



State of Illinois  
 Department of Human Services  
**THE EMERGENCY FOOD ASSISTANCE PROGRAM -  
 RURAL EXEMPTION REQUEST FORM**

Today's Date: \_\_\_\_\_

Foodbank: \_\_\_\_\_

Distribution Site Name: \_\_\_\_\_

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

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

County: \_\_\_\_\_

Requested New Hours of Operation: \_\_\_\_\_

Reason(s) for the Exemption:

**THIS RURAL EXEMPTION MUST BE UPDATED  
 AND APPROVED ANNUALLY.**

**FOODBANK MUST SUBMIT REQUEST TO:**

**[DHS.IEFP@illinois.gov](mailto:DHS.IEFP@illinois.gov)**

**FOR OFFICIAL USE ONLY:**

**APPROVED**

**DENIED**

**PRINTED NAME AND SIGNATURE**

**DATE**