

City of Bedford

Food Pantry Program

The City of Bedford's Food Pantry is a local program serving Bedford residents. To be eligible residents must submit a completed application along with proof of residency, income, and household size. Applications must be submitted each calendar year to maintain eligibility. *Examples of valid forms of proof of residency and income are listed on the back.*

Applications are available on-line at www.bedfordoh.gov or at the Bedford Parks & Recreation Department located in Ellenwood Center, 124 Ellenwood Avenue.

Completed applications along with proof of residency, income, and household size must be submitted to the Bedford Parks and Recreation Department, 124 Ellenwood Avenue, Bedford, Ohio 44146. One application per household.

To be eligible; household income must be at or below the household eligibility as set forth by the Ohio Department of Job and Family Services within the Federal and State Funded Food Programs Eligibility To Take Food Home Guidelines as listed on the application.

Food is distributed at Ellenwood Center, 124 Ellenwood Avenue, the last Friday of each month from 10:00 am to 11:00 am; except November and December, in which food will be distributed the Friday prior to the holiday. Applicants may receive food service one time per month.

MONTHLY REGISTRATION REQUIRED: Applicants must call the Bedford Parks and Recreation Department to register every month they want to receive food. **The registration period is the 1st through the 15th of each month.** Applicants must have an approved application on file to be able to register for food and can only register for that month.

TO REGISTER EACH MONTH CALL: 440-735-6570

- *Showing up the day of food distribution without having an approved application on file or pre-registering for that month does not guarantee the applicant food for that day.*
- *Applying the same day as food distribution does not guarantee the applicant food for that day.*
- *If an approved applicant registers for 3 or more food distribution dates and fails to pick-up their food they may be become ineligible.*

Valid Forms of Proof of Residency:

- Valid driver's license or state issued ID
- Property Tax Receipt
- Posted mail with name of applicant
- Current utility bill
- Lease agreement or mortgage statement
- Insurance card
- Voter registration card
- Bank or credit card statement, insurance policy or bill

Valid Forms of Proof of Income (please provide all that apply):

- Social Security proof of income letter or statement
- Tax return
- W2 form
- 1099 form
- Employer letter
- Unemployment documentation
- Disability insurance
- Pay stubs
- Bank statements

The City of Bedford reserves the right to require additional information to verify eligibility.

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Food Pantry Program Schedule - 2025

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TO REGISTER EACH MONTH CALL: 440-735-6570

Friday, January 31

Friday, February 28

Friday, March 28

Friday, April 25

Friday, May 30

Friday, June 27

Friday, July 25

Friday, August 29

Friday, September 26

Friday, October 31

Friday, November 21

Friday, December 19

Ohio Department of Job and Family Services
FEDERAL AND STATE FUNDED FOOD PROGRAMS
ELIGIBILITY TO TAKE FOOD HOME

This box is **optional** for local agency use, check one:

- ☐ A (Household with minor children)
☐ B (Household without minor children)

Name		
Address		
City	Zip	Area Code + Phone ()
Number of people in household by age: age 60+ _____ age 18 - 59 _____ age birth - 17 _____ Total _____		

This table shows yearly gross income for each family size. If your household income is at or below the income listed for the number of people in your household, you are eligible to receive food. This certification form is being completed in connection with the distribution of food from the state funded program and/or Federal assistance through The Emergency Food Assistance Program.

Household Size	Yearly Income	Monthly Income	Weekly Income
1	\$30,120	\$2,510	\$580
2	\$40,880	\$3,407	\$787
3	\$51,640	\$4,304	\$994
4	\$62,400	\$5,200	\$1,200
5	\$73,160	\$6,097	\$1,407
6	\$83,920	\$6,994	\$1,614
7	\$94,680	\$7,890	\$1,821
8	\$105,440	\$8,787	\$2,028
9	\$116,200	\$9,684	\$2,235
For each additional household member add	\$10,760	\$897	\$207

Read the following statement carefully, then sign the form & write in today's date.

I certify that my current gross household income is at or below the income listed on this 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 this agency. Program officials may verify what I have certified to be true. I understand that making a false certification may result in having to pay the State for the value of the food improperly issued to me and may subject me to criminal prosecution under State and Federal law.

Signature X	Date X
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In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity. Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotope, American Sign Language), should contact the responsible state or local agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. 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 email: program.intake@usda.gov This institution is an equal opportunity provider.

This box is optional for local agency use, check one:			
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature X	Date X
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature X	Date X
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature X	Date X
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature X	Date X
Full Service <input type="checkbox"/>	Partial Service <input type="checkbox"/>	Signature X	Date X
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