



This form must be presented at the distribution site by the proxy picking up TEFAP food for the participant. Proxies may be assigned in cases where there is undue hardship for the TEFAP participant to pick up food.

TEFAP Participant: _____	Household Size: _____ # in Household
Residence: Pantry service area? Yes or No: _____ If answering "No", then: _____	Number of children in household 18 years or younger: _____
Enter your zip code or county: _____	SNAP Recipient: Yes <input type="checkbox"/> No <input type="checkbox"/>

DHS MAXIMUM MONTHLY GROSS INCOME FOR SNAP (Y/N) COMMODITIES FOR FISCAL YEAR 2025									# of CHILDREN in household	
Household Size	1	2	3	4	5	6	7	8		
Monthly Income	\$3,913	\$5,288	\$6,663	\$8,038	\$9,413	\$10,788	\$12,163	\$13,538		

For households with more than 10 persons, add \$1,375 for each additional person up to 300% of the FPL.

Name of Proxy: _____

Name of Pantry: _____ BEYOND HUNGER

Address of Pantry: _____ 848 LAKE STREET _____ OAK PARK _____ ILLINOIS _____
Address City State

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 TEFAP Participant _____

_____ Date

Signature of Proxy _____

_____ Date **Person PICKING UP food**

Signature of Pantry Personnel _____

_____ Date

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