

PANTRY: _____

COUNTY: _____ PANTRY ADDRESS: _____

PROXY STATEMENT - PLEASE PRINT

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

RECIPIENT'S NAME	ADDRESS	CITY	STATE	ZIP		
HOUSEHOLD SIZE	REASON FOR PROXY					
GRAY AREA OPTIONAL:	0-5	# 6-17	# 18-54	# 55-64	# 65+	# veterans
PROXY'S NAME	ADDRESS	CITY	STATE	ZIP		

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.

I CERTIFY WITH MY SIGNATURE THAT MY MAXIMUM INCOME FOR RECEIPT OF USDA COMMODITIES AND OTHER ITEMS DOES NOT EXCEED THE AMOUNT LISTED BELOW:

NUMBER IN HOUSEHOLD	MONTHLY INCOME	ANNUAL INCOME	NUMBER IN HOUSEHOLD	MONTHLY INCOME	ANNUAL INCOME
1	\$1,832	\$21,978	5	\$4,385	\$52,614
2	\$2,470	\$29,637	6	\$5,023	\$60,273
3	\$3,108	\$37,296	7	\$5,663	\$67,951
4	\$3,747	\$44,955	8	\$6,304	\$75,647
FOR EACH ADDITIONAL HOUSEHOLD MEMBER, ADD				\$642	

My household income does not exceed these established limits. I will use any food received for my household only. I release USDA, the State of Indiana, and any agency or person distributing this food from all liabilities resulting from my receipt of this food.

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

I also certify I am aware that selling, exchanging, fraud or abuse of the TEFAP Commodity Program is subject to Federal prosecution under Section 12G of the National School Lunch Act.

Signature: _____
(Recipient)

Date _____

Verified By: _____
(Site Personnel)