

**Scioto County Prevention, Retention, and Contingency
TANF Child Welfare/Kinship Navigator Self-Declaration Application 01-29-2025**

Name:	For Agency Use Only
Social Security Number	Scioto County Department of Job and Family Services
Present Address	Worker:
Telephone/Contact Number	Date Received:

Voter Registration Notification:

Would you like 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.
 YES, I want to register to vote. NO, I do not want to register to vote.

1. List EVERYONE living in your household, including yourself.

(If you are a non-custodial parent, list your children residing in Ohio.)

Name	Relationship to Applicant	Age	Source of Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

2. Circle your family size:

Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1	\$2609
2	\$3525
3	\$4442
4	\$5359
5	\$6275
6	\$7192
7	\$8109
8	\$9942

3. Check one:

- I declare that my family's gross monthly income is **at or below** the standard listed on the chart to the left.
- I declare that my family's gross monthly income is **above** the standard listed on the chart to the left.

4. Please read this statement carefully and respond below:

I reside in Scioto County and have a child younger than 19 years old living in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to Scioto CDJFS for a fraudulent OWF or PRC overpayment. I am not unwed parent under 18 who is not attending school. I live in an adult supervised living arrangement. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states.

- YES, I agree with the statement above (it is correct/true for me).
- NO, I disagree with the statement above (it is not correct/true for me).

5. Sign this application.

By signing this application, I affirm that to the best of my knowledge and belief these answers are complete and correct including self-declaration of income.

Signature of Applicant: _____ Date: _____

FOR AGENCY USE ONLY	
<input type="checkbox"/> Eligible <input type="checkbox"/> Decision Letter Given (retain copy)	<input type="checkbox"/> Not Eligible <input type="checkbox"/> Decision Letter Given (retain copy)
Signature of Worker:	Date: