

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> |

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