

For *optional* local agency use, check one:

A (household with minor children)

B (household with adults only)

**OHIO DEPARTMENT OF JOB & FAMILY SERVICES
FEDERAL AND STATE FUNDED FOOD PROGRAMS
ELIGIBILITY TO TAKE FOOD HOME**

Name: _____

Address: _____ City: _____ Zip Code: _____

Telephone: _____

Number of people in household by age:
age 60+ _____ age 18-59 _____ age birth -17 _____ **Total:** _____

This table shows a 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. Please read the following statement carefully. Then sign the form and write in today's date.

<u>HOUSEHOLD SIZE</u>	<u>INCOME</u>	<u>INCOME</u>	<u>INCOME</u>
<u>YEAR</u>	<u>MONTH</u>	<u>WEEK</u>	<u>WEEK</u>
1	\$20,419	\$1,701	\$392
2	\$27,379	\$2,281	\$526
3	\$34,339	\$2,861	\$660
4	\$41,299	\$3,441	\$794
5	\$48,259	\$4,021	\$928
6	\$55,219	\$4,601	\$1,061
7	\$62,179	\$5,181	\$1,195
8	\$69,139	\$5,761	\$1,329
9	\$76,099	\$6,341	\$1,463
10	\$83,059	\$6,921	\$1,597
	\$ 6959	\$ 579	\$ 133

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.

FOR EACH ADDITIONAL FAMILY MEMBER ADD:

I certify that the information provided on this form has not changed.

(Signature)

(Date)

(Signature)

(Date)

(Signature)

(Date)

(Signature)

(Date)

(Signature)

(Date)

(Signature)

(Date)

(Signature)

(Date)

(Signature)

(Date)

(Signature)

(Date)

(Signature)

(Date)

(Signature)

(Date)

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(Signature)

(Date)