

GNAP (Georgia Nutrition Assistance Program) Application for Food Assistance

Agency Name: _____ Agency # _____

Name: _____

Address: _____

County: _____

Household Size: _____

Number of children: _____
Ages 18 years and younger

Number of seniors: _____
Ages 65 years and older

To be eligible for GNAP commodities, families must have children, reside in Georgia, and be recipients of any one of the types of assistance indicated below.

1. Proof of Georgia Residency: _____
Please cite source of proof – i.e. photo ID, state assistance card, utility bill

2. A family that can show evidence of at least one of these items can receive SNAP foods.

TANF Clients

- ____ TANF EBT Card
- ____ TANF Eligibility letter from DFCS
- ____ TANF Support Services
- ____ Food Stamp EBT Card

At-Risk Families

- ____ Eligibility for USDA Commodities (TEFAP)
- ____ Residence in Public Housing
- ____ Section 8 tenant
- ____ Current WIC Card
- ____ Medicaid Card
- ____ Peachcare for Kids Card
- ____ Free/Reduced price School Lunch
- ____ Full time hourly wages of \$8 or less
- ____ No employment, applying for TANF/Food Stamps

TANF Transitional Services

- ____ Child care voucher
- ____ Transportation help
- ____ Job skills classes
- ____ Food Stamp EBT Card

I certify that the information regarding my family circumstances is true and accurate as of this date. I also certify that all assistance received from this program will be used for my household only.

Signature: _____
Applicant Signature

Date: _____

I certify that I have verified proof of applicant's Georgia residency AND verified applicant's eligibility.

Signature: _____
Staff Signature

Date: _____