



# Wood County Department of Job and Family Services

David Wigent, Director

1928 East Gypsy Lane Road, P.O. Box 679  
Bowling Green, Ohio 43402

• Phone: (419) 352-7566 • Toll Free 1-888-282-1118 • Fax: (419) 353-6091

Board of County Commissioners-

Doris I. Herringshaw, Ed.D • Craig LaHote • Dr. Theodore H. Bowlus

## 2023 K-12 FITTED FOR SUCCESS PROGRAM INFORMATION AND CHECKLIST

Wood County DJFS is helping with **backpacks, basic school supplies, hygiene items, shoes and to children** who will be attending kindergarten through 12<sup>th</sup> grade during the 2023-2024 school year. If available, coats may also be provided.

Enclosed are the application materials and a checklist of needed verifications. Applications will be accepted until 650 children are approved.

Each eligible child in the assistance group will receive one backpack filled with grade appropriate supplies. The supplies will be general supplies and will not include all the supplies or the exact supplies that your child's school may be requesting. Each child will also receive one voucher which will be good for the purchase of shoes and socks. For grades K-2, a \$100 voucher will be issued. For grades 3-12, a \$125 voucher will be issued. Each voucher will only be good at the approved store.

### Eligibility Requirements:

- 1) An adult (18 years or older) must apply. That adult must be the caretaker for the child(ren) and live in the same home.
- 2) The school-age child(ren) must be a U.S. citizen or meet qualified alien status requirements.
- 3) Your total family income must be at or below 200% of the Federal Poverty Guidelines of gross monthly income (see below).

Family Size	200% FPG
2	\$3,287
3	\$4,144
4	\$5,000
5	\$5,857
6	\$6,714

### Checklist of Verifications:

You must submit all applicable verifications. **Do not send originals.** Your application may be denied if any of these verifications are missing or not legible. If any of these verifications are already on file and current, you will not need to resubmit those verifications.

If you are unsure if any of the verifications are on file or are unsure how to obtain them, please contact the agency at **419-352-7566 ext. 8492.**

Your application will be **processed within 30 calendar days of receipt** of your signed application. If you are approved, an approval letter will be mailed to you. **Pick-up dates and instructions will be listed on the letter sent to you.**

#### Copies of Birth Certificates or Hospital Records or other Citizenship Verification AND Copies of Social Security Cards

- Required for you, your spouse or partner with whom you have children or stepchildren and all minor children in the household.

#### Verification of all Earned and Unearned Income

- Required for both you and/or your spouse/partner if employed or have just started employment. Acceptable verifications include last 4 weeks of pay stubs for current employment, self-employment records, employer verification statements for new employment, etc.
- Required for you, your spouse/partner and your minor children if any are receiving income. Types of unearned income include child support, Social Security, Workman's Comp., Unemployment Comp., VA benefits, retirement benefits, etc.

[www.woodcountyjfs.com](http://www.woodcountyjfs.com) • [www.ohiomeansjobs.com](http://www.ohiomeansjobs.com) • [www.co.wood.oh.us](http://www.co.wood.oh.us)

Reasonable accommodations will be attempted for any person who is disabled.

Requests must be made to this office twenty-four (24) hours prior to the time accommodations are required.



**WOOD COUNTY PREVENTION, RETENTION AND CONTINGENCY PROGRAM  
(PRC) APPLICATION 2023 K-12 FITTED FOR SUCCESS**

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<b>Name of Applicant</b>		<b>SSN</b>	<b>Date of Birth</b>
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Mailing Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Contact Information</b>			
<b>Phone Number:</b>		<b>Text Messages?</b>	<b>Email Address:</b>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	

**You must complete all sections of this application including monthly income and source of income.**

You may be required to provide employment verification, verification of unearned income, custody and/or divorce papers, proof of relationships, social security cards and/or proof of citizenship or legal alien status and Wood County residency for each member of your assistance group.

