



# TANF ARRA/HEALTHY FAMILIES PROGRAM PROXY STATEMENT

Receipt of TANF ARRA Pantry Commodities State Fiscal Year 2010/2011 (May - September 2010)  
An American Recovery and Reinvestment Act of 2009 Initiative

**This proxy is for the individual who has handicapping conditions which make pick-up of TANF ARRA commodities by the recipient impossible. It may also be used to serve those whose work hours conflict with those of scheduled distribution of TANF ARRA commodities.**

### Please Print

Name of Recipient: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Household Size: \_\_\_\_\_ Number of Children under age 18 \_\_\_\_\_ Date: \_\_\_\_\_

Proxy: \_\_\_\_\_  
Designated Delivery Person

Name of Pantry: \_\_\_\_\_

Address of Pantry: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Do you currently receive Food Stamps (now known as SNAP benefits)?  Yes  No

Please check one box.

**Willful diversion of TANF ARRA 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; at least one child under age 18 resides in my household; I will use food received for household consumption only; and I will release HHS, the State of Illinois and any agency or person distributing food from all liabilities resulting from receipt of food.

\_\_\_\_\_  
Signature of Recipient:

\_\_\_\_\_  
Signature of Proxy:

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)			
HOUSE-HOLD SIZE	MONTHLY INCOME	HOUSE-HOLD 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			

\_\_\_\_\_  
Signature of Pantry Personnel