



## FANTIC Customer Self Screening Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Please complete the following screening form to determine if you may qualify for a second source of funding assistance.**

**Do you receive SNAP/Food Stamps:** Yes \_\_\_\_\_ No \_\_\_\_\_

**DO you Receive TANF:** Yes: \_\_\_\_\_ NO \_\_\_\_\_

If you do not receive SNAP or TANF, what was your income level =based on adjusted gross income for Families in the Richmond Metro Region (Richmond and Surrounding Counties)

**Based on most current tax information – 2018/2019 family tax information accepted prior to 4/15/2020; 2019 family tax information required after 4/15/20.**

Family Size	Does Adjusted Gross Income Per 2018/2019 Taxes fall Below_ these levels	Yes	No
1	\$24,980	<input type="checkbox"/>	<input type="checkbox"/>
2	\$33,820	<input type="checkbox"/>	<input type="checkbox"/>
3	\$42,660	<input type="checkbox"/>	<input type="checkbox"/>
4	\$51,500	<input type="checkbox"/>	<input type="checkbox"/>
5	\$60,340	<input type="checkbox"/>	<input type="checkbox"/>
6	\$69,180	<input type="checkbox"/>	<input type="checkbox"/>
7	\$78,020	<input type="checkbox"/>	<input type="checkbox"/>
8	\$86,860	<input type="checkbox"/>	<input type="checkbox"/>

**Note: If the below circumstances apply, please call for further assistance** \_\_\_\_\_

1. **Do you live outside of the Richmond Metro Region- (in an area such as Northern Virginia this chart may not apply-) or**
2. **Did you have had a reduction in income due to situation such as job loss in the current tax year (2018) which would put your income below above identified levels?**
3. **Are you are receiving assistance from WIOA, SNAPET, VIEW, TANF, Department for Aging and Rehabilitative Services (DARS), federal/state financial aid, or training assistance from your employer?**