

CARE TRAIN of UNION COUNTY

Mail : Care Train PO Box 432 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	
		YES NO	

PLEASE COMPLETE FORM AND PROVIDE SUPPORTING DOCUMENTATION. APPLICATIONS MEETING ELIGIBILITY GUIDELINES MUST BE RECEIVED BY UCDJFS BY MONDAY, NOVEMBER 1, 2021 TO QUALIFY FOR A CHRISTMAS FOOD VOUCHER.

ONLY FAMILIES WITH ELIGIBLE CHILDREN APPLICATIONS RECEIVED BY CARE TRAIN OR UCDJFS BY FRIDAY, OCTOBER 1, 2021 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 2021. 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+)	
OR		FAMILY	
EMPLOYMENT VERIFICATION (PAY STUBS, SS, SSD, UNEMPLOYMENT, ETC FOR PAST 30 DAYS)		MEMBER NAME	_____

OHIO WORKS FIRST (OWF) APPROVAL LETTER			_____

		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 MONDAY, NOVEMBER 1, 2021.
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INTERNAL OFFICE USE ONLY
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	