

Back to School Voucher Program Helpful Hints

1. If you are **not** in receipt of OWF or Food Assistance benefits, please bring the last 30 days worth of income verification for your entire household with you.
2. Please bring your child's last report card showing the grade that child will be entering for the 2015-2016 school year.
3. If your application is incomplete, it will be denied.
4. If you falsify any information on this application, you will be subject to an Intentional Program Violation which will limit your public assistance eligibility and you will be required to pay back the funds you received fraudulently. In addition, you may be prosecuted.
5. You will not be able to return items purchased with the Back to School voucher. You will only be able to exchange for another, similar item.

TUSCARAWAS COUNTY JOB & FAMILY SERVICES

TANF/PRC BACK TO SCHOOL PROGRAM 2015

Name: _____

Phone Number (Home): _____

Address: _____

(Cell): _____

List all children requesting assistance at the above address (use back of page, if necessary).

Name	Age	SSN	Entering Grade
1.			
2.			
3.			
4.			
5.			

Is anyone in the household in receipt of: OWF (cash assistance) Food Assistance

What is the monthly income for the entire household? _____
If you are not currently receiving any public assistance (ie: OWF or Food Assistance please attach 30 days worth of income for your household.)

Applicant signature

Date

For office use only

Case number: _____	Approved: <input type="checkbox"/>	Denied: <input type="checkbox"/>
Voucher Amount: _____	Date issued: _____	
Caseworker signature: _____	Supervisor: _____	
Date eligibility was determined: _____	Income verified <input type="checkbox"/> YES <input type="checkbox"/> NO	

**TUSCARAWAS COUNTY JOB & FAMILY SERVICES
HOUSEHOLD/ RESIDENCY VERIFICATION**

CASE #	DATE
NAME	PHONE
NEW/CURRENT ADDRESS	
MAILING ADDRESS, IF DIFFERENT	
FORMER ADDRESS, IF MOVED	
SIGNATURE OF PERSON COMPLETING THIS FORM	
HOW MUCH RENT DO YOU PAY?	DO YOU RECEIVE HELP WITH PAYING YOUR RENT? <input type="checkbox"/> YES <input type="checkbox"/> NO

WHAT UTILITIES DO YOU PAY?

<input type="checkbox"/> Electric \$ _____	<input type="checkbox"/> Fuel Oil \$ _____
<input type="checkbox"/> Gas/Propane \$ _____	<input type="checkbox"/> Trash \$ _____
<input type="checkbox"/> Water \$ _____	<input type="checkbox"/> Phone \$ _____
<input type="checkbox"/> Wood \$ _____	<input type="checkbox"/> Coal \$ _____

WHAT UTILITY IS USED FOR HEATING?	DO YOU RECEIVE A UTILITY CHECK FROM METROPOLITAN HOUSING? <input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU COOL YOUR HOME WITH AIR CONDITIONING? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE YOU RECEIVED HEAP ASSISTANCE AT THIS ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO

NAME AND ADDRESS OF LANDLORD

BELOW, LIST <u>ALL</u> PEOPLE WHO LIVE AT THIS ADDRESS				Does this person eat with you?		Attend Schooling <u>Other Than</u> Elementary/High School? Where?
NAME	DOB	SOC SEC #	RELATIONSHIP	YES	NO	
1.			SELF			<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No

To be signed by landlord or third party who does not live with you and/or is not related to anyone in this household.

To the best of my knowledge, the above statements are true and correct.

Person signing form:

Landlord

Third party

SIGNATURE	ADDRESS	
	PHONE	DATE

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

County Department of Job and Family Services
Tuscarawas County Job & 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.
 NO, I am already registered to vote and my name and address are current with the Board of Elections.

IF YOU DO NOT CHECK ANY 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 125 East High Avenue
City, State, and Zip Code of County Prosecutor New Philadelphia, Ohio 44663
Phone Number of County Prosecutor (330) 365-3214

Voter Registration Form

Please read instructions carefully. Please type or print clearly with blue or black ink.

For further information, you may consult the Secretary of State's Web site at: www.sos.state.oh.us or call 1-877-767-6446.

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of the election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be *received or postmarked* by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice prior to Election Day, please contact your county board of elections.

Lines 1 and 2 below are required by law. You *must* answer *both* of the questions for your registration to be processed.

Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the *last four digits* of your Social Security number on line 10. If you have neither, please write "None."

Registering by Mail

If you register by mail and do **not** provide either a current Ohio driver's license number or the last four digits of your Social Security number, please enclose with your application **a copy** of one of the following forms of identification that shows your name and current address:

Current valid photo identification card, military identification, or current (within one year) utility bill, bank statement, paycheck, government check or government document (except board of elections notifications) showing your name and current address.

Your Signature

Your signature is required for your registration to be processed. In the box next to the arrow by line 14, please affix your signature or mark, taking care that it does not touch surrounding lines or type so it can be effectively used to identify you. If your signature is a mark, include the name and address of the person who witnessed the mark beneath the signature line. If by reason of disability you are unable to physically sign, you may follow specific procedures found in Ohio law (R.C. 3501.382) to appoint an attorney-in-fact who may sign this form on your behalf at your direction and in your presence.

Please see information on back of this form to learn how to obtain an absentee ballot.

FOLD HERE

1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Will you be at least 18 years of age on or before the next general election? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If you answered NO to either of the questions, do not complete this form.			
3. Last Name		First Name	Middle Name or Initial
4. House Number and Street (Enter new address if changed)		Apt. or Lot #	5. City or Post Office
6. ZIP Code		7. Additional Rural or Mailing Address (if necessary)	
8. County where you live		9. Birthdate (MO-DAY-YR) (required)	
10. Ohio driver's license No. OR last 4 digits of Social Security No. (one form of ID required to be listed or provided)		11. Phone No. (voluntary)	
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street			
Previous City or Post Office		County	State
13. CHANGE OF NAME ONLY Former Legal Name		Former Signature	
I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.			
14. Your Signature →			
Date _____			
MO DAY YR			

FOR BOARD USE ONLY SEC4010 (Rev. 07/08)
City, Village, Twp.
Ward
Precinct
School Dist.
Cong. Dist.
Senate Dist.
House Dist.

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.sos.state.oh.us or by calling 1-877-767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

R.C. 3503.19

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 Web site at: www.sos.state.oh.us or call 1-877-767-6446.

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