

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

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 #

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident. Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the State or local Agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). Additionally, program information may be made available in languages other than English. To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](#) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Mail Stop 9410, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.
USDA is an equal opportunity provider, employer, and lender.