

Please Note: This application cannot be processed until all required documents have been submitted. Refer to the attached checklist. Turning in the supporting documentation with the application will expedite the processing.

Your Name:	Current Address:	Agency Use Only
Your Social Security Number:	Street:	Case #
Telephone Number/s:	City, State, Zip:	Date Received:
	County:	Case Manager:

The purpose of this program is to offer short term assistance during a crisis or time of need. Please complete the application and provide all required documentation. **Additional services are available to help find and maintain employment. They include assistance with resumes, job search, training and fuel, just to mention a few.**
Please Contact: OhioMeansJobs/Marion, 622 Leader St. Marion, OH, 43302: 740-382-0076 for additional information.

VOTER REGISTRATION APPLICATION ATTACHED – ASSISTANCE AVAILABLE

If you are not registered to vote where you live now, would you like to apply to register here today

YES, I want to register to vote NO, I do not want 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.

Request: List the benefits and/or services requested and the amount needed for each.

Benefit or Service	Amount Needed	Benefit or Service	Amount Needed
1.	\$	3.	\$
2.	\$	4.	\$

Please submit supporting documents with your application (auto repair estimates, utility bills...). See attached checklist.

Reason for Need:

Please indicate actions you have taken and the community agencies contacted to assist in meeting your current need:
 What is your plan to prevent this from reoccurring:

Please provide the following information for everyone living in your household, starting with yourself

Name	Relationship to Applicant	Date of Birth	Social Security Number	U.S. Citizen Yes/No	Pregnant Yes No	Check the box(s) for each benefit that is currently being received:	
Applicant Name	Self					<input type="checkbox"/> OWF Cash (TANF)	<input type="checkbox"/> DFA Cash
						<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> JFS Child Care Assistance
						<input type="checkbox"/> OWF Cash (TANF)	<input type="checkbox"/> DFA Cash
						<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> JFS Child Care Assistance
						<input type="checkbox"/> OWF Cash (TANF)	<input type="checkbox"/> DFA Cash
						<input type="checkbox"/> Food Stamps (SNAP)	<input type="checkbox"/> JFS Child Care Assistance

If you are a parent and you have your own minor child or children that do not live with you, and (1) you are court ordered to pay child support for them, and (2) they live in Ohio, please complete the following:					
Minor's Name:		Date of Birth:		Address:	
Minor's Name:		Date of Birth:		Address:	
Have you or anyone in your household been found guilty of fraudulently receiving ADC/OWF/PRC cash assistance (or) been determined to have committed an ADC/OWF/PRC Intentional Program Violation					
<input type="checkbox"/> No	<input type="checkbox"/> Yes	If Yes, please let name:			
If you need help with a utility, is it turned off?		<input type="checkbox"/> No	<input type="checkbox"/> Yes	If you need help with rent, do you have a place to stay or move to?	
		<input type="checkbox"/> No	<input type="checkbox"/> Yes		
Please provide the following information for everyone in your household, including yourself, that receives EARNED INCOME from employment, self-employment, etc.					
Name		Source		How Often Received	Gross Amount Per Pay
					\$
					\$
					\$
					\$
					\$
Is there any income in your household		<input type="checkbox"/> No	<input type="checkbox"/> Yes		
If No please explain how you are paying your monthly obligations:					
All income received in the past 30 days & income expected to be received in the future must be reported/verified.					
By my signature below, I certify that the above information for myself and all members of my household is true and correct and that all income and potential resources have been reported; I also understand that misrepresentation of any information may subject me to collectible overpayments and other allowable sanctions and deliberate misrepresentation or fraud may also subject me to prosecution under applicable state and federal laws; furthermore, I give MCJFS employees and agents permission to contact any person, business, agency or entity required to verify my eligibility; furthermore, I agree to participate in the collection of any information required for a quality control review, programmatic review, audit or data set requirements; and furthermore, I authorize MCJFS employees and its agents and any service or benefit provider permission to share all relevant information in my case file(s); I also acknowledge, that I understand and that I have received a copy of the PRC Rights.					
Signature:				Date:	

Please Note:

Marion County Job and Family Services are seeking youth to participate in the Youth Employment Program. The goal of the program is to assist youth aged 16 to 24 with finding meaningful self-sufficient employment. The program provides a paid work experience to gain the skills needed to be successful at a job. For additional information and eligibility, please visit or contact OhioMeansJobs-Marion and ask to speak with a Youth Employment Specialist: Our number is (740) 382-0076.

PRC RIGHTS

NON DISCRIMINATION: 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.

AMERICANS WITH DISABILITY ACT: If you have a physical or mental condition that substantially limits one or more major life activities, you may have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. Physical or mental conditions include, for example, a learning disability, mental retardation, a history of drug or alcohol addiction, depression, mobility impairment, or a hearing or vision impairment.

You can, let us know if you have a disability. If you cannot do something we ask you to do, we can help you do it or we can change what you have to do. Here are some of the ways we can help:

- We can call or visit if you are not able to come to our office.
- We can tell you what this letter means.
- If you are hearing impaired, we can provide a sign language interpreter when you come to the office.
- We can help you appeal any decisions you do not agree with.

If you need some other kind of help, ask us and/or call your caseworker.

LIMITED ENGLISH PROFICIENCY: If your primary language (spoken or written) is not English, we can help you. Let us know if your primary language is not English. Here are some of the ways we can help:

- We can provide you with an interpreter who can speak English and your language when you come to the office. One will be provided at no cost to you.
- We may be able to provide you documents in your own language. If we cannot, then we will provide you with an interpreter who can read the documents to you.

INFORMATION ON CITIZENSHIP AND IMMIGRATION STATUS: If you are applying for PRC benefits, you must tell us about the citizenship and immigration status of only those persons you are seeking the benefits for. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC if they are otherwise eligible.

You may also need to tell us about your family's income and answer other questions we may ask.

INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER: Generally, if you are applying for PRC benefits, you must provide the social security number of only those persons you are seeking the benefits for. However, there may be instances where we need the social security numbers of members of the household to verify income or other eligibility criteria to determine eligibility even though they are not seeking PRC benefits themselves. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC if they are otherwise eligible.

Social security numbers may be used when contacting appropriate persons or agencies to determine your eligibility and verify information you have given for PRC; for example, income, disability benefits or other similar benefits and programs. Such information may affect your household eligibility for PRC. Your social security number may be used for a felony warrant match, a match of persons in violation of probation or parole by law enforcement agencies; or for purposes of investigations, prosecutions, and criminal or civil proceedings that are within the scope of law enforcement agencies' official duties.

HOW DO I FILE A DISCRIMINATION COMPLAINT?

Your complaint can be filed with:

Ohio Department of Job & Family Services
Office of Employee and Business Services
Bureau of Civil Rights and Labor Relations

150 E. Gay St., 18th floor

Columbus, Ohio 43215-3130

(614) 644-2703 or toll free 1-866-227-6353, TTY hearing impaired: 1-866-221-6700, Fax: (614) 752-6381