



Southwest Ohio
County Departments of
Job & Family Services

County Agency: Clermont County DJFS
Office of Adult, Child and Family Stability
Address: 2400 Clermont Center Dr., Batavia, Ohio 45103
Phone: 513-732-7111
Fax: 513-732-7216 or 7450
Website: www.acfs.clermontcountyohio.gov

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 & Date of Birth	Name & Date of Birth	Name & Date of Birth

HOMELESS: If you are currently **homeless**, as defined below, please complete the following:

Address where I can receive mail: _____

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 (ex: barn, building, park, under a bridge, etc.).

Please indicate the location(s) of where you are staying: _____

RESIDING WITH OTHERS

If you are not homeless, but are temporarily staying with others, please list below the names and addresses of the people you stay with and how long you stay there. If you need more space use the back of this form:

Name and Relationship	Street Address and City	How Long You Stay There

SIGNATURE: My answers on this form are correct and complete.

Applicant/Recipient Signature:	Date:	Phone Number:
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