



**EMERGENCY FOOD PROGRAM PROXY STATEMENT Receipt of Pantry Commodities State Fiscal Year 2015**  
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: \_\_\_\_\_

REQUIRED FOR RECEIPT OF TANF FOOD	
Household Size: _____	Number of children 18 years or younger in household _____

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

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

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

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

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

Please check only one box.

**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 2015 (JULY 1, 2014 THROUGH JUNE 30, 2015)			
Household Size	Monthly Income	Household Size	Monthly Income
1	\$1,799	5	\$4,303
2	\$2,425	6	\$4,929
3	\$3,051	7	\$5,555
4	\$3,677	8	\$6,181
For households with more than 8 persons, add \$626 for each additional person			

\_\_\_\_\_  
Signature of Recipient Date

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

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

This Institution is an Equal Opportunity Provider