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

_____

Last 4 of Social Security No. 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)

- ☐ My household receives food stamps.
- ☐ My household receives aid to families with dependent children.
- ☐ 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, 2011 to June 30, 2012

Household Size	Per Year	Per Month	Per Week
1	$14,157	$ 1,180	273
2	19,123	1,594	368
3	24,089	2,008	464
4	29,055	2,422	559
5	34,021	2,836	655
6	38,987	3,249	750
7	43,953	3,663	846
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.

_____

Signature of Participant

_____

Date

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.

Listing (to be kept with Eligibility Criteria Form)

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

Date	Total Pounds	Client Signature	Date	Total Pounds	Client Signature