

**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<br>(     ) |
| Number of people in household by age: age 60+ _____ age 18 - 59 _____ age birth - 17 _____ <b>Total</b> _____ |     |                              |

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 Size                           | Yearly Income | Monthly Income | Weekly Income |
|--|---------------|----------------|---------------|
| 1  | \$27,180      | \$2,265        | \$523         |
| 2  | \$36,620      | \$3,052        | \$704         |
| 3  | \$46,060      | \$3,839        | \$886         |
| 4  | \$55,500      | \$4,625        | \$1,067       |
| 5  | \$64,940      | \$5,412        | \$1,249       |
| 6  | \$74,380      | \$6,199        | \$1,430       |
| 7  | \$83,820      | \$6,985        | \$1,612       |
| 8  | \$93,260      | \$7,772        | \$1,793       |
| 9  | \$102,700     | \$8,559        | \$1,975       |
| For each additional household member add | \$9,440       | \$787          | \$182         |

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

|   |                  |
|---|------------------|
| <p><b>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.</b></p> |                  |
| Signature<br><b>X</b>   | Date<br><b>X</b> |

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. 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, audiotope, 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/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.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 2. fax: (833) 256-1665 or (202) 690-7442; or email: [program.intake@usda.gov](mailto:program.intake@usda.gov) This institution is an equal opportunity provider.

| This box is <b>optional</b> for local agency use, check one: |  | Signature | Date     |
|--|--|-----------|----------|
| <b>Full Service</b><br><input type="checkbox"/>              | <b>Partial Service</b><br><input type="checkbox"/> | <b>X</b>  | <b>X</b> |
| <b>Full Service</b><br><input type="checkbox"/>              | <b>Partial Service</b><br><input type="checkbox"/> | <b>X</b>  | <b>X</b> |
| <b>Full Service</b><br><input type="checkbox"/>              | <b>Partial Service</b><br><input type="checkbox"/> | <b>X</b>  | <b>X</b> |
| <b>Full Service</b><br><input type="checkbox"/>              | <b>Partial Service</b><br><input type="checkbox"/> | <b>X</b>  | <b>X</b> |
| <b>Full Service</b><br><input type="checkbox"/>              | <b>Partial Service</b><br><input type="checkbox"/> | <b>X</b>  | <b>X</b> |
| <b>Full Service</b><br><input type="checkbox"/>              | <b>Partial Service</b><br><input type="checkbox"/> | <b>X</b>  | <b>X</b> |
| <b>Full Service</b><br><input type="checkbox"/>              | <b>Partial Service</b><br><input type="checkbox"/> | <b>X</b>  | <b>X</b> |
| <b>Full Service</b><br><input type="checkbox"/>              | <b>Partial Service</b><br><input type="checkbox"/> | <b>X</b>  | <b>X</b> |
| <b>Full Service</b><br><input type="checkbox"/>              | <b>Partial Service</b><br><input type="checkbox"/> | <b>X</b>  | <b>X</b> |
| <b>Full Service</b><br><input type="checkbox"/>              | <b>Partial Service</b><br><input type="checkbox"/> | <b>X</b>  | <b>X</b> |