



Please fill in the highlighted fields when picking up food via proxy

This proxy is for the individual **Person RECEIVING food** with 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 SNAP 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.

Proxy: _____ # in Household _____ # CHILDREN in household _____ SNAP (Y/N) _____

Proxy: _____ Designated Delivery Person
 City: Oak Park State: IL Zip Code: 60301

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Willful diversion of USDA commodities for personal gain is a state and federal offense subject to a fine of up to \$25,000 and/or imprisonment of up to 5 years.

I 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.

DHS MAXIMUM MONTHLY GROSS INCOME FOR RECEIPT OF COMMODITIES INCOME GUIDELINES FOR SFY 2018 (JULY 1, 2018 THROUGH JUNE 30, 2019)

Household Size	Monthly Income	Household Size	Monthly Income
1	\$1,872	5	\$4,536
2	\$2,538	6	\$5,201
3	\$3,204	7	\$5,868
4	\$3,870	8	\$6,534

For households with more than 8 persons, add \$666 for each additional person

Person RECEIVING food

Signature of Recipient

Person PICKING UP food

Signature of Proxy

Distribution Date

Signature of Pantry Personnel

This institution is an Equal Opportunity Provider