



Affected by Flooding?

You may qualify for Disaster Assistance!

TANF Eligible Households - \$1,500
(must have a child under the age of 18 in the home)

Non-TANF Adult - \$750
(55 and older adult or an adult who receives disability income)

Must be a resident of Hocking, Ross or Vinton County



**South Central Ohio
Job and Family Services**

2026 Disaster Related Program

Applicant Name (First, MI, Last)		SSN	
Mailing Address	City	State	Zip Code
Physical Address (if different than mailing address)	County of Residence		
Phone number (###) ###-####	Additional Contact Name		
Email Address	Contact Person's Phone Number (###) ###-####		

VOTER REGISTRATION ASSISTANCE AVAILABLE

If you are not registered to vote where you live now, would you like to apply to register to vote? A registration form will be mailed to you. If you do not check either box, you will be considered to have decided not to register to vote at this time.

☐ YES, I want to register to vote.

☐ NO, I do not want to register to vote.

Yes	NO	Initial yes or no.
		I certify that I have exhausted all other available resources such as FEMA funds and Insurance.
		I certify that I do not have available resources that exceed \$500. Resources include cash, checking, savings.

Requested Services: Check all the services being requested	
☐	Emergency Housing (includes temporary storage of household items)
☐	Utilities (initial hook up or installation, replacement)
☐	Home Repairs affect basic structure (homeowner only)
☐	Repair or replacement of appliances (excludes washer and dryer)
☐	Furnace, Air Conditioning, Water Heater (homeowner only)
☐	Replacement of lost furniture (beds, kitchen table and chairs only)
☐	Clothing
☐	Vehicle Repair for damage caused by the disaster (vehicle is necessary for employment or medically necessary)
☐	Short term food replacement (If SNAP Program was not used)

HOUSEHOLD MEMBERS: Please list all members who are currently living in your home including yourself. Please list all income received in the household.

Name of Household Members	Relationship	DOB	Age	SSN	Source of Income	Monthly Income Amount
1.	SELF					
2.						
3.						
4.						
5.						
6.						
7.						
8.						

***** PROOF OF HOUSEHOLD INCOME FOR PAST 30 DAYS MUST BE SUBMITTED WITH THIS APPLICATION. *****

Household income must not exceed the 200% Federal Poverty Level (FPL).

Find your household size below. Was your household's gross income during the past 30 days less than the monthly amount shown below for your household size? ☐Yes ☐No

Size of Family	Monthly Income	Yearly Income
1	\$2,660	\$31,920
2	\$3,607	\$43,284
3	\$4,554	\$54,648
4	\$5,500	\$66,000
5	\$6,447	\$77,364
6	\$7,394	\$88,728
7	\$8,340	\$100,080
8	\$9,287	\$111,444
Each additional	\$947	

Please provide a written statement explaining how your household was adversely affected by the Flooding Disaster:

If you have pictures of the damage, please submit with your application.

Initial	I give consent for the agency to make whatever contacts are necessary to determine my eligibility for DISASTER RELATED SERVICES. I hereby authorize the release of any information necessary to determine my eligibility. I also authorize the release of any and all information on or related to this application to my County EMA Official holding SCOJFS harmless.

ACKNOWLEDGEMENT

By signing, I attest that the information stated above is true and accurate. I understand that if the information or income provided was misrepresented, it may be grounds for disqualification for the PRC Disaster Related Program and/or penalties as specified by law.

Applicant Signature	Date

YOUR RIGHT to a STATE HEARING

If you receive a NOTICE OF DENIAL OF YOUR APPLICATION FOR ASSISTANCE, you may contact the Caseworker if you do not understand the notice. They can explain it. IF YOU DISAGREE WITH THE DECISION, ASK FOR A STATE HEARING.

You may ask for a state hearing if you disagree with the County Department of Job and Family Services (SCOJFS) action or think SCOJFS may have made a mistake. If you want a hearing, the Ohio Department of Job and Family Services (ODJFS) must receive your request within 90 days from the date the denial notice was mailed to you. If the 90th day falls on a holiday or weekend, the deadline will be the next business day.

You can ask your local Legal Aid program for fee help with your case. Contact your local Legal Aid office by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <http://www.ohiolegalservices.org/programs> on the internet.

If someone is helping you with your case, ODJFS will need a signed "authorized representative" notice from you stating that it is okay for that person to represent you for the hearing process.