

# GNAP



# What is GNAP?

GNAP stands for  
Georgia Nutrition  
Assistance Program

This program was  
formerly known as  
SNAP (State Nutrition  
Assistance Program)

# GNAP Overview



The Georgia General Assembly and the state Department of Human Services offer grant funding to seven Georgia Food Banks to provide food assistance to eligible families with children.

Funded with federal **T**emporary **A**ssistance for **N**eedy **F**amilies (TANF) money

TANF is a federally funded grant program that allows states to create and administer their own assistance programs

TANF replaces the federal programs previously known as “welfare,” and enables states to offer a wide variety of social services

In the state of Georgia, TANF is limited to 48 months of modest cash assistance

# GNAP & Golden Harvest

Assists DHS in determining the number of low-income, TANF eligible families that need food assistance.

The funding for GNAP is used to purchase high demand groceries by the seven Feeding America Food Banks in Georgia.

Eligible partner agencies have access to these products through the on-line ordering system.

# Which agencies are eligible?

Only agencies that serve a large percentage of children may participate in GNAP

- ✓ Food pantries
  - ✓ After-school programs
  - ✓ Family shelters
  - ✓ Group homes for children
- Agencies that do not serve children or only occasionally serve children will not be able to receive GNAP foods



# Which families are eligible at food pantries?

- ❖ Only families with children living in the home under the age of 18
- ❖ A family must fall into one of the following categories to qualify for GNAP
  - TANF
  - Transitional
  - At-risk
- ❖ Clients must show at least one document to verify eligibility for GNAP foods (examples only)
  - ☐ TANF EBT Card
  - ☐ TANF eligibility letter from DFCS
  - ☐ Food Stamp EBT card or WIC card
  - ☐ Public housing resident or Section 8 tenant
  - ☐ Medicaid card or Peachcare for Kids card
  - ☐ Child care voucher
- ❖ Adults without children cannot receive GNAP foods



# Ways to Identify TANF Families

## Families on the Temporary Assistance for Needy Families (TANF) Program

- Receive cash assistance for no more than 48 months

**TANF Families** will have  
one of the following:

- TANF EBT Card
- TANF eligibility letter from DFACS

# Ways to Identify TANF Transitional Families

After the 48-month period, a family on TANF may be given support services

**TANF Transitional families** may receive the following services for a short length of additional time:

- ❖ Childcare vouchers
- ❖ Transportation assistance
- ❖ Job skills classes
- ❖ Work uniforms



TANF Transitional families will still have:

- ❖ TANF EBT card
- ❖ TANF eligibility letter from DFCS



# Ways to identify At-Risk families

Low-income families at-risk of needing TANF cash assistance

Families qualify as “**At-risk**” if they meet one of the criteria below:

- Eligible for The Emergency Food Assistance Program (TEFAP) commodities
- Public housing resident or Section 8 tenant
- WIC card or low-income family w/infant
- Medicaid and/or Peachcare for Kids card
- Free/reduced price school meals
- Hourly wages of \$8 or less
- No employment, applying for TANF/Food Stamps

# What foods are available?

GNAP FOODS WILL ALWAYS BEGIN WITH THE  
GNAP ACRONYM

GNAP Green Beans

GNAP Beef Ravioli

GNAP Sweet Peas

GNAP Corn

GNAP Pancake Mix

GNAP Rice

GNAP Hot Dogs

GNAP Peanut Butter



What are our  
storage  
requirements?

GNAP FOODS WILL NEED TO BE STORED AND  
LABELED SEPARATELY IN YOUR PANTRY.

THIS INCLUDES:



**FROZEN**



**REFRIGERATE  
D**



**DRY**

EXAMPLE

EXAMPLE

# Examples of Labeling

EXAMPLE

EXAMPLE







GNAP







# Food Pantries

## & GNAP





How should I report this information?

Monthly Reports are due  
on the **1<sup>st</sup>** of each month

# in household: \_\_\_\_\_ # of 60: \_\_\_\_\_ # under 18: \_\_\_\_\_ Family Qualifies for GNAP: YES NO



## Georgia Food Pantry Application

(For families who have children under the age of 18)

Name:	DOB: (or age)
Street Address:	City, State, Zip Code:
County:	Phone Number:

☐ Applicant is Homeless

List household members:

Name:	DOB/Age:
Name:	DOB/Age:
Name:	DOB/Age:
Name:	DOB/Age:
Name:	DOB/Age:
Name:	DOB/Age:
Name:	DOB/Age:
Name:	DOB/Age:

**GNAP Household Eligibility Section:** Families with children under 18 in the household must meet at least one criteria below:

