



**THE EMERGENCY FOOD ASSISTANCE PROGRAM - SIGNATURE SHEET**  
**STATE FISCAL YEAR 2025 INCOME ELIGIBILITY BASED ON 300% OF THE FEDERAL POVERTY GUIDELINE**

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.										

**Recipients listed below provided the following information and attest to the household income.**

**Food Bank:** \_\_\_\_\_ **Date:(MM/DD/YY)** \_\_\_\_\_

Household Size	Recipient Name	Street Address (include apt. number)	City	Number of Children in household 18 years or younger TANF Food	Do you receive SNAP? 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
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					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

**Pantry:** \_\_\_\_\_ **Address :** \_\_\_\_\_

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