

## 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)		

### When served? How much received?

Date	Total Pounds	Received GNAP?

