

<b>Name of Applicant</b>	<b>Current Address</b>
<b>Telephone Number where you can be reached</b>	
<b>Email Address</b>	

**Please Check All That Apply:**

I, or my spouse, is a senior citizen (60 years +)	
I am a resident of Licking County and a U.S. citizen or legal alien	
I/we are facing a financial hardship due to the costs associated with the COVID-19 stay-at-home order, social distancing, or other protective measures that affect maintaining my self-sufficiency. Services are needed to prevent dependency.	
There are no minor children in my household.	

**Complete the chart below for anyone living in your home, including yourself.**

Name	Relationship to Applicant	Pregnant Yes/No	Date of Birth	Source of Income	Monthly Amount of Gross Income (Before taxes and other expenses)
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$

<b>What do you need assistance with?</b>	
<b>Reason for need?</b>	

By signing this application: 1) you agree that all information provided is true and complete to the best of your knowledge; 2) you authorize Licking County Job and Family Services (LCJFS) to release and share this application and other pertinent information concerning you and your family's eligibility and services with service providers/vendors, and other applicable/necessary parties; 3) you are aware that LCJFS may limit assistance under this program to the actual documented amount of need; 4) you may register to vote or update your voter registration through LCJFS upon request; and, 5) you were advised of your rights and responsibilities.

<b>Signature of Applicant or Caseworker Verifying Self-Declaration/Verbal Authorization:</b>	<b>Date:</b>
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<b>Signature of Interviewer:</b>
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**FOR LCJFS USE ONLY**

<b>APPLICATION APPROVED</b>
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Item/Service & Amount Approved	Date of Approval	Vendor's Name & Address

<b>APPLICATION DENIED</b>
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Item/Service Denied	Date of Denial	Reason for Denial

<b>Signature of Caseworker:</b>	<b>Date:</b>	<b>Signature of Supervisor:</b>	<b>Date:</b>

<b>If FINS, record case #:</b>	
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**WORKSHEET**

**Monthly Household Income/Resources**

Earned \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Unearned \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Total \_\_\_\_\_

200% FPG for AG \_\_\_\_\_

**Assistance Group Size \_\_\_\_\_**

AG Size	FPG 200%
1	\$2127
2	\$2874
3	\$3620
4	\$4367
5	\$5114
6	\$5860