

**GNAP/ Individual Household Application
Feeding the Valley, Inc.**

Name of Applicant: _____ Home Phone: _____

Street Address: _____

City: _____ State: _____ Zip: _____

In the chart list name and age of persons who live with you, their place of employment or source of income including children.

Name	Age	Source of Income	Place of Employment

\$ _____ (or) \$ _____
Per Week Per Month

******Please use the Income Eligibility Guidelines on the back of the sheet to determine eligibility of client's income******

I, the above named individual, do hereby state that all information on this form is true, correct and complete and I give the above named agency my consent to verify this information with any other agency deemed necessary. I understand that misrepresentation of need or receipt and/or sale or exchange of food is prohibited and could result in fines, imprisonment or both.

Signed: _____ Date: _____

For Staff Use Only: Please indicate which Client Eligibility Indicator/ Proof is applicable receipt of GNAP Products

At-Risk Families _____

- Eligibility for USDA Commodities
- Public Housing/ Section 8
- WIC Card/ VOUCHER
- Medicaid/Peachcare
- Free/Reduce Price School Lunches
- Hourly Wages \$8.00 or Less
- Low Income Family with Infant

TANF Clients _____

- TANF EBT Card
- TANF Eligibility letter from DCFS
- Food Stamp EBT Card
- TANF Support Services

Transitional Services _____

- Child Care Voucher
- Transportation Help
- Job Skills Classes
- Work Uniforms

**Note GNAP only applies to families whose children (18 years of age and under) whose permanent residence is in the state of Georgia*

*****HAVE THE RECIPIENT OF THE GNAP PRODUCT SIGN THIS FORM EACH TIME YOU DISTRIBUTE GNAP PRODUCT FROM YOUR PANTRY*****