

# Food Bank of East Alabama Eligibility Criteria Form

**Please Note to Food Recipients:**

- **YOU ARE NOT REQUIRED TO PAY ANY FEE OR DONATION.**
- **DO NOT PROVIDE ANY PART OF YOUR SOCIAL SECURITY NUMBER.**

Directions: Make copies of this form. Use ONE form for each head of household. Keep completed forms in a notebook in alphabetical order. Each time the client returns, you only need to complete the Listing form, which contains the date, pounds and signature for that visit. These two forms are to be kept together.

Name (Last, First, Middle)			
Address (NO PO Boxes)			
City, State, Zip			
Phone Number		No. in Family	_____

**HOW MANY OF EACH AGE GROUP IS IN THIS HOUSEHOLD?**

0-12 \_\_\_ 13-18 \_\_\_ 19-29 \_\_\_ 30-39 \_\_\_ 40-49 \_\_\_ 50-59 \_\_\_ 60-69 \_\_\_ 70 and above \_\_\_

**ELIGIBILITY DETERMINATION**  
(please check one or more boxes below to determine eligibility)

- My household receives food stamps.
- My household receives aid to families with dependent children (TANF)
- My household receives supplemental security income (SSI).
- My household income is at or below the income level indicated in the chart below.

- My household has special circumstances (example: fire, flood, injury)  
Please explain special circumstances:

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If you checked the box above "Income at or below the poverty level. . . ." use the following table.  
**This table is effective as of July 1, 2016 to June 30, 2017**

Household Size	Per Year	Per Month	Per Week
1	\$15,444	\$ 1,287	\$ 297
2	20,826	1,736	401
3	26,208	2,184	504
4	31,590	2,633	608
5	36,972	3,081	711
6	42,354	3,530	815
7	47,749	3,980	919
8	53,157	4,430	1,023
For each additional Family Member, Add	+5,408	+451	+104

I certify that my yearly gross household income is at or below the income listed on this form for households with the same number of people as my household, OR that my household participates in the program that I have checked on this form. To receive USDA product, I also certify that, as of today, my household lives in the area served by the Alabama Emergency Food Assistance Program. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State for the value of USDA commodities improperly issued to me and may subject me to criminal prosecution under State and Federal law.

\_\_\_\_\_  
**Signature of Participant**

\_\_\_\_\_  
**Date**

