

FREE
HOLIDAY GIFT CARD
&
FLU SHOT CLINIC
FOR
ELIGIBLE FRANKLIN COUNTY VETERANS

Each eligible veteran or widow will receive a \$50.00 gift card to purchase a holiday meal.

Items needed to qualify:

Photo ID

DD 214

Household Income (Current years tax return or Pay Stubs)

Date: **Friday November 14 & Saturday November 15, 2008**
Friday December 12 & Saturday December 13, 2008

Time: **Friday's 6 PM—9 PM**
Saturday's 9 AM—3 PM

Location: **Veterans Memorial Building**
250 W Broad St
Columbus OH 43215
WEST HALL

For additional information contact the Franklin County Veterans Service Commission @ 462-2500

INCOME GUIDELINES

200% Poverty Level/Family Size

1	2	3	4	5	6	7	8
\$ 20,800.00	\$ 28,000.00	\$ 35,200.00	\$ 42,400.00	\$ 49,600.00	\$ 56,800.00	\$ 64,000.00	\$ 71,200.00

You must be a Franklin County Resident to be eligible for this program.

Please complete the following information and bring this form and proof of income to the Veterans Memorial to receive your gift card.

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 _____

Did you serve in Vietnam? _____ Are you enrolled in the VA Health Care system? _____

Applicants must provide a copy of their DD214 to verify military service.

Verification of income needs to be provided (i.e. Paystub, VA Award letter, Social Security Award letter or 2007 income tax return)

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

Gift Card Number: _____

Approved Denied

VBS Signature

Date