCA)
- Do you plan to stay in Oregon? ☐ Yes ☐ No
- Has anyone you are applying for received services from another state within the last 30 days?
☐ Yes ☐ No If yes, where? _____ Date last received: _____
- Do you want to give permission to someone else to apply or get benefits for you? ☐ Yes ☐ No
- Do you usually buy food and eat with everyone you live with? ☐ Yes ☐ No
If no, who buys their food separately? _____



Application for Services

Do you have an immediate need?

1. Please answer the following for you and anyone you are applying for:
 - a) Does anyone have income of \$150 or more a month? ☐ Yes ☐ No
 - b) Does anyone have \$100 or more in cash, checking or savings accounts? ☐ Yes ☐ No
 - c) Are your monthly rent and utility payments more than your monthly income, cash and money in your bank accounts? ☐ Yes ☐ No
 - d) Is anyone a migrant or seasonal farm worker?
 If yes, does anyone have \$100 or more in cash, checking or savings? ☐ Yes ☐ No
 Will you get income of \$25 or more in the next 10 days? ☐ Yes ☐ No
2. Do you need a place to live? ☐ Yes ☐ No
3. Do you have an eviction or foreclosure notice? ☐ Yes ☐ No
4. Do you have or expect to get a utility shut-off notice? ☐ Yes ☐ No
5. For cash benefits, would you like to talk with someone about concerns you have with your children? (Such as acting out, school problems, medical needs or finding child care.) ☐ Yes ☐ No
6. Do you need to get away from an abusive or unsafe situation? ☐ Yes ☐ No
7. Does your partner make you afraid by threatening, yelling or physically hurting you? ☐ Yes ☐ No

Application for Services

1. Tell us about the people in your household

Please complete below for everyone in your household. You can choose not to give your ethnic group and racial heritage information. It will not affect your eligibility. This information helps us follow Title VI of the Civil Rights Act of 1964.

Full name (last, first, middle initial)

Date of birth (mm/dd/yyyy)

Sex: ☐ Male ☐ Female

Marital status: ☐ Married ☐ Single ☐ Widowed
☐ Divorced ☐ Married, but separated

Ethnicity: ☐ Hispanic/Latino ☐ Not Hispanic/Latino

Racial heritage: ☐ Asian ☐ White
☐ Native Hawaiian/Pacific Islander
☐ American Indian/Alaska Native
☐ Black or African American

Self

Relationship (mother, son)

Please answer below for those who want benefits.

Check below the benefits for this person:

☐ None ☐ Food ☐ Child care
☐ Cash ☐ Domestic violence help

Does this person have a disability? ☐ Yes ☐ No

For food and cash benefits, does this person have an outstanding arrest warrant? ☐ Yes ☐ No

Last grade completed: _____

Social Security number: _____-_____-_____

U.S. citizen: ☐ Yes ☐ No

If no complete the information below:

Alien Resident number: _____-_____-_____

Place of birth: _____
(City/state or country)

Date of U.S. entry: _____ Date of Oregon entry: _____

Application for Services

2. Is anyone in your household pregnant?

☐ Yes ☐ No

If yes, who? _____

Due date: _____

3. Is anyone in the military, a veteran or a spouse/dependent of someone who is?

☐ Yes ☐ No

4. List anyone who wants benefits and is a high school, college, trade or vocational student.

	Student 1	Student 2
Name of student:		
Name of school/training program:		
Type of student:	<input type="checkbox"/> High school <input type="checkbox"/> GED <input type="checkbox"/> Graduate <input type="checkbox"/> Vocational <input type="checkbox"/> Undergraduate	<input type="checkbox"/> High school <input type="checkbox"/> GED <input type="checkbox"/> Graduate <input type="checkbox"/> Vocational <input type="checkbox"/> Undergraduate
Credits:		
Student last term, this term or both?	<input type="checkbox"/> Last term <input type="checkbox"/> This term <input type="checkbox"/> Both	<input type="checkbox"/> Last term <input type="checkbox"/> This term <input type="checkbox"/> Both
Apply for or get financial aid?	<input type="checkbox"/> Apply <input type="checkbox"/> Getting	<input type="checkbox"/> Apply <input type="checkbox"/> Getting

5. _____

Full legal signature of applicant

Date

To complete your application for food benefits, fill in pages 3–7.

