



Mail to /OR/ Deliver to: UCDJFS
 940 London Ave.
 PO Box 389 Suite 1800
 Marysville, OH 43040

DIRECTIONS

1. Please complete **Section #1** of this form. Do not leave any lines blank.
2. Please complete **Section #2** of this form.
3. Please complete **Section #3** of this form and provide the document(s) you checked.
4. To qualify for a Christmas Food Voucher, you must meet the eligibility guidelines and return this form to UCDJFS and the documentation you check-marked in Section #3 by Wednesday, November 1, 2023.
5. To qualify for a bonus \$25 food voucher, family with eligible children must turn in this form and the documentation you check-marked in Section #3 by Monday, October 2, 2023.
6. 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 this box

SECTION #1

Your First Name:	Your Last Name:
Your Address:	
Your Email Address:	Your Phone Number:
How many people, including yourself live in your home?	What is your total household gross income per month?
How many children live in your household who are 18 and under (and have not graduated from high school)?	Are you disabled? (write yes or no)

SECTION #2

List the names of the people who are age 18 or older and out of high school who live in your household, including yourself. A "household" is everyone living in the same home with the same address.

SECTION #3

To be eligible for Care Train, every adult in your household who is age 18 or older must provide one of the following types of documentation. Eligibility is determined at 200% FPL or below.

- | | |
|--|--|
| <input type="checkbox"/> Food assistance approval letter | <input type="checkbox"/> Medicaid approval letter |
| <input type="checkbox"/> Ohio Works First approval letter | <input type="checkbox"/> SAFELINK phone approval letter |
| <input type="checkbox"/> PIPP assistance approval letter | <input type="checkbox"/> Free or reduced lunch approval letter |
| <input type="checkbox"/> HEAP assistance approval letter | <input type="checkbox"/> Head Start attendance letter |
| <input type="checkbox"/> Kinship permanency incentive program letter | |
| <input type="checkbox"/> Public Subsidized initial approval letter for childcare assistance | |
| <input type="checkbox"/> Employment verification for the last 30 days (Pay stubs, SS or SSD payments, Unemployment payments, etc.) | |

Applicant Signature:	Date:
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<p style="color: red; margin: 0;">For Office Use Only</p> <p>Approved by: _____</p>	<p>NOTES:</p>
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STANDARD POLICIES:

1. Must include all those living in your household.

2. Serving children 14 and under.

3. Suggested Guideline is \$50.00-\$75.00 or what you are comfortable spending

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 DISTRIBUTION DAY WILL BE HELD AND YOU WILL PICK UP THEN

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	

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					
		<table border="1"> <tr> <td>YES</td> <td>NO</td> </tr> <tr> <td></td> <td></td> </tr> </table>		YES	NO		
YES	NO						

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.

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 2022. 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
<p>APPLICATIONS MUST BE RECEIVED BY CARE TRAIN OR UCDJFS TO BE ELIGIBLE BY TUESDAY, NOVEMBER 1, 2022.</p>	



INTERNAL OFFICE USE ONLY	
APPROVED BY	_____
NOTES	_____