



**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 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.**

Name of Recipient: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Household Size:  Number of children in household 18 years or younger?  SNAP Recipient? (Supplemental Nutrition Assistance Program)  Yes  No  
Please check only one box.

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	\$3,765	\$5,110	\$6,455	\$7,800	\$9,145	\$10,490	\$11,835	\$13,180	\$14,525	\$15,870
For households with more than 10 persons, add \$1,340 for each additional person up to 300% FPL.										

Proxy: \_\_\_\_\_

Name of Pantry: U C Galena Food Pantry

Address of Pantry: 219 Summit St.

City: Galena State: IL Zip Code: 61036

**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.

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

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

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

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