State of Illinois - Department of Human Services

EMERGENCY FOOD PROGRAM PROXY STATEMENT - Receipt of Pantry Commodities State Fiscal Year 2017

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: _____

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: _____

Designated Delivery Person

Name of Pantry: _____

Address of Pantry: _____

City: _____ **State:** _____ **Zip Code:** _____

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 2017

(JULY 1, 2016 THROUGH JUNE 30, 2017)

Household Size	Monthly Income	Household Size	Monthly Income
1	$1,832	5	$4,385
2	$2,470	6	$5,023
3	$3,108	7	$5,663
4	$3,746	8	$6,304

For households with more than 8 persons, add $641 for each additional person

_____ _____

Signature of Recipient Date

_____ _____ _____ _____

Signature of Proxy Date Signature of Pantry Personnel Date

This Institution is an Equal Opportunity Provider