

CARE TRAIN of UNION COUNTY

Mail to:
 Care Train
 PO Box 305
 Marysville, OH 43040

Deliver to:
 UCDJFS
 940 London Ave.
 Marysville, OH 43040

Office Use Only Client #

First Name _____ Last Name _____ Phone Number _____

Address _____ City _____ Zip _____ Email Address _____

Family Size _____ Total Monthly Income _____ Disabled Yes _____ No _____

PLEASE COMPLETE FORM AND PROVIDE SUPPORTING DOCUMENTATION. APPLICATIONS MEETING ELIGIBILITY GUIDELINES MUST BE RECEIVED BY UCDJFS BY NOVEMBER 3, 2017 TO QUALIFY FOR A CHRISTMAS FOOD VOUCHER.

APPLICATIONS RECEIVED BY CARE TRAIN OR UCDJFS BY SEPTEMBER 30, 2017 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 LETTERS FOR THE HOUSEHOLD **OR** FOR EACH ADULT (18+) IN YOUR HOUSEHOLD FROM 2017. 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 _____	OHIO WORKS FIRST (OWF) APPROVAL LETTER _____

OR

EMPLOYMENT VERIFICATION (PAY STUBS, SS, SSD, UNEMPLOYMENT, ETC FOR PAST30 DAYS)	Family Member Name	Adult (18+)	Adult (18+)	Adult (18+)	Adult (18+)
	_____	_____	_____	_____	_____
	Income	_____	_____	_____	_____
	Income	_____	_____	_____	_____

Total: _____

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

APPLICATIONS MUST BE RECEIVED BY CARE TRAIN OR UCDJFS TO BE ELIGIBLE BY November 3, 2017.

Applicants Signature _____

Date _____

INTERNAL OFFICE USE ONLY
 APPROVED BY _____

NOTES



1. Include only those living in your household.
2. Serving children 13/under
3. Suggested Guideline is to request no more than \$50.00 on gifts per child.
4. Please insert Birth Date (mm/dd/yy) for children age 4 and under. We will provide at no cost participation in the Imagination Library program. Your child will receive a book a month at no cost to you!

NAME		SEX	AGE	Birth Date	SIZE	Shirt/Top	Pants	TOYS / HOBBIES / LIKES / WISHES
First	Last (if different)			____/____/____	S			
First	Last (if different)			____/____/____	P			
First	Last (if different)			____/____/____	S			
First	Last (if different)			____/____/____	P			
First	Last (if different)			____/____/____	S			
First	Last (if different)			____/____/____	P			
First	Last (if different)			____/____/____	S			
First	Last (if different)			____/____/____	P			