

# 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**

**5** This box is optional for local agency use, check one:  
 A (Household with children)  
 B (Household without minor children)

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_ Area Code + Phone \_\_\_\_\_

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

**1** 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.

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

**2** 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 \_\_\_\_\_ 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 \_\_\_\_\_

**3** The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9892 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202)890-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer.

This box is optional for local agency use, check one:		Signature	Date
Full Service <input type="checkbox"/>	Partial Service <input checked="" type="checkbox"/>	X	X
Full Service <input type="checkbox"/>	Partial Service <input checked="" type="checkbox"/>	X	X
Full Service <input type="checkbox"/>	Partial Service <input checked="" type="checkbox"/>	X	X
Full Service <input type="checkbox"/>	Partial Service <input checked="" type="checkbox"/>	X	X
Full Service <input type="checkbox"/>	Partial Service <input checked="" type="checkbox"/>	X	X
Full Service <input type="checkbox"/>	Partial Service <input checked="" type="checkbox"/>	X	X
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Full Service <input type="checkbox"/>	Partial Service <input checked="" type="checkbox"/>	X	X
Full Service <input type="checkbox"/>	Partial Service <input checked="" type="checkbox"/>	X	X
Full Service <input type="checkbox"/>	Partial Service <input checked="" type="checkbox"/>	X	X
Full Service <input type="checkbox"/>	Partial Service <input checked="" type="checkbox"/>	X	X

**4**

**5**

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 Second Harvest Food Bank of the Mahoning Valley, the Ohio Association of Foodbanks and/or the Ohio Department of Job and Family Services.