NORMAL TOWNSHIP FOOD REPLACEMENT PROGRAM

Emergency Food Replacement Assistance Application

Application Deadline: August 31, 2026, or until funds are depleted, whichever comes first.

Normal Township is providing emergency food assistance to eligible households whose groceries were lost because of the prolonged power outage from **August 13–17, 2026**.

Eligible households may receive assistance to replace approximately one week of groceries:

- **1-person household:** $100
- **2-person household:** $200
- **3-person household:** $300
- **4 or more people:** $400

APPLICANT INFORMATION

Applicant Name: _____

Date of Birth: _____

Phone: _____

Email: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Do you currently live at this address?
☐ Yes ☐ No

Are you 55 years of age or older?
☐ Yes ☐ No

HOUSEHOLD INFORMATION

Please list **ALL people who live in your household**, including yourself.

Name	Date of Birth	Last 4 Digits of SSN
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

Total number of people in household: _____

ELIGIBILITY DOCUMENTATION

Please submit copies of **all required documentation** with this application.

1. Proof of Power Outage

Please provide an outage verification letter from your electric utility showing that your residence was affected by the **August 13–17, 2026 power outage**.

☐ Ameren outage verification letter
☐ Corn Belt Energy outage verification letter

Ameren: 1-800-755-5000
Corn Belt Energy: 309-662-5330

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2. Proof of Current SNAP Benefits

Provide **one** of the following:

☐ Current SNAP benefit documentation
☐ Recent SNAP eligibility/approval notice
☐ Screenshot or printout from your Illinois ABE/Benefits account showing current SNAP benefits
☐ Other official documentation showing current SNAP benefits

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3. Proof of Household Income

Provide **pay stubs from the most recent 30-day period** showing household income.

☐ Pay stubs for all household members who have income
☐ Other income documentation, if applicable: _____

Household income must be **at or below 200% of the Federal Poverty Level.**

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4. Proof of Normal Township Residency

Provide **one** document showing your current address:

☐ Current lease
☐ Current utility bill
☐ Government-issued identification showing current address

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5. Identification

Identification information must be provided for **all household members**.

☐ Identification/documentation for all household members included

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APPLICANT CERTIFICATION

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that Normal Township may verify the information and documentation submitted with this application to determine eligibility for the Food Replacement Program.

I understand that submitting an application does not guarantee assistance. I understand that assistance is limited to available program funds and that the program will end when funds are depleted or on **August 31, 2026**, whichever comes first.

I understand that if my application is approved, I will receive a **Kroger Voucher** that must be picked up at the Normal Township office. I understand that I must have a valid ID to redeem the voucher.

Applicant Signature: _____

Date: _____

SUBMITTING YOUR APPLICATION

Please submit **your completed application AND ALL required documentation** together.

Email

Send all documents in **one email** to:

help@normaltownship.org

Subject: Food Replacement Program

In Person

Applications and documentation may also be brought to the **Normal Township office during regular business hours.**

Normal Township
304 E Mulberry Street, Normal, Illinois 61761
Monday through Friday 8am - 4:30 pm (closed from 12pm -1pm daily for lunch)
309-452-2060

help@normaltownship.org

FOR TOWNSHIP USE ONLY

Date Received: _____

Application Received By: _____

Household Size: _____

Assistance Amount: $_____

Documentation Verified

☐ Power outage verification
☐ SNAP verification
☐ Income verification
☐ Age verification
☐ Normal Township residency
☐ Identification for all household members
☐ Application complete

Eligibility:
☐ Approved ☐ Denied ☐ Additional Information Needed

Reason if denied/additional information needed:

_____

_____

Kroger Voucher Amount: $_____

Voucher Number: _____

Date Available for Pickup: _____

Processed By: _____

Date: _____