



Southwest Ohio
County Departments of
Job & Family Services

County Agency:
Address:
Phone:
Fax:
Website:

SELF-DECLARATION OF CIRCUMSTANCES

Case Name:	Case Number:	Worker:
Social Security Number:	Date Sent:	Return by Date:

A statement of facts as identified below is needed to determine your eligibility for benefits. Please provide the requested information within 10 days. Please note that additional verifications may be needed/requested.

ELIGIBILITY WORKER TO COMPLETE

<input type="checkbox"/> Income	<input type="checkbox"/> Expenses	<input type="checkbox"/> Resources
<input type="checkbox"/> Purchase/Prepare Food	<input type="checkbox"/> Expenses Exceed Income	<input type="checkbox"/> Discrepant/Unclear Information
<input type="checkbox"/> Homelessness	<input type="checkbox"/> Household Members	<input type="checkbox"/> Other (Specify)
Specific Information Requested:		

APPLICANT/RECIPIENT RESPONSE

(Write your response here.)

Purchase and Preparation of Food:

The following people purchase and prepare their food with me:

Name & Age	Name & Age	Name & Age

If you are currently **homeless**, please complete the following:

Address where I can receive mail temporarily: _____

I am staying in a homeless shelter. Please specify which shelter: _____

I am living in my car.

I am sheltered in a place that is not meant for human habitation (example: barn, building, park, under a bridge, etc.). Please indicate the location of where you are staying: _____

If you are not homeless but temporarily reside with others, please list below the names and addresses of the people you live with and how long you stay there:

Name	Street Address and City	How Long You Stay There

SIGNATURE

Applicant/Recipient Signature:	Date:	Phone Number:
--------------------------------	-------	---------------