

Subrecipient: Lead The Way Learning Academy	Site Location: <input type="checkbox"/> CDL <input type="checkbox"/> PRE-APPRENTICE <input type="checkbox"/> WORK READY
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A. IDENTIFYING INFORMATION

List Identifying Information for Each Youth Participating in the Program (list the information listed on the left for each program participant)				
Participant Information	Participant 1	Participant 2	Participant 3	Participant 4
Legal Name (first & last)				
Gender (male or female)				
Social Security Number (all nine digits)				
Date of Birth (month/date/year)				
Relationship to Parent/ Legal Guardian (i.e. son, niece, foster child &, etc.)				
Grade				
School Attending				
Race				
Ethnicity- check one	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic
Country of Origin				
Resident Status -check one	<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

D. HOUSEHOLD MEMBERS

List the Household Member's Name and Relationship to the Applicant

-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

-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

Name		Relation to Applicant	Date of Birth MM/DD/YY	Name		Relation to Applicant	Date of Birth MM/DD/YY
1		Self		6			
2				7			
3				8			
4				9			
5				10			

E. INELIGIBLE HOUSEHOLD MEMBERS

Ineligible Household Members

Yes No

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?

If you answered yes list the number of the question(s) and the name of the person below:

9.

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 Parent/Guardian

Date

FOR PROVIDER USE ONLY

G. TANF ELIGIBLE HOUSEHOLD SIZE

Household Size	
Number of Household Members (listed in the household member chart in section D)	
Number of Ineligible Household Members (number of people listed in Section E. question #9, these individuals will not be counted in total household size)	
Total Household Size (number of household members, minus ineligible household members)	
If the person identified as ineligible is the applicant, he/she is not eligible for services * Household member(s) listed as ineligible and are not the applicant, cannot be counted in household size; however, their income must be included to qualify for TANF	

H. PARTICIPANT STATUS

Check the Box Representing How Eligibility was Determined- Check All that Apply (boxes 2 & 3 should not both be marked)										
1. <input type="checkbox"/> Eligibility Based on FCDJFS Benefits -This individual(s) receives or is a member of a family that receives FCDJFS benefits and has a minor child -Qualifying FCDJFS benefits include-- Ohio Works First (cash payments), SNAP (food assistance) or Medical assistance - Child care assistance cannot be used to determine TANF eligibility because of income requirements										
2. <input type="checkbox"/> Program Eligible Based on Income at or below 200% of the FPG -Eligibility determination is based upon household income and family has a minor child -Household income includes gross earned (income from employment) & unearned income (e.g. child support, SSDI, SSI, retirement, zero income statement & etc.)										
	1	2	3	4	5	6	7	8	9	10
200% FPG	N/A	\$2,904	\$3,660	\$4,417	\$5,174	\$5,930	\$6,687	\$7,444	\$8,200	\$8,957

Signature of Agency Representative	Title	Date