

SUMMER FEEDING PROGRAM

A box of food delivered to your home by ABCAP once a week for each child in the home.

ELIGIBILITY REQUIREMENTS:

Complete application and provide verification of all household income listing all household members residing at the address. Provide verification of all income.

Will need last 30 days to determine eligibility.

Must have child in home between the ages of 1-18.

Be a Brown County Resident

No Intentional Program Violations or overpayment for OWF/TANF with outstanding balance.

No fugitive felon or parole violator

All household members are citizens or lawful resident aliens.

ANY QUESTIONS PLEASE CALL (937)378-6104 Ext. 105.

ADDRESS TO RETURN APPLICATION & VERIFICATIONS TO

Brown County Department of Job & Family Services

775 Mt. Orab Pike

Georgetown OH 45121

2020 BROWN COUNTY SUMMER FEEDING PROGRAM

Household Information

List all household members, income, date of birth, SS # and relationship to head of household

Name	Source of Monthly Income i.e., SS, SSI, WC, Earned income, Child Support, Unemployment	DOB	Grade Child in 2018/2019 school year	SS#	Relationship to Head of Household

Mailing Address	Home Phone
City, State, Zip Code	Work Phone

1. Applicant and all household members are residents of Brown County ___ Yes ___ No
2. Applicant currently has a minor child(ren) residing in the home or is a non-custodial parent and is cooperating with the Child Support Enforcement Agency? (if a non-custodial parent, please include the child(ren)'s name(s) and information above) ___ Yes ___ No
3. Are you over the age of 18 and currently caring for a minor child(ren) other than your own, who physically resides in your household?
If yes, please specify how you are related. ___ Yes ___ No

4. All household members are citizens or lawful resident aliens? ___ Yes ___ No
5. Are any household members under sanction or an Intentional Program Violation or have an outstanding OWF or PRC fraud overpayment? ___ Yes ___ No
6. Are any household members failing to cooperate in establishing paternity or securing support? ___ Yes ___ No
7. Is anyone in your household a fugitive felon or parole violator? ___ Yes ___ No

COMPLETE SECOND PAGE OF APPLICATION ON THE BACK

BROWN COUNTY SELF DECLARATION OF INCOME APPLICATION

(1) Circle your Family Size 2 3 4 5 6 7 8 9 10 11 12

(2) Circle the Gross Monthly Income for your household (a household is all family members in the home) You must provide the last 30 days of earned or unearned income for all person(s) residing in the household.

200 % Federal Poverty Guideline

1	2127
2	2874
3	3620
4	4367
5	5114
6	5860
7	6607
8	7354

PLEASE NOTE YOU WILL NEED TO SUPPLY LAST 30 DAYS WORTH OF INCOME FOR EVERYONE IN THE HOUSEHOLD. YOU WILL NEED TO SUPPLY VERIFICATION SUCH AS PAY-STUBS, AWARD LETTER. ALSO YOU MUST LIST EVERYONE IN THE HOME WITH THEIR NAME, SOCIAL SECURITY NUMBER AND DATE OF BIRTH AND MUST LIST ALL INCOME FOR EACH INDIVIDUAL IN THE HOUSEHOLD.

All of the information on this application is true and complete to the best of my knowledge. I understand that if I purposely give false or misleading information on this application that the entire amount of assistance issued is a fraudulent payment.

Signature of Applicant _____ Date _____

Do not write below this line. Agency use only.

_____ AG is PRC Eligible _____ AG is ineligible for PRC

Date Approval/Denial Notice issued: _____

Denial reason: _____

Eligibility Determiner _____ Date _____

BCDJFS 5-2019

This program is contingent upon funding from the TANF/ Prevention, Retention, and Contingency Program

Ohio Department of Job and Family Services
VOTER REGISTRATION
NOTICE OF RIGHTS AND DECLINATION

County Department of Job and Family Services

Name	Date
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If you are not registered to vote where you live now, would you like to apply to register to vote here today?

- YES, I want to register to vote.
 NO, I do not want 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.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Signature

(This portion to be retained by agency)

(This portion to be given to applicant/recipient)

Date

If you have not received any verification of your voter registration from the county board of elections in which you reside within 21 days from the date you registered, you may inquire about the status of your registration by contacting your county board of elections.

If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the prosecuting attorney of your county or with the Secretary of State:

Ohio Secretary of State
180 E. Broad Street
Columbus, OH 43215
(614) 466-2585
Toll Free: (877) 868-3874

Address of County Prosecutor
City, State and Zip Code of County Prosecutor
Phone Number of County Prosecutor



PLACE
STAMP
HERE

BROWN COUNTY BOARD OF ELECTIONS
800 MT ORAB PIKE, SUITE 111
GEORGETOWN, OHIO 45121

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: www.OhioSecretaryofState.gov or by calling 1-877-767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring identification to the polls in order to verify identity. Identification may include a current and valid photo identification, a military identification, or a copy of a current utility bill, bank statement, government check, paycheck, or other government document, other than a notice of an election or a voter registration notification sent by a board of elections, that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot. Voters who do not have any of the above forms of identification, including a Social Security number, will still be able to vote by signing an affirmation swearing to the voter's identity under penalty of election falsification and by casting a provisional ballot. For more information on voter identification requirements, please consult the Secretary of State's website at: www.OhioSecretaryofState.gov or call 1-877-767-6446.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**