



**Scioto County PRC
Kinship Caregiver Program Application
for Caregiving Services** Revised 6/10/2021

Return this application to:
Scioto County Children Services
 3940 Gallia Street, New Boston OH 45662
 or FAX to 740-456-6728

A denial notice for publicly funded daycare from Scioto County CDJFS must be submitted with this application.

Caregiver Name:	For SCDJFS Agency Use Only
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.

Child's Name	Your Relationship to This Child
Child's SSN	Child's Date of Birth

2. I need help with child care and certify that either I participate in one of the following activities:

- ____ Paid employment on a full-time or part-time basis
- ____ A training or education activity that prepares the caretaker for paid employment
- ____ An OWF or SNAP work activity

3. Check one:

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

<i>Assistance Group Size</i>	Monthly Gross Income at 200% of the Federal Poverty Level
2	\$2904

4. 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: _____

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: