



*You are invited to participate in the
Franklin County Veterans Service Commission
2022 Veterans Holiday Meal Program*



**Holiday meal cards will be mailed
for approved applications.**

APPLICATION DEADLINE - NOVEMBER 15, 2022

*Each qualified veteran or surviving spouse will receive
\$200.00 in gift cards to purchase their
holiday meals for November and December*

- ◇ **MUST** be an eligible veteran or surviving spouse at or below the Federal Poverty Guidelines
- ◇ A **Franklin County** resident
- ◇ If you are in a shelter, you are **NOT** eligible for this program
- ◇ Only **ONE** approved application per household
- ◇ Lost or stolen cards will not be replaced

To register for this program, you must provide the following documents **if not already on file with the VSC:**

- ⇒ **Photo ID**
- ⇒ **DD 214**
- ⇒ **Proof of ALL household income (award letter(s), current year tax return or current pay stub)**
- ⇒ **Marriage Certificate (for spouses/surviving spouses)**
- ⇒ **Death Certificate (for surviving spouse)**
- ⇒ **Birth Certificates for minor children in the home (high school & younger)**

2022 Income Guidelines (number in family)

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
|----------|----------|----------|----------|----------|----------|-----------|-----------|
| \$33,975 | \$45,775 | \$57,575 | \$69,375 | \$81,175 | \$92,975 | \$104,775 | \$116,575 |

Add \$11,800 for each person over 8

You must be a Franklin County Resident to be eligible for this program.

Please print legibly

Veterans Name _____ (Print Neatly) Veterans Date of Death _____ (If Applicable)

Spouses Name _____

Veterans Social Security Number _____ Date of Birth _____

Spouses Social Security Number _____ Date of Birth _____

Date of Residence in Franklin County _____

Address _____

City, State, Zip _____ Telephone _____

Number of dependents in household: _____

Total Household Income from ALL Sources

Gross Monthly Income _____

Source(s) of income: _____

Employer _____ Occupation: _____

ONE APPROVED HOLIDAY MEAL APPLICATION PER HOUSEHOLD

I certify to the best of my knowledge that the information contained herein is accurate and complete. I understand that it is my responsibility to update this information when there are changes in my status or income, failure to do so may result in my termination from future services. I hereby agree to comply with the Franklin County Veterans Service Commission policies and procedures.

Client/Guardian Signature

Date

RETURN COMPLETED FORM VIA:
FAX - 614-525-2505

EMAIL - vsc.intake@franklincountyohio.gov

or Mail or Drop Box:
Franklin County Veterans Service Commission
ATTN: Holiday Meal Card Program
280 E Broad St, Rm 100
Columbus OH 43215

VSC USE ONLY (Print Neatly)

Gift Card# _____

Approved

Denied

OI

NR

NV

VBS Signature

Date