<b>Household Information: Complete for all individuals in the home starting with yourself. This includes your relatives and friends.</b>						
<b>First Name</b>	<b>Last Name</b>	<b>Relationship to Applicant</b>	<b>Date of Birth</b>	<b>Sex (Gender)</b>	<b>Race</b>	<b>SSN</b>

<b>Income Information: List all income that you or any member of your household receive or will receive in the next 30 days.</b>		
<b>Person Receiving Income</b>	<b>Current Source of Income</b>	<b>Monthly Average Gross Amount</b> <i>Amount anticipated in next 30 days</i>

<b>School Information: List all children in the household who will be attending school in grades K-12 in 2023-2024 (no Pre-K)</b>		
<b>Child's Name</b>	<b>List the Grade Attending in 23-24?</b>	<b>School Name</b> <i>(Can be in person, hybrid or online)</i>

**Turn page over to complete. Application must be signed and dated.**

**PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION  
K-12 FITTED FOR SUCCESS**

**Indicate if any of the following statements apply to you or anyone in your household:**

- | YES                      | NO                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has an outstanding ADC, TANF, OWF or PRC fraud balance anywhere in the United States?                               |
| <input type="checkbox"/> | <input type="checkbox"/> | A member of this household is currently on strike?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you or any member of your household currently attending Job Find or the Work Experience Program through WCJDFS? |

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**YOU HAVE A RIGHT TO AN INFORMAL CONFERENCE WITH THE WOOD COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES OR A STATE HEARING BEFORE THE OHIO DEPARTMENT OF JOB AND FAMILY SERVICES IF:** (1) your application is denied but you believe you are eligible; (2) you are not told in writing within 10 calendar days of the date you submit your application whether or not you are eligible; (3) you do not agree with the amount of your PRC assistance. I received a copy of the ODJFS County Conference and State Hearing rights and responsibilities and I understand them. I agree to fulfill my responsibilities as described.

I received a Notice of Rights and Declination concerning voter registration and the availability of voter registration forms. I give my consent to the agency to make whatever contacts are necessary to determine my eligibility for assistance and to verify information I have given in this application. I agree to provide proof if such proof is requested. I received a complete explanation regarding the requirements for determining eligibility, the reasons why I may not be eligible, my responsibility for reporting changes to the Wood County Department of Job and Family Services and the penalty, including possible civil action or criminal prosecution, for the intentional withholding or falsification of information.

I understand that this application will be considered without regard to race, color, ancestry, sex, age, handicap, religion or national origin. I affirm that to the best of my knowledge and belief the answers on this application are complete and correct. I understand the law provides penalty of fine or imprisonment (or both) for anyone convicted of accepting assistance for which he or she is not eligible. I state under penalty of perjury that all information is true and complete to the best of my knowledge.

I agree that information such as the names, grades and zip codes of children served may be shared with the Salvation Army and/or the United Way. No Social Security numbers, birth dates/information or income information will be shared without an additional signed release of information. Information will only be shared with those programs for the purpose of avoiding duplication of services should either of those organizations provide back to school assistance for the 2023-2024 school year.

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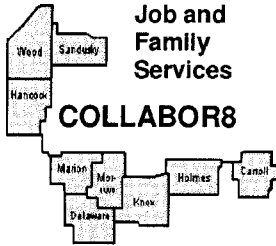
**Applicant Signature**

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**Date**

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**Signature and Printed Name of Person who assisted with this application (if any)**



