



EMERGENCY FOOD PROGRAM SIGNATURE SHEET STATE FISCAL YEAR 2016

INCOME ELIGIBILITY BASED ON 185% OF THE FEDERAL POVERTY GUIDELINE

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 up to 5 years.

Rules for acceptance and participation in the program are the same for everyone without regard to race, color, national origin, age, sex or disability. Rules may not require applicants to participate in any other program in order to receive food.

DHS MAXIMUM MONTHLY GROSS INCOME FOR RECEIPT OF USDA COMMODITIES FOR FISCAL YEAR 2016 (JULY 1, 2015 THROUGH JUNE 30, 2016)								
Household Size	1	2	3	4	5	6	7	8
Monthly Income	\$1,815	\$2,456	\$3,097	\$3,739	\$4,380	\$5,021	\$5,663	\$6,304
For households with more than 8 persons, add \$641 for each additional person								

I certify with my signature that:

- My household monthly gross income does not exceed DHS established limits;
- I will use food received for household consumption only; the information I have provided below is accurate and true; and
- I release USDA, the State of Illinois, and any agency or person distributing food from all liability resulting from receipt of food.

Food Bank: _____

Distribution Month/Year: _____

Date	Household Size	Recipient Signature	Street Address (include apt.#)	City	# Children in household 18 years or younger	Do you receive SNAP (Food Stamps)?	
						TANF Food	Check One
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
							<input type="checkbox"/> Yes <input type="checkbox"/> No
Totals							<input type="checkbox"/> Yes <input type="checkbox"/> No

Pantry: _____ **Address :** _____

This Institution is an Equal Opportunity Provider