

CLIENT ELIGIBILITY CRITERIA FORM 2021-2022

(Current for July 2021-June 2022)

Name _____
Last First Middle

Address _____

City State Zip

Phone# _____ No. In Family _____

PROGRAM ELIGIBILITY CRITERIA

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. I am receiving Supplemental Food Assistance Program (SNAP/Food Stamps).
 2. I am receiving Temporary Assistance to Needy Families (TANF, formerly AFDC).
 3. I am receiving Supplemental Security Income (SSI).
 4. Self-declared income at or below 130% of the poverty level (*agency can provide chart if needed*).
 5. Special Circumstances (Example: fire, flood, illness, injury, etc.)

Explain _____

I certify that my yearly gross household income is at or below 130% of the poverty level OR that my household participates in the program that I have checked on this form (above). I also certify that as of today, I reside in the State of Alabama. This certification is being submitted in connection with the receipt of Federal Assistance. *Program officials may verify what I have certified here to be true.* I understand that making a false certification may result in having to pay the State agency for the value of the food improperly issued to me and may subject me to civil or criminal prosecution under State and Federal law.

Signature _____

Date _____

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov. This institution is an equal opportunity provider.

PROXY OPTION:

If client is physically unable to pickup food distribution themselves, they may assign a proxy to pickup for them. Proxy AND client must both provide signatures below and provide agency with Photo ID.

Client Signature: _____ Date of Proxy Request: _____

Proxy Name (Print): _____ Proxy Signature: _____

