

## 2022 – 2023 Youth Program Registration Form

<b>Subrecipient:</b>	<b>Site Location:</b>
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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
<b>Legal Name</b> (first & last)				
<b>Gender</b> (male or female)				
<b>Social Security Number</b> (all nine digits)				
<b>Date of Birth</b> (month/date/year)				
<b>Relationship to Parent/ Legal Guardian</b> (i.e. son, niece, foster child &, etc.)				
<b>Grade</b>				
<b>School Attending</b>				
<b>Race</b>				
<b>Ethnicity- check one</b>	<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
<b>Country of Origin</b>				
<b>Resident Status</b> -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

- Is there a household member in debt to Franklin County Department of Job and Family Services for an OWF overpayment due to fraud?
- Is there a household member who is not a resident of Franklin County?
- Is there a household member who is not a citizen or lawful resident alien?
- Is there a household member who is a fugitive felon or probation/parole violator?
- Is there a household member who has failed to cooperate in establishing paternity or securing child support?
- 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?
- Is there a household member who is an unmarried parent under age 18, not living in a supervised living arrangement?
- 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	
<b>Number of Household Members</b> (listed in the household member chart in section D)	
<b>Number of Ineligible Household Members</b> (number of people listed in Section E. question #9, these individuals will not be counted in total household size)	
<b>Total Household Size</b> (number of household members, minus ineligible household members)	
<b>If the person identified as ineligible is the applicant, he/she is not eligible for services</b> * Household member(s) listed as ineligible and are not the applicant, cannot be counted in household size; however, their <b>income must be included</b> 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.  **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.  **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.)
- |                 |          |          |          |          |          |          |          |          |          |           |
|-----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| <b>200% FPG</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> | <b>9</b> | <b>10</b> |
|                 | N/A      | \$3,052  | \$3,839  | \$4,625  | \$5,412  | \$6,199  | \$6,985  | \$7,772  | \$8,559  | \$9,345   |
3.  **Program Eligible Based on income is between 201% to 300% 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.)
- |                 |          |          |          |          |          |          |          |          |          |           |
|-----------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| <b>300% FPG</b> | <b>1</b> | <b>2</b> | <b>3</b> | <b>4</b> | <b>5</b> | <b>6</b> | <b>7</b> | <b>8</b> | <b>9</b> | <b>10</b> |
|                 | N/A      | \$4,578  | \$5,758  | \$6,938  | \$8,118  | \$9,298  | \$10,478 | \$11,658 | \$12,838 | \$14,018  |

<b>Signature of Agency Representative</b>	<b>Title</b>	<b>Date</b>