

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 GROSS INCOME		YES NO
			DISABLED

PLEASE COMPLETE FORM AND PROVIDE SUPPORTING DOCUMENTATION. APPLICATIONS MEETING ELIGIBILITY GUIDELINES MUST BE RECEIVED BY UCDJFS BY TUESDAY, NOVEMBER 1, 2022 TO QUALIFY FOR A CHRISTMAS FOOD VOUCHER.

FAMILIES WITH CHILDREN AGE(S) 15 THRU 18 AND STILL IN SCHOOL WILL BE ELIGIBLE FOR A FOOD VOUCHER THIS YEAR, NO TOYS WILL BE PROVIDED. PLEASE CHECK THE BOX ON THE LEFT.

ONLY FAMILIES WITH ELIGIBLE CHILDREN APPLICATIONS RECEIVED BY CARE TRAIN OR UCDJFS BY MONDAY, OCTOBER 3, 2022 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	_____		
OR			
EMPLOYMENT VERIFICATION (PAY STUBS, SS, SSD, UNEMPLOYMENT, ETC FOR PAST 30 DAYS)		FAMILY MEMBER	NAME
		ADULT 1 (18+)	ADULT 2 (18+)
		ADULT 3 (18+)	ADULT 4 (18+)
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 TUESDAY, NOVEMBER 1, 2022.	



INTERNAL OFFICE USE ONLY	
APPROVED BY	_____
NOTES	_____

STANDARD POLICIES:

- 1. Must include all those living in your household.**
- 2. Serving children 14 and under.**
- 3. Suggested Guideline is to request no more than \$50.00 on gifts per child.**

OUR ADOPTERS WILL DELIVER THEIR TOYS DIRECTLY TO YOU. 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	