



THE EMERGENCY FOOD ASSISTANCE PROGRAM - SIGNATURE SHEET
STATE FISCAL YEAR 2024 INCOME ELIGIBILITY BASED ON 300% OF THE FEDERAL POVERTY GUIDELINE

DHS MAXIMUM MONTHLY GROSS INCOME FOR RECEIPT OF USDA COMMODITIES FOR FISCAL YEAR 2024
(JULY 1, 2023 THROUGH JUNE 30, 2024)

Table with 11 columns: Household Size (1-10) and Monthly Income (\$3,645 to \$15,210). Includes a note: For households with more than 10 persons, add \$1,285 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) _____

Table for recipient information with columns: Household Size, Recipient Signature, Street Address (include apt. number), City, Number of Children in household 18 years or younger TANF Food, and Do you receive SNAP? Check One (Yes/No).

Pantry: _____ Address : _____

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