Application for Services

Tell us about your household's work and income.

Please answer the following for you and anyone you are applying for.

1. Does anyone have or expect to get any money? ☐ Yes ☐ No

If yes, please answer questions 2 and 3. We will need proof of income for the last 30 days.

2. **Money from work.** Please tell us about wages, salaries and commissions for this month from jobs and self employment.

- a. Self-employment means you are being paid for doing work, but you don't have a regular employer other than yourself who gives you a paycheck and takes out taxes. Perhaps you have your own company with a separate bank account, or perhaps you do odd jobs for people who pay you in cash.

We need to know about money that has already been paid or that will be paid this month to anyone in your home who is related to you or your children. Use **gross** income (*totals before taxes and deductions*).

- Does anyone in your home get money for working? ☐ Yes ☐ No

If yes, please fill out this page.

Earned income	Job 1	Job 2	Job 3
Person working:			
Employer's name:			
Employer's phone:			
Position title:			
Hourly pay:	\$	\$	\$
Hours (<i>per week</i>):			
How often paid (<i>weekly, monthly</i>):			
Other pay:	<input type="checkbox"/> Tips <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Shift Diff. <input type="checkbox"/> Other	<input type="checkbox"/> Tips <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Shift Diff. <input type="checkbox"/> Other	<input type="checkbox"/> Tips <input type="checkbox"/> Overtime <input type="checkbox"/> Bonus <input type="checkbox"/> Commission <input type="checkbox"/> Shift Diff. <input type="checkbox"/> Other
Is income from self-employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any costs associated with this business?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Income this month:	\$	\$	\$
Income last month:	\$	\$	\$
*If any income has recently changed or will be changing, please let us know why:			
New amount:	\$	\$	\$
Date of the change:			

Application for Services

4. Please list any unearned income.

Does anyone in your home get money from places other than work?

☐ Yes ☐ No

If yes, tell us about this month's income for anyone in your home who is related to you or your children (*including expected children*).

► **You must send proof.** Tell us about money, including:

- Loans repaid to you
- Cash assistance
- Retirement pension
- Supplemental Security Income (SSI)
- Educational income (*such as financial aid*)
- Disability benefits
- Child or spousal support
- Guardian or foster care payments
- Social Security benefits
- Veterans benefits
- Other: _____
- Dividends or interest on investments
- Worker's compensation
- Tribal payments
- Unemployment compensation
- Rent paid to you

Unearned income	1	2	3
Person receiving the money:			
Source/type:			
Expected to continue:	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount received:	\$	\$	\$
How often received (<i>weekly, monthly</i>):			
Unearned income this month:	\$	\$	\$
Unearned income last month:	\$	\$	\$

Application for Services

Tell us about your household's expenses

Dependent care expenses

1. Does anyone pay for child care or care for an adult with a disability? ☐ Yes ☐ No
If yes, who pays? _____ \$ _____ a month.
2. If you get child care benefits, do you pay for child care costs in addition to your copay? ☐ Yes ☐ No
If yes, enter monthly amount. \$ _____ a month.

Tell us about your child care needs

1. Please list information about your work schedule.

Parent 1:

Usual work hours: From _____ a.m. / p.m. To _____ a.m. / p.m.

Usual work days: ☐ Mon. ☐ Tue. ☐ Wed. ☐ Thu. ☐ Fri. ☐ Sat. ☐ Sun.

Other schedule (describe): _____

Note: If your work schedule varies, give information on the days and times you have worked.

Parent 2 or spouse if in household or additional employment:

Usual work hours: From _____ a.m. / p.m. To _____ a.m. / p.m.

Usual work days: ☐ Mon. ☐ Tue. ☐ Wed. ☐ Thu. ☐ Fri. ☐ Sat. ☐ Sun.

Other schedule (describe): _____

2. Please list information about your child care provider.

Care provider: _____ Phone number: [] [] - [] [] - [] [] []

Second provider: _____ Phone number: [] [] - [] [] - [] [] []

If you need help choosing a provider, contact: 211Info by dialing 211, text the keyword "children" to 898211, email children@211.org or visit 211info.org.

