



State of Illinois
Department of Human Services

THE EMERGENCY FOOD ASSISTANCE PROGRAM - ELIGIBILITY SHEET (E-Sheet)
INCOME ELIGIBILITY BASED ON 300% OF THE FEDERAL POVERTY LEVEL

DHS MAXIMUM MONTHLY GROSS INCOME FOR RECEIPT OF USDA COMMODITIES FOR FISCAL YEAR 2025 (JULY 1, 2024 THROUGH JUNE 30, 2025)										
Household Size	1	2	3	4	5	6	7	8	9	10
Monthly Income	\$3,913	\$5,288	\$6,663	\$8,038	\$9,413	\$10,788	\$12,163	\$13,538	\$14,913	\$16,288
For households with more than 10 persons, add \$1,375 for each additional person up to 300% of the FPL.										

Food Bank: _____ **Date:** _____

Household Size	Recipient Name	Residence Pantry Service Area (Yes/No) If "No", complete Residence Box 2.	Residence Box 2 County or Zip Code	TANF Food Number of Children under 18Y	Do you verify that you meet the income requirements?	Do you receive SNAP? (Adjunct Eligibility)
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					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
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					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

Pantry: _____ **Address:** _____

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