



# Prevention, Retention and Contingency (PRC) Emergency Assistance Application Packet

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## Additional Forms

These optional forms may be completed as a supplement to your application. Please read the instructions at the top of each form to be sure they apply to your application, and you complete them correctly.

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Revised 2.2.2026



**Cuyahoga Job and Family Services**

Cuyahoga County Department of  
Health and Human Services

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## PRC Instructions

Dear Applicant:

Thank you for applying for the Prevention, Retention and Contingency (PRC) program. The PRC provides aid and services due to unexpected emergencies. Eligible recipients must be a U.S. citizen or qualified alien, living with at least one minor child, pregnant, or are the non-custodial parent of a child. The family's income must be at or below 200% of the Federal Poverty Level (FPL). Liquid assets are also considered.

Families applying for PRC must also meet one of the following categories:

- Employed individuals, persons seeking assistance to obtain employment, or persons engaged in post-secondary education in an approved, accredited program.
- Shelter assistance services for rental assistance and/or security deposits (when there is evidence of a court proceeding, or there is lead poisoning in the house) or utility assistance.
- Families establishing or re-establishing a household through the Division of Children and Family Services
- (DCFS) who have recently obtained custody of a child, or who are participating in a domestic violence or homeless program.
- Families impacted by natural disasters (as declared by the Governor)

Here are the steps you need to take:

### Step 1

Complete the entire application and include any requested documentation. The application must state the reason for emergency need and the items requested, the name of the applicant, the applicant's current address, and it must be signed.

### Step 2

Return your completed application and documents noted on the application checklist to Cuyahoga Job and Family Services. See the Frequently Asked Questions on the next page for locations to submit your application and documents. Please make sure to sign and date the application.

### Step 3

Before the PRC application is processed, you must explore other community resources that may meet your current need. You may receive a request for additional information. Cuyahoga Job and Family Services has 30 days to determine eligibility. A decision notice about your application will be sent via U.S. mail.

To check the status of your application once filed, please call the Eligibility Contact Center at 1-844-640-OHIO (6446).

Sincerely,

Cuyahoga Job and Family Services



## PRC Frequently Asked Questions

**Q: What is the PRC program?**

A: PRC is the "Prevention, Retention and Contingency," Program. The PRC program provides aid and services due to unexpected emergencies.

**Q: Who is eligible for PRC?**

A: Eligible recipients must be a U.S. citizen or qualified alien, living with at least one minor child, at least 6 months pregnant, or are the non-custodial parent of a child. The family's income must be at or below 200% of the Federal Poverty Level (FPL). Liquid assets are also considered.

**Q: Are there additional eligibility requirements?**

A: Families applying for PRC must also meet one of the following categories:

- **Employed individuals**, persons seeking assistance in order to obtain employment, or persons engaged in post-secondary education in an approved, accredited program. Items available:
  - vehicle repair
  - clothing for work or training programs, and
  - education-related equipment
- **Shelter Assistance Services** for rental assistance and/or security deposits when there is evidence of a court proceeding, or there is lead poisoning in the house. Items available:
  - Rental assistance or security deposit.
  - Lead Poisoning Program or there is lead poisoning in the house are not subject to the "court proceeding" requirement. The "evidence of a court proceeding concerning the individual's occupancy of the rental unit" requirement is waived for persons moving into a rental unit from a homeless or domestic violence shelter, or applicant is working with a DV service provider.
  - Utility assistance (must have a shut-off notice; available 1 time per calendar year per utility; during HEAP season, you must apply with HEAP in conjunction with your PRC application)
- **Families establishing or re-establishing a household** through the Division of Children and Family Services, families have recently obtained custody of a child, or who are participating in a domestic violence or homeless program. Items available:
  - rental assistance (domestic violence issue), furniture, appliances (not including entertainment-related appliances), stoves, refrigerators, children's beds, and children's clothing
- **Families impacted by natural disasters** (as declared by the Governor) or fires. Items available:
  - Rental assistance or security deposit, furniture, appliances (not including entertainment-related appliances), stoves, refrigerators, children's beds, and children's clothing.

**Q: Who is not eligible for PRC?**

A: Individuals who are not pregnant or who have no minor children, fugitive felons, those convicted of program fraud, where repayment has not yet occurred, non-citizens, and unqualified aliens.

**Q: Where do you apply for PRC?**

A: The completed form and any other required documentation can be submitted by one of the below methods. Please include your case number or social security number when submitting documents to Cuyahoga Job and Family Services.

