2024 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 Perso					
1. Name					-
2. Phone Number:	·				
	Home	Cel	1	Work	
3. E-mail address:					
4. Mailing address	8:				
 5. How many total	l people live with	you in your ho	ome?	How many c	children?
6. Currently reco	eiving (Check all	that apply) \Box	SNAP/Food Stan	nps 🗆 Medicaid	□ SSI □ TANF □ N/A
7 What is your to	tal household inc	omo? (Includo		rants quardians	arragivers and children
		ome: (menude	all income from pa	irents, guarulans	, caregivers, and children
living in your hou	se)		all income from pa		
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