

CCMEP – COMPREHENSIVE CASE MANAGEMENT EMPLOYMENT PROGRAM

OFFICE USE ONLY: DATE RECEIVED _____

PLEASE FILL IN ALL BLANKS

BELMONT COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

OhioMeansJobs Belmont County

Mailing Address: 68145 Hammond Road, St. Clairsville, OH 43950

WIOA Office Location: 302 Walnut Street, Martins Ferry, OH 43935

(740) 579-0379

Name: _____
First Middle Last

Address: _____ Parent(s) Name: _____

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 _____

High School: _____ Grade: _____ Graduated (Year): _____ Obtained GED (Year): _____

Are you currently attending College? _____ Yes _____ No College: _____ Program of study: _____

Family Size: _____ Estimate of Family Gross Income for Last 30 Days _____

Are you a ... (check ALL that apply)

HS Dropout Involved with Juvenile or Adult Justice System Homeless Disabled

Foster Care (including aged out) Pregnant or Parenting

Are you supported by a parent/guardian? _____ YES _____ NO (I live on my own and they don't help me.)

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

Parent Signature Date