Indiana State Department of Health

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PROXY STATEMENT- Effective January 2020

PANTRY: _____

COUNTY:_____PANTRY ADDRESS:_____

PLEASE PRINT

The Proxy is necessary because the household has an individual with a condition that makes pick-up at food pantry impossible and/or with work hours that conflict with the scheduled distribution hours for outlets serving the area in which the individual resides. The individual designating his/her proxy should complete this form.

RECIPIENT'S NAME	ADDRESS	CITY	STATE	ZIP
HOUSEHOLD SIZE	REASON FOR PROXY			

PROXY'S NAME	ADDRESS	CITY	STATE	ZIP

MY HOUSEHOLD PARTICIPATES IN (automatic eligibility for TEFAP):
Women, Infants, and Children (WIC) ☐
Supplemental Nutrition Assistance Program (SNAP)☐
National School Lunch Program (NSLP)☐

I HEREBY CERTIFY THAT MY HOUSEHOLD INCOME IS AT OR BELOW THE FOLLOWING GUIDELINES:

HOUSEHOLD SIZE	INCOME MONTHLY	INCOME ANNUALLY	HOUSEHOLD SIZE	INCOME MONTHLY	INCOME ANNUALLY
1	$1,926	$23,107	4	$3,970	$47,638
2	$2,607	$31,284	5	$4,652	$55,815
3	$3,289	$39,461	6	$5,333	$66,992

FOR EACH ADDITIONAL HOUSEHOLD MEMBER, ADD $682

OPTIONAL: _____# 0-5 _____#6-17 _____#18-54 _____#55-59
_____#60-64 _____#65+ _____# Veteran

Signature:_____ Date _____
(Recipient)
Verified By:_____
(Site Personnel)

Willful diversion of USDA Commodities for personal gain is a state and federal offense, subject to a fine of up to $10,000 and/or imprisonment up to 5 years. USDA products cannot be sold, traded or bartered.

This institution is an equal opportunity provider.