

CCMEP – COMPREHENSIVE CASE MANAGEMENT EMPLOYMENT PROGRAM

OFFICE USE ONLY: DATE RECEIVED _____

BELMONT COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

OhioMeansJobs Belmont County

68145 Hammond Road, St. Clairsville, OH 43950

Mailing Address:

WIOA Office Location:

302 Walnut Street, Martins Ferry, OH 43935

(740) 633-5627 or Toll Free 1-877-516-5627

Name: _____ Social Security #: _____

First Middle Last

Address: _____ OMJ email: _____

City _____ State _____ Zip _____ D.O.B. _____

Phone # _____ Gender ___ Male ___ Female Do you have a Driver's License? _____

I am requesting assistance with: _____ Educational Expenses (College) _____

Work Experience _____ Job search skills / finding a job _____ Other _____

Are you currently attending college? ___ Yes ___ No

Family Size: ___ Estimate of Family Gross Income for Last 6 months _____

Are you a ... **(check all that apply)** HS Dropout Subject to the Juvenile/Adult Justice System

Homeless Disability Foster Care (including aged out) Pregnant or Parenting

Did you receive your HS diploma or GED? _____ **(Grad year: _____ School: _____)**

Are you supported by a parent or guardian? _____ **(If HS student) Do you receive free/reduced lunch?** _____

Release of Information

The Belmont County Department of Job and Family Services is a multi-department agency consisting of Child Support Enforcement, Children's Services, Income Maintenance (delivery of cash, food assistance and medical programs), WIOA (Training, etc.) and Adult Protective Services. To serve you to the best of our ability, we **may** feel it necessary to draw on the expertise/resources of our other departments to share and exchange information you have given. We need your permission to do so, but assure you that if you do not give your permission, your "benefits" will be delivered to the best of our ability within those parameters.

___ I **DO** give my permission for my information to be shared with the departments listed above **as well as** outside agencies.

___ I **DO NOT** give my permission for my information to be shared with the departments listed above and outside agencies.

Signature

Date