

CBH Ambassador Name: _____

County: _____

Create Better Health (SNAP-Ed) Eligibility Waiver FY2024

Note to Ambassador: This waiver must be used as directed below. The waiver is good for the undersigned group/location for one fiscal year after which it must be renewed. Upload and save a copy to your county's CBH Box folder. If you have any questions, please email Kristin at kristin.hoch@usu.edu.

Locations that qualify and DO NOT require a waiver:

- Baby Your Baby
- Head Start/Migrant Head Start
- Schools with >50% for free/reduced lunch
- Neighborhoods and other locations within the boundaries of schools with >50% eligible for free/reduced lunch, and/or within census tracts or city boundaries where >50% eligible for SNAP-Ed
- A qualifying grocery store (redeems >\$50,000 in SNAP benefits monthly)
- Farmer's markets that have the Electronic Benefits Transfer (EBT) option

Locations that likely qualify, but MAY REQUIRE a waiver:

- Deseret Industries
- Senior Citizens centers (as eligible)
- Schools with 45-50% eligible for free/reduced lunch

Locations that DO NOT need a waiver:

- SNAP participants
- DWS offices
- FDPIR participants
- Soup kitchens
- Medicaid recipients
- TANF (welfare) recipients
- WIC
- Public (HUD) housing

I certify that at least 50% of the individuals participating in today's lesson qualify for the SNAP-Ed program with an income at or below 185% of poverty as listed in the guidelines below.

Organization/Group: _____

Address: _____

Name of certifying individual: _____

Position in organization: _____

Signature: _____ Date: _____

Family Size	Income 130% of Poverty		Income 185% of Poverty	
	Annual	Monthly	Annual	Monthly
1	\$18,954	\$1,580	\$26,973	\$2,248
2	\$25,636	\$2,137	\$36,482	\$3,041
3	\$32,318	\$2,694	\$45,991	\$3,833
4	\$39,000	\$3,250	\$55,500	\$4,625
5	\$45,682	\$3,807	\$65,009	\$5,418
6	\$52,364	\$4,364	\$74,518	\$6,210
7	\$59,046	\$4,921	\$84,027	\$7,003
8	\$65,728	\$5,478	\$93,536	\$7,796
Add per family member	\$6,682	\$557	\$9,509	\$793

