

## KINSHIP ASSISTANCE PROGRAM APPLICATION

### Marion County Job and Family Services (MCJFS)

**Kinship Assistance Program:** The application cannot be processed until all required documents have been submitted. Please note, this is not an entitlement program. Applicants must meet 200% of the Federal Poverty Guidelines. MCJFS may amend the PRC Kinship Assistance Program when needed based on availability of funding. Applicants must not have an active case with Marion County Children Services to qualify.

Kinship Caregiver Name:	Current Address: Street: _____	<b>Marion County JFS Use Only</b>	
Telephone Number/s:	City, State, Zip: _____	Date Received:	
Case #	County: Marion	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied
		Case Manager:	
		Supervisor Signature:	

**Voter Registration is attached:** If you are not registered to vote where you live now, would you like to register.

Yes, I would like to register (see attached)       No, I do not want to register

If you do not check either box, you will be considered to have decided not to register to vote at this time.

Applications may be downloaded from [www.MCJFS.com](http://www.MCJFS.com) and placed in the MCJFS Drop Box in the Main Lobby, (363 W. Fairground St. or faxed: 740-387-2175 or emailed: [marioncounty@jfs.ohio.gov](mailto:marioncounty@jfs.ohio.gov). For assistance with completing the application or general questions about the program please call 740-386-1080

- Stabilization services:** Reasonable & necessary services, including household, personal care, and clothing required (4 months per 12 rolling months).
- Caregiving Services:** For a kinship child(ren) living with a Kinship Caregiver who has verified a need for childcare due to employment, schooling, training, or other reasons determined reasonable & necessary.

**Please provide the following information for the Kinship Caregiver and Kinship Child/ren**

	Name	Relationship to Applicant	Date of Birth	Social Security Number	U.S. Citizen Yes/No	Income
Kinship Caregiver						
Kinship Caregiver						
Kinship Child						
Kinship Child						
Kinship Child						
Kinship Child						

Child's Name	Requested Items	Estimated cost:	Vendor

#### Customer Information Acknowledgement:

**Applicant is aware that changes to the household must be reported to MCJFS within 10 days? Applicant Initials** \_\_\_\_\_

**All individuals listed above are US Citizens or legal aliens and are not fugitive felons? Customer initials** \_\_\_\_\_

**MCJFS will need the following information to process the application:**

Completed Program Application	Proof of citizenship	Proof that the child resides with a caregiver
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By my signature below, I certify that the above information for myself and Kinship Children living in the household is true and correct and that all income for the children has been reported. I give MCJFS employees and agents permission to contact any person or entity required to verify 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; I authorize MCJFS employees, its agents, any service, or benefit provider permission to share relevant information in my case file(s).

<b>Applicant Signature:</b>	<b>Date:</b>
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**PRC Kinship Assistance Program**

These services are designed to support kinship caregivers who need assistance caring for children in their home and who do not have an active case with Marion County Children Service. Kinship Children must reside in Marion County. The allowable yearly limit for financial assistance per Kinship child is set at \$1,500 (unless otherwise stated).

