

WAYNE COUNTY DEPARTMENT OF JOB & FAMILY SERVICES

356 WEST NORTH STREET
P.O. BOX 76
WOOSTER, OH 44691

County Commissioners

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SUE A SMAIL
RON AMSTUTZ

Director

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TANF / TITLE XX APPLICATION

Name: _____ Date: _____

Address: _____ City: _____ Zip _____

Name, age, and relationship of others in the home.

NAME	AGE	RELATIONSHIP TO APPLICANT
		SELF

LIST ALL INCOME FOR HOUSEHOLD MEMBERS

INCOME TYPE		PER HOUR	\$	PER MONTH	\$
		HRS PER WEEK			

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		HRS PER WEEK			

INCOME TYPE		PER HOUR	\$	PER MONTH	\$
		HRS PER WEEK			

INCOME TYPE		PER HOUR	\$	PER MONTH	\$
		HRS PER WEEK			

Signature of Parent or Legal Guardian

Phone Number

Printed Name

For Agency Use Only
TANF / TITLE XX APPLICATION WORKSHEET

Date Application Received _____

APPLICANT'S INCOME VERIFICATION WORKSHEET

	Gross Income Source	For Weekly Income Multiply by 4.3	For Bi-Weekly Income, Multiply by 2.15	Monthly Amount
<i>e.x</i>	<i>Wages – part time job #1</i>	<i>\$150 x 4.3</i>		<i>\$645</i>
<i>e.x. 2</i>	<i>Wages - part time job #2</i>		<i>\$300 x 2.15</i>	<i>\$645</i>
1.				\$
2.				\$
3.				\$
4.				\$

Include Monthly Paid Income (*e.x. Social Security, etc.*)

Source

1.		\$
2.		\$
3.		\$

TOTAL GROSS MONTHLY INCOME	\$
Household Size – 200% FPL Income Standard	\$
If Total Gross Monthly Income is LESS THAN 200% FPL Standard Application May Be Approved	

Application Approved _____ Application Denied _____ Date _____

Signature of Caseworker / Reviewer

Title / Organization Date

Signature of Supervisor

Title / Organization Date