



**Marion County of Job and Family Services
BENEFIT BRIDGE PROGRAM APPLICATION**

Applicant Name (Last Name, First, Middle or Middle Initial):					
Current Address: Street			Home Phone		Cell Phone
City	Ohio	Zip	Email	Best Way to Reach You: <input type="checkbox"/> Phone Call <input type="checkbox"/> Text <input type="checkbox"/> Email	
Submit the Application:		Via Email: omjmarion@jfs.ohio.gov		Fax: 740-387-2175	Agency Drop-Box
Applicant Information					
Social Security Number	Date of Birth	What is the best time to contact you: <input type="checkbox"/> 9am-12pm <input type="checkbox"/> 12pm-4:30pm		Education (highest grade level)	
Employer		Wages per hour		Number of hours worked per week	
Do you have a minor child or children that live outside of your home? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, do you pay child support for your minor child or children that live outside of your home? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Is anyone in your household eligible for child support? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If yes, does the child or children receive the child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If, yes please list below (income)					
Please check all the apply: <input type="checkbox"/> I am a U.S. citizen or legal alien <input type="checkbox"/> I am not a fugitive felon					
My family is in receipt of the following (check all that apply): <input type="checkbox"/> SNAP <input type="checkbox"/> OWF (TANF) <input type="checkbox"/> CHILDCARE <input type="checkbox"/> MEDICAID					
Are you pregnant with your first child? <input type="checkbox"/> Yes <input type="checkbox"/> No. Are you a parent of a minor child? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No. Are you part of a household with a minor child? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Household information: Complete the below section for your all members of your household:					
Name of other household members	Relationship to applicant	Date of birth	Social Security Number	Source of Income (Employment, Child Support, SSI, RSDI, VA benefits, etc.)	Monthly Amount of Income
1.					
2.					
3.					
4.					
5.					
6.					

By signing this application, I understand, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge. I understand that in some instances, I may be asked to give consent to Marion County JFS to make whatever contacts are necessary to assist me. I also understand and agree that Marion County JFS office may share certain details about my case with other offices within the county.

Signature of Applicant

Print Name

Date



For Agency Use Only	OB Case #
1. Intentional Program Violation (IPV) period of ineligibility in effect? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list ineligibility dates:	
2. IPV outstanding claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Is the applicant under an OWF or SNAP E&T sanction? <input type="checkbox"/> Yes <input type="checkbox"/> No If there is a Yes response to any of the 3 questions above, the applicant is not eligible for the Benefit Bridge program	
4. Was the applicant previously enrolled in the Benefit Bridge? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list the previous time period (s): If more than one time period is listed, the applicant is not eligible for the Benefit Bridge Program Total amount of previous incentives: If only one prior enrollment, the previous incentives issued count toward the total incentive cap.	
5. Applicant Approved: <input type="checkbox"/> Yes <input type="checkbox"/> No Reason for Denial:	
Case Manager Signature:	Date: