

2025 Georgia Nutritional Assistance Program (GNAP) Eligibility Form

Our agency is a partner of **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

E-MAIL ADDRESS: _____

MAILING ADDRESS: _____

HOW MANY TOTAL PEOPLE LIVE IN YOUR HOME? _____ HOW MANY CHILDREN (under 18)? _____

ARE YOU CURRENTLY RECEIVING TANF? YES NO

ARE YOU CURRENTLY RECEIVING ANY OF THE FOLLOWING? (CIRCLE ALL THAT APPLY)

SNAP/FOOD STAMPS

MEDICAID

SSI

NONE OF THESE (see income eligibility below)

INCOME VERIFICATION: THIS TABLE SHOWS YEARLY AND MONTHLY INCOME BASED ON 200% OF THE 2024 FEDERAL POVERTY GUIDELINES. 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	\$40,880	\$3,407
3	\$51,640	\$4,303
4	\$62,400	\$5,200
5	\$73,160	\$6,097
6	\$83,920	\$6,993
7	\$94,680	\$7,890
8	\$105,440	\$8,787

For household sizes over 8,
add the amount shown for
each additional member:

Year: **\$10,760**

Month: **\$897**

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:

Signature

Phone