Ohio Department of Job and Family Services

FEDERAL AND STATE FUNDED FOOD PROGRAMS
ELIGIBILITY TO TAKE FOOD HOME

Name			
City	State	Zip Code	County
Number of people in household by age: age 60+ _____	age 18 - 59 _____	age birth - 17 _____	**Total** _____

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 (TEFAP).

Household Size	Yearly Income	Monthly Income	Weekly Income
1	$31,920	$2,660	$613
2	$43,280	$3,607	$832
3	$54,640	$4,553	$1,050
4	$66,000	$5,500	$1,269
5	$77,360	$6,446	$1,487
6	$88,720	$7,393	$1,706
7	$100,080	$8,340	$1,924
8	$111,440	$9,286	$2,143
9	$122,800	$10,233	$2,361
For each additional household member add	$11,360	$946	$218

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

I attest 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 attest 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**

This box is ***optional*** for local agency use, check one:			
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date
Full Service ☐	Partial Service ☐	Signature	Date

The collection of address and phone # is optional for applicants and will not be used to determine eligibility for The Emergency Food Assistance Program.

Street Address	Phone #

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