

**Ohio Parenting and Pregnancy  
Program Application  
SFY 2016**

Name:	Street Address:	City:
State:	Zip Code:	Phone Number:
Are you currently pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unsure	Do you have a child or children 12 months old or younger? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you currently receive:  TANF/Ohio Works First <input type="checkbox"/> Yes <input type="checkbox"/> No  Food Assistance/Stamps <input type="checkbox"/> Yes <input type="checkbox"/> No  Medicaid <input type="checkbox"/> Yes <input type="checkbox"/> No  WIC <input type="checkbox"/> Yes <input type="checkbox"/> No

Name of Children 12 months old or younger	Age	Name of Children 12 months old or younger	Age
1.		3.	
2.		4.	

Based on the number of people in your household, is your family's monthly income at or below the amount listed for your household?

**200% of the Federal Poverty Level Guidelines**

Family Size	Annual	Monthly	Weekly	
1	\$23,540	\$1,962	\$ 453	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	\$31,860	\$2,655	\$ 613	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	\$40,180	\$3,348	\$ 773	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	\$48,500	\$4,042	\$ 933	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	\$56,820	\$4,735	\$1,093	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	\$65,140	\$5,428	\$1,253	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	\$73,460	\$6,122	\$1,413	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	\$81,780	\$6,815	\$1,573	<input type="checkbox"/> Yes <input type="checkbox"/> No
Each Add'l	\$ 8,320	\$ 693	\$ 160	

*By signing this application, I agree that the information given is true and accurate, and that I meet the TANF income eligibility guidelines listed above.*

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