



Tuscarawas County Job and Family Services
 389 Sixteenth Street S.W.
 New Philadelphia, OH 44663

Agency use only	
_____ Approved	_____ Denied
Amount approved _____	
Worker _____	Date _____

COVID PRC BACK TO SCHOOL CLOTHING PROGRAM APPLICATION

If you are not registered to vote where you live now, would you like to apply to register to vote today?

YES, I want to register to vote NO, I do not want to register to vote

If you do not check either box, you will be considered to have decided NOT to register to vote at this time.

Name		Social Security Number		Case Number
Address	City	Zip	Telephone Number	

1. List all household members on the chart below. **You are required to verify all income for the last 30 days for all members of your household.**

Name	Relationship	Social Security #	Date of Birth	Source of Income	Monthly Income
					\$
					\$
					\$
					\$
					\$
					\$
					\$

2. List all children attending school in your household. **Please verify school enrollment for all school aged children.**

Child's name	School District/School Name	Current Grade

3. Tell us about your bank accounts. **Please provide balance verification for all accounts.**

Name	Checking	Balance	Savings	Balance
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input type="checkbox"/> NO	

By signing below, I grant permission to make all necessary contacts to verify my eligibility. I agree all provided information is true and accurate as of this date.

 Name Date

