

## COMMODITY SUPPLEMENTAL FOOD PROGRAM ELIGIBILITY REQUIREMENTS

All applicants must provide <u>copies</u> of the following items. Acceptable examples of each are provided.

- **1. PROOF OF AGE** Must be 60 or older even if totally or partially disabled Examples include a copy of one of the following:
  - Driver's License
  - State ID Card
  - Birth Certificate
  - Other legal document that lists your date of birth
- **2. PROOF OF ADDRESS** Must be resident of Ohio and live in a participating county Examples include a copy of any of the following that list your **CURRENT** address:
  - Driver's License
  - State ID Card
  - Recent Utility Bill (electric, cable, water, etc.)
  - Other legal document that lists your **CURRENT** address.
- 3. <u>INCOME ELIGIBLE</u> Income includes any & all money the household receives on a regular basis. <u>CSFP Regulations</u>, at Section 247.9 (e) (1), define "income" as gross income before deductions for such items as income taxes, employees' social security taxes, insurance premiums and bonds. Food Stamps are NOT considered income and do not count. Income can not exceed the Federal Poverty Income Guidelines. Make sure you list your income dollar amount on the form. (No copy is required.)

## **Income Eligibility Guideline 2016**

(Guidelines are established by U.S. Dept. of Agriculture based on 130% of current Federal Poverty Guidelines)

Household Size	Annual	Monthly	Household Size	Annual	Monthly
1	\$15,444	\$1,287	5	\$36,972	\$3,081
2	\$20,826	\$1,736	6	\$42,354	\$3,530
3	\$26,208	\$2,184	7	\$47,749	\$3,980
4	\$31,590	\$2,633	8	\$53,157	\$4,430

Please mail completed application to: SE Ohio Foodbank & Kitchen – CSFP

1005 C.I.C. Drive Logan, OH 43138

Or you may fax information to: 1-740-385-0866

Please make sure you sign your application, <u>all copies are included</u> and all information is completed. Please call 1-800-385-6813 for questions