

ELIGIBILITY REQUIREMENTS (BABY PRODUCTS)

Name	Number of people in your household
Full physical address	
Is there a child is your HH? Yes <input type="checkbox"/> No <input type="checkbox"/>	

The table below shows eligible gross income guidelines (before taxes) per family size. If your household income is at or below the income listed for the number of people in your household, you are eligible.

Income Guidelines Effective July 1, 2021 – June 30, 2022

Household Size	1	2	3	4	5	6	7	8	For each additional household member add:
Yearly Income	23,828	32,227	40,626	49,025	57,424	65,823	74,222	82,621	+8,399
Monthly Income	1,986	2,686	3,386	4,086	4,786	5,486	6,186	6,886	+700
Weekly	459	620	782	943	1,105	1,266	1,428	1,589	+162

You are also eligible to receive products if your household participates in at least one of the following programs. Please check the box next to the program(s) you receive benefits from:

- | | |
|-----------------------------------|--|
| <input type="checkbox"/> SNAP | <input type="checkbox"/> Free or Reduced Lunches |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> FIP |

Signature: _____ Date: _____

Documentation of each distribution must be logged by agency:

NOTE: Household is only required to sign the form once a year:

Date of Distribution:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____