CLIENT ELIGIBILITY FORM
DESK GUIDE

The BLUE highlighted areas on the form are to be completed with client information and cannot be left blank.

- 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. **Phone number must include an area code**. If the client does not have a phone, write no phone or N/A in that field.
- 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.**
- Client (or proxy) enters signature and date. 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.

Forms must be completed in ink so they cannot be altered.

The GREEN highlighted box is optional for completion by the pantry to aid in calculating service totals.

No other marks of any kind are acceptable anywhere else on the form, front and back.

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 | 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 Size	Yearly Income	Monthly Income	Weekly Income
1	$21,659	$1,804	$416
2	$29,139	$2,428	$560
3	$36,619	$3,051	$704
4	$44,099	$3,674	$848
5	$51,579	$4,298	$991
6	$59,059	$4,921	$1,135
7	$66,539	$5,544	$1,279
8	$74,019	$6,168	$1,423
9	$81,499	$6,791	$1,567
10	$88,979	$7,414	$1,711
For each additional person add	$7,479	$623	$143

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 | Date

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Signature	Date
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FOR TRAINING PURPOSES ONLY