

Ohio Department of Job and Family Services
FEDERAL AND STATE FUNDED FOOD PROGRAMS
ELIGIBILITY TO TAKE FOOD HOME

Name _____			
City _____	State _____	Zip Code _____	County _____
Number of people in household by age: age 60+ _____ age 18 - 59 _____ age birth - 17 _____ Total _____			

This table shows yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food. This certification form is being completed in connection with the distribution of food from the state funded program and/or Federal assistance through The Emergency Food Assistance Program (TEFAP).

Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$31,920	\$2,660	\$613
2	\$43,280	\$3,607	\$832
3	\$54,640	\$4,553	\$1,050
4	\$66,000	\$5,500	\$1,269
5	\$77,360	\$6,446	\$1,487
6	\$88,720	\$7,393	\$1,706
7	\$100,080	\$8,340	\$1,924
8	\$111,440	\$9,286	\$2,143
9	\$122,800	\$10,233	\$2,361
For each additional household member add	\$11,360	\$946	\$218

Read the following statement carefully, then sign the form & write in today's date.

I attest that my current gross household income is at or below the income listed on this form for households with the same number of people as my household. I also attest that, as of today, my household lives in the area served by this agency. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

Signature _____	Date _____
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This box is <i>optional</i> for local agency use, check one:			
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature _____	Date _____
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature _____	Date _____
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature _____	Date _____
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature _____	Date _____
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature _____	Date _____
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature _____	Date _____
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature _____	Date _____
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature _____	Date _____
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature _____	Date _____

The collection of address and phone # is optional for applicants and will not be used to determine eligibility for The Emergency Food Assistance Program.

Street Address _____	Phone # _____
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