

# OHIO DEPARTMENT OF JOB & FAMILY SERVICES TEFAP ELIGIBILITY TO TAKE FOOD HOME

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Number of People In Household:	
Adults 60+: _____	Adults 18-59 _____
Children: _____	Total People: _____

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 USDA Commodities. Please read the following chart and statement carefully, then sign the form and write in today's date.

Household Size	Income		
	Year	Month	Week
1	\$13,965	\$1,164	\$269
2	\$18,735	\$1,561	\$360
3	\$23,505	\$1,959	\$452
4	\$28,275	\$2,356	\$544
5	\$33,045	\$2,754	\$635
6	\$37,815	\$3,151	\$727
7	\$42,585	\$3,549	\$819
8	\$47,355	\$3,946	\$911
9	\$51,125	\$4,344	\$1002
10	\$56,895	\$4,741	\$1094

I certify that my yearly gross income is at or below the income listed on this form for the number of people in my household. I also certify that, as of today, my household lives in the area served by this agency and my signature indicates that I may receive federal assistance through The Emergency Food Assistance Program. Program officials may verify that what I have certified is 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: \_\_\_\_\_

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue SW, Washington DC 20250-9410 or call 202-720-5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Effective 10-1-04 to 9-30-05



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