FBNA ELIGIBILITY CRITERIA FORM 2020-2021

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 2020 Poverty Guidelines			
HOUSEHOLD SIZE	**PER YEAR**	**PER MONTH**	**PER WEEK**
1	$16,588	$1,383	$319
2	$22,412	$1,868	$431
3	$28,236	$2,353	$543
4	$34,060	$2,839	$655
5	$39,884	$3,324	$767
6	$45,708	$3,809	$879
7	$51,532	$4,295	$991
8	$57,356	$4,780	$1103
For each additional Family Member, add	**+ $5,824**	**+ $ 486**	**+ $112**

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. No person shall be denied access to donated food product on the basis of race, color, national origin, sex, age, or disability.

_____ _____
Signature **Date**

Form to be used July 1, 2020 through June 30, 2021

All agencies – write the date of the food distribution in the first column and have the **client** sign in the second column.

DATE	CLIENT SIGNATURE		DATE	CLIENT SIGNATURE

Form to be used July 1, 2020 through June 30, 2021