

**BELMONT COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
(Please Print)**

Applicant Name: _____
 Street Address: _____
 City, State, Zip: _____
 Date of Application: _____

Mailing Address (if different): _____

 Phone: _____

1. LIST ALL HOUSEHOLD MEMBERS STARTING WITH YOURSELF (use back if necessary)

Name	Social Security Number	Relationship to Applicant	Age & Grade Level	Source of Income (Wages, Child Support, SSI, VA Benefits, Lump Sums)	Monthly Amount
1.		Self			
2.					
3.					
4.					
5.					
6.					

Total Monthly Income: _____
 (Verification of last 30 days of income is required)

2. Have you been involved with Children Services in the last 12 months? Yes No
3. Have you or any other household members moved to Belmont County within the last 30 days? Yes No
4. Have you or any other household members received PRC assistance from any other county or state in the last year?
 Yes No If YES, when, how much and from which state/county? _____

5. Is anyone in your household currently under a sanction? Yes No
 If Yes, explain: _____

6. Has anyone in your household refused or quit a job? Yes No
 If Yes, explain: _____

7. Are you currently employed? Yes No If yes, please list below:

Employee: _____	Employee: _____
Employer's Name: _____	Employer's Name: _____
Employer's Address: _____	Employer's Address: _____
_____	_____
Telephone Number: _____	Telephone Number: _____

8. Are you:

	Yes	No
A United States Citizen	_____	_____
A Qualified Alien	_____	_____
A Fugitive Felon	_____	_____

9. If you or any member of your family has any of the following resources, place an X in the box beside the applicable resource and indicate the current value of that resource. (Verification of resource value is required):

Resource	X	Name of Person with Resource	Amount
Cash on hand			
Savings account			
Checking account			
Other			

9. If you are registered to vote where you live now, would you like to apply to register to vote here today (voter registration application attached)? Yes, I wish to register to vote No, I do not wish to register to vote (If you do not check either box, you will be considered to have decided not to register to vote at this time.)

I swear or affirm the above information is true and correct to the best of my knowledge. I understand that providing false and/or incomplete information on this application will result in denial of this application and possible prosecution and will render me ineligible for any PRC assistance for a period of 24 months. I further understand that obtaining funds by providing false and/or incomplete information will render me ineligible for any future PRC assistance until those funds have been repaid.

Signature of Applicant

Date

NONDISCRIMINATION

Federal laws require that any agency administering federally funded programs and activities, cannot discriminate against you on the basis of race, color, national origin, sex, religion, political beliefs, disability, and age.

HOW DO I FILE A DISCRIMINATION COMPLAINT?

Your complaint can be filed with:

The Ohio Department of Job and Family Services
Bureau of Civil Rights
30 East Broad Street, 37th Floor
Columbus, Ohio 43215-3414

Fax to: (614) 752 - 6381 The Bureau of Civil Rights (BCR) staff is available to offer assistance with writing and filling your complaint(s). You can call BCR at (614) 644-2703 or Toll Free 1-866-227- 6353, TTY (614) 995-9961 or Toll Free 1- 866-221-6700.

Your Right to a State Hearing

If you believe your application has been a mistake or delay in your case, you have the right to request a State Hearing

You have a right to request a State Hearing in one of the following ways:

- **Email:** BSH@jfs.ohio.gov. In the subject line, enter “State Hearing Request” and include your name, case number and reason for requesting the State Hearing in the body of the email.
- **Phone:** 1-866-635-3748
- **Fax:** 1-614-728-9574
- **Mail:** Bureau of State Hearings PO Box 182825 Columbus Ohio 43218-2825
- **Online through the SHARE Portal:**
 1. Go to hearings.jfs.ohio.gov
 2. Log in using your Ohio Benefits ID and password. If you do not have an Ohio Benefits account, sign up at www.benefits.ohio.gov
 3. Verify your identity through Experian Precise ID.
 4. Sign on to hearings.jfs.ohio.gov