

FCDJFS Summer YouthWorks 2013 TANF Registration Form

Subrecipient:	Site Location:
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A. YOUTH ELIGIBILITY CATEGORY:

- (A) Youth 14-17 (18 if still a full-time high school student)
 (B) Youth 18-24 (if in a needy family with another minor child)
 (C) Youth 18-24 (if they have a minor child and are considered needy)

B. IDENTIFYING INFORMATION

List Identifying Information for Each Youth Participating in the Program (list below)				
Legal Name <u>(first & last)</u>	Social Security Number	Date Of Birth	Relationship to Parent/Legal Guardian	Resident Status- check one (if Lawful Resident Alien attach Verification)
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Resident Alien
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Resident Alien
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Resident Alien
				<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Resident Alien

List Identifying Information for Parent/Legal Guardian (list below) If youth category B or C, complete for Self			
Last Name	First Name	Middle Initial	
Mailing Address	City	Zip Code	Social Security Number
Resident Status- check one <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Resident Alien (attach verification)	County	State	Area Code & Phone No.

C. INCOME ELIGIBILITY VERIFICATION (MUST CHECK ONLY ONE BOX)

1.	<input type="checkbox"/>	This individual(s) receives or is a member of a family that receives Ohio Works First cash payments or receives other FCDJFS benefits and has a minor child. Complete Section F of this form. -- <u>Attach FCDJFS benefit verification.</u>
2.	<input type="checkbox"/>	This individual(s) was eligible during the 2012 – 2013 school year for Free and Reduced Lunch . Complete Sections: D, E & F of this form. -- <u>Attach eligibility determination letter(s) provided by the school(s); the name of each child verifying must be listed.</u>
3.	<input type="checkbox"/>	This individual(s) needs to have eligibility determined based upon household income. Complete Sections: D, E & F of this form. -- <u>Attach verification of income for the past 30 days.</u>

D. INELIGIBLE HOUSEHOLD MEMBERS (complete only if C-2 or C-3 is checked)

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
1.			Is there a household member in debt to Franklin County Department of Job and Family Services for an OWF overpayment due to fraud?
2.			Is there a household member who is not a resident of Franklin County?
3.			Is there a household member who is not a citizen or lawful resident alien?
4.			Is there a household member who is a fugitive felon or probation/parole violator?
5.			Is there a household member who has failed to cooperate in establishing paternity or securing child support?
6.			Is there a household member who has been found to have fraudulently misrepresented his/her residence to obtain benefits in more than one state in the past 10 years?
7.			Is there a household member who is an unmarried parent under age 18, not living in a supervised living arrangement?
8.			Is there a household member who is an unmarried, non-high school graduate parent under the age of 19 who is not attending high school or the equivalent?
9.	If you answered yes to a question in Section C, list the number of the question(s) and the name of the person(s) here: _____ * If the person identified in #9 is the applicant, he/she is not eligible for services. * If the household member listed in #9 is not the applicant, this individual cannot be counted in household size; however, his/her income must be included when qualifying for services under Section C (3) .		

E. IDENTIFYING and FINANCIAL INFORMATION

Complete the chart below for the members of your household. You must include immediate family members (self, spouse/father of minor child, and minor children). You may also include others living in the household.

Name	Relation to Applicant	SSN	DOB	Source of Income	Monthly Amount of Income
	SELF				

If you are the non-custodial parent of a child residing in Ohio who is younger than 18 years of age or 18 years of age if still in high school, include him/her in the table above.

1. If "zero" income is reported, attach a statement from applicant documenting other means of support including name, address, and telephone number of the individual providing support to the family.
2. Number of household members from the chart above: _____
 Subtract the number of ineligible members from Section D: _____
TOTAL HOUSEHOLD SIZE: _____

2013 Income Guideline Reference Table (MONTHLY INCOME)

200% FPG	1	2	3	4	5	6	7	8	9	10
	\$1915	\$2585	\$3255	\$3925	\$4595	\$5162	\$5935	\$6605	\$7275	\$7945

F. APPLICANT SIGNATURE

I am the parent or legal guardian of a minor child and the information provided on this application is complete and correct to the best of my knowledge. I understand that receiving these services will not prevent me from receiving other PRC assistance offered by Franklin County.

Signature of Applicant	Date
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APPROVAL/DENIAL

- TANF Registration Approved: Date _____ Date Approval Mailed _____
 TANF Registration Denied: Date _____ Date Denial Mailed _____

Reason for Denial _____

Signature of Agency Representative	Title	Date
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