



**CLERMONT COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES  
Office of Adult, Child and Family Stability (ACFS)**

2400 Clermont Center Drive, Batavia, Ohio 45103  
Telephone: (513) 732-7111 Fax (513) 732-7216

**TANF Summer Youth Employment Program  
Verification Notification for Applicants**

**To process your application, ACFS must have the following verifications:**

1. **Identification:** Photo Identification and social security card
2. **Verification of household composition** (who resides in your home): A Household Identification form must be completed.
3. **Income of parents:** If employed, provide all pay stubs for last 4 consecutive weeks. Proof of unearned income (Social Security, Workers' Comp, Unemployment, Child Support, etc.). If self-employed, bring last year's Schedule C or, if not available, detailed records of income and expenses. If your household receives Food Assistance, Medicaid or Ohio Works first cash assistance, the agency can acquire verification of unearned income.
4. **If in school, your report card.**
5. **Three written references from a teacher, community leader or friend/neighbor over the age of 18.**

**PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION**

**TANF SUMMER YOUTH EMPLOYMENT PROGRAM**

Name of Applicant	Present Address
Social Security Number	
Telephone Number Where You Can Be Reached	

For Agency Use Only	
Case Number	
Date Sent	Date Returned
County <b>Clermont</b>	User ID

- Is anyone in your home currently employed?  Yes  No Or have a job offer?  Yes  No
- Does anyone in your household have unearned income?  Yes  No If yes, please list: \_\_\_\_\_
- Does anyone in your household currently receive any assistance from Clermont County DJFS?  Yes  No  
If "Yes", please circle the assistance you receive: OWF Cash Medicaid Food Assistance Child Car
- Are you a citizen of the United States?  Yes  No If no, then you must verify your alien status.
- Complete the chart below for yourself and everyone else who lives with you: *Verification of all income and household composition is required.*

Name	SSN	Date of Birth	Source and amount of Income	Persons Relationship to Applicant
1. (self)				(self)
2.				
3.				
4.				
5.				
6.				

**By my signature below, I declare under penalty of perjury that the information on this application is true and complete to the best of my knowledge. I understand that the law provides penalty of fine and/or imprisonment for anyone convicted of accepting assistance for which he or she is not eligible. (ORC 2921.13)**

Signature of Applicant	Date
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**PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION**

Date Application received (mm/dd/yy) \_\_\_\_\_ 30 day budget period (mm/dd/yy) \_\_\_\_\_ To (mm/dd/yy) \_\_\_\_\_

**Request.** List the items and/or services requested and the amount needed for each.

Item or Service	Amount Needed	Item or Service	Amount Needed
1. Participation in TANF Summer Youth Employment Program	\$ NA	3.	\$

**Income.**

Source	Amount Available in Budget Period	Verification
1.	\$	
2.	\$	
3.	\$	
4.	\$	

Total \$ \_\_\_\_\_

(Compare to 200% of FPG) \$ \_\_\_\_\_ for household size of \_\_\_\_\_

**PRC Approved.** Complete chart Voucher # \_\_\_\_\_

Item/Service Provided	Date of Approval	Amount Paid	Vendor's Name and Address
TANF Summer Youth Employment Program		\$	
		\$	
		\$	

**PRC Denied** – Date of Denial \_\_\_\_\_ Date Notice of Denial of Application sent \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Signature of Caseworker	Date	Signature of Supervisor	Date
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