

Eligibility Criteria Form

PLEASE NOTE:

FOOD RECIPIENTS CANNOT BE REQUIRED TO PAY ANY FEE OR DONATION.

Directions: Make copies of this form. Use ONE form for each head of household. Keep completed forms in a notebook in alphabetical order. Each time the client returns, you only need to complete the Listing form, which contains the date, pounds and signature for that visit. These two forms are to be kept together.

Name (Last, First, Middle)

Address

City, State, Zip

Social Security Number _____ Phone Number _____ No. in Family _____

HOW MANY OF EACH AGE GROUP IS IN THIS HOUSEHOLD?

0-12 _____ 13-18 _____ 19-29 _____ 30-39 _____ 40-49 _____ 50-59 _____ 60-69 _____ 70 and above _____

ELIGIBILITY DETERMINATION

(please check one or more boxes below to determine eligibility)

- | | |
|--|---|
| <input type="checkbox"/> Proof of eligibility to receive food stamps.
<input type="checkbox"/> Proof of eligibility for temporary assistance to needy families (TANF) with dependent children.
<input type="checkbox"/> Proof of eligibility to receive supplemental security income (SSI).
<input type="checkbox"/> Income at or below the low income level (as indicated by the chart below). | <input type="checkbox"/> Special circumstances (example: fire, flood, injury)
Please explain special circumstances: _____
_____ |
|--|---|

If you checked the box above "Income at or below the low income level. . . ." use the following table.

This table is effective as of July 1, 2011 to June 30, 2012

Household Size	Per Year	Per Month	Per Week
1	\$ 14,157	\$ 1,180	\$ 272
2	19,123	1,594	368
3	24,089	2,007	463
4	29,055	2,421	559
5	34,021	2,835	654
6	38,987	3,249	750
7	43,953	3,663	845
8	48,919	4,077	941
For each additional Family Member, Add	+4,966	+414	+96

I certify that my yearly gross household income is at or below the income listed on this form for households with the same number of people as my household, OR that my household participates in the program that I have checked on this form. To receive USDA product, I also certify that, as of today, my household lives in the area served by the Alabama Emergency Food Assistance Program. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State for the value of USDA commodities improperly issued to me and may subject me to criminal prosecution under State and Federal law.

Note: In accordance with Federal law and U.S. Department of Agriculture policy, institutions are prohibited from discriminating on the basis of race, color, national origin, sex, age, or disability. To file a complaint, write USDA, Director, Office of Civil Rights, 1400 Independence Ave., SW, Washington DC 20250-9410, or call 800-795-3272 (voice) or 202-720-6382 (TTY). USDA is an equal opportunity provider.

Signature of Participant

Date