Application for Services

3. Are you homeless? ☐ Yes ☐ No

Homeless could mean living in an emergency shelter, shared housing with another family because of job loss or loss of your housing, in a motel, car, park, public place, campsite or other similar place.

4. Do you need child care for a foster child? ☐ Yes ☐ No

5. Do you have shared custody for any of the children needing care? ☐ Yes ☐ No

6. Do you need child care while you are working and attending classes? ☐ Yes ☐ No

Class hours can only be approved if you are working and attending a school that is eligible for federal financial aid. You must give a copy of your school registration and current class schedule.

7. For child care needs, are your children's immunization (*shot*) records up-to-date? ☐ Yes ☐ No

If **no**, contact your doctor or local health department for more information. You must agree to meet state immunization guidelines or exemptions to get child care benefits.

8. Is anyone in the household an active military member? ☐ Yes ☐ No

If yes, who: _____ ☐ Full time active military ☐ National Guard or Reserve Unit

9. Do your family's assets exceed one million dollars (\$1,000,000)? ☐ Yes ☐ No

**If you are applying for child care only, please skip to page 13,
read pages 13–15 and sign page 15.
To apply for food and cash please continue.**

Application for Services

Housing expenses

1. Do you or anyone in your household pay for housing? ☐ Yes ☐ No

If **yes**, please complete below.

☐ Rent ☐ Mortgage What is the total rent/mortgage? _____

How much do you pay of the total amount? \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Fire/hazard insurance, if separate: \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	Property tax, if separate: \$ _____ per <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year
Person or company you pay rent/mortgage to: _____		May we contact this person/company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, their phone: [] [] [] - [] [] [] - [] [] []

2. Do you expect to pay the same amount for housing next month? ☐ Yes ☐ No

3. Do you get help to pay for housing? ☐ Yes ☐ No

If **yes**, please complete below.

Who pays	Paid to	Amount paid
		\$
		\$

4. If you have reported that you have no income, how are you paying your housing expenses?

Application for Services

Utility expenses

1. Do you pay to heat/cool your home? ☐ Yes ☐ No
a) Is the heat/cool expense included in the rent/mortgage? ☐ Yes ☐ No
2. What other kind of utilities do you pay?
☐ Water/sewer ☐ Garbage ☐ Electric ☐ Gas ☐ Phone ☐ Other: _____

Court-ordered child support expenses

1. Does anyone in your home pay court-ordered child support to someone outside your home?
If yes, please complete below. ☐ Yes ☐ No

Person who pays support	For which child	Amount paid
		\$

Medical expenses

1. Is anyone you are applying for 60 or older or a person with a SSI/SSD disability? ☐ Yes ☐ No
If yes, list any out-of-pocket medical expenses, including medical insurance expenses.

Person with the out-of-pocket expenses	Amount paid
	\$ _____ a month

Application for Services

Tell us about your household's resources

1. Do you, or anyone you are applying for own or have their name on any of the following?

a) Checking, savings, credit union accounts, IRA, 401K.

☐ Yes ☐ No

b) Stocks, bonds, money market accounts, CDs, trust funds.

☐ Yes ☐ No

c) Cash on hand or other: _____

☐ Yes ☐ No

If **yes** to **any** of the above, please complete below.

Type	Name/location of bank	Current balance/value	Belongs to

2. Is anyone buying, or an owner of, real estate, land or buildings you are not living on?

☐ Yes ☐ No

3. Does anyone have any items of value? (*Examples: car, truck, boat, etc.*)

☐ Yes ☐ No

4. Have you or a member of your family been injured in an accident that you are making a claim for money?

☐ Yes ☐ No

If **yes**, what is the date of the injury? _____

If **yes**, please complete form MSC 0451, *Vehicle Related Personal Injury* or
MSC 0451NV, *Non-Vehicle Related Personal Injury*.

Agency use only	<input type="checkbox"/> FUA	<input type="checkbox"/> LUA	<input type="checkbox"/> IUA	<input type="checkbox"/> TUA	<input type="checkbox"/> COS
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Application for Services

Tell us about your out of state food benefits

1. Oregon has a 3 month time limit for SNAP benefits. This time limit is for most adults age 18 but not yet 50, who are able to work. There are no children in the home. They can get SNAP for only 3 months in a 3-year period. The months you received SNAP in another state may be counted towards the Oregon Time Limit.

