



# TANF ARRA/HEALTHY FAMILIES PROGRAM SIGNATURE SHEET

## May - September 2010 An American Recovery and Reinvestment Act of 2009 Initiative

**I CERTIFY WITH MY SIGNATURE THAT:**

my household monthly income does not exceed DHS established limits;

that at least one child under age 18 resides in my household;

I will use food received for household consumption only; and

I release HHS, 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 2010  
 Temporary Extension through SFY 2011  
 (May 1, 2010 THROUGH September 30, 2010)

HOUSEHOLD SIZE	MONTHLY INCOME	HOUSEHOLD SIZE	MONTHLY INCOME
1	\$1,173	5	\$2,794
2	\$1,578	6	\$3,199
3	\$1,984	7	\$3,604
4	\$2,389	8	\$4,009

For each additional household member add \$405

**DISTRIBUTION MONTH AND YEAR:** \_\_\_\_\_

Date	Household Size	Number of Children Under Age 18	Recipient Signature	Street Address	City
<b>Total</b>					

Pantry: \_\_\_\_\_ Food Bank: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date: \_\_\_\_\_