<b>Benefit/Service</b>	<b>Maximum Benefit</b>	<b>Frequency Allowed</b>	<b>Requirements</b>
<b>To receive services (in list below) from this program, these documents are required. Additional documents may be required.</b>	<ul style="list-style-type: none"> <li>• <b>Documentation from parents that the children are living with Kinship Caregiver OR</b></li> <li>• <b>Completed self-attestation form</b></li> </ul>		
<b>Kinship Incentive Payment (KIP)</b>	\$500 per Kinship Child.	One issuance.	<ul style="list-style-type: none"> <li>• Must have moved into the Kinship Caregiver’s home within last 6 months (from date MCJFS received the application).</li> <li>• Documentation from parents that the children are living with Kinship Caregiver and date they started providing service <b>OR</b></li> <li>• Completed self-attestation form.</li> <li>• Completed W9</li> </ul>
<b>Kinship Maintenance Payment</b>	\$350 per Kinship Child	Once per 12 months	<ul style="list-style-type: none"> <li>• Residing with a Kinship Caregiver for a period exceeding 6 months.</li> <li>• Completed W9</li> </ul>
<b>Food (not eligible if receiving SNAP/Food Assistance).</b>	\$200/per Kinship Child	Once per month Not to exceed 4 consecutive months	<ul style="list-style-type: none"> <li>• Vendor where food will be purchased</li> </ul>
<b>Household Items:</b> (Includes mattresses, beds, cribs, linens, highchairs, car seats, or other necessary household items).	As needed to maintain a safe and nurturing environment for the Kinship Children. Must be reasonable and appropriate.	Once per 12 months per Kinship Child.	<ul style="list-style-type: none"> <li>• One quote for each requested item/s</li> </ul>
<b>Clothing/Personal Care Items:</b> (Includes necessary clothing for child to engage safely and comfortably in daily activities, hygiene items).	\$350 per Kinship Child. Must be reasonable and appropriate.	Once per 6 months. Must be reasonable & appropriate.	<ul style="list-style-type: none"> <li>• List of items being requested.</li> <li>• Quote for items being requested.</li> </ul>
<b>Housing:</b> (Includes costs related to obtaining /maintaining housing (rent, mortgage, and security deposit).	As needed to maintain a safe and nurturing environment for the Kinship Children. Must be reasonable and appropriate.	Once per 24 months.	<ul style="list-style-type: none"> <li>• Lease agreement, or mortgage statement.</li> </ul>
<b>Utilities:</b> (Includes gas, electric, water, propane, wood).	As needed to maintain a safe and nurturing environment for the Kinship Children.	Once per month Not to exceed 4 consecutive months.	During HEAP season, applicant should be referred to OHCAC prior to accessing services through PRC. <ul style="list-style-type: none"> <li>• Most current utility bill.</li> </ul>

			<ul style="list-style-type: none"> <li>• Estimate if requesting Propane</li> </ul>
<b>School Supplies &amp; Fees:</b> (Includes school fees, academic supplies, fees for participating in school related activities, educational field trips and related fees/expenses, as required by school district of attendance).	As needed per Kinship Child.	As needed per Kinship Child. Once per month Not to exceed 4 consecutive months.	<ul style="list-style-type: none"> <li>• Documentation from school showing amount required</li> </ul>
<b>Appliances:</b> Includes stove, refrigerator, washer & dryer. <b>One appliance per 10 years.</b>	As needed to maintain a safe and nurturing environment. Must be reasonable and appropriate.	<b>One appliance per 10 years.</b>	<ul style="list-style-type: none"> <li>• If renting, a copy of the lease</li> <li>• One quote for each requested item/s</li> </ul>
<b>Identification Materials:</b> (Includes Driver's License, State ID, Birth Certificate).	As needed per Kinship Child	As needed per Kinship Child	
<b>Respite Care:</b> (Providers may be individuals or facilities /programs (i.e. after school /summertime camps, recreation centers, YMCA, mentoring programs).	As needed per Kinship Child	Monthly/ Not to exceed 4 consecutive months	<ul style="list-style-type: none"> <li>• Documentation from respite care provider showing number of hours care is being provided.</li> <li>• Invoice from the provider showing the cost of the care (must be reasonable and in line with average costs in Marion County)</li> <li>• W9 from care provider</li> </ul>
<b>Childcare:</b> Kinship Provider must apply for Public Funded Childcare prior to requesting childcare services through PRC. Youth under age of 13 or up to age 18 if there is documented special need.	<b>Subject to availability of funds</b> (If Public Funded Childcare is not available or Provider is eligible)		<ul style="list-style-type: none"> <li>• Invoice from the provider showing the cost of the care (must be reasonable and in line with average costs in Marion County)</li> <li>• W9 from care provider</li> </ul>
<b>This is a list of vendors that currently accept MCJFS PRC Payment. MCJFS does not endorse any of these vendors.</b>			
<b>Automotive Repair and Tires:</b>	Tire Kingdom: 740-389-2666	Currens Auto Repair: 740-387-3213	
Copperhead Garage: 740-389-5858	TC Auto: 740-375-5925	Logan Tire Sales & Service: 740-383-1814	
Precision Auto: 740 387-0501	Walmart: 740-389-3404		
<b>Clothing/Personal Care Items: Includes necessary clothing for child to engage safely and comfortably in daily activities.</b>			
Walmart: 740-389-3404	Scioto Shoe Mart: 740-389-5775	Mattress Mart: 740-725-8900	
<b>Appliances:</b>	Lowes: 740-389-9737		

