

# CARE TRAIN of UNION COUNTY 2009

Community Action  
169 Grove Street  
Marysville, OH 43040

**Must provide PROOF of last 30 DAYS INCOME for EVERYONE living in the household!**

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CLIENT #	FIRST NAME	LAST NAME	PHONE NUMBER

ADDRESS	CITY	ZIP	ALTERNATE PHONE NUMBER

FAMILY SIZE	MONTHLY INCOME	M	F	SEX	DISABLED	YES	NO

**Income examples: (EMPLOYMENT, SELF-EMPLOYMENT, SOCIAL SECURITY, DISABILITY, CHILD SUPPORT, OWF, RETIREMENT, BWC, UNEMPLOYMENT)**

ETHNICITY	HOUSEHOLD TYPE	HOUSING	HEALTH INSURANCE	EDUCATION
BLACK	SINGLE PARENT/FEMALE	RENT	MEDICAID	0-8
WHITE	SINGLE PARENT/MALE	OWN	MEDICARE	9-12 NON GRAD.
HISPANIC	TWO PARENT	HOMELESS	PRIVATE	HS GRAD/GED
NATIVE AMERICAN	SINGLE PERSON	OTHER	SELF INSURED	12+
ASIAN	COUPLE		NONE	COLLEGE GRAD
OTHER	ADULTS NO CHILDREN			

**STANDARD POLICIES:**

1. Include only those living in your household.
2. Serving children 12/under, seniors (60+), and disabled adults.
3. Teens less than 18 may be listed for our adopters that may or may not provide gifts.
4. Suggested Guideline is to request no more than \$50.00 on gifts per child.

NAME	ETHNICITY	SEX	AGE	DISABLED	CLOTHES SIZE	TOYS / HOBBIES / LIKES / WISHES

**THIS IS NOT A COMMITMENT - ALL EFFORTS ARE MADE TO ACCOMMODATE.**

I CERTIFY THAT THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND AUTHORIZE THE RELEASE OF ANY OR ALL INFORMATION. I UNDERSTAND THAT IF ANY OF THE INFORMATION ON THIS FORM IS FALSIFIED THE APPLICATION WILL BE DENIED.

APPLICATIONS MUST BE RECEIVED BY COMMUNITY ACTION BY NOVEMBER 20, 2009.

APPLICANTS SIGNATURE	DATE
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**INTERNAL OFFICE USE ONLY**

APPROVED BY: \_\_\_\_\_

ASSISTED BY: _____	ALL	FOOD	TOYS
			INCOME LEVEL

NOTES	<table border="1" style="width:100%; border-collapse: collapse;"> <tr><td style="text-align: center;">100% - 150%</td></tr> <tr><td style="text-align: center;">151% - 175%</td></tr> <tr><td style="text-align: center;">176% - higher</td></tr> </table>	100% - 150%	151% - 175%	176% - higher
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