

GNAP RECORD KEEPING

PARENT/GUARDIAN NAME _____		
ADDRESS _____ _____		
NUMBER IN HOUSEHOLD _____	NUMBER OF CHILDREN _____	NUMBER OF SENIOR CITIZENS _____
Total living in the home	Aged 17 or younger	Aged 60 or older

Is Your Household GNAP Eligible?

Are there children 17 or younger living in the home?

Do you have any of the following documents that makes you eligible for GNAP?

Please check all of the following that applies to your family:			
I	At Risk:		
	a. Food Stamp EBT card	_____	YES
	b. Eligible for USDA commodities	_____	YES
	c. Public Housing Resident	_____	YES
	d. Section 8 Voucher Program Participant	_____	YES
	e. Current WIC Card	_____	YES
	f. Medicaid Card	_____	YES
	g. Peachcare for Kids Card	_____	YES
	h. Hourly Wages of \$8 / Hour or Lower	_____	YES
	i. Free/Reduced School Lunch or Breakfast	_____	YES
II	TANF	_____	YES
III	TANF TRANSITIONAL SERVICES	_____	YES

FOR STAFF USE ONLY

VERIFIED: _____	DATE: _____	LOCATION: _____
TOTAL POUNDS DISTRIBUTED TO HOUSEHOLD LISTED ABOVE: _____		
CHECK HERE IF HOUSEHOLD RECEIVED GNAP: <input type="checkbox"/>		