



# Department of Job and Family Services

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SummitDJFS.org

Temporary Assistance for  
Needy Families (TANF)

## Application for TANF Services

### Voter Registration Assistance – If you are not registered to vote where you live now, would you like to register to vote?

**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.)*

Name (Last)		(First)	(MI)
Address		State	ZIP code
Telephone (Home)	(Work)	(Message)	
E-mail address			

SCDJFS USE ONLY	
Type of PRC services <input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> NA	Date received
PRC in the last 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	Case number
PRC clearance	Funding source <input type="checkbox"/> PRC <input type="checkbox"/> Title XX/TANF
Application <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Application source

### Complete the section below for everyone living in your home, including yourself. You are required to verify all income for all members of your household. Use the back of this page to list additional household members.

Full name (first and last)	Social Security number	Date of birth	Sex	Relationship to applicant	Source of monthly income <i>(Employment, child support, OWF, VA check, SSI)</i>	Monthly amount of gross income
Jonathan Smith (example)	123-45-6789	03/23/65	M	Brother	Employment, child support	\$1,500
*				<b>*SELF</b>		

1. Have any household members listed above left the residence in the last 45 days?  Yes  No *If yes, who and what is their relationship to the applicant?*

2. Are you applying as a non-custodial parent?  Yes  No *If yes, list below the non-custodial address of child listed above*

3. Are you a U.S. citizen?  Yes  No

4. Are you, or is anyone in your household, pregnant?  Yes  No

5. Is anyone in your household a fugitive felon?  Yes  No

6. Has anyone in your family, including yourself, fraudulently received assistance under the OWF, PRC, and/or TANF programs?  Yes  No

7. What services are you requesting?  
\_\_\_\_\_  
\_\_\_\_\_

8. Have you or any member of your household received emergency assistance in the last 12 months?  Yes  No

List the agencies you have contacted for assistance	Did you receive help?	If the agency helped you, please explain how. If the agency did not help you, please explain why not. <i>(Verification required)</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Continued >>**

**Additional household members if applicable**

Full name (first and last)	Social Security number	Date of birth	Sex	Relationship to applicant	Source of monthly income (Employment, child support, OWF, VA check, SSI)	Monthly amount of gross income

**RECIPIENT ACKNOWLEDGMENT**

**Recipient hereby acknowledges** that Title VI of the Civil Rights Act of 1964 (Title VI) and its implementing regulations provides that no person shall be subjected to discrimination on the basis of race, color, or national origin under any program or activity that receives federal financial assistance. Thus, any organization or individual that receives federal financial assistance, either directly or indirectly, through a grant, contract, or subcontract, is covered by Title VI, including hospitals, nursing homes, home health agencies, home maintenance organizations, health service providers, and human service organizations.

**Recipient further acknowledges** that Title VI makes it unlawful for an individual or an organization to discriminate against persons with limited english proficiency (LEP). Also, agencies who receive federal funding from the U.S. Department of Health and Human Services (HHS) are required to provide oral and/or written translation services to individuals whose primary language (spoken or written) is not English. Agency warrants that, if an individual or organization is a recipient of federal financial assistance from HHS,

it has an obligation to ensure that LEP persons have meaningful and equal access to benefits and services.

**Recipient agrees** that to comply with all federal laws and regulations pertaining to Title VI of the Civil Rights Act of 1964.

**MY SIGNATURE ACKNOWLEDGES** that final approval of my TANF request is based on established guidelines and availability of TANF funds; it is also subject to the approval of the director. Misuse of TANF assistance is subject to recovery by the Investigations Unit following the procedures listed in the SCDJFS Fraud Plan.

**I am authorizing the exchange of information between SCDJFS and any designated provider.**

\_\_\_\_\_  
 Applicant signature

\_\_\_\_\_  
 Date

<b>PROVIDER USE ONLY</b>			
PRC services provider name <b>EMMAUNEL CHRISTIAN ACADEMY</b>	Name of contact person <b>MS. JACKSON</b>	Telephone number <b>330-836-7182</b>	Date received
Program name(s) <b>MY-STARS STARS CAMP</b>			
<b>SUMMARY OF ELIGIBILITY CRITERIA</b>			
The following summary is a checklist of items that must be verified to determine eligibility.			
<input type="checkbox"/> Identity <input type="checkbox"/> Citizenship <input type="checkbox"/> Residency <input type="checkbox"/> SCDJFS IPV checked _____ by _____ or <input type="checkbox"/> N/A <small style="margin-left: 100px;">Date</small> <small style="margin-left: 100px;">(SCDJFS representative)</small>			
<b>Economic need (check one)</b>			
<input type="checkbox"/> Services do not require verification of economic need <input type="checkbox"/> Federal means-tested program: _____ <small style="margin-left: 300px;">(Program name)</small>			
<input type="checkbox"/> Gross monthly income <input type="checkbox"/> No income reported (per client statement of daily living expenses)			
Monthly earned income \$ _____	+	Monthly unearned income \$ _____	=
		Total gross monthly income \$ _____	Assistance-group size _____
<b>Eligibility status</b>			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Notice of action sent by _____ <small style="margin-left: 100px;">(Provider representative)</small> <small style="margin-left: 100px;">(Date)</small>			
<b>Services provided by community partners</b>			
<input type="checkbox"/> Rent \$ _____ <input type="checkbox"/> Security deposit \$ _____ <input type="checkbox"/> Utilities \$ _____			
<input type="checkbox"/> Other \$ _____ Explain _____			