- **By Email:** [cuy-prc-application@jfs.ohio.gov](mailto:cuy-prc-application@jfs.ohio.gov)
- **By Mail:** 1641 Payne Avenue, Cleveland, OH 44114
- **By Fax:** 216-987-7700

You may download an application at [hhs.cuyahogacounty.gov/cjfs](https://hhs.cuyahogacounty.gov/cjfs) or visit us to apply in-person at 1641 Payne Avenue, Cleveland, OH between 8:30 a.m. and 4:30 p.m. Monday-Friday.

***PRC issuance amounts vary by item or service, based on need and maximum allotment amounts.***



# PRC Application Checklist

Contact Center: 1.844.640.6446

Fax number: 216.987.7700	PRC information line: 216.987.7392
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Please Review the required verifications for PRC benefits. These verifications may be submitted with your application for a quicker PRC processing time. Please include your case number or social security number when submitting documents to Cuyahoga Job and Family Services.

<b>REQUIRED FOR ALL ASSISTANCE CATEGORIES</b>
<input type="checkbox"/> The last 30 days of income for EVERYONE in the household
<input type="checkbox"/> Verification of resources for all household members for the last 30 days
<input type="checkbox"/> Verify your specific change in circumstances such as job loss, hospitalization, etc. Must occur within 12months of application. (EXCEPT UTILITY ASSISTANCE REQUEST)
<b>Vehicle repair or Employment/Educational assistance</b>
<input type="checkbox"/> Title (must be in applicant's name)
<input type="checkbox"/> Copy of valid driver's license
<input type="checkbox"/> Verification ASE certified mechanic will accept PRC voucher
<input type="checkbox"/> Verification you have participated in WEP, full time employment or you are in school for at least 30 days.
<input type="checkbox"/> Itemized estimate from an approved ASE certified mechanic
<input type="checkbox"/> Current Auto insurance (must be in applicant's name)
<input type="checkbox"/> Proof of which tools, supplies or uniforms are required for the position. Verify they are not provided by employer or school
<b>Rent/ Security deposit assistance</b>
<input type="checkbox"/> Lease agreement
<input type="checkbox"/> Eviction notices or verification you are at least 30 days behind on rent
<input type="checkbox"/> Statement from landlord/property owner that they will accept PRC voucher in the amount of \$1,000
<input type="checkbox"/> Verification of how you will pay the difference between total debt and \$1,000 PRC funds once applied
<b>Utility Assistance</b>
<input type="checkbox"/> Utility statement within the last 30 days of the application date. (bill must be in the applicant's name)
<input type="checkbox"/> Letter of debt from a Utility company
<input type="checkbox"/> If you receive section 8 or reside in Public Housing provide a copy of your housing contract
<input type="checkbox"/> Lease agreement
<b>Clothing/ Furniture/ Appliances</b>
<input type="checkbox"/> Provide a statement verifying if you need adult or children clothing
<input type="checkbox"/> Proof of an active case plan with DCFS or DSAS
<input type="checkbox"/> Proof of involvement in Domestic Violence program
<input type="checkbox"/> Lease agreement verifying the unit does not furnish the appliances requested
<input type="checkbox"/> Letter from homeless shelter or Red Cross



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## Prevention, Retention and Contingency (PRC) Application

Applicants must complete this application to be considered for PRC services currently offered by CDJFS at the time of application. Staff will determine which services(s) you are eligible to receive and the amount of allowable assistance.

**Applicant Information:** Complete the following for the person applying for assistance.

First Name:		Middle Initial:	Last Name:	Date of Birth:	
Case#:	SSN:	Email:			Phone#:
Address:		City:	State:	Zip Code:	County:
Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Qualified Alien			Race: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White/Caucasian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female					
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino					
Does the applicant currently receive any of the following?			Is there a minor in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Child Care <input type="checkbox"/> SNAP <input type="checkbox"/> OWF <input type="checkbox"/> Medicaid			If no, is someone in the home medically verified to be pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the applicant in subsidized housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			Are you a non-custodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		

**Household and Income Information:** Complete the table for everyone in the household. Report Earned & Unearned Income for the last 30 days.

