



THE EMERGENCY FOOD ASSISTANCE PROGRAM - PROXY STATEMENT

Receipt of Pantry Commodities State Fiscal Year 2024 INCOME ELIGIBILITY BASED ON 300% OF THE FEDERAL POVERTY GUIDELINE

This proxy is for the individual who has disabling conditions which make pick-up of pantry commodities by the recipient impossible. It may also be used to serve those whose work hours conflict with those of scheduled distribution of USDA commodities.

Name of Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Household Size: [ ] Number of children in household 18 years or younger? [ ] SNAP Recipient? (Supplemental Nutrition Assistance Program) [ ] Yes [ ] No Please check only one box

Table with 11 columns: Household Size, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. Row 2: Monthly Income, \$3,645, \$4,930, \$6,215, \$7,500, \$8,785, \$10,070, \$11,355, \$12,640, \$13,925, \$15,210. Note: For households with more than 10 persons, add \$1,285 for each additional person up to 300% FPL

Proxy: \_\_\_\_\_

Designated Delivery Person

Name of Pantry: \_\_\_\_\_

Address of Pantry: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

CERTIFY WITH MY SIGNATURE THAT: My household monthly gross income does not exceed DHS established limits; the information I have provided above is accurate and true; I will use food received for household consumption only; and I release USDA, the State of Illinois and any agency or person distributing food from all liabilities resulting from receipt of food.

Signature of Recipient \_\_\_\_\_ Date \_\_\_\_\_ Distribution Date \_\_\_\_\_

Signature of Proxy \_\_\_\_\_ Date \_\_\_\_\_

Signature of Pantry Personnel \_\_\_\_\_ Date \_\_\_\_\_

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