

Perry Helping Perry, Inc. Program Application
 PO Box 80599. Canton, Ohio 44708

Date: _____

Mission Statement:

- To come together as a community joining church, school, civic groups, and area businesses to pull our resources to help feed and clothe Perry residents in need.
- To share our knowledge and skills with each other, making Perry the place to live and raise a family.

Qualifications:

- Current resident of Perry Township or children attend Perry Local Schools. (Driver's license or ID)
- Meets Ohio Department of Job and Family Services Federal and State Funded Food Programs Eligibility to take food home. (Changes annually or under certain circumstances such as a pandemic.) – No proof necessary

PLEASE PRINT CLEARLY

Applicant's Name: _____ DOB: ____/____/____ Gender: ____
 Address: _____ City: _____ Zip: _____
 Phone Number(s): _____
 Driver's License # or ID #: _____ State: _____

Household Members (excluding applicant):

First Name	Last Name	Date of Birth (DOB)	Gender (F, M, U)

I certify that my current gross household income is at or below the income listed on the attached form for households with the same number of people as my household. I also certify that, as of today, my household lives in the area served by the agency. Program officials may verify what I have certified to be true. I understand that making a false certification may result in not being qualified for Perry Helping Perry services.

Signature of Applicant: _____ OR Signed by PHP Program Staff: _____
 (During pandemic)