THE EMERGENCY FOOD ASSISTANCE PROGRAM - PROXY STATEMENT

Receipt of Pantry Commodities State Fiscal Year 2021 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: | Date: | | | |
|--|---|------------------------|-------------------|-------------------|
| Address: | | | | |
| City: | State: Zip Code: | | | |
| Household Size: Number of children in household 18 years or younger? | SNAP Recipient? (Supplemental Yes Nutrition Assistance Program) No Please check only one box | | | |
| Proxy: | | | | |
| | Delivery Person | | | |
| Name of Pantry: Loaves & Fishes Community Service | es | | | |
| Address of Pantry: 1871 High Grove Lane | | | | |
| City: Naperville | State: IL Zip Code: 60540 | | | |
| discriminating based on race, color, national origin, sex, disabi program or activity conducted or funded by USDA. 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. | DHS MAXIMUM MONTHLY GROSS INCOME FOR RECEIPT OF COMMODITIES INCOME GUIDELINES FOR SFY 2021 (JULY 1, 2020 THROUGH JUNE 30, 2021) | | | |
| | Household Size | Monthly Income | Household Size | Monthly Income |
| I CERTIFY WITH MY SIGNATURE THAT: My household monthly gross income does not | 1 | \$1,967 | 6 | \$5,421 |
| exceed DHS established limits; the information | 2 | \$2,658 | 7 | \$6,111 |
| I have provided above is accurate and true; I will use food received for household | 3 | \$3,349 | 8 | \$6,802 |
| consumption only; and I release USDA, the | 4 | \$4,039 | 9 | \$7,493 |
| State of Illinois and any agency or person | 5 | \$4,730 | 10 | \$8,183 |
| distributing food from all liabilities resulting from receipt of food. | For households with more than 10 persons, add \$690 for each additional person up to 185% FPL | | | |
| Signature of Recipient | Date | Date Distribution Date | | |
| Signature of Proxy | Date | :/ | | |
| Signature of Pantry Personnel | Date | | | |

This Institution is an Equal Opportunity Provider