

JEFFERSON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

125 SOUTH FIFTH STREET - STEUBENVILLE, OHIO 43952

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APPLICATION QUESTIONNAIRE

THIS IS NOT AN APPLICATION FOR ASSISTANCE
IT MUST BE COMPLETED AND ATTACHED TO YOUR APPLICATION

I WANT TO APPLY FOR ASSISTANCE (CHECK ALL THAT APPLY) FOR THE PEOPLE LISTED BELOW RESIDING AT:

(STREET) (CITY) (PHONE)

PLEASE BE SPECIFIC INDICATING YOUR NEEDS SO THAT WE MAY PROPERLY ASSIGN YOUR APPLICATION IN ORDER TO DETERMINE YOUR ELIGIBILITY.

- CASH
- MEDICAL
- FOOD STAMPS
- MEDICAL FOR NURSING HOME
- MEDICAL FOR WAIVER/PASSPORT/MRDD
- CHILD SUPPORT SERVICES
- CHILD CARE/DAY CARE
- TRANSPORTATION ASSISTANCE
- ASSISTANCE IN FINDING EMPLOYMENT
- OTHER ASSISTANCE NEEDED: _____

- I HAVE A MEDICAL DISABILITY.
- SOMEONE IN MY HOUSEHOLD HAS A DISABILITY

COMMENTS: _____

THE HOUSEHOLD CONSISTS OF THE FOLLOWING:

	NAME	RELATIONSHIP TO YOU	AGE	APPLYING FOR ASSISTANCE	
				YES √	NO √
1.	(YOUR NAME)				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

SIGNATURE OF APPLICANT DATE