



Jubilee Market Produce Discount Program Application

Name _____ Date of Birth _____ Male Female

Address _____ City _____ State _____ Zip _____

Phone _____ Email Address _____

Weight _____ Height _____ Race: Caucasian African American Asian Other

Ethnicity: Hispanic Not Hispanic

I am a patient at Lower Lights Christian Health Center. Yes No

Please send me coupons and information about Jubilee Market and Café.

Please send me Health Center information and promotions.

Customers under 100% of the Federal Poverty Level (FPL) are eligible to receive a 20% discount on fresh produce, and customers between 100% and 200% FPL are eligible to receive a 15% discount on fresh produce. Discount excludes prepared items.

Proof of income is required at time of application. Eligibility is good for one year.

Agreement

I give my permission to Lower Lights Christian Health Center (LLCHC) and Jubilee Market to use my personal information including name, date of birth, address, e-mail, and phone number for the purpose of administering the discount program. I give permission to LLCHC to use my income and sliding fee information to determine produce discount eligibility.

I understand that I am required to show a current State I.D., Driver’s License or Passport to use my produce discount. I understand that I must be present to redeem my discount, and that no one can redeem a discount on my behalf. I understand that the discount program may be canceled at any time.

Signature _____ Date _____

Return this form via mail or e-mail.

Attn: Financial Eligibility Produce Discount
1160 West Broad St.
Columbus, Ohio 43222
Email: jubileeproducediscount@llchc.org
Phone: (614) 274-1455