

**CCMEP – COMPREHENSIVE CASE MANAGEMENT EMPLOYMENT PROGRAM**

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**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

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Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Gender \_\_\_ Male \_\_\_ Female Do you have a Driver's License? \_\_\_

OMJ Email \_\_\_\_\_

**I am requesting assistance with:** \_\_\_ Educational Expenses (College) \_\_\_ Work Experience  
\_\_\_ Job search skills \_\_\_ Finding a job \_\_\_ Other \_\_\_\_\_

Are you currently attending High School? \_\_\_ Yes \_\_\_ No; Are you currently attending college? \_\_\_ Yes \_\_\_ No

**Did you receive your HS diploma or GED?** \_\_\_\_\_

**(Grad year: \_\_\_\_\_ School: \_\_\_\_\_)**

\*\*\*\*\* 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

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**Are you supported by a parent/guardian?** \_\_\_\_\_

\_\_\_\_\_

**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