TANF Family	<ul style="list-style-type: none"><li>• ___ TANF EPPICard</li><li>• ___ TANF Eligibility letter</li></ul>
Transitional TANF Family	<ul style="list-style-type: none"><li>• ___ TANF Support Services (childcare assistance, work training transportation, schooling)</li></ul>
At-Risk Family	<ul style="list-style-type: none"><li>• ___ Eligibility for USDA Foods</li><li>• ___ Public housing, section 8 tenant</li><li>• ___ Full time or part time \$8/hr. or less</li><li>• ___ Food Stamps EBT card</li><li>• ___ Free/Reduced price school meal</li><li>• ___ WIC card/voucher/Unemployed</li><li>• ___ Residence at battered women's sheltered</li></ul>

GNAP Eligibility Verified? YES NO Verified by: \_\_\_\_\_

I certify that my above information is correct and current. I will not hold the distributing agency liable for any products I received.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# 2021-2022 GNAP APPLICATION

**GNAP Household Eligibility Section:** Families with children under 18 in the household must meet at least one criteria below: (be sure to verify documentation with each family that receives GNAP)

TANF Family	<ul style="list-style-type: none"><li>• <input type="checkbox"/> TANF EPPICard</li><li>• <input type="checkbox"/> TANF Eligibility letter</li></ul>								
Transitional TANF Family	<ul style="list-style-type: none"><li>• <input type="checkbox"/> TANF Support Services (childcare assistance, work training transportation, schooling)</li></ul>								
At-Risk Family	<table border="0"><tbody><tr><td>• <input type="checkbox"/> Eligibility for USDA Foods</td><td><input type="checkbox"/> Free/Reduced price school meal</td></tr><tr><td>• <input type="checkbox"/> Public housing, section 8 tenant</td><td><input type="checkbox"/> WIC card/voucher/Unemployed</td></tr><tr><td>• <input type="checkbox"/> Full time or part time \$8/hr. or less</td><td><input type="checkbox"/> Residence at battered women's sheltered</td></tr><tr><td>• <input type="checkbox"/> Food Stamps EBT card</td><td></td></tr></tbody></table>	• <input type="checkbox"/> Eligibility for USDA Foods	<input type="checkbox"/> Free/Reduced price school meal	• <input type="checkbox"/> Public housing, section 8 tenant	<input type="checkbox"/> WIC card/voucher/Unemployed	• <input type="checkbox"/> Full time or part time \$8/hr. or less	<input type="checkbox"/> Residence at battered women's sheltered	• <input type="checkbox"/> Food Stamps EBT card	
• <input type="checkbox"/> Eligibility for USDA Foods	<input type="checkbox"/> Free/Reduced price school meal								
• <input type="checkbox"/> Public housing, section 8 tenant	<input type="checkbox"/> WIC card/voucher/Unemployed								
• <input type="checkbox"/> Full time or part time \$8/hr. or less	<input type="checkbox"/> Residence at battered women's sheltered								
• <input type="checkbox"/> Food Stamps EBT card									

GNAP Eligibility verified? YES NO Verified by: \_\_\_\_\_

# Interviewing Clients & verifying data

# Daily Log Sheet (complete at each distribution)

Daily Log Sheet

	Client Name	Number in Family	Number Over 60	Number under 18	USDA- Total Number in Family	GNAP TANF Family	GNAP Transitional TANF Family	GNAP At Risk Family
1	Kim Taylor	6	1	3	6	Yes (6)	No	No
2	Sara Thomas	1	0	0	1	No	No	No
3	Tiana Gowdy	4	0	2	4	No	No	Yes (4)
4	Angela Valdez	7	2	3	7	No	Yes (7)	No
5	Thomas Egan	3	1	0	3	No	No	No
6	Christina Jones	5	0	3	5	No	No	Yes (5)
7	Tyler Moore	2	0	1	2	No	No	Yes (2)
8								
9								
Total	<b>7 Families</b>	<b>28</b>	<b>4</b>	<b>12</b>	<b>28</b>	<b>6</b>	<b>7</b>	<b>11</b>

Note: If there is a child in the home, one of these 3 boxes should be checked

# There are additional questions on the monthly report that must balance to proceed.

## Food Pantry

1. Total number of Families served this month at your pantry

2. Total number of People in the households you served

3. Total number of Families that received GNAP Product

4. Total number of People in the Families that received GNAP product

5. Total number of TANF Families served GNAP products

6. Total number of Transitional Families that received GNAP product

7. Total number of At Risk Families that received GNAP product

8. Total number of Families that received USDA product

9. Total number of People in the Families that received USDA product

10. Total number of Seniors (60+) served at your pantry

11. Total number of Children (under 18) served at your pantry

# On-Site Agencies

& GNAP

# Which clients are eligible?

Only families with children

Children of prepared meals are considered eligible and do not require any specific form or application

On-site meal programs that do not serve or occasionally serve children will not be able to receive GNAP foods

# What about record keeping for on-site meals?



A meal is considered a GNAP meal if you have  
used any GNAP ingredient(s)



Be able to provide verifiable data (physical paperwork) regarding the number of meals using GNAP food as ingredients.



