

j-GO! Summer 2014 • TANF eligibility (substitute form)
Jefferson @ OSU • Summer Adventures in Music ~ Jefferson's - Grand Options! (j-GO!)

A. IDENTIFYING INFORMATION

PARENT Last Name	PARENT First Name	PARENT Middle Initial	PARENT Social Security Number	
Mailing Address	City	OHIO	Zip Code	Area Code and Phone #
Parent Resident Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Visitor w/Visa <input type="checkbox"/> Other				

Name of Each Child Applying to Summer Program	Social Security Number of Each Child Listed	Date of Birth of Each Child Listed	How is this child related to you

B. ELIGIBILITY and VERIFICATION: Must Check One

<input type="checkbox"/>	1. This parent was eligible during the 2013-14 school year for <i>Free/Reduced Price Lunch for each child applying to the j-GO! Program</i>. Attach an <i>eligibility determination letter(s)</i> from the school. Each child applying must be named in the letter(s). Then, complete both Sections C & E
<input type="checkbox"/>	2. This parent receives or is a member of a family that receives Ohio Works First cash payments or receives other FCDJFS benefits and has a minor child. -- <i>Attach benefit verification, skip Sections C & D, then go to and complete Section E of this form. Verification must include the name of each child applying to the j-GO! program.</i>
<input type="checkbox"/>	3. This parent needs to have eligibility determined based on household income -- <i>Complete Sections C, D, and E of this form and attach verification of income for the past 30 days (4 weeks prior to application date).</i>

C. (complete if either B-1 or B-3 is checked) HOUSEHOLD MEMBERS' INFORMATION

1. Yes No Is there a household member who is not an Ohio resident?
2. Yes No Is there a household member who is not a U. S. citizen, a lawful resident, a lawful visitor?
3. Yes No Is there a household member who is a fugitive felon or probation/parole violator?
4. Yes No Is there a household member who has failed to cooperate in establishing paternity or securing child support?
5. Yes No Is there a household member who has been found to have fraudulently misrepresented his/her residence to obtain benefits in more than one state in the past 10 years?
6. Yes No Is there a household member who is an unmarried parent under age 18, not living in a supervised living arrangement?
7. Yes No Is there a household member who is an unmarried, non-high school graduate parent under the age of 19 who is not attending high school or the equivalent?

If you answered yes to a question, list number of the question(s) and the name of the person(s) below:

9. _____

**If the person identified in #9 is the applicant, he/she may need to provide additional information to the j-GO! program.
 If the household member listed in #9 is not the applicant, this individual cannot be counted in household size; however, his/her income must be included when qualifying for j-GO! under Section B-3.

D. (complete if B-3 is checked.) IDENTIFYING and FINANCIAL INFORMATION

Complete the chart below for the members of your household. You must include immediate family members (self, spouse/father of minor child, and minor children). You may also include others living in the household.

Name	Relation to Applicant Parent	SSN	Date of Birth	Source of Income	Monthly Amount of Income
	Applicant				

If you are the non-custodial parent of a child residing in Ohio who is younger than 18 years of age or 19 years of age if still in high school, include him/her in the table above.

1. If "zero" income is reported, attach a statement from applicant documenting other means of support including name, address, and telephone number of the individual providing support to the family.

2. Number of household members from the chart above: _____

Subtract the number of ineligible members from Section C: _____

TOTAL HOUSEHOLD SIZE: _____

2014 Monthly Income Guideline Reference Table

200% FPG	1	2	3	4	5	6	7	8
	\$1,915	\$2,585	\$3,255	\$3,925	\$4,595	\$5,162	\$5,935	\$6,605

E. APPLICANT SIGNATURE

I am the parent or legal guardian of a minor child and the information provided on this application is complete and correct to the best of my knowledge. I understand that receiving these services will not prevent me from receiving any PRC assistance offered by Franklin County.

Signature of Applicant	Date
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----- Please do not write below this line - for Jefferson Academy of Music use only -----

TANF-sub Registration Approved Date _____ Date Approval Mailed _____

TANF-sub Registration Denied Date _____ Date Denial Mailed _____

Reason for Denial _____

Approved By (Name/Title):	Date:
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