

2022 – 2023 Youth Program Registration Form

Subrecipient:	Site Location:				
	_				

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	Participant 1 Participant 2 Participant 3 Pa									
Information	-	•	·	-						
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	☐ Hispanic	☐ Hispanic	☐ Hispanic	☐ Hispanic						
	☐ Non-Hispanic	☐ Non-Hispanic	☐ Non-Hispanic	☐ Non-Hispanic						
Country of Origin										
Resident Status -check one	☐ U.S. Citizen	☐ U.S. Citizen	☐ U.S. Citizen	☐ U.S. Citizen						
	☐ Lawful Resident Alien	☐ Lawful Resident Alien	☐ Lawful Resident Alien	☐ Lawful Resident Alien						

List Identifying/Demographic Information for Parent/Legal Guardian (list below)									
☐ Parent ☐ Legal Guardian						Middle Initial			
Social Security Number									
City		Zip Code	State		County				
Phone Numbers (Area code & Numb	per)	Race:			Resident Status- check	k one			
Home:		Ethnicity: 🗌 Hispanio	: ☐ Non-H	lispanic		Lawful Resident A (attach verification)	lien		
Cell: Work:		Country of Origin:		☐ Other- Parent/L Applying for a		,			
B. BENEFIT INFORMATION									
Check the FCDJFS Benefits the Family Receives- check all that apply (check the box for the benefits the family has received in the last 30 days; if the family does not receive benefits from FCDJFS check the first box)									
☐ N/A (the family does not receive	•			edical Assistance		hio Works First- Ca	ash Assistance		
☐ Supplemental Nutrition Assista	nce Program- Food <i>A</i>	Assistance 🗌 Child	Care Assistar	nce- Publically Fur	nded Child Care				
C. INCOME INFORMAT	ION								
Check the Appropriate Income Boxes for the Family- check all that apply (list the amount of household income for each section: gross earned, unearned & total for the last 30 days)							old Income e, unearned ehold Income)		
Income Category	Type of Earned/Une	arned Income	_						
☐ Earned Household Income	☐ Full-Time		☐ Part-Ti	me	Ea	arned Income (gros	ss amount)		
□ Wages/Tips □ Self-Employed									
☐ SSI		☐ Child Support	☐ Unemp	oloyment Compens	sation Ur	nearned Income			
☐ Unearned Household Income	☐ SSDI☐ Other (explain):	Retirement	Zero Income Statement			\$			
	Total Amo	ount of Household Incom	e (Gross Earn	ed & Unearned) fo	r the Last 30 Days:	otal Income (earne	d & unearned)		
						\$			

D. HOUSEHOLD MEMBERS

-Con -You	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	E. INELIGIBLE HOUSEHOLD MEMBERS								
Ineli	gible Household Members								
	_								
	1. Is there a household member in debt to Frankl	•		y Service	es for an OWF overpayment due to frau	d?			
:	2. Is there a household member who is not a resi	dent of Franklin County	?						
;	Is there a household member who is not a citiz	en or lawful resident ali	en?						
•	4. Is there a household member who is a fugitive	felon or probation/parol	le violator?						
;	5. Is there a household member who has failed to	o cooperate in establish	ing paternity or	securing	child support?				
(6. Is there a household member who has been for	ound to have fraudulently	y misrepresente	d his/her	residence to obtain benefits in more th	an one state in the past 10) years?		
•	7. Is there a household member who is an unmai	ried parent under age 1	8, not living in a	supervis	sed living arrangement?				
	8. Is there a household member who is an unmar	ried, non-high school g	raduate parent ι	under the	age of 19 who is not attending high sc	nool or the equivalent?			
If yo	u answered yes list the number of the question	(s) and the name of th	ne person belov	w:					
,	9.								
	F. APPLICANT SIGNATURE								
	the parent or legal guardian of a minor child an iving these services will not prevent me from re					of my knowledge. I und	erstand that		
Sign	ature of Parent/Guardian				Date				
		F0F			ONLY				

			D 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

Ch	eck t	the Box Repre	senting H	low Eligibilit	ty was Dete	rmined- Ched	ck All that Ap	ply (boxes 2 &	& 3 should not	both be marke	ed)		
1.		Eligibility Based -This individual(s -Qualifying FCDJ -Child care assis) receives o FS benefits	or is a membe s include Oh i	io Works Éirs	t (cash payme	ents), SNAP (f	ood assistand	e) or Medical a	assistance			
2.	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	\$3,052	\$3,839	\$4,625	\$5,412	\$6,199	\$6,985	\$7,772	\$8,559	\$9,345	
3.		Program Eligible -Eligibility determ -Household incon	ination is b a	ased upon ho	ousehold inco	ome and family	/ has a minor o		hild support, SS	DI, SSI, retirem	ent, zero income	e statement & etc.)	
			1	2	3	4	5	6	7	8	9	10	
		300% FPG	N/A	\$4,578	\$5,758	\$6,938	\$8,118	\$9,298	\$10,478	\$11,658	\$12,838	\$14,018	

Signature of Agency Representative	Title	Date