Ohio Department of Job and Family Services

FEDERAL AND STATE FUNDED FOOD PROGRAMS
ELIGIBILITY TO TAKE FOOD HOME

This box is ***optional*** for local agency use, check one:
- ☐ A (Household with minor children)
- ☐ B (Household without minor children)

Name		
Address		
City	Zip	Area Code + Phone ( )

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.

HOUSEHOLD ELIGIBILITY GUIDELINES EFFECTIVE July 1, 2019

Household Size	Yearly Income	Monthly Income	Weekly Income
1	$24,979	$2,081	$480
2	$33,819	$2,818	$650
3	$42,659	$3,554	$820
4	$51,499	$4,291	$990
5	$60,339	$5,028	$1,160
6	$69,179	$5,764	$1,330
7	$78,019	$6,501	$1,500
8	$86,859	$7,238	$1,670
9	$95,699	$7,974	$1,840
For each additional household member add	$8,840	$737	$170

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

I certify 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 certify 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
X	X

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If <u>you</u> or <u>any</u> of your household are <u>not</u> already entered into our computer, (Pantry Track), please provide the following information for:

<u>Yourself</u>

Name_____

Address_____

Date of Birth_____ Phone_____ Gender_____

<u>Dependents</u>

Name_____ DOB_____ Gender_____

Name_____ DOB_____ Gender_____

Name_____ DOB_____ Gender_____

Name_____ DOB_____ Gender_____

Name_____ DOB_____ Gender_____

Name_____ DOB_____ Gender_____

Name_____ DOB_____ Gender_____

Name_____ DOB_____ Gender_____