

Sharing Tree News

The Camanche Sharing Tree is designed to provide low-income families and/or those undergoing financial hardships during the holiday season with Christmas gifts and food baskets. To be eligible you must be within the Camanche School District or attending Camanche Schools.

This year River Bend Foodbank is requesting that each family complete a Household Income Guideline form to be eligible for the food baskets. Several of the food items included in the food baskets are purchased from the Foodbank.

If you need our help, please fill out and mail the downloaded form from your email or the school website (www.camanche.k12.ia.us) to Camanche Sharing Tree, P. O. Box 171, Camanche, IA 52730, no later than November 11th. Blank forms will also be available at Clinton National Bank Camanche Branch, Citizens First Bank – Camanche Branch and at 1st Gateway Credit Union. **NO FORMS WILL BE MAILED.**

The Sharing Trees at the Clinton National Bank, Citizens First Bank in Camanche and 1st Gateway Credit Union will have the bear tags placed on them with a number for each family plus the age, size of the child, and the gift request, if there is something special wanted by the child. No names will appear on the trees or will be available to the public. Members of the community who are blessed with the Christmas Spirit will take the bear tags, purchase and wrap the gifts, and return them with the bear tag attached to the Christmas trees at the banks.

Food baskets and gifts may be picked up on Tuesday, December 13th, from 9:00 a.m. until NOON and from 3:30 until 5:30 p.m. Food baskets should be picked up first at the old Camanche City Hall located on 3rd street and the gift items can be picked up at the Masonic Lodge in Camanche located on the corner of 9th Avenue and 3rd Street. **PLEASE MARK YOUR CALENDAR!**

Sincerely,
Camanche Sharing Tree Committee
P. O. Box 171
Camanche, IA 52730

PLEASE FILL OUT AND RETURN

1. **Name** _____

2. If you do not have a phone, please list a number at which you can be reached. _____

Address _____

Phone _____

3. Would your family like to receive gifts from the Christmas Sharing Tree? **YES** _____ **NO** _____

4. Would you like to receive a Christmas food basket? **YES** _____ **NO** _____

5. Please give age, size information, gift request and school attending for each child. The special gift should be in the \$15.00/\$20.00 range. School age children must be enrolled in school to receive a gift.

<u>Student Name (First & Last)</u>	<u>Age</u>	<u>Girl or Boy</u>	<u>School Attending</u>	<u>Size</u> <u>Specify child or adult</u>	<u>Gift Request</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

6. Other Information/Special Needs:



The Emergency Food Assistance Program (TEFAP) Eligibility

Name	Number of people in your household
Full physical address	

The table below shows eligible gross income guidelines (before taxes) per family size. If your household income is at or below the income listed for the number of people in your household, you are eligible.

TEFAP Income Guidelines Effective July 1, 2015 – June 30, 2016

Household Size	Yearly Income	Monthly Income	Twice Per Month	Every Two Weeks	Weekly
1	21,775	1,815	908	838	419
2	29,471	2,456	1,228	1,134	567
3	37,167	3,098	1,549	1,430	715
4	44,863	3,739	1,870	1,726	863
5	52,559	4,380	2,190	2,022	1,011
6	60,255	5,022	2,511	2,318	1,159
7	67,951	5,663	2,832	2,614	1,307
8	75,647	6,304	3,152	2,910	1,455
For each additional household member add:	+7,696	+642	+321	+296	+148

You are also eligible to receive food from TEFAP if your household participates in at least one of the following programs. Please check the box next to the program(s) you receive benefits from:

Food Assistance (SNAP) WIC

Please read the following statement carefully. If you agree, please sign and date the form:

I certify that my household income is at or below the income listed on this form for our household size, OR that my household receives Food Assistance or WIC as indicated. I also certify that, as of today, my household lives in Iowa. I acknowledge that program officials may verify what I have stated to be true.

Signature	Date
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This institution is an equal opportunity provider.

