



THE EMERGENCY FOOD ASSISTANCE PROGRAM - SIGNATURE SHEET
STATE FISCAL YEAR 2024 INCOME ELIGIBILITY BASED ON 300% OF THE FEDERAL POVERTY GUIDELINE

DHS MAXIMUM MONTHLY GROSS INCOME FOR RECEIPT OF USDA COMMODITIES FOR FISCAL YEAR 2024 (JULY 1, 2023 THROUGH JUNE 30, 2024)										
Household Size	1	2	3	4	5	6	7	8	9	10
Monthly Income	\$3,645	\$4,930	\$6,215	\$7,500	\$8,785	\$10,070	\$11,355	\$12,640	\$13,925	\$15,210
For households with more than 10 persons, add \$1,285 for each additional person up to 300% FPL.										

Recipients listed below provided the following information and attest to the household income.

Food Bank: _____

Date:(MM/DD/YY) _____

Household Size	Recipient Signature	Street Address (include apt. number)	City	Number of Children in household 18 years or younger TANF Food	Do you receive SNAP? Check One
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Pantry: _____ **Address :** _____

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