

Food Bank of East Alabama

Eligibility Criteria Form

Please Note to Food Recipients:

YOU ARE NOT REQUIRED TO PAY ANY FEE OR DONATION.
DO NOT PROVIDE ANY PART OF YOUR SOCIAL SECURITY NUMBER.

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 (NO PO Boxes)			
City, State, Zip			
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 _____

HOW MANY MILITARY VETERANS IN THIS HOUSEHOLD? _____

ELIGIBILITY DETERMINATION

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

- My household receives food stamps.
- My household receives aid to families with dependent children. (TANF)
- My household receives supplemental security income (SSI).
- My household income is at or below the poverty level (as indicated by the chart below).

- My household has special circumstances (example: fire, flood, injury)
Please explain special circumstances:

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

This table is effective as of July 1, 2018 to June 30, 2019

Household Size	Per Year	Per Month	Per Week
1	\$15,782	\$1,316	\$304
2	\$21,398	\$1,784	\$412
3	\$27,014	\$2,252	\$520
4	\$32,630	\$2,720	\$628
5	\$38,246	\$3,188	\$736
6	\$43,862	\$3,656	\$844
7	\$49,478	\$4,124	\$952
8	\$55,094	\$4,592	\$1,060
For each additional Family Member, Add	+5,616	+468	+108

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.

Signature of Participant

Date

Listing

This form is to be attached to each Eligibility Criteria Form (A) and used as a running list for the client. Place the date in the first column, total pounds of food received in the second column. Client is to sign in the third column.

Date	Total Pounds	Client Signature	Date	Total Pounds	Client Signature

NOTE: In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, creed, national origin, class origin, nationality, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, physical or mental disability, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, or any other characteristic protected by law, in any program or activity conducted or funded by USDA (not all bases apply to all programs) Feeding America, and MAFB. Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at How to File a Program Discrimination Complaint and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.