

# 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 |
|------|-----|---------------------------|
|      |     | <b>SELF</b>               |
|      |     |                           |
|      |     |                           |
|      |     |                           |
|      |     |                           |
|      |     |                           |
|      |     |                           |

### LIST ALL INCOME FOR HOUSEHOLD MEMBERS

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

| INCOME TYPE |  | PER HOUR     | \$ | PER MONTH | \$ |
|-------------|--|--------------|----|-----------|----|
|             |  | 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