



Annual Holiday Meal Program

Applicants are strongly encouraged to review the program's eligibility requirements and qualifications. Be sure to have all necessary supporting documents on hand, as they may be needed for verification—especially if they are not already on file with the Franklin County Veterans Service Commission.

Applications must be received no later than November 7, 2025

Eligibility Requirements

- 🪪 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, prior to application

NO HOUSEHOLD WILL RECEIVE MORE THAN \$200.00 IN ALDI GIFT CARDS

Required Documents

- 🪪 Photo ID
- 🪪 DD214
- 🪪 Proof of ALL household income (award letter(s), IRS transcript or current year tax return, or current pay stub)
- 🪪 Marriage Certificate (for spouse or surviving spouse)
- 🪪 Death Certificate (for surviving spouse)
- 🪪 Birth Certificates for minor children in the home (high school & younger)

Annual Federal Income Guidelines (number in family)

1	2	3	4	5	6	7	8
\$39,125	\$52,875	\$66,625	\$80,375	\$94,125	\$107,875	\$121,325	\$135,375

(Add \$13,750 for each person over 8)

Cards are scheduled to arrive prior to the holiday



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Lost or stolen cards will not be replaced

Please print legibly

APPLICANT INFORMATION			
Applicant is a	<input type="checkbox"/> Veteran	<input type="checkbox"/> Spouse or Surviving Spouse	
Is Veteran Deceased?	<input type="checkbox"/> No <input type="checkbox"/> Yes	If Yes, Enter Date of Death:	
Veterans Name		SSN	Date of Birth
Spouses Name		SSN	Date of Birth
Address			Date of Residence in Franklin County
City, State, Zip			Telephone
Email			# dependents in household
HOUSEHOLD INCOME FROM ALL SOURCES			
Name	Relationship to Applicant	Source of Income	Gross Monthly 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

Date

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