

2024 – 2025 Out-of-School Time Youth Program Registration Form

Subrecipient: Community Development for All People

Site Location: Site 3: Southside Kingdom of Hope

A. IDENTIFYING INFORMATION

| List Identifying Information for Each Youth Participating in the Program (list the information listed on the left for each program participant) | | | | |
|---|---|---|---|---|
| Participant Information | Participant 1 | Participant 2 | Participant 3 | Participant 4 |
| Legal Name (first & last) | | | | |
| Gender (male or female) | | | | |
| Social Security Number (all nine digits) | | | | |
| Date of Birth (month/date/year) | | | | |
| Relationship to Parent/ Legal Guardian (i.e. son, niece, foster child &, etc.) | | | | |
| Grade Completed | | | | |
| School Attending | | | | |
| Race | | | | |
| Ethnicity- check one | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic | <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic |
| Country of Origin | United States | United States | United States | United States |
| Resident Status -check one | <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Resident Alien | <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Resident Alien | <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Resident Alien | <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Resident Alien |

| List Identifying/Demographic Information for Parent/Legal Guardian (list below) | | | | |
|---|--|----------------|--|----------------|
| <input type="checkbox"/> Parent | <input type="checkbox"/> Legal Guardian | Last Name | First Name | Middle Initial |
| Social Security Number-Full number | | Street Address | EMAIL | |
| City | Zip Code | State OH | County Franklin | |
| Phone Numbers (Area code & Number) Home: Cell: Work: | Race: Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic Country of Origin: United States | | Resident Status- check one <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Lawful Resident Alien (attach verification) <input type="checkbox"/> Other- Parent/Legal Guardian Applying for a Minor Citizen | |

B. BENEFIT INFORMATION

| Check the FCDJFS Benefits the Family Receives- check all that apply (check the box for the benefits the family has received in the last 30 days; if the family does not receive benefits from FCDJFS check the first box) | | |
|--|--|--|
| <input type="checkbox"/> N/A (the family does not receive FCDJFS Benefits) | <input type="checkbox"/> Medicaid- Health/Medical Assistance | <input type="checkbox"/> Ohio Works First- Cash Assistance |
| <input type="checkbox"/> Supplemental Nutrition Assistance Program- Food Assistance | <input type="checkbox"/> Child Care Assistance- Publically Funded Child Care | |

C. INCOME INFORMATION

| Check the Appropriate Income Boxes for the Family- check all that apply (list the amount of household income for each section: gross earned, unearned & total for the last 30 days) | | | Amount of Household Income for the Last 30 Days (gross earned income, unearned income & total household Income) |
|--|--|---|--|
| Income Category | Type of Earned/Unearned Income | | |
| <input type="checkbox"/> Earned Household Income | <input type="checkbox"/> Full-Time <input type="checkbox"/> Wages/Tips | <input type="checkbox"/> Part-Time <input type="checkbox"/> Self-Employed | Earned Income (gross amount) \$ |
| <input type="checkbox"/> Unearned Household Income | <input type="checkbox"/> SSI <input type="checkbox"/> SSDI <input type="checkbox"/> Other (explain): | <input type="checkbox"/> Child Support <input type="checkbox"/> Retirement <input type="checkbox"/> Unemployment Compensation <input type="checkbox"/> Zero Income Statement | Unearned Income \$ |
| Total Amount of Household Income (Gross Earned & Unearned) for the Last 30 Days: | | | Total Income (earned & unearned) \$ |

D. HOUSEHOLD MEMBERS

List the Household Member's Name and Relationship to the Applicant

-Complete the chart below for the members of your household; you must include immediate family members (self, spouse/father of minor child, and minor children)

