



**Scioto County PRC  
Kinship Caregiver Program Application  
for Stabilization Services Revised 01-29-2025**

**This application may be used to help purchase basic needs  
for the child in your care.**

**Return this application to:  
Scioto County Children Services  
710 Court St., Portsmouth OH 45662  
or FAX to 740-456-6728**

Caregiver Name:	<b>For SCDJFS Agency Use Only</b>
Social Security Number	Worker:
Present Address	Date Received:
Telephone/Contact Number	Date of Denial for Publicly Funded Child Care:

**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 the name of the child you for which you are requesting help.**

<b>Child's Name</b>	<b>Your Relationship to This Child</b>
<b>Child's SSN</b>	<b>Child's Date of Birth</b>

**2. Please list the items needed for the child.**

<i>Assistance Group Size</i>	<b>Monthly Gross Income at 200% of the Federal Poverty Level</b>
1	\$2609

**4. Check one:**

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

**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. I further declare that I do not owe any cost to fraudulently receiving TANF assistance.*

Signature of Caregiver Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

<b>FOR AGENCY USE ONLY</b>	
<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: