

USDA ELIGIBILITY CRITERIA FORM 2017-2018

Directions: Use one form for each head of household. Keep completed sheets for 3 years plus the current year. Use the back of this sheet for subsequent visits, but you must take clients through the 'means test' once per year.

Name _____
Last First Middle

Address _____

City State Zip

Phone# _____ No. In Family _____

MEANS TEST

You are eligible to receive food if your household participates in any of the following programs, qualifies under the income guidelines or due to special circumstance. Please check the box next to the category that qualifies you.

- ☐ 1. Proof of eligibility to receive Supplemental Food Assistance Program (SNAP/Food Stamps).
☐ 2. Proof of eligibility for Temporary Assistance to Needy Families (TANF, formerly AFDC).
☐ 3. Proof of eligibility to receive Supplemental Security Income (SSI).
☐ 4. Income at or below 130% of the poverty level as indicated in the chart below.
☐ 5. Special Circumstances (Example: fire, flood, illness, injury, etc.)

Explain _____

If your total, gross household income is at or below the income listed for the number of people in your household, you are eligible to receive food and check #4 above to complete the means test.

130% of HHS 2017 Poverty Guidelines			
Household Size	Per Year	Per Month	Per Week
1	\$15,678	\$1,307	\$302
2	\$21,112	\$1,760	\$406
3	\$26,546	\$2,213	\$511
4	\$31,980	\$2,665	\$615
5	\$37,414	\$3,118	\$720
6	\$42,848	\$3,571	\$824
7	\$48,282	\$4,024	\$929
8	\$53,716	\$4,477	\$1,033
For each additional Family Member, Add	\$5,434	\$453	\$105

I certify that my 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. The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. If one wishes to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, http://www.ascr.usda.gov/complaint_filing_cust.html or at any USDA office, or call (866) 632-9992 to request the form. One may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter by mail at U.S. Department of Agriculture, Director, Office of Adjudication, #400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). **USDA is an equal opportunity provider and employer.**

Signature _____

Date _____

All agencies - write the date in the first column and have the **client** sign in the third column. If you distribute USDA items, write the total number of USDA units given to the client in the second column.

DATE	USDA UNITS	CLIENT SIGNATURE		DATE	USDA UNITS	CLIENT SIGNATURE