



State of Illinois -

Department of Human Services

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 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: _____
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 RECEIPT OF USDA COMMODITIES FOR FISCAL YEAR 2025										
Household Size	1	2	3	4	5	6	7	8	9	10
Monthly Income	\$3,913	\$5,288	\$6,663	\$8,038	\$9,413	\$10,788	\$12,163	\$13,538	\$14,913	\$16,288

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
_____ Signature of Pantry Personnel	_____ Date

USDA Nondiscrimination Statement | Food and Nutrition Service: In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. To file a program discrimination complaint, a Complainant should complete a Form AD- 3027, USDA Program Discrimination Complaint Form which can be obtained online at <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by: **mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or **fax:** (833) 256-1665 or (202) 690-7442; or **email:** Program.Intake@usda.gov

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