

Diapers & Wipes Application Athens County DJFS

Agency Use ONLY
Date Received:
Staff:

Name	Phone #
Social Security #	Other Contact Phone #
Address	City, State, Zip Code
County of Residence	Program Diapers & Wipes

List ALL Household Members

Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____
Name _____	Relationship _____	Age _____

The 2022 Poverty Guidelines		Staff Use Only	
Persons in Family	200% Poverty Guideline (per month)	Check Box	
1	\$2265		1 Child = 1 Box
2	\$3052		2 Children = 2 Boxes
3	\$3839		3 Children = 3 Boxes
4	\$4625		4 Children = 4 Boxes
5	\$5412		5 Children = 5 Boxes
6	\$6199		Children = Boxes
7	\$6985		
8	\$7772		

For families with more than 8 persons, add \$787 for each additional person.

By signing below:	
<ul style="list-style-type: none"> We are residents of Athens County; and No one in my household has an OWF or PRC overpayment due to fraud; and Our income is under 200% of the federal poverty guidelines; and We meet TANF eligibility guidelines; and We have a child under three years old in need of diapers and wipes. 	
Signature	Date

Your application will be reviewed by Athens County Department of Job and Family Services, and you will be notified of the outcome. If you feel that your application has not been handled fairly, you may request an independent review by contacting the Ombudsman at (740) 797-2523. Rev.3-31-2022