

**MAINE TOWNSHIP
FOOD PANTRY
GUIDELINES
2020**

The Maine Township Food Pantry income requirements are based on 300% of the Federal Poverty Guidelines. These guidelines were chosen so that working individuals/families, who are having difficulty meeting all of their needs, could temporarily utilize our services.

Financial Guidelines and Instructions

I. GUIDELINES

The Maine Township Emergency Food Pantry financial guidelines are as follows:

Number in Family	Monthly Gross Income	Annual Gross Income
1	\$3,190	\$38,280
2	\$4,310	\$51,720
3	\$5,430	\$65,160
4	\$6,550	\$78,600
5	\$7,670	\$92,040
6	\$8,790	\$105,480
7	\$9,910	\$118,920
8	\$11,030	\$132,360

ADD \$12,960 FOR EACH ADDITIONAL PERSON AFTER 8

****Court ordered child support paid out of childcare cost can be deducted from these income levels if verification is included with the application****

BRING ALL ORIGINALS OF ALL DOCUMENTS. COPIES NOT ACCEPTED

II. WHO IS ELIGIBLE FOR FOOD PANTRY ASSISTANCE?

- A. Assistance through the Maine Township Food Pantry is the entire household; which includes all adults and children living together at the same address.
- B. Only the individual who has completed the application is considered the registered I.D. CARDHOLDER.
- C. ONLY THE REGISTERED CARDHOLDER may use the Maine Township Food Pantry.
- D. All food will have our identity label and cannot be returned to the local grocery store. If you are unable to utilize the items, please return them to the Maine Township Food Pantry.

III. HOW THE FOOD PANTRY WORKS

- A. A certified family (one that has registered and has a current I.D. card) may use the pantry TWICE EACH MONTH – AT TWO (2) WEEK INTERVALS.
- B. It is necessary to present your current Food Pantry book plus your Illinois I.D. card, when picking up a box of food.
- C. ONLY THE REGISTERED INDIVIDUAL MAY PICK UP THE BOX OF FOOD.

IV. THE FOLLOWING DOCUMENTATION IS REQUIRED

A. Personal Identification – Most Important

- Current Picture I.D. from the State of Illinois for ALL ADULTS (18 years or older) IN THE HOUSEHOLD showing present address.

B. Documentation of your Monthly Income

Pay stubs for the last 30 days per employer for ALL ADULTS (18 years or older) in the household. This includes Social Security Award Letter(s), Child Support Documentation and other *pensions or sources of income*. If you receive Cash Assistance, then a benefit award letter from the Illinois Department of Human Services will be required.

V. IF A CHANGE IN YOUR HOUSEHOLD OCCURS SUCH AS:

- A. Number of people living together
- B. Income for the entire family and/or household

THEN: please contact the Maine Township General Assistance Department immediately at (847) 297-2510 ext. 236

MAINE TOWNSHIP
1700 BALLARD RD
PARK RIDGE, IL 60068
(847) 297-2510 (Phone)
(847) 297-5914 (Fax)

Date Received: _____
Approved/Not Approved: _____

2020 FOOD PANTRY APPLICATION

Date of Application: _____

Name of Applicant: _____

Address: _____ City: _____ Zip Code: _____

Home Phone: _____ Other Contact Number: _____

Indicate the number of family members in each range:

____ 0-5 yrs. ____ 6-12 yrs. ____ 13-16 yrs. ____ 17-20 yrs. ____ 21 yrs. Or more

Complete the Following:

First and Last Name	Gender Male/Female	Birthdate including Year	Relationship

Please list the total Gross income received by all family members. Include any type of financial assistance or aid you receive (see documentation requested on reverse side) Include income from Pensions, Social Security, VA, Railroad Retirement, etc.

<u>Person</u>	<u>Type of Income:</u>	<u>Amount Received Monthly</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I (We) declare under penalties of perjury that to the best of my knowledge and belief, the information supplied in this application and all accompanying statements or documents is true and correct, and that is a complete statement of all income, assets or resources belonging to me or any member of my immediate family. Intentional falsification of information will void Food Pantry privileges.

Signature

Date ____/____/____

Print Name

Date ____/____/____