

**WARREN COUNTY PRC APPLICATION COVID-19 RESPONSE**  
**Submit either via Mail at: 416 South East Street, Lebanon, OH 45036**  
**Fax: 513-695-2940, 513-695-2701, 513-695-2702**  
**Email: [WARRE\\_CDHS\\_INFO@jfs.ohio.gov](mailto:WARRE_CDHS_INFO@jfs.ohio.gov) Or in our agency drop box**

Name:	Case Number:
Social Security Number:	Email Address:
Present Address:	City:
Telephone/Contact Number:	Zip Code:

- List EVERYONE living in your household, including yourself.**
- Circle your family size below.**

Name	Relationship to Applicant	Age	Source of Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			

Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1	\$2,082
2	\$2,819
3	\$3,555
4	\$4,292
5	\$5,029
6	\$5,765
7	\$6,502

**3. Check one:**

- I declare that my family's gross monthly income is **at or below** the standard listed.
- I declare that my family's gross monthly income is **above** the standard listed.
- Has anyone in your household been laid off as a result of the COVID-19 Pandemic?

Please list who has been laid off and from what business/company \_\_\_\_\_  
 \_\_\_\_\_

**4. Please read this statement carefully and respond below:**

I reside in Warren County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens.

- YES, I agree with the above statement (it is correct/true for me).
- NO, I disagree with the above statement (it is not correct/true for me).

**5. Sign this application.**

*The information provided above is complete and correct to the best of my knowledge and belief.*

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Voter Registration Notification: If you are not registered to vote where you live now, would like to register to vote at this time?

- Yes, I want to register to vote.  No, I do not want to register to vote.

FOR AGENCY USE ONLY			
<input type="checkbox"/> Eligible	<input type="checkbox"/> Decision Letter Given (retain copy)	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Decision Letter Given (retain copy)
Signature of Worker		Date	