Brian P. Kemp
Governor

Candice L. Broce
Commissioner

Georgia Department of Human Services
Aging Services | Child Support Services | Family & Children Services

Eligibility Questionnaire for Food Banks

Our agency has a contract with the Georgia Department of Human Services (DHS) to receive supplemental funds. These funds, based on the number of people served, will help to supplement the cost of operating this program. The program participants must meet certain eligibility requirements. Please take a moment to complete this questionnaire. We are required to have this document completed to receive the funds from DHS.

Completion of this form will have no effect on the services provided.

Applicant's Information

Name: _____ Phone: _____

County of Residence: _____ Email: _____

How many people live with you at this address? _____

What is the total monthly household income? (Total household income means parents, guardians, caregivers, and children's income) $_____

Are you currently receiving: SNAP _____ TANF _____ Medicaid _____ SSI _____ (Check all that apply)

Name of person completing this form for the applicant: _____

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

_____

Date of completion: _____

By completing this form, I attest that I, and all members of my household who are required to do so, meet the eligibility requirements for the GNAP program, including: Children in the household, qualifying household income level, participation in qualifying programs, and legal residency status. I hereby attest that this information is true, accurate, and complete to the best of my knowledge and I understand that any falsification, omission, or concealment of material fact may subject me to administrative, civil, or criminal liability.