**Job and Family Services**

**COLLABOR8**

**Carroll County**  
PO Box 219  
Carrollton, OH 44615  
FAX: 330-627-3904

**Delaware County**  
140 N. Sandusky 2<sup>nd</sup> FL  
Delaware, OH 43015  
FAX: 740-833-2302

**Hancock County**  
PO Box 270  
Findlay, OH 45839  
FAX: 419-422-1081

**Holmes County**  
PO Box 72  
Millersburg, OH 44654  
FAX: 330-674-0770

**Knox County**  
117 E. High St., 4<sup>th</sup> FL  
Mt. Vernon, OH 43050  
FAX: 740-392-8882

**Marion County**  
363 W. Fairground St.  
Marion, OH 43302  
FAX: 740-387-2175

**Morrow County**  
619 W. Marion Rd.  
Mt. Gilead, OH 43338  
FAX: 419-947-9115

**Sandusky County**  
2511 Countryside Dr.  
Fremont, OH 43420  
FAX: 419-332-2156

**Wood County**  
PO Box 679  
Bowling Green, OH 43402  
FAX: 419-353-6091

**Phone: 1-844-640-6446**

**Website: <http://ODJFSBenefits.ohio.gov>**

**VOTER REGISTRATION  
NOTICE OF RIGHTS AND DECLINATION**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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.

**IF YOU DO NOT CHECK EITHER 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)

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(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 rights 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

Delaware County Prosecutor  
140 N Sandusky St; 3<sup>rd</sup> floor  
PO Box 8006  
Delaware, OH 43015  
Phone: 740-833-2690

Hancock County Prosecutor  
300 S. Main St.  
Findlay, OH 45840  
Phone: 419-424-7015

Knox County Prosecutor  
117 E. High St., Suite 234  
Mount Vernon, OH 43050  
Phone: 740-393-6720

Marion County Prosecutor  
134 E. Center St.  
Marion, OH 43302  
Phone: 740-223-4290

Morrow County Prosecutor  
60 East High Street  
Mt. Gilead, OH 43338  
Phone: 419-947-5515

Sandusky County Prosecutor  
100 N Park Ave  
Fremont, OH 43420  
Phone: 419-334-6222

Wood County Prosecutor  
Wood County Courthouse  
Bowling Green, OH 43402  
Phone: 419-354-9250

JFS 07217 (8/2009)

**Collabor8 is a joint service area of the nine County Job and Family Services Agencies**

# Voter Registration and Information Update 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 website at: [VoteOhio.gov](http://VoteOhio.gov) or call (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 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 following timely submission of this form, please contact your county board of elections.

**Numbers 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."

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

## Registering by Mail

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

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

## Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

## Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

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

I am:  Registering as an Ohio voter  Updating my address  Updating my name

1. Are you a U.S. citizen?  Yes  No  
 2. Will you be at least 18 years of age on or before the next general election?  Yes  No  
 If you answered NO to either of the questions, do not complete this form.

3. Last Name	First Name	Middle Name or Initial	Jr., II, etc.
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4. House Number and Street (Enter new address if changed)	Apt. or Lot #	5. City or Post Office	6. ZIP Code
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7. Additional Mailing Address (if necessary)	8. County (where you live)	FOR BOARD USE ONLY SEC4010 (rev. 4/15) City, Village, Twp.
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9. Birthdate (MM/DD/YYYY) (required)	10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided)	11. Phone Number (voluntary)
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12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street

Previous City or Post Office	Previous County	Previous State
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13. CHANGE OF NAME ONLY Former Legal Name	Former Signature
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14. 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.

Your Signature  Date (MM/DD/YYYY) \_\_\_\_\_

FOR BOARD USE ONLY SEC4010 (rev. 4/15) City, Village, Twp.
Ward
Precinct
School Dist.
Cong. Dist.
Senate Dist.
House Dist.

**TO ENSURE YOUR INFORMATION IS RECEIVED,  
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit [VoteOhio.gov/Boards](https://VoteOhio.gov/Boards)

If you have additional questions, please call the office of the Ohio Secretary of State at (877) SOS-OHIO (877-767-6446).

**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: [VoteOhio.gov](https://VoteOhio.gov) or by calling (877) 767-6446.

**OHIO VOTER IDENTIFICATION REQUIREMENTS**

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed 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 pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: [VoteOhio.gov](https://VoteOhio.gov) or call (877) 767-6446.

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FELONY OF THE FIFTH DEGREE.**