



Golden Buckeye Card Application

If you are in need of a replacement card, call 1-800-422-1976.
There is no need to complete an application for a replacement card.

APPLICANT'S INFORMATION

- I am an Ohio resident age 60 or older and have not been issued a Golden Buckeye card.
- I am an Ohio resident age 18-59, with a Social Security Administration defined disability.

PLEASE PRINT CLEARLY

FIRST NAME	INITIAL	LAST NAME	JR., SR., ETC.
MAILING ADDRESS (HOUSE NUMBER & STREET NAME)		APARTMENT NUMBER	
CITY	STATE	ZIP CODE (plus 4 digit number if known)	
	OH		
DATE OF BIRTH (mm/dd/yyyy)	AREA CODE and PHONE NUMBER		
EMAIL ADDRESS			
SIGNATURE * <i>I declare information provided on this application is truthful. Type name for electronic signature.</i>			TODAY'S DATE
<i>X</i>			

SIGN-UP SITE STAFF COMPLETE THIS SECTION

Please verify the information above is complete. Then complete the following information.

1. DATE OF BIRTH Ohio Driver's License / State Issued ID

2. DISABILITY DOCUMENTATION PROVIDED

If the applicant is between the ages of 18 and 59 and applying based on disability, check the type of documentation presented.

- Medi**CARE** card (not Medicaid)
- State certification (BWC, Ohio Industrial Commission, DoDD)
- SSDI/SSI program acceptance letter
- Ohio or federal disability retirement

3. SITE NAME _____ PHONE (_____) _____ STAFF INITIALS _____

4. SUBMIT COMPLETED APPLICATIONS THROUGH ONE OF THE FOLLOWING OPTIONS:

- **EMAIL:** GoldenBuckeyeApps@age.ohio.gov
- **FAX:** 1-877-767-9954 (Toll-free)
- **MAIL:** Mail or return to applicant for mailing to:
Golden Buckeye Program • 30 E Broad St / 22nd Floor • Columbus, OH 43215-3414

*** SIGN-UP SITES SHOULD NOT RETAIN APPLICATIONS.**
Please delete digital copies or return paper copies to the applicant.