

**Required: Staple the CDJFS determination letter, voucher and/or CDJFS notice here**

## 2008/2009 TANF Grocery Box Application Form

**THIS APPLICATION MUST BE COMPLETED BEFORE YOU RECEIVE THE BOX**

Contact and Name of Distributing Agency	Date of Eligibility ( <i>per notice</i> )
---	---

**Section A – This Section MUST be completed by Ohio Works First (OWF) Participant**

Applicant Name	OWF Case Number
----------------	-----------------

Applicant Address	City	Zip code	County
-------------------	------	----------	--------

Client must present an original CDJFS notice; letter and or voucher of eligibility form (*see provided instructions*) or are listed on the state computer-generated notice provided to the agency by the County Department of Job and Family Service (CDJFS).

- Client has provided a copy of the required documentation to the distributing agency which has been attached to this application form.

<b>REQUIRED:</b> Applicant Signature	Date TANF Grocery Boxes Distributed	Telephone Number
--------------------------------------	-------------------------------------	------------------

### **Optional questions for clients:**

Are you receiving Food Stamps?

Yes If yes, how much does your household receive in food stamp benefits? \$ \_\_\_\_\_

If you are not receiving Food Stamps, do you need assistance applying for Food Stamps?

If yes, may the OASHF contact you? (Please make sure to provide your phone number above)

Are there other types of assistance that you and your family need? If yes, please provide us more information about your needs.

---

*The Ohio Association of Second Harvest Foodbanks will not discriminate against any individual or group because of race, age, sex, religion, national origin, color, height, weight, marital status, political beliefs, disability. If you need help with reading, writing, hearing, etc. Under the Americans with Disabilities Act, you are invited to make your needs known to the OASHF at 614/221-4336.*