



# Government Shutdown Food Relief Ends December 10, 2025

Applicants are strongly encouraged to review the program's eligibility requirements and qualifications. Be sure to have all necessary supporting documents on hand, as they may be needed for verification-especially if they are not already on file with the Franklin County Veterans Service Commission.

## ELIGIBILITY REQUIREMENTS

- Meet Veteran or surviving spouse criteria
  - Must have served on active duty for purposes other than training and/or be service connected by the Dept of Veterans.
- Current Franklin County resident for 90-days, prior to application
- Veteran or Spouse/Surviving Spouse must be a federal employee who has been furloughed, or
- Guard or Reserve who meet Veteran status and drills have been cancelled, or
- Veteran or Spouse/Surviving Spouse must be a recipient of SNAP.

## REQUIRED DOCUMENTS

- Photo ID
- DD214 – Military Discharge, or verification of VA service-connected benefits
- Marriage Certificate (for spouse or surviving spouse)
- Death Certificate (for surviving spouse)
- Furloughed: LES/Paystub, Furlough Letter
- Guard/Reserve: LES showing no pay/SGLI debt
- SNAP recipients: letter verifying SNAP or printout of current

**NO HOUSEHOLD WILL RECEIVE MORE THAN \$500.00 IN ALDI GIFT CARDS**



# Government Shutdown Food Relief

Lost or stolen cards will not be replaced

Please print legibly

| APPLICANT INFORMATION             |                                                          |                              |                                                     |
|-----------------------------------|----------------------------------------------------------|------------------------------|-----------------------------------------------------|
| Applicant is a                    | <input type="checkbox"/> Veteran                         |                              | <input type="checkbox"/> Spouse or Surviving Spouse |
| Is Veteran Deceased?              | <input type="checkbox"/> No <input type="checkbox"/> Yes | If Yes, Enter Date of Death: |                                                     |
| Veterans Name                     |                                                          | SSN                          | Date of Birth                                       |
| Spouses Name                      |                                                          | SSN                          | Date of Birth                                       |
| Address                           |                                                          |                              | Date of Residence in Franklin County                |
| City, State, Zip                  |                                                          |                              | Telephone                                           |
| Email                             |                                                          |                              | # dependents in household                           |
| HOUSEHOLD INCOME FROM ALL SOURCES |                                                          |                              |                                                     |
| Name                              | Relationship to Applicant                                | Source of Income             | Gross Monthly Income                                |
|                                   |                                                          |                              |                                                     |
|                                   |                                                          |                              |                                                     |
|                                   |                                                          |                              |                                                     |
|                                   |                                                          |                              |                                                     |

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.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

RETURN COMPLETED FORM AND  
REQUIRED DOCUMENTS TO

VIA: FAX 614 525 2505  
EMAIL\* vsc.intake@franklincountyohio.gov

Mail or Drop Box:

Franklin County Veterans Service Commission  
ATTN: GS Relief  
280 E Broad St, Rm 100  
Columbus OH 43215