Did you or anyone you are applying for get SNAP in another state since January 1, 2016?

If **yes**, please complete below.

☐ Yes ☐ No

Person	State

**If you are applying for food and child care benefits only,
skip to page 12. Read pages 12–15 and sign page 15.
To apply for cash please continue.**



Application for Services

Information about your rights and responsibilities

By signing below I agree that:

- I understand that if I am in the Refugee Case Services Project (RCSP), the term “DHS” includes DHS contractors.
- I have given DHS true, correct and complete information;
- I understand that making false statements or hiding information may mean state and federal penalties, as well as having to repay any overpayment (*this includes authorized representatives for cash benefits*);
- DHS can review my case. This could include coming to my home;
- I declare I am a resident of Oregon;
- I will report changes in information I give DHS when DHS requires me to;
- I have given true citizenship information about myself and the others I am applying for;
- I know that DHS will check the immigration status of people who apply for or get benefits. I know the information DHS gets from the United States Citizenship and Immigration Service (USCIS) could affect who gets benefits. **DHS will not contact USCIS for anyone not seeking benefits;**



Application for Services

Declaration and signature

I have read and understand my rights and responsibilities as explained above and in the DHS 0415R form, and I have a copy of the form.

Full legal signature of applicant/authorized representative

Date

Full legal signature of other parent, spouse or other adult

Date

Staff witness signature

Date

What is the best way for us to contact you?

☐ Phone: _____

☐ Email: _____

☐ Other: _____

What days and times are best for us to contact you? _____

Voter registration

If you are not registered to vote where you live now, would you like to apply to vote today?

☐ Yes ☐ No

Applying to register to vote or declining to register will not affect the amount of assistance you will be provided by this agency.



IMPORTANT TAKEAWAYS/ COVID-19 CHANGES

- To report changes please call your DHS office. You are able to make these over the phone
 - Only go into a branch if you absolutely need to
- How can I let DHS know about my current situation?
 - Explain your circumstance on the **comment section** of the application
- Lost your employment? Apply and you can begin receiving benefits w/out an interview
- Were you due for a certification form or interim report between the months of March through May?
 - Your benefits will automatically continue for an additional 6 months.
- Will the stimulus check affect my SNAP?
 - No, the stimulus check is considered a tax credit.



- **TODAY**- The Oregon Food Bank Food Finder and Supplemental Nutrition Assistance Program (SNAP).
- **Wednesday, April 15th** - OSU Extension Services and Food Hero recipes!
- **Monday, April 20th** - Farmers Markets SNAP Match and other resources

Join us from 12 P.M. – 12:30 P.M. on each of these days:



Questions?



Specific questions you would like us to cover during this series?

- Does everyone get their benefits on the same day?
 - No, it's based on the last digit of SS card of head of household
- How long can I store my benefits for?
 - 12 months
- What if I lost my benefits in the past because of the time limits (ABAWD)?
 - Apply again if you meet the eligibility requirements



THANK YOU!

CONNECT WITH US!

211info.org - newsletter signup

support@211info.org



@211info on social media
platforms



JOIN US FOR THE NEXT WEBINAR

**Wednesday, April 15th - OSU Extension
Services Food Hero recipes and Partners
for a Hunger-Free Oregon !**

Please remember this is open to the public, invite others who could benefit from this series

Join us from 12 P.M. – 12:30 P.M.

A decorative border featuring various plants and flowers. In the top right corner, there are pink and purple flowers with green leaves. In the bottom right corner, there are green leafy plants with small red flowers. On the left side, there are large green leaves and a small white flower with yellow stamens.

Good morning!

My name is Johnnie Shaver, I use he/him pronouns, and I'm the Client Engagement Developer for the Oregon Food Bank

Thank you for inviting me to present today

Today we're going to talk about how to navigate Oregon Food Bank's Food Finder website, and highlight some of the additional resources available



Oregon Food Bank's Food Finder website

There are two main ways to get to the Food Finder website:

- [Oregonfoodfinder.org](https://oregonfoodfinder.org)
- [Oregonfoodbank.org/findfood](https://oregonfoodbank.org/findfood)

Food Finder is currently being updated twice a day, to ensure information about closures and service hour changes are accurate

On the website, at the top of the page you'll find an "Important Notice Regarding COVID-19" this section provides links to the Authorized Representative Form in several languages.

