

**Scioto County PRC**  
**Kinship Caregiver Program Application**  
for **Stabilization Services**



**This application may be used to help purchase basic needs for the child in your care or short-term child care for respite.**

**Return this application to:**  
**Scioto County Children Services**  
3940 Gallia Street, New Boston OH 45662  
or FAX to 740-456-6728

Caregiver Name:	<b>For SCDJFS Agency Use Only</b>
Social Security Number	Worker:
Present Address	Date Received:
Telephone/Contact Number	Date of Denial for Publicly Funded Child Care:

**Voter Registration Notification:**

Would you like 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.  
☐ YES, I want to register to vote. ☐ NO, I do not want to register to vote.

**1. List the name of the Child you for which you are requesting help.**

<b>Child's Name</b>	<b>Your Relationship to This Child</b>
<b>Child's SSN</b>	<b>Child's Date of Birth</b>

**2. I need help with:** Paying Child Care \_\_\_\_\_ Purchasing Items to care for the child \_\_\_\_\_  
*(If applying for child care, a denial notice for publicly funded daycare from Scioto County CDJFS must be submitted with this application.)*

**3. If you indicated you need help purchasing items to care for the child, please describe what items you need to purchase for the child in your care:**

Assistance Group Size	Monthly Gross Income at 200% of the Federal Poverty Level
1	\$2127

**4. Check one:**

- ☐ I declare that **the child's income** is **at or below** the standard listed on the chart to the left.
- ☐ I declare **that the child's income** is **above** the standard listed on the chart to the left.

**5. Sign this application.**

*By signing this application, I affirm that to the best of my knowledge and belief these answers are complete and correct including self-declaration of income. I further declare that I do not owe any cost to fraudulently receiving TANF assistance.*

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

<b>FOR AGENCY USE ONLY</b>	
<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: