2024 Income Eligibility Guidelines Senior Nutrition and Wellness Program Commodity Supplemental Food Program



Food and Nutrition Division

Prior to receiving USDA food each household must certify that their household's current income does not exceed the listed below amounts on all required State forms:

HOUSEHOLD SIZE	ANNUAL GROSS INCOME	MONTHLY GROSS INCOME
1	\$19,578	\$1,632
2	\$26,572	\$2,215
3	\$33,566	\$2,798
4	\$40,560	\$3,380
5	\$47,554	\$3,963
6	\$54,548	\$4,546
7	\$61,542	\$5,129
8	\$68,536	\$5.712

For each additional household member add \$583.00 per month.

THIS GUIDELINE IS IN ACCORDANCE WITH 130% POVERTY LEVEL ISSUED BY THE DEPARTMENT OF AGRICULTURE.

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Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online

at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**

U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

fax

(833) 256-1665 or (202) 690-7442; or

3. **email:**

Program.Intake@usda.gov

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