

2025 GNAP Eligibility Form

Our agency is a partner of the Atlanta Community Food Bank which has a contract with the Georgia Department of Human Services (DHS) to receive funds used for purchasing food for the GNAP program. 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:

1. Name _____

2. Phone Number: _____
Home Cell Work

3. E-mail address: _____

4. Mailing address: _____

5. How many total people live with you in your home? _____ How many children? _____

6. Are you currently receiving (Check all that apply) ☐ SNAP/Food Stamps ☐ Medicaid ☐ SSI ☐ TANF
☐ N/A

7. What is your total household income? (Include all income from parents, guardians, caregivers, and children living in your house)

8. If different from the above, name of person completing this form for the applicant:

9. Contact information of the person completing this form for the applicant:

10. Date of completion: _____

Administrative Use: 200% of Federal Poverty Line 2024

Household Size	Year	Month	
1	\$ 30,120	\$2,510	*For family units over 8, add the amount shown for each additional member: Year: \$10,760 Month: \$897
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	