



**Scioto County PRC
Kinship Caregiver Program Application
for Stabilization 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

This application may be used to help purchase basic needs for the child in your care or short-term child care for respite.

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: Paying Child Care _____ Purchasing Items to care for the child _____
 (If applying for child care, a denial notice for publicly funded daycare from Scioto County CDJFS must be submitted with this application.)

3. If you indicated you need help purchasing items to care for the child, please describe what items you need to purchase for the child in your care:

Assistance Group Size	Monthly Gross Income at 200% of the Federal Poverty Level
1	\$2147

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: _____

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: