

# CHILDREN'S SCHOOL CLOTHING VOUCHER APPLICATION (AGES 3-18)

## JEFFERSON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES PREVENTION – RETENTION AND CONTINGENCY - PRC

NAME OF APPLICANT	MAILING ADDRESS	<input type="checkbox"/> CASE NUMBER
SOCIAL SECURITY NUMBER		DATE RECEIVED
PHONE NUMBER WHERE YOU CAN BE REACHED: _____		COUNTY (41)
EMAIL ADDRESS: _____		<b>JEFFERSON</b>

Please list all household members below. You are required to **verify** all income for all members in your household not currently in receipt of SNAP.

**Vouchers are for children who are ages 3 (as of 8/1/2024) through age 18 (who have not yet graduated from high school).**

HOUSEHOLD MEMBERS	DATE OF BIRTH	AGE	MONTHLY INCOME AMOUNT	CHILD'S SHOE SIZE	CHILD'S JEANS/PANT SIZE	CHILD'S SHIRT SIZE
1)						
2)						
3)						
4)						
5)						
6)						

VOUCHERS WILL BE ISSUED TO APPROVED APPLICANTS BY MAIL THE WEEK OF 8/1/2024.

Applications will be available at JCDJFS 125 S. 5<sup>th</sup> St. Steubenville OH 43952, online at [www.icdjfs.com](http://www.icdjfs.com) and can be emailed to [jeffersondocs@jfs.ohio.gov](mailto:jeffersondocs@jfs.ohio.gov), Faxed to 740-282-5765, mailed to or dropped off at 125 S. 5<sup>th</sup> St. Steubenville OH 43952 from July 1<sup>st</sup> through JULY 12<sup>th</sup>, 2024 by 4PM, **NO EXCEPTIONS**. Only those applications received timely will be considered.

I CERTIFY THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT IF THE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES DENIES MY APPLICATION I HAVE THE RIGHT TO A STATE HEARING. APPLICATION MUST BE SIGNED/DATED.

Signature: ✕	Date: ✕
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**STOP**

**↓ AGENCY USE ONLY ↓**

**STOP**

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INCOME SOURCE (EMPLOYMENT, SSI, CHILD SUPPORT)	PAST 30 DAYS INCOME	VERIFICATION
1)	\$	
2)	\$	
3)	\$	

- 1) TOTAL AMOUNT OF INCOME AVAILABLE IN **30-DAY BUDGET PERIOD**:   /  /  24 TO   /  /  24.      \$ \_\_\_\_\_
- 2) COMPARED TO FPG (**200%**) FOR PRC HOUSEHOLD SIZE.      \$ \_\_\_\_\_

**CURRENT RECEIPT OF SNAP?**  Yes  NO      **SANCTION?**  Yes  NO      **OVERPAYMENT?**  Yes  NO

**APPROVAL.** LIST NUMBER OF VOUCHERS ISSUED: \_\_\_\_\_ VOUCHER # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_ # \_\_\_\_\_

**DENIAL. REASON:** \_\_\_\_\_ DATE DENIAL NOTICE SENT: \_\_\_\_\_

**JCDJFS REPRESENTATIVE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_