THE EMERGENCY FOOD ASSISTANCE PROGRAM - PROXY STATEMENT

Receipt of Pantry Commodities State Fiscal Year 2021 INCOME ELIGIBILITY BASED ON 185% 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.

Please Print

Name of Recipient:	Date:			
Address:				
City:		ate: Zip	Code:	
Household Size: Number of children in household 18 years or younger?	SNAP Recipient? (Supplemental Yes Nutrition Assistance Program) No Please check only one box			
Proxy:	Delivery Develop			
•	Delivery Person			
Name of Pantry:				
Address of Pantry:				
City:	State: Zip Code: ent of Agriculture (USDA) civil rights regulations and policies, the			
USDA, its Agencies, offices and employees, and institutions padiscriminating based on race, color, national origin, sex, disab program or activity conducted or funded by USDA. Willful diversion of USDA commodities for personal gain is a state and federal offense	oility, age or reprise	al or retaliation		hts activity in any
subject to a fine of up to \$25,000 and/or	INCOME GUIDELINES FOR SFY 2021 (JULY 1, 2020 THROUGH JUNE 30, 2021)			
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.	Household	Monthly	Household	Monthly
	Size 1	Income \$1,967	Size 6	\$5,421
	2	\$2,658	7	\$6,111
	3	\$3,349	8	\$6,802
	4	\$4,039	9	\$7,493
	5	\$4,730	10	\$8,183
	For households with more than 10 persons, add \$690 for each additional person up to 185% FPL			
Signature of Recipient	Date Distribution Date			
Signature of Proxy	Date			
Signature of Pantry Personnel	Date			