



State of Illinois -

Department of Human Services

THE EMERGENCY FOOD ASSISTANCE PROGRAM - PROXY STATEMENT

Receipt of Pantry Commodities State Fiscal Year 2025 INCOME ELIGIBILITY BASED ON 300% OF THE FEDERAL POVERTY GUIDELINE

This form must be presented at the distribution site by the proxy picking up TEFAP food for the participant. Proxies may be assigned in cases where there is undue hardship for the TEFAP participant to pick up food.

TEFAP Participant: _____	Household Size: _____
Residence: Pantry service area? Yes or No: _____ If answering "No", then:	Number of children in household 18 years or younger: _____
Enter your zip code or county: _____	SNAP Recipient: Yes <input type="checkbox"/> No <input type="checkbox"/>

DHS MAXIMUM MONTHLY GROSS INCOME FOR RECEIPT OF USDA COMMODITIES FOR FISCAL YEAR 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.

Name of Proxy: _____

Name of Pantry: _____

Address of Pantry: _____
Address City State

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.

Signature of TEFAP Participant	_____	Date	_____
Signature of Proxy	_____	Date	_____
Signature of Pantry Personnel	_____	Date	_____

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