Name	Relationship to Applicant	Social Security Number	Date of Birth	Source of Income	Monthly Gross Amount (gross=before taxes)
	SELF				



**Prevention, Retention and Contingency (PRC) Application (continued)**

<b>Request for Assistance:</b> Please answer ALL questions.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is one or more of your utilities currently shut off or do you have a disconnection notice for one or more utilities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Were you evicted within the last 90 days?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your rent at least 30 days delinquent? Do you have an eviction filed against you, or a three-day notice to vacate your current residence?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need assistance due to a government declared disaster or other personal disaster (fire, flood)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your household at risk of homelessness or housing instability?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your home uninhabitable due to mold or lead poisoning, or has there been a fire in the home in the last 90 days?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Did you recently obtain employment, job training program or educational program beyond high school?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you involved in a domestic violence program or a victim of domestic violence?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have children who were recently placed in your home or removed from your home by DCFS within the last 12 months?
<p>What events in the last 12 months lead you to apply for assistance today?</p> <hr/> <hr/> <hr/> <hr/> <hr/>	
<p>List the names of community resources you have contacted for assistance in the last 12 months?</p> <hr/> <hr/> <hr/> <hr/>	



Please Check the box that describes your assistance need. Complete the table by inserting a dollar amount in the categories of assistance for which you want to apply.

<input type="checkbox"/> Rent/ Security deposit \$ _____	<input type="checkbox"/> Vehicle Repair \$ _____	<input type="checkbox"/> Clothing \$ _____	<input type="checkbox"/> Furniture/ Appliances \$ _____	<input type="checkbox"/> Utilities \$ _____	<input type="checkbox"/> Education and / or work related equipment \$ _____
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**Applicant Attestation and Signature**

I attest that:

- I have read and understand the scope of assistance provided by PRC and the requirements necessary for consideration.
- All the information provided is correct and complete to the best of my knowledge.
- The request(s) for assistance in this application have not been or are not projected to be paid by any other federal, state, or local program providing the same or similar services for the same requests contained in this application.
- The payments made under this program will be used only for the intended purpose(s) of the program.
- I grant permission for CDJFS to gather, report information needed to determine eligibility and process this application.
- I acknowledge that the submission of an application is not a guarantee of approval.

Signature of Applicant:

Date:

The completed form and any other required documentation can be submitted by one of the below methods. Please include your case number or social security number when submitting documents to Cuyahoga Job and Family Services:

- **By Email:** [cuy-prc-application@jfs.ohio.gov](mailto:cuy-prc-application@jfs.ohio.gov)
- **By Mail:** 1641 Payne Avenue, Cleveland, OH 44114
- **By Fax:** 216-987-7700



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## APPLICANT/RECIPIENT AUTHORIZATION FOR RELEASE OF INFORMATION

### FOR APPLICANTS/RECIPIENTS (or their Authorized Representative) ONLY:

Complete the information on Page 1.

*If you are a Person Giving Information (NOT the applicant/recipient), please review Page 1 and fill out the boxes on Page 2.*

**Note:** It is optional to complete this form, but this form will be used to determine your eligibility for SNAP, Cash, Medical, and/or Child Care Assistance benefits.

I (**Name of applicant/recipient**) \_\_\_\_\_ hereby give (**Person/organization supplying information, ex: employer, landlord, etc.**) \_\_\_\_\_ permission to release the information listed below to (**Who will receive the information, ex: the county JFS office**) \_\_\_\_\_ in order to determine my eligibility for Supplemental Nutrition Assistance Program (SNAP), Cash, Medical, and/or Child Care Assistance benefits, or for the following reason(s): \_\_\_\_\_

**Information to be released** (ex: lease agreement): \_\_\_\_\_

### Waiver Acknowledgements

By signing below, I understand that:

- This permission will end on (**Date of "event" completion; "event" refers to the reason the signed authorization is needed**) \_\_\_\_\_ or until I cancel it in writing, whichever happens first.
- I may revoke or cancel this consent at any time by sending written notice to my county JFS office. (County contact information can be found at [jfs.ohio.gov/County/](http://jfs.ohio.gov/County/))
- Canceling this permission will not impact the use or disclosure of information that took place before the cancellation.
- Any information used or released because of this specific authorization may be disclosed again by the person or entity that receives it. In that case, the information may no longer be protected by federal or state law.
- This authorization is NOT for the release or use of Protected Health Information (PHI). The appropriate form to release PHI is the Authorization for the Release or Use of Protected Health Information (ODM Form 03397).
- I must honestly and completely report all facts relevant to my eligibility for SNAP, Cash, Medical, and/or Child Care Assistance benefits. I understand that if the requested information shows that I purposely incorrectly described my circumstances, the information may be forwarded to a prosecuting attorney for possible civil or criminal prosecution.

