

Food Pantry Record Keeping

Name _____		
Address _____		

Number in Household _____ (Total living in home)	Number of children _____ (Aged 17 or younger)	Number of seniors _____ (Aged 60 or older)

Is Household GNAP Eligible?

Are there children aged 17 or younger living in the home?

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, transitioning from Welfare to Work)		

For Use By Pantry Staff Only

Household # _____ Served on _____ / _____ / _____ (Date of Distribution)
Total Pounds Distributed to Household Listed Above: _____ lbs
Check here if Household received GNAP: <input type="checkbox"/> YES