

ODJFS, Ohio Commission on Fatherhood (OCF) TANF non-assistance Eligibility Form for TANF Funded Services

This application and participant acknowledge form (PAF) is to be completed by the applicant/participant who is an expectant parent, or the parent of a minor child aged 18 or younger.

| | | | |
|----------------------------|--|--|-----------------|
| First and Last Name | Father's Social Security Number | Father's Date of Birth (MM/DD/YYYY) | |
| Street Address | City | State | Zip Code |

Please check all that apply:

| | |
|--|--|
| <input type="checkbox"/> I am the father of a child 18 or younger. | <input type="checkbox"/> Someone is pregnant with my child. |
| <input type="checkbox"/> I am teen and not ready to be a father yet. | <input type="checkbox"/> I am incarcerated and expect to be out within 9 months. |

By initialing here, I give permission for my photo to be taken during program participation and to be published in print and electronic media by OCF or OCF grantees.

This release will be valid until I provide OCF with written notice of withdrawal of permission to share my information, whichever occurs first.

In order to participate in Responsible Fatherhood programming, the applicant must be eligible to receive Temporary Assistance for Needy Families (TANF). In order to be eligible for TANF, U.S. citizenship or qualified non-citizenship status is required. Please indicate the applicant's U.S. citizenship or qualified non-citizenship status below:

| | | |
|---|-----|----|
| 1. Is the applicant/individual/family member a United States Citizen? | Yes | No |
| 2. Does the applicant meet one of the citizenship exceptions under Ohio Administrative Code 5101:1-2-3? | Yes | No |

If yes, please indicate which exception and date of entry:

Complete the chart with all minor child(ren) of the applicant (note: please use the back if more space is needed):

| Name | Age | Date of Birth | Name | Age | Date of Birth |
|------|-----|---------------|------|-----|---------------|
| | | | | | |
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- By signing this form, I understand that:**
- The fatherhood program I am participating in (OCF GRANTEE) will submit this completed form to the Ohio Commission on Fatherhood (OCF), which funds this program and provides it at no cost to me;
 - Taking part in this program is voluntary;
 - I will be asked to complete surveys and my responses will be shared with OCF. I can choose not to answer any of the questions asked in the surveys; and
 - My personal information will be protected.

- If I have a child support case and/or I am linked with a child protective services case, I further understand and agree to the following:**
- The Ohio Office of Child Support (OCS) is required to hold information contained in a file confidential pursuant to ORC 1347.08, Ohio Administrative Code 5101:12-1-20.1, and other provisions of State and Federal Law.
 - The Ohio Department of Job and Family Services Office of Families and Children (OFC) is required to protect from unauthorized released information about a children services case by ORC 2151.421, 5101.13 through 5101.134 and 5153.17 and Ohio Administrative Code 5101:2-33-21 and 5101:2-33-70, and other provisions of State and Federal law.
 - I understand that information shared between OCS, OCF and OCF grantees may include, but is not limited to, the date and amount of support payments I make and whether I am paying the existing support orders on my case.
 - I understand that information shared between OFC, OCF and OCF grantees may include, but is not limited to, the fact that I am linked to a child who has an open Ohio children services case.
 - As the OCF grantees cannot release information in a file not yet made a matter of public record without expressed written authorization of the person who is the subject of information on file, the information released to the OCF grantees will not include information related to any other legal parties of the case, including, but not limited to, the other party's employer information and residential address.
 - The information will not be shared with any county office of child support or county office of public children services and is being used for data analysis related to the fatherhood grant only.

Self-Attestation

I certify to the best of my knowledge, the information included in this application is true, including citizenship/qualified non-citizenship information.

X

Signature of Applicant **Current Date**

FOR STAFF USE

ID NO: _____

GRANTEE: _____

Please visit <https://www.hhs.gov/civil-rights/for-individuals/nondiscrimination/index.html> for Non-Discrimination Notice