

Desk Guide to Completing The Ohio Department of Job and Family Services FEDERAL AND STATE FUNDED FOOD PROGRAMS ELIGIBILITY TO TAKE FOOD HOME

On the color-coded example form below, areas 1 & 2 must be completed with client information and areas 3 & 4 will be signed and dated by the client. FORMS MUST BE COMPLETED IN INK. NO MARKS, NUMBERS, ADDITIONAL WORDS, SENTENCES, DISCLAIMERS OR NOTATIONS OF ANY KIND ARE ACCEPTABLE ANYWHERE ON THE FORM, FRONT OR BACK. FORMS CAN NOT BE STAPLED TO OTHER FORMS.

1 Section 1: Name, Address and Phone Section

First and last names are required. Complete street address with apartment, unit or lot numbers. City names must be spelled out, not abbreviated. If client does not know their zip code, place a zero (0) or N/A. If client states they are homeless, write "HOMELESS" on the address lines. Phone number must include an area code. If client does not have a phone, write "no phone" or N/A in that field.

2 Section 2: Number of People by Age Group

All age fields must be completed and the "total" field must be completed. If there is no one in the household for a particular age range, place a zero (0) or a dash (--) in that field. Zeros or dashes are acceptable. Do not use checkmarks.

3 Section 3: Signature & Date

Client (or proxy) enters signature and date the first time they receive food from your pantry. If the client cannot write his or her name, place an "X" in the signature field and the pantry worker or volunteer initials that the client cannot sign their name.

4 Section 4: Returning Visits

Client (or proxy) must sign and date form every time they receive food.

5 Section 5: Optional Section

This box is OPTIONAL for completion by the pantry to aid in calculating service totals for their Monthly Reports.

Please remember: If your agency requires any additional information from your clients for programs other than the food pantry, that information must be kept on a separate form and can not be attached to or stored with this form.

Ohio Department of Job and Family Services
**FEDERAL AND STATE FUNDED FOOD PROGRAMS
ELIGIBILITY TO TAKE FOOD HOME**

Name _____

Address _____

City _____ Zip _____ Area Code + Phone _____

This box is optional for local agency use. check one:

A (Household with minor children)

B (Household without minor children)

Number of people in household by age:	age 60+	age 18 - 59	age birth - 17	Total
1				
2				
3				
4				
5				
6				
7				
8				
9				
For each additional person add				

Read the following statement carefully, then sign the form & 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 I, my household lives in the area served by this agency. Program 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 _____

Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$23,539	\$1,961	\$452
2	\$31,859	\$2,654	\$612
3	\$40,179	\$3,348	\$772
4	\$48,499	\$4,041	\$932
5	\$56,819	\$4,734	\$1,092
6	\$65,139	\$5,428	\$1,252
7	\$73,459	\$6,121	\$1,412
8	\$81,779	\$6,814	\$1,572
9	\$90,099	\$7,508	\$1,732
For each additional person add	\$8,320	\$693	\$160

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This box is optional for local agency use. check one:		Signature	Date
Full Service	Partial Service	X	X
Full Service	Partial Service	X	X
Full Service	Partial Service	X	X
Full Service	Partial Service	X	X
Full Service	Partial Service	X	X
Full Service	Partial Service	X	X
Full Service	Partial Service	X	X
Full Service	Partial Service	X	X
Full Service	Partial Service	X	X
Full Service	Partial Service	X	X
Full Service	Partial Service	X	X
Full Service	Partial Service	X	X
Full Service	Partial Service	X	X
Full Service	Partial Service	X	X
Full Service	Partial Service	X	X
Full Service	Partial Service	X	X

Effective January 1, 2016 completed forms must be kept for a **minimum of five (5) years** and are subject to audit at any time by representatives of the Akron-Canton Regional Foodbank, the Ohio Association of Foodbanks and/or the Ohio Department of Job and Family Services.