This form allows you to send someone who is not a member of your household to pick up food for you at any OFB food distribution.

Verbal, no contact authorization is allowed.






[Oregonfoodfinder.org](https://oregonfoodfinder.org)

[Oregonfoodbank.org/findfood](https://oregonfoodbank.org/findfood)

After the COVID-19 specific information, there's a line that begins "Need Assistance?" This is a new program OFB has put together, there's an email and a phone number you can call and a Navigator will help you figure out which available resources will meet your needs. They're available Monday-Friday 9am-5pm

Next we have the FAQ's which might help answer some more general questions you have about what to bring to a pantry, and what eligibility requirements might be.





[Oregonfoodfinder.org](https://oregonfoodfinder.org)

[Oregonfoodbank.org/findfood](https://oregonfoodbank.org/findfood)

I want to touch on eligibility real quick, and highlight that Oregon recently increased income requirements for accessing programs, from 185% of the Federal Poverty Level (FPL), to 300% FPL.

We can look back to the Authorized Representative Form for a glance at what those income requirements look like at 300% of FPL:

- \$3,190/month for a single person
- \$6,550/month for a family of 4

Income eligibility is a self declaration, and it refers to your income currently in this moment. Not what's on your taxes from last year, or even your pay stub from last month. Your declaration should be based on what you expect your income to be this month or even the next two weeks.




[Oregonfoodfinder.org](https://oregonfoodfinder.org)

[Oregonfoodbank.org/findfood](https://oregonfoodbank.org/findfood)


Additional Resources:

Partners For A Hunger-Free Oregon - Offers a great resource guide, with links to sources of more direct information

211.org - We just heard about all the great things 211 is doing



PDX COVID-19 Mutual Aid Network - In addition to my work at OFB, I'm also on the organizing team for this project. It's a grassroots group of folx, covering the Portland metro area, who came together a month ago to help facilitate home deliveries of food and supplies. There's a Request Support form, and an Offer Support form, and as of Friday we had nearly 4,000 people sign up to offer support, and 1,400 people requesting support. One of the ways we're offering that support is via food box delivery through a partnership with OFB. The Mutual Aid Network is currently delivering 200-300 food boxes a week.







[Oregonfoodfinder.org](https://oregonfoodfinder.org)

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Additional Resources:

Meals on Wheels - They have expanded their eligibility criteria, and anyone over the age of 60 is eligible for meal delivery. This is an important resource to share with anyone you know over 60. Meals on Wheels is also looking for new volunteers to help them meet this new demand, so please reach out to them if you have the capacity.






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Food Finder!

First, you'll notice "Having trouble using our Food Finder? Click here to view a complete list of our partner agencies." This links to a spreadsheet version of all available food programs on Food Finder. If you're having trouble with the mapping functionality, open this spreadsheet, go to File>Make A Copy and you'll be able to sort the spreadsheet information and adjust what information you need to see

Searching via Food Finder - the most important tip to remember is do not put in a whole address. For some reason that is well beyond my scope of tech knowledge, Food Finder works best if you search by Zipcode.





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Food Finder!

Searching via Food Finder - Another thing to keep in mind is that Food Finder covers the entire state of Oregon, but regional food banks aren't required to use it, so some areas of the state are more fortified than others. The Portland metro area are definitely the heaviest users of Food Finder, but it does have listings for most areas of the state.



Unfortunately, there's currently no way to search by what programs are currently open, or which ones have income or area requirements, but OFB's IT department is working to address that in the future.



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Civil Rights at Food Programs

- All state + federal civil rights laws apply
 - In Oregon, this includes gender identity and sexual orientation
 - If the program utilizes Link2Feed, only your chosen name will be used
 - There is never a requirement for a “legal” or “birth” name at food programs
 - ID is never required to access food programs
 - Programs can ask for some form of address verification (typically this is a piece of mail), if the program has service boundaries
 - No fixed address is required to access food programs
 - You cannot be denied service for lack of an address, or an inability to produce evidence of an address
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I'm happy to answer any questions y'all might have.

Thank you so much for having me!

