



State of Illinois  
Department of Human Services

**THE EMERGENCY FOOD ASSISTANCE PROGRAM - ELIGIBILITY SHEET (E-SHEET)**  
**INCOME ELIGIBILITY BASED ON 300% OF THE FEDERAL POVERTY LEVEL**

**IDHS MAXIMUM MONTHLY GROSS INCOME FOR RECEIPT OF USDA FOODS FOR FY26**  
**(JULY 1st THROUGH JUNE 30th)**

Household Size	1	2	3	4	5	6	7	8	9	10
Monthly Income	\$3,913	\$5,288	\$6,663	\$8,038	\$9,413	\$10,788	\$12,163	\$13,538	\$14,913	\$16,288

For households with more than 10 persons, add \$1,375 for each additional person up to 300% FPL.

**Food Bank:** \_\_\_\_\_

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

Household Size	Recipient Name <small>*Anyone who knowingly provides false information regarding Illinois residency and/or income eligibility to obtain TEFAP foods may be subject to program disqualification and other applicable penalties.</small>	Residence Box 1 <small>Do you reside within the pantry service area (Yes or No)? If "No", complete Box 2</small>	Residence Box 2 <small>Enter your county or zip code:</small>	TANF Food Number of Children under 18Y	Do you verify that you meet the income requirements?	Do you receive SNAP? (Adjunct Eligibility)
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
					<input type="checkbox"/> Yes	<input type="checkbox"/> Yes

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

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