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: __________ N0: __________

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)


Family Size | Does Adjusted Gross Income Per 2018/2019 Taxes fall Below these levels | Yes | No
--- | --- | --- | ---
1 | $24,980 | [ ] | [ ]
2 | $33,820 | [ ] | [ ]
3 | $42,660 | [ ] | [ ]
4 | $51,500 | [ ] | [ ]
5 | $60,340 | [ ] | [ ]
6 | $69,180 | [ ] | [ ]
7 | $78,020 | [ ] | [ ]
8 | $86,860 | [ ] | [ ]

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?