



EMERGENCY FOOD PROGRAM PROXY STATEMENT Receipt of Pantry Commodities State Fiscal Year 2012

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: _____

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

Proxy: _____
Designated Delivery Person

Name of Pantry: A00014 - Lakeview Pantry

Address of Pantry: 3831 N Broadway St

City: Chicago State: IL Zip Code: 60613

Do you currently receive SNAP (formerly known as Food Stamps)? Yes No
Please check 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 will 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 2012 (JULY 1, 2011 THROUGH JUNE 30, 2012)			
HOUSE-HOLD SIZE	MONTHLY INCOME	HOUSE-HOLD SIZE	MONTHLY INCOME
1	\$1,180	5	\$2,835
2	\$1,594	6	\$3,249
3	\$2,007	7	\$3,663
4	\$2,421	8	\$4,077
For each additional household member add \$414			

Signature of Recipient _____ Date _____

Signature of Proxy _____

Signature of Pantry Personnel _____