

CARE TRAIN of UNION COUNTY

Mail : Care Train PO Box 305 Marysville, OH 43040
 Deliver: UCDJFS 940 London Ave. Marysville, OH 43040

OFFICE USE ONLY			
CLIENT #	FIRST NAME	LAST NAME	PHONE NUMBER
ADDRESS		CITY	ZIP
		E-MAIL ADDRESS	
FAMILY SIZE	TOTAL MONTHLY INCOME	DISABLED <input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="text"/>	<input type="text"/>		

PLEASE COMPLETE FORM AND PROVIDE SUPPORTING DOCUMENTATION. APPLICATIONS MEETING ELIGIBILITY GUIDELINES MUST BE RECEIVED BY UCDJFS BY THURSDAY, NOVEMBER 1, 2018 TO QUALIFY FOR A CHRISTMAS FOOD VOUCHER.

APPLICATIONS RECEIVED BY CARE TRAIN OR UCDJFS BY MONDAY, OCTOBER 1, 2018 WILL RECEIVE WHEN APPROVED, A \$25 KROGER'S FOOD VOUCHER WITH THEIR ACCEPTANCE LETTER.

TO BE ELIGIBLE FOR CARE TRAIN, YOU MUST **PROVIDE ONE** OF THE FOLLOWING FOR THE HOUSEHOLD **OR** FOR EACH ADULT (18+) IN YOUR HOUSEHOLD FROM 2018. HOUSEHOLD CONSISTS OF EVERYONE LIVING IN THE SAME HOME THAT HAS THE SAME ADDRESS. ELIGIBILITY IS DETERMINED AT 200% FPL OR BELOW.

	HOUSEHOLD		HOUSEHOLD
FOOD ASSISTANCE APPROVAL LETTER	_____	PIPP ASSISTANCE APPROVAL LETTER	_____
MEDICAID APPROVAL LETTER	_____	FREE OR REDUCED LUNCH APPROVAL LETTER	_____
HEAD START ATTENDANCE LETTER	_____	SAFELINK PHONE APPROVAL LETTER	_____
PUBLIC SUBSIDIZED INITIAL APPROVAL LETTER FOR CHILD CARE ASSISTANCE	_____	KINSHIP PERMANENCY INCENTIVE PROGRAM LETTER (KPIP)	_____
HEAP ASSISTANCE APPROVAL LETTER	_____		

OR
 EMPLOYMENT VERIFICATION (PAY STUBS, SS, SSD, , UNEMPLOYMENT, ETC FOR PAST 30 DAYS)

OHIO WORKS FIRST (OWF) APPROVAL LETTER

	ADULT 1 (18+)	ADULT 2 (18+)	ADULT 3 (18+)	ADULT 4 (18+)
FAMILY MEMBER NAME	_____	_____	_____	_____
	_____	_____	_____	_____
	_____	_____	_____	_____

TOTAL

THIS IS NOT A COMMITMENT - EFFORTS ARE MADE TO ACCOMMODATE YOUR REQUEST.

APPLICANTS SIGNATURE _____	DATE _____	APPLICATIONS MUST BE RECEIVED BY CARE TRAIN OR UCDJFS TO BE ELIGIBLE BY THURSDAY, November 1, 2018.
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INTERNAL OFFICE USE ONLY
APPROVED BY _____
NOTES _____

