State of Illinois -
Department of Human Services

THE EMERGENCY FOOD ASSISTANCE PROGRAM - PROXY STATEMENT

Receipt of USDA Foods State Fiscal Year 2027 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: Do you reside within the pantry service area? Yes or No: _____	Number of children in household 18 years or younger: _____
If "No", then enter your zip code or county of residence: _____	SNAP Recipient: Yes ☐ No ☐

DHS MAXIMUM MONTHLY GROSS INCOME FOR RECEIPT OF USDA COMMODITIES FOR STATE FISCAL YEAR 2027										
Household Size	1	2	3	4	5	6	7	8	9	10
Monthly Income	$3,990	$5,410	$6,830	$8,250	$9,670	$11,090	$12,510	$13,930	$15,350	$16,770
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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