2019 Income Eligibility Guidelines Commodity Supplemental Food Program

NDA
Nevada Department
of Agriculture

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	\$16,237	\$1,354
2	\$21,983	\$1,832
3	\$27,729	\$2,311
4	\$33,475	\$2,790
5	\$39,221	\$3,269
6	\$44,967	\$3,748
7	\$50,713	\$4,227
8	\$56,459	\$4,705

For each additional household member add \$479.00 per month.

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

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Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at:

http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter 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; (2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

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