

# CARE TRAIN of UNION COUNTY

Mail : Care Train PO Box 432 Marysville, OH 43040  
 Deliver: UCDJFS 940 London Ave. Marysville, OH 43040

<b>OFFICE USE ONLY</b>			
CLIENT #	FIRST NAME	LAST NAME	PHONE NUMBER
ADDRESS		CITY	ZIP
		E-MAIL ADDRESS	
FAMILY SIZE	TOTAL MONTHLY INCOME	YES   NO	
<input type="text"/>	<input type="text"/>	If you are eligible in 2021 and an E-Gift Card was available, would you like to receive it? <input type="text"/>   <input type="text"/>	
		DISABLED <input type="text"/>   <input type="text"/>	

PLEASE COMPLETE FORM AND PROVIDE SUPPORTING DOCUMENTATION. APPLICATIONS MEETING ELIGIBILITY GUIDELINES MUST BE RECEIVED BY **UCDJFS BY FRIDAY, OCTOBER 30, 2020** TO QUALIFY FOR A CHRISTMAS FOOD VOUCHER.

**ONLY FAMILIES WITH ELIGIBLE CHILDREN** APPLICATIONS RECEIVED BY CARE TRAIN OR UCDJFS BY FRIDAY, OCTOBER 2, 2020 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 2020. 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	_____		
		ADULT 1   ADULT 2   ADULT 3   ADULT 4	
		(18+)   (18+)   (18+)   (18+)	
<b>OR</b>		<b>FAMILY MEMBER NAME</b>	
EMPLOYMENT VERIFICATION (PAY STUBS, SS, SSD, UNEMPLOYMENT, ETC FOR PAST 30 DAYS)		_____	
OHIO WORKS FIRST (OWF) APPROVAL LETTER		_____	
		_____	
		_____	
		=====	
		<b>TOTAL</b>	

**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 <b>FRIDAY, October 30, 2020.</b>
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<b>INTERNAL OFFICE USE ONLY</b>	
APPROVED BY _____	
NOTES _____	

**STANDARD POLICIES:**

- 1. Must include all those living in your household.**
- 2. Serving children 13 and under.**
- 3. Suggested Guideline is to request no more than \$50.00 on gifts per child.**

**BECAUSE OF THE CURRENT COMMUNITY HEALTH CONCERNS, SOME OF OUR ADOPTERS MAY CHOOSE TO DELIVER THEIR TOYS DIRECTLY TO YOU. IF SO, THE ADOPTER WILL CONTACT YOU TO MAKE ARRANGEMENTS. OTHERWISE, A LOCAL GIFT CARD MAY BE PROVIDED FOR YOU TO SELECT TOYS FOR YOUR CHILD(REN).**

NAME	SEX	AGE	Birth Date	SIZE Shirt/Top Pants	TOYS / HOBBIES / LIKES / WISHES
First			____/____/____	S P	
First			____/____/____	S P	
First			____/____/____	S P	
First			____/____/____	S P	
First			____/____/____	S P	
First			____/____/____	S P	