

## 2023 Georgia Nutritional Assistance Program (GNAP) Eligibility Form

Our agency is a partner of **America's Second Harvest of Coastal Georgia** which has a contract with the Georgia Department of Human Services (DHS) to receive funds used for purchasing food for GNAP. To support this program, we are required to make sure program participants meet certain eligibility requirements and to keep an accurate count of the number of people served. Please take a moment to complete this questionnaire. We are required to have this document completed to receive the funds from DHS. Full completion of this form will have no effect on the services provided.

### Applicant's Personal Information

NAME: \_\_\_\_\_ DATE OF COMPLETION: \_\_\_\_\_

PHONE NUMBER(S): \_\_\_\_\_  
home cell work

E-MAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOW MANY TOTAL PEOPLE LIVE IN YOUR HOME? \_\_\_\_\_ HOW MANY CHILDREN? \_\_\_\_\_

ARE YOU CURRENTLY RECEIVING (CIRCLE ALL THAT APPLY):

SNAP/FOOD STAMPS    MEDICAID    SSI    TANF    NONE OF THESE

**INCOME VERIFICATION: THIS TABLE SHOWS YEARLY AND MONTHLY INCOME FOR EACH FAMILY SIZE. IF YOUR HOUSEHOLD INCOME (HOUSEHOLD INCLUDES ALL INCOME FROM PARENTS, GUARDIANS, CAREGIVERS, AND CHILDREN LIVING IN YOUR HOME) IS AT OR BELOW THE INCOME LISTED FOR THE NUMBER OF PEOPLE IN YOUR HOUSEHOLD, THEN YOU ARE ELIGIBLE.**

| <u>HOUSEHOLD SIZE</u> | <u>YEARLY</u> | <u>MONTHLY</u> |
|-----------------------|---------------|----------------|
| 2                     | \$39,440      | \$3,287        |
| 3                     | \$49,720      | \$4,143        |
| 4                     | \$60,000      | \$5,000        |
| 5                     | \$70,280      | \$5,857        |
| 6                     | \$80,560      | \$6,713        |
| 7                     | \$90,840      | \$7,570        |
| 8                     | \$101,120     | \$8,427        |

For family units over 8, add the amount shown for each additional member: Year: \$10,280; Month \$867.

BASED ON MY HOUSEHOLD SIZE AND THE TABLE ABOVE, I AM ELIGIBLE (CIRCLE ONE):    YES    NO

IF DIFFERENT FROM ABOVE, NAME AND CONTACT INFORMATION OF PERSON COMPLETEING THIS FORM FOR THE APPLICANT:

name

phone

email