



**Shelby County Department of Job and Family Services**  
**PRC, Family Preservation & Reunification, Title XX TANF TRANSFER & TXX BASE Application**

*Do you want to register to vote or to update your current registration?*

\_\_\_ *Yes*                      \_\_\_ *No*

Name of Applicant \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Are you a fugitive felon? Yes \_\_\_\_\_ No \_\_\_\_\_

Are you a U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_ If not are you a qualified alien? Yes \_\_\_\_\_ No \_\_\_\_\_

Is anyone in the household pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_ if yes, who? \_\_\_\_\_

Please list head of household first, then list all other individuals living in your household:

Name	Social Security # (needed for adults only)	Relationship to Applicant	Date of Birth	Monthly Income	Source of Income
		Self		\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
For SCDJFS use only:		HH size	Poverty level \$	Total \$	FPL Range (See chart) _____%

What type of assistance are you applying for? \_\_\_\_\_

What caused the need for this assistance? \_\_\_\_\_

Have you contacted any other agencies for possible assistance Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, who and what were the results? Necessary referral will be made if/as applicable

My signature indicates that the above information is true and accurate to the best of my knowledge. I have been informed of my rights and responsibilities, and understand I have the right to a state hearing if I disagree with any action taken on this application or the amount of benefits received.

Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>For Shelby County DJFS/Ohio Means Jobs Shelby County Use Only</b>	
Outstanding fraud OWF overpayment? Yes _____ No _____	PRC <small>Circle one</small> Fiscal Code _____
Approved _____ Denied _____ Vendor _____	\$ _____
Case number _____	Received the following WIOA Career Services _____
PRC/WIOA Career Service approved by: _____	Date _____
Method used for eligibility: Self attestation _____ Income _____ Other _____ (attach documentation)	