

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

For *optional* local agency use, check one:

- A (household with minor children)
 B (household with adults only)

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.

HOUSEHOLD SIZE

INCOME

YEAR

MONTH

WEEK

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

FOR EACH ADDITIONAL FAMILY MEMBER ADD: \$6,959 \$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.

Please read the following statement carefully. Then sign the form and 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)

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