



THE EMERGENCY FOOD ASSISTANCE PROGRAM - PROXY STATEMENT

Receipt of Pantry Commodities State Fiscal Year 2025 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 (1-10) and Monthly Income (\$3,765 to \$15,870). Includes a note: For households with more than 10 persons, add \$1,340 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 _____ Distribution Date _____

Signature of Proxy _____ Date _____

Signature of Pantry Personnel _____ Date _____

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