



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

Distribution Date

Signature of Proxy

Date

Signature of Pantry Personnel

Date

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