

# Care Train Holiday Groceries 2022 Senior Application



Office use only

Approved by: \_\_\_\_\_

Date: \_\_\_\_\_

**If you live in a household of 3 or more, contact Union County Department of Job & Family Services for an application 937.644.1010**

Seniors 60 and over with a monthly income of less than \$2,265 single and \$3,052 for a two-person household may qualify for a food voucher to be used at a local grocery store for the holidays from Care Train of Union County.

Applications must be turned in by **Tuesday, November 1, 2022**. Food vouchers will be distributed the week of Christmas.

One Application Per Household.  
Applicant #1

**REQUIRED**  
TOTAL Household Size: \_\_\_\_\_

|                       |                          |
|-----------------------|--------------------------|
| <b>Last Name:</b>     | <b>First Name:</b>       |
| <b>Date of Birth:</b> | <b>Telephone Number:</b> |

Applicant #2

|                       |                          |
|-----------------------|--------------------------|
| <b>Last Name:</b>     | <b>First Name:</b>       |
| <b>Date of Birth:</b> | <b>Telephone Number:</b> |

**PLEASE PRINT CLEARLY AND PROVIDE COMPLETE CORRECT ADDRESS.** This is the address that the food voucher will be mailed to.

**\*Vouchers will not be replaced if lost or if we are provided an incorrect address.\***

|   |
|---|
| <b>Mailing Address: (Include PO Box or Apt. Number if Applicable)</b> |
| <b>City, State, Zip:</b>  |

**\*APPLICATION WILL NOT BE PROCESSED WITHOUT PROOF OF INCOME** (see back). Please attach current documentation of proof of gross income for all in household from all sources (Social Security statement, pension statement, bank statement, etc. accepted).

**OVER**

**Household Monthly Income** verify by checking all items that apply for all members of household

**Person #1** - Date of Birth \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Pension \$ \_\_\_\_\_

Interest Income \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_  
(RR, VA, Dividends, Alimony, etc.)

Rental / Farm Income \$ \_\_\_\_\_

Employment Income \$ \_\_\_\_\_

**Total Monthly Income** \* \$ \_\_\_\_\_  
(before deductions) **REQUIRED**

**Person #2** - Date of Birth \_\_\_\_\_

Social Security \$ \_\_\_\_\_

Pension \$ \_\_\_\_\_

Interest Income \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_  
(RR, VA, Dividends, Alimony, etc.)

Rental / Farm Income \$ \_\_\_\_\_

Employment Income \$ \_\_\_\_\_

**Total Monthly Income** \* \$ \_\_\_\_\_  
(before deductions) **REQUIRED**

**\*Application not Valid without Proof of Income Documentation Signature**

I hereby declare I am Union County resident 60 years of age or older, have a **gross household income** (before Medicare, taxes, insurance, etc. is taken out) of **\$2,265 / month single household or \$3,052 / month or less for a household of two \*proof of income required\***. I understand that a replacement voucher will **not be issued in the event of loss**. I also certify that the information I have provided on this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be disqualified from the program for knowingly making false or fraudulent statements.

**I (we) agree the above to be true.**

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Applicant's Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Return completed applications with proof of income to:**

Union County Senior Services  
940 London Avenue, Suite 1800  
Marysville, OH 43040

937.644.1010 or 800.248.2347  
Fax: 937.644.8700

