



*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](mailto: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)

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](mailto:veteransservice@franklincountyohio.gov)

**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