Ohio Department of Job and Family Services

THE EMERGENCY FOOD ASSISTANCE PROGRAM
STATE FUNDED FOOD PROGRAM

HOUSEHOLD ELIGIBILITY GUIDELINES EFFECTIVE JULY 1, 2023

HOUSEHOLD SIZE	INCOME		
	YEAR	MONTH	WEEK
1	$29,160	$2,430	$561
2	$39,440	$3,287	$758
3	$49,720	$4,144	$957
4	$60,000	$5,000	$1,154
5	$70,280	$5,857	$1,352
6	$80,560	$6,714	$1,550
7	$90,840	$7,570	$1,747
8	$101,120	$8,427	$1,945
9	$111,400	$9,284	$2,143
10	$121,680	$10,140	$2,340
FOR EACH ADDITIONAL HOUSEHOLD MEMBER ADD	$10,280	$857	$198

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: https://www.usda.gov/sites/default/files/documents/ad-3027.pdf, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **mail:**
   U.S. Department of Agriculture
   Office of the Assistant Secretary for Civil Rights
   1400 Independence Avenue, SW
   Washington, D.C. 20250-9410; or
2. **fax:**
   (833) 256-1665 or (202) 690-7442; or
3. **email:**
   program.intake@usda.gov

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