



# 2024 Veterans Holiday Meal Program

## Applications must be received no later than November 1, 2024

Each qualified veteran or surviving spouse household will receive \$200.00 in ALDI gift cards to purchase their <u>holiday meals for November and December</u>

### **Eligibility**

- Meet veteran or surviving spouse criteria
- Income at or below the Federal Poverty Guidelines based on family size
- Current Franklin County resident for 90-days

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

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

## ONLY ONE APPROVED APPLICATION PER HOUSEHOLD

1	2	3	4	5	6	7	8
\$37,650	\$51,100	\$64,550	\$78,000	\$91,450	\$104,900	\$118,350	\$131,800

#### **2024 Income Guidelines (number in family)**

Add \$12,850 for each person over 8

#### WE WILL BEGIN MAILING CARDS ON NOVEMBER 1, 2024

Lost or stolen cards will not be replaced

Please print legibly			
Veterans Name	(Print Neatly)	Veterans Date of Death	
	(Print Neatly)	(If Applicable)	
Spouses Name			
Veterans Social Security	v Number	Date of Birth	
Spouses Social Security	Number	Date of Birth	
Date of Residence in Fra	nklin County		
Address			
City, State, Zip		Telephone	
Number of dependent	s in household:	Email:	
<u>Total Household Inc</u>	come from ALL Sources:	Gross Monthly Income	
Source(s) of income:			

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

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

EMAIL - vsc.intake@franklincountyohio.gov

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

Date

VSC USE ONLY (Print Neatly)							
Gift Card#		Approved	Denied				
			ΟΙ				
VDC Classification	Dete		NR				
VBS Signature	Date		NV				