

Clients must complete all areas indicated, then sign and date the form.

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

This box is optional for local agency use, check one:
 A (Household with minor 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 _____

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 ELIGIBILITY GUIDELINES EFFECTIVE July 1, 2017

Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$24,119	\$2,009	\$463
2	\$32,479	\$2,706	\$624
3	\$40,839	\$3,403	\$785
4	\$49,199	\$4,099	\$946
5	\$57,559	\$4,796	\$1,108
6	\$65,919	\$5,493	\$1,267
7	\$74,279	\$6,189	\$1,428
8	\$82,639	\$6,886	\$1,589
9	\$90,999	\$7,583	\$1,749
For each additional household member add	\$8,360	\$697	\$161

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, 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 **X** Date **X**

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

Full Service	Partial Service	Signature	Date
<input type="checkbox"/>	<input type="checkbox"/>	X	X
<input type="checkbox"/>	<input type="checkbox"/>	X	X
<input type="checkbox"/>	<input type="checkbox"/>	X	X
<input type="checkbox"/>	<input type="checkbox"/>	X	X
<input type="checkbox"/>	<input type="checkbox"/>	X	X
<input type="checkbox"/>	<input type="checkbox"/>	X	X
<input type="checkbox"/>	<input type="checkbox"/>	X	X
<input type="checkbox"/>	<input type="checkbox"/>	X	X
<input type="checkbox"/>	<input type="checkbox"/>	X	X
<input type="checkbox"/>	<input type="checkbox"/>	X	X
<input type="checkbox"/>	<input type="checkbox"/>	X	X
<input type="checkbox"/>	<input type="checkbox"/>	X	X
<input type="checkbox"/>	<input type="checkbox"/>	X	X
<input type="checkbox"/>	<input type="checkbox"/>	X	X
<input type="checkbox"/>	<input type="checkbox"/>	X	X

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Source: <http://www.odjfs.state.oh.us/forms/results1.asp>



For a family of 1 to 3 people:

Apples 1 bag

Carrots Hand full

Greens 1 bunch

Peaches 4 each

Yellow Squash 3 each

Turnips 6 to 10 each

Beets 6 to 10 each

Celery 1 bunch

Lettuce 1 head

Peppers 4 each

Sweet Corn 6 ears

Winter Squash 1 each

Cabbage 1 or 2 heads

Cucumbers 3 each

Onions 1 bag

Potatoes 1 bag Radish 1 bag

Tomatoes 4 to each

Zucchini 3 each

For a family of 4 to 6 people: **DOUBLE IT.**

For a family of 7 or more people: **TRIPLE IT.**

SFY 2018 Poverty Guidelines for individuals and families living at 200% of the Federal Poverty Level.

Family/ Household Size	Gross Yearly Income	Gross Monthly Income	Gross Weekly Income
1	\$24,119	\$2,009	\$463
2	\$32,479	\$2,706	\$624
3	\$40,839	\$3,403	\$785
4	\$49,199	\$4,099	\$946
5	\$57,559	\$4,796	\$1,106
6	\$65,919	\$5,493	\$1,267
7	\$74,279	\$6,189	\$1,428
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Source: <http://www.odjfs.state.oh.us/forms/>

Farmers market distributions are considered to be an additional pantry day for the hosting agency. Clients receiving commodities at these distributions are required to sign a self declaration form indicating that their income falls within the 200% threshold. The *Eligibility to Take Home Food Form* includes only the following information:

- the client's name, address and phone number,
- the number of people living in the household by age,
- the income guidelines by household size, and gross monthly and yearly income limits,
- and signature and date lines.

These forms, once completed, need to be maintained by the hosting agency for three years plus the current year. The clients personal information is kept confidential to protect their anonymity. The household statistics are reported to the regional foodbank monthly. The regional foodbank then reports these same statistics to the association monthly as part of their contract with the Ohio Department of Job and Family Services.