

**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

**DHS MAXIMUM MONTHLY GROSS INCOME FOR RECEIPT OF USDA COMMODITIES FOR FISCAL YEAR 2024
(JULY 1, 2023 THROUGH JUNE 30, 2024)**

Household Size	1	2	3	4	5	6	7	8	9	10
Monthly Income	\$3,645	\$4,930	\$6,215	\$7,500	\$8,785	\$10,070	\$11,355	\$12,640	\$13,925	\$15,210

For households with more than 10 persons, add \$1,285 for each additional person up to 300% FPL

Proxy: _____

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_____
Signature of Proxy_____
Date_____
Signature of Pantry Personnel_____
Date

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