# Choose the form that works for your meal site



## MONTHLY MEAL CALCULATION SHEET

Agency Name: \_\_\_\_\_

Month/Year \_\_\_\_\_

Date	Total Meals Served Today	Total USDA Meals Served	Total GNAP Meals Served	Total Meals Served over 60	Total Meals Served Under 18
1					
2					
3					
4					

(ex: April 0 - 10 2015)

Agency Name: \_\_\_\_\_ Agency GHFB Number: \_\_\_\_\_ Prepared By: \_\_\_\_\_

	Breakfast	Lunch	Snack	Dinner
<b>Sun</b>	USDA <input type="checkbox"/> GNAP <input type="checkbox"/> # Children (under 18) _____	USDA <input type="checkbox"/> GNAP <input type="checkbox"/> # Children (under 18) _____	USDA <input type="checkbox"/> GNAP <input type="checkbox"/> # Children (under 18) _____	USDA <input type="checkbox"/> GNAP <input type="checkbox"/> # Children (under 18) _____
	# Seniors Served _____	# Seniors Served _____	# Seniors Served _____	# Seniors Served _____
	# All Others Served _____	# All Others Served _____	# All Others Served _____	# All Others Served _____
	Total # of people _____	Total # of people _____	Total # of people _____	Total # of people _____

# There are additional questions on the monthly report that must balance to proceed.

## On-Site

12. Total meals served this month at your facility

13. Total number of meals that was served using GNAP product

14. Total number of meals that was served using USDA product

15. Total number of meals that was served to Seniors (60+) at your facility

16. Total number of meals that was served to Children (under 18) at your facility

17. Has your agency management and/or distribution hours changed?

 ☐

## 2021-2022 Georgia Nutritional Assistance Program (GNAP) Agreement

Agency Name:	County:
Distribution Site Address:	City, State, Zip:

### To participate in GNAP services, please continue below:

The agency as listed above, and the undersigned representative agree to distribute Georgia Nutrition Assistance Program (GNAP) commodities to low income families with children who fall under the categories of Temporary Assistance to Needy Families (TANF) clients, transitional families, and/or at-risk families.

We agree to provide adequate facilities for the handling, storage, and distribution of commodities and properly safeguard the commodities against theft, spoilage, or other loss. Commodity foods shall not be sold, exchanged, or otherwise disposed of without the approval of the Golden Harvest Food Bank.

We understand that violation of the rules and regulations may result in a termination of our agreement to access GNAP Product. Our signature below indicates that we will agree to these terms:

1. We will abide by all GNAP rules and understand that termination of the program may be made by our agency or the Food Bank upon 30 days written notice.
2. We understand that to distribute GNAP, at least 60% of our clientele must be families with children under 18.
3. We agree to notify the Food Bank if our physical address changes from that listed above.
4. We declare that our agency will not charge recipients (clients) for receipt of commodities.
5. We also declare that our agency will not solicit donations from recipients for receipt of commodities.
6. We will store and label GNAP products separate from other products.
7. We agree to request documentation from clients to verify the number of children in the family and the appropriate GNAP category to list the family and provide GNAP to residents in Georgia only.
8. We will adhere to the record keeping requirements as established by the state which include, but are not limited to, maintaining accurate and complete records to document the receipt, disposal, and distribution of commodities, and maintaining all records related to GNAP for a minimum of 3 years.
9. We will allow reviews or audits to be conducted by State and The Food Bank or any authorized representative regularly, including both announced and unannounced site and program inspections, at the Food Bank's discretion.
10. We will ensure program benefits and participation are made available to all persons and provided to all eligible individuals without regard to their **race, color, national origin, age, sex or disability**.

Agency Representative Signature	Date
GHFB Representative Signature	Date

# 2021 – 2022 GNAP AGREEMENT

If you have additional questions concerning GNAP, please contact your Community Impact Coordinator.



**Tammy Wimmer**

Community Impact Coordinator

**Area Served**

Burke, Elbert, Greene, Jefferson, Jenkins, Johnson, Richmond – 30815, Richmond – 30901, Richmond – 30903, Richmond – 30907, Richmond – 30909, Richmond – 30919, Screven.

**Phone:** 706.736.1199 ext. 208

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**Kimberly Gowdy**

Community Impact Coordinator

**Area Served**

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