



Indiana State Department of Health
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.

Table with 5 columns: RECIPIENT'S NAME, ADDRESS, CITY, STATE, ZIP. Includes rows for household size and reason for proxy.

Table with 5 columns: 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:

Table with 6 columns: HOUSEHOLD SIZE, INCOME MONTHLY, INCOME ANNUALLY, HOUSEHOLD SIZE, INCOME MONTHLY, INCOME ANNUALLY. Lists income guidelines for household sizes 1-6.

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.