

JEFFERSON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

125 SOUTH FIFTH STREET - STEUBENVILLE, OHIO 43952

PHONE: 740-282-0961

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APPLICATION QUESTIONNAIRE

THIS IS NOT AN APPLICATION FOR ASSISTANCE
IT MUST BE COMPLETED AND ATTACHED TO YOUR APPLICATION

I WANT TO APPLY FOR ASSISTANCE (CHECK ALL THAT APPLY) FOR THE PEOPLE LISTED BELOW RESIDING AT:

(STREET)	(CITY)	(PHONE)
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PLEASE BE SPECIFIC INDICATING YOUR NEEDS SO THAT WE MAY PROPERLY ASSIGN YOUR APPLICATION IN ORDER TO DETERMINE YOUR ELIGIBILITY.

- CASH
- MEDICAL
- FOOD STAMPS
- MEDICAL FOR NURSING HOME
- MEDICAL FOR WAIVER/PASSPORT/MRDD
- CHILD SUPPORT SERVICES
- CHILD CARE/DAY CARE
- TRANSPORTATION ASSISTANCE
- ASSISTANCE IN FINDING EMPLOYMENT
- OTHER ASSISTANCE NEEDED: _____

- I HAVE A MEDICAL DISABILITY.
- SOMEONE IN MY HOUSEHOLD HAS A DISABILITY

COMMENTS: _____

THE HOUSEHOLD CONSISTS OF THE FOLLOWING:

NAME	RELATIONSHIP TO YOU	AGE	APPLYING FOR ASSISTANCE	
			YES √	NO √
1. (YOUR NAME)				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

SIGNATURE OF APPLICANT	DATE
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