



Jewish Family Service
2020 High Holiday Application for Assistance

Legal Name _____

Address _____

City _____ Zip Code _____

Phone _____ May we leave a message? ___ Yes ___ No

Alternate Contact _____
Name Relationship

Alternate Phone _____ May we leave a message? ___ Yes ___ No

Email _____

Date of Birth _____ Family Size _____ Current Monthly Household Income (Gross) _____

Please Select One: ___ One Stop ___ Meijer

How did you hear about this program? _____

Please confirm the following:

- ___ Gross household income is under 250% FPL. Please note: While many households include extended family for holidays, eligibility is based on the number of people who reside in the home on an ongoing basis.
___ Application is completed and signed.
___ Copy of applicant's photo ID is attached.
___ Documentation of current income for all household members is attached (examples: paystubs, tax return, social security letter).
___ Assistance is provided to purchase food for the High Holidays for use in your home.

Applicant's electronic or written signature: _____ Date: _____

Please return completed application with all documentation:

- EMAIL -holidayassistance@jfsdetroit.org

Important Info:

- Once your complete application has been reviewed, JFS will contact you with a determination within 1-2 weeks. We will notify you when the assistance is approved or denied. Assistance will be mailed.
For questions, please email holidayassistance@jfsdetroit.org or call Haviva Greenbaum at 248-592-2663
Funding is limited and will be awarded on a first-come, first-served basis.
No applications will be accepted after September 8, 2020.

Jewish Family Service offers many services to help manage life's challenges, including: case management services for families and older adults, mental health counseling, and health care navigation. To access compassionate and discreet help, please contact the JFS Resource Center at 248.592.2313, Lev Detroit 248.592.2244, or visit jfsdetroit.org.

For Office Use Only:

___ Application approved. ___ Application declined. Explanation: _____

Client ID: _____ HH Size: _____ Amount Awarded: _____

250% Federal Poverty Guidelines

Household/ Family Size	Monthly Limit Gross	Annual Limit Gross
1	\$2,658	\$31,900
2	\$3,592	\$43,100
3	\$4,525	\$54,300
4	\$5,458	\$65,500
5	\$6,392	\$76,700
6	\$7,325	\$87,900
7	\$8,258	\$99,100
8	\$9,192	\$110,300
9	\$10,125	\$121,500
10	\$11,058	\$132,700
11	\$11,992	\$143,900
12	\$12,925	\$155,100
13	\$13,858	\$166,300
14	\$14,792	\$177,500
15	\$15,725	\$188,700
16	\$16,658	\$199,900