




Mail to:  Care Train
PO Box 432
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, and provide the paperwork and check mark the box.
- 3.) To qualify for Care Train, you must meet the eligibility guidelines and return this form and the paperwork you check-marked in Section #2 by **November 1, 2024**.
*Eligibility is determined at 200% Federal Poverty Level or below.

You automatically qualify for Care Train if you can provide one of the following letters for the year 2024.

SECTION #1

Your Full Name:	
Your Address:	
Your Email Address:	Your Phone Number:
What is your <i>family size</i> ?	Are you disabled? (write yes or no)
* Family Size definition – These are the people who live with you. Count yourself, your spouse, and any children 18 years old or younger who still go to elementary, middle, or high school.	

SECTION #2

You automatically qualify for Care Train if you can provide one of the following letters for the year 2024.

- | | |
|--|---|
| <input type="checkbox"/> Food assistance (WIC) 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 |

- If, *and only if*, you don't have any of the letters listed above, you can still qualify if you provide income information for each adult in your household size. Please list names and incomes as well.

- **Adult** = Anyone 18-years-old or older who is out of high school.
- **Income Information** = 4 recent pay stubs /OR/ 4 recent SSI or SSD payments /OR/ 4 recent unemployment payments.

<u>Name of adult</u>	<u>Annual gross income</u>
1.) _____ →	_____
2.) _____ →	_____
3.) _____ →	_____
4.) _____ →	_____

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