

CARE TRAIN of UNION COUNTY

UCDJFS
940 London Ave. Suite 1800
Marysville, OH 43040
(937) 644-1010 ext 2252

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

CLIENT # <input type="text"/>	FIRST NAME <input type="text"/>	LAST NAME <input type="text"/>	PHONE NUMBER <input type="text"/>
ADDRESS <input type="text"/>	CITY <input type="text"/>	ZIP <input type="text"/>	ALTERNATE PHONE NUMBER <input type="text"/>
FAMILY SIZE <input type="text"/>	MONTHLY INCOME <input type="text"/>	SEX M <input type="checkbox"/> F <input type="checkbox"/>	DISABLED YES <input type="checkbox"/> NO <input type="checkbox"/>

Optional: I normally do my Grocery shopping at: (check all that apply)

Community Market Kroger Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Wal-Mart Aldi's	<input type="checkbox"/> <input type="checkbox"/>	Richwood Market Mosier's IGA	<input type="checkbox"/> <input type="checkbox"/>
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Income examples: (EMPLOYMENT, SELF-EMPLOYMENT, SOCIAL SECURITY, DISABILITY, CHILD SUPPORT, OWF, RETIREMENT, BWC, UNEMPLOYMENT)

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 - EFFORTS ARE MADE TO ACCOMMODATE YOUR REQUEST.

I AUTHORIZE THE UNION COUNTY DEPT. OF JOB AND FAMILY SERVICES TO CALCULATE INCOME VERIFICATIONS FOR CARE TRAIN OF UNION COUNTY. I UNDERSTAND THAT IF ANY INFORMATION PROVIDED ON THIS APPLICATION AFFECTS MY EXISTING CASE WITH UCDJFS, THAT I WILL BE NOTIFIED BY UCDJFS AND PROVIDE UCDJFS WITH ADDITIONAL VERIFICATION NEEDED WITHIN THE SPECIFIED TIME NOTED IN THE LETTER. I CERTIFY THAT THIS STATEMENT IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, AND AUTHORIZE THE RELEASE OF ANY OR ALL INFORMATION TO UCDJFS. I UNDERSTAND THAT IF ANY OF THE INFORMATION ON THIS FORM IS FALSIFIED THE APPLICATION FOR CARE TRAIN WILL BE DENIED.

APPLICANTS SIGNATURE	DATE	<p style="text-align: center;">APPLICATIONS MUST BE RECEIVED BY UCDJFS</p> <p style="text-align: center;">BY NOVEMBER 18, 2011 .</p>
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INTERNAL OFFICE USE ONLY

APPROVED BY	<input type="text"/>			
ASSISTED BY	ALL <input type="checkbox"/> FOOD <input type="checkbox"/> TOYS <input type="checkbox"/> INCOME LEVEL <input type="checkbox"/>			
NOTES	<table border="1"> <tr><td>100% - 150%</td></tr> <tr><td>151% - 175%</td></tr> <tr><td>176% - higher</td></tr> </table>	100% - 150%	151% - 175%	176% - higher
100% - 150%				
151% - 175%				
176% - higher				