-You may also include others living in the household

-If you are the non-custodial parent of a child residing in Ohio who is younger than 18 years of age or 18 years of age if still in high school, include him/her in the table

| Name | | Relation to Applicant | Date of Birth MM/DD/YY | Name | | Relation to Applicant | Date of Birth MM/DD/YY |
|------|--|-----------------------|---------------------------|------|--|-----------------------|---------------------------|
| 1 | | Self | | 6 | | | |
| 2 | | | | 7 | | | |
| 3 | | | | 8 | | | |
| 4 | | | | 9 | | | |
| 5 | | | | 10 | | | |

E. INELIGIBLE HOUSEHOLD MEMBERS

Ineligible Household Members

☐ Yes ☐ No

- Is there a household member in debt to Franklin County Department of Job and Family Services for an OWF overpayment due to fraud?
- Is there a household member who is not a resident of Franklin County?
- Is there a household member who is not a citizen or lawful resident alien?
- Is there a household member who is a fugitive felon or probation/parole violator?
- Is there a household member who has failed to cooperate in establishing paternity or securing child support?
- Is there a household member who has been found to have fraudulently misrepresented his/her residence to obtain benefits in more than one state in the past 10 years?
- Is there a household member who is an unmarried parent under age 18, not living in a supervised living arrangement?
- Is there a household member who is an unmarried, non-high school graduate parent under the age of 19 who is not attending high school or the equivalent?

If you answered yes list the number of the question(s) and the name of the person below:

9.

F. APPLICANT SIGNATURE

I am the parent or legal guardian of a minor child and the information provided on this application is complete and correct to the best of my knowledge. I understand that receiving these services will not prevent me from receiving other PRC assistance offered by Franklin County.

| | |
|------------------------------|--------------------|
| Signature of Parent/Guardian | Date 6/9/25 |
|------------------------------|--------------------|


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G. TANF ELIGIBLE HOUSEHOLD SIZE

| | |
|---|--|
| Household Size | |
| Number of Household Members (listed in the household member chart in section D) | |
| Number of Ineligible Household Members (number of people listed in Section E. question #9, these individuals will not be counted in total household size) | |
| Total Household Size (number of household members, minus ineligible household members) | |
| If the person identified as ineligible is the applicant, he/she is not eligible for services * Household member(s) listed as ineligible and are not the applicant, cannot be counted in household size; however, their income must be included to qualify for TANF | |

H. PARTICIPANT STATUS

| | | | | | | | | | | |
|--|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|
| Check the Box Representing How Eligibility was Determined- Check All that Apply (boxes 2 & 3 should not both be marked) | | | | | | | | | | |
| 1. <input type="checkbox"/> Eligibility Based on FCDJFS Benefits -This individual(s) receives or is a member of a family that receives FCDJFS benefits and has a minor child -Qualifying FCDJFS benefits include-- Ohio Works First (cash payments), SNAP (food assistance) or Medical assistance -Child care assistance cannot be used to determine TANF eligibility because of income requirements | | | | | | | | | | |
| 2. <input type="checkbox"/> Program Eligible Based on Income at or below 200% of the FPG -Eligibility determination is based upon household income and family has a minor child -Household income includes gross earned (income from employment) & unearned income (e.g. child support, SSDI, SSI, retirement, zero income statement & etc.) | | | | | | | | | | |
| 200% FPG | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | N/A | \$3,052 | \$3,839 | \$4,625 | \$5,412 | \$6,199 | \$6,985 | \$7,772 | \$8,559 | \$9,345 |
| 3. <input type="checkbox"/> Program Eligible Based on income is between 201% to 300% of the FPG -Eligibility determination is based upon household income and family has a minor child -Household income includes gross earned (income from employment) & unearned income (e.g. child support, SSDI, SSI, retirement, zero income statement & etc.) | | | | | | | | | | |
| 300% FPG | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 |
| | N/A | \$4,578 | \$5,758 | \$6,938 | \$8,118 | \$9,298 | \$10,478 | \$11,658 | \$12,838 | \$14,018 |

| | | |
|--|------------------------------------|-------------------------|
| Signature of Agency Representative  | Title Executive Director | Date 6/9/2025 |
|--|------------------------------------|-------------------------|