



*You are invited to participate in the
Franklin County Veterans Service Commission
2021 Veterans Holiday Meal Program*



**Due to COVID-19 we are mailing applications and cards for approved applications. Applications must be submitted by Monday, November 8, 2021.
Limit one approval per household.
CARDS WILL BE MAILED OUT THE WEEK OF NOVEMBER 15th.**

NO CARDS WILL BE ISSUED BEFORE OR AFTER THE EVENT

Each qualified veteran or surviving spouse will receive Two \$100.00 gift cards to purchase a holiday meals for November and December

- ◇ **MUST** be an eligible veteran or surviving spouse at or below 250% of 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

Return completed applications using one of the following :

Mail or Drop Box:

Franklin County Veterans Service Commission
Attn: Holiday Meal Card Program
280 East Broad Street, Room 100
Columbus, Ohio 43215

Fax:
614-525-2505

Email:
veteransservice@franklincountyohio.gov

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

- ⇒ **Photo ID**
- ⇒ **DD 214**
- ⇒ **Household income (award letter, 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**

2021 Income Guidelines (number in family)

1	2	3	4	5	6	7	8
\$32,200	\$43,550	\$54,900	\$66,250	\$77,600	\$88,950	\$100,300	\$111,650

Add \$11,350 for each person over 8



Veterans Name _____ 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 _____

Date Moved to Current Residence _____

Address _____

City, State, Zip _____ Telephone _____

Total Household Income from all Sources

Gross Monthly Income _____ Source _____

Employer _____ Occupation: _____

Pay Rate: _____ Hire Date: _____ Phone: _____

Other Monthly Income _____

Would you like a Veterans Benefits Specialist to contact you regarding Benefits Information ? _____ (check if interested)

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ONE HOLIDAY MEAL CARD 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

VSC USE ONLY (Print Neatly)

Gift Card# _____

Approved

Denied

OI

NR

NV

VBS Signature

Date