

## Food Pantry Record Keeping

Name _____		
Address _____		
Number in family _____	Number of children _____	Number of seniors _____
Gender _____	Total Males _____	Total Females _____
Ethnicity		
_____ Asian	_____ Black/African	_____ Hispanic
_____ White	_____ Other	

### Is Family GNAP Eligible?

What evidence can they show that makes them eligible for GNAP? (Check all applicable.)  
 (In some cases, 3h for example, they may have no evidence to show.)

1. TANF	_____	Yes
2. TANF Transitional Services	_____	Yes
3. At Risk:		
a. Food Stamp EBT card	_____	Yes
b. Eligibility for USDA commodities	_____	Yes
c. Public Housing resident	_____	Yes
d. Section 8 voucher program participant	_____	Yes
e. Current WIC card	_____	Yes
f. Medicaid card	_____	Yes
g. Peachcare for Kids card	_____	Yes
h. Hourly wages of \$8 hour or lower	_____	Yes
i. Free/reduced price school breakfast or lunch	_____	Yes
j. DFCS/TANF Transitional Services	_____	Yes

(Individual that has used up all 48 months of TANF assistance, however the State is providing transitional services, such as child care, MARTA tokens, etc., transitioning from Welfare to Work)

### When served? How much received?

Date	Pounds	Received GNAP?