## 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 need assistance with requirements of this program, please let us know, we can help. Here 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

# Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.  
For further information, you may consult the Secretary of State's website at [VoteOhio.gov](http://VoteOhio.gov) or call 877-SOS-OHIO (877-767-6446).

## Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

**NOTICE:** This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Numbers 1 and 2 below are required by law. You *must* answer both of the questions for your registration to be processed.

Please see information on back of this form to learn how to obtain an absentee ballot.

## Identification Requirements

If you have a current Ohio driver license or state ID card, you must provide that number on line 10. If you do not have an Ohio driver license or state ID card, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

## Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

## Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

I am:  Registering as an Ohio voter  Updating my address  Updating my name

1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>FOR BOARD USE ONLY</b> SEC4010 Revised 03/2025
2. Will you be at least 18 years of age on or before the next general election? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>IF YOU ANSWERED NO TO EITHER OF THE QUESTIONS, DO NOT COMPLETE THIS FORM.</b>				
3. Last Name	First Name	Middle Name or Initial	Jr., II, etc.	City, Village, Township
4. House Number and Street (Enter new address if changed)		Apt. or Lot #	5. City or Post Office	6. ZIP Code
7. Additional Mailing Address (if necessary)			8. County (where you live)	Precinct
9. Birthdate (MM/DD/YYYY) (required)	10. Ohio driver license number, state ID card number, OR last four digits of Social Security number (one form of ID required to be listed or provided)		11. Phone Number (voluntary)	School District
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street				Congressional District
Previous City or Post Office		County	State	Senate District
13. CHANGE OF NAME ONLY Former Legal Name		Former Signature		House District
14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.				

Your Signature  Date (MM/DD/YYYY) \_\_\_\_\_

I completed this form on behalf of the applicant due to disability, blindness, or illiteracy. I attest that the applicant indicated that he/she desired to register to vote or update the applicant's name or residence.

Signature of assister for applicant in accordance with R.C. 3503.14(C).

**TO ENSURE YOUR INFORMATION IS RECEIVED,  
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit [VoteOhio.gov/Boards](http://VoteOhio.gov/Boards).

If you have additional questions, please call the office of the Ohio Secretary of State at 877-SOS-OHIO (877-767-6446).

**HOW TO OBTAIN AN OHIO ABSENTEE BALLOT**

Any Ohio voter whose registration is up to date may cast an absentee ballot. Absentee ballot applications can be obtained from your county board of elections or from the Secretary of State online at [VoteOhio.gov](http://VoteOhio.gov) or by phone at 877-SOS-OHIO (877-767-6446).

**OHIO VOTER IDENTIFICATION REQUIREMENTS**

Voters must bring photo identification to the polls in order to verify identity. Voters who do not provide identification will still be able to cast a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please visit the Secretary of State's website at [VoteOhio.gov](http://VoteOhio.gov) or call 877-SOS-OHIO (877-767-6446).

Please note, if the applicant's driver license or ID contains a "NONCITIZEN" identifier (on the back), the identification requires additional proof of U.S. citizenship.

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