Signature of Applicant/Recipient OR Authorized Representative

Date

Title of Authorized Representative or Relationship to Applicant/Recipient (Parent, Guardian, Power of Attorney, etc.)

**For Person/Organization Supplying Information: Please fill out the boxes below.**

In the space below, please share any relevant information or attach verification documents that relate to the "Information to be Released" field at the top of Page 1.

<b>Signature of Person Supplying Information</b>	<b>Date</b>
Title of Person Supplying Information	Phone Number

**Office Use ONLY**

Applicant/Recipient Name	Case Number	
Name of County JFS Representative	Unique Identifier	Date



# Appendix B

Cuyahoga Job and Family Services

Cuyahoga County Department of Health and Human Services

## Housing Assistance Need Form

**Purpose:** The tenant named below has applied for housing assistance from Cuyahoga County Job & Family Services (hereinafter “CJFS” or “Cuyahoga County”). In adherence with program rules, CJFS is required to obtain verification of the tenant’s need and payment remittance information. It is also required that you as the landlord/property owner, agree to the terms and conditions set forth in this form and provide the requested information and/or documentation. Doing so allows CJFS to process and make timely payments. Failure to do so will delay payment or may result in a denial of this request.

<b>Tenant:</b>			
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Social Security Number or Cuyahoga Job and Family Services Case Number:</b>			

**RENT:** the rent amount indicated here must match the amount listed in the current lease agreement. CJFS requires a copy of the lease. An official ledger may be submitted if additional space is needed.

Month	Due Date	Monthly Amount	Portion Tenant Paid	Remaining Amt Due	Notes
<b>Total Amount of Rent Requested:</b>				<b>\$</b>	

**UTILITIES INCLUDED IN RENT:** To be considered as part of the rent, the lease must specify which utility is included and how it is to be paid. A utility addendum is acceptable.

Month	Due Date	Monthly Amount	Portion Tenant Paid	Remaining Amt Due	Notes
<b>Total Amount of Utilities Requested</b>				<b>\$</b>	



**OTHER FEES:** Not all fees are eligible for payment. Requests must fall within allowable program criteria.

Type of Fee	Month	Due Date	Portion Tenant Paid	Remaining Amt Due	Notes
<b>Total Amount of Fees Requested:</b>				<b>\$</b>	

**Amount of Total Requested: \$ \_\_\_\_\_**

**Terms of Attestation and Agreement by the Landlord/Property Owner/Property Manager:**

- I understand that this form is not a guarantee of payment.
- I understand that program staff will review all information provided to determine the tenant's eligibility and what, if any, assistance can be approved.
- I confirm all the information and documentation provided are complete, accurate, and current.
- I agree to accept housing assistance funds from Cuyahoga County and abide by the terms and conditions set forth in this form.
- I agree that the funds provided will be used only for the intended purposes of the program.
- I agree that should a payment be made and accepted for rent arrears it will be considered as payment in full. Any pending eviction for this amount will be dismissed or a motion to vacate an eviction judgement will be filed within 30 days of accepting payment. I further agree that should a payment be accepted; I will not file an eviction on this tenant for non-payment for at least the 30-day period following the payment by Cuyahoga County.
- I agree that should a payment be made and accepted for prospective rent; this payment will secure housing for this tenant for at least the time covered under this payment.
- I agree that should the tenant vacate the property prior to the time covered under the payment, a refund will be made to Cuyahoga County for the portion of time the tenant was not in the property.
- I agree that should I receive a duplicate payment for this tenant for rental arrears or prospective rent I shall return the payment to Cuyahoga County.
- I understand that a W9 Form is required for payment. If Cuyahoga County has a correct and current W9 Form on file a new form may not be required. I understand any missing or incorrect information on the W9 Form may delay payment or result in the denial of a payment. **It is imperative the name and tax ID number on the submitted W9 Form match IRS records.**

**AGREEMENT TO PARTICIPATE:** By signing below, I, the landlord or legal representative, certify that I understand and agree to the terms of this form.

<b>Signature:</b>	
<b>Printed Name:</b>	
	<b>Date:</b>



**PAYMENT REMITTANCE:** If approved for assistance the payment will be mailed to the address provided below. This company name must match the name on the Lease and the W9 Form. If there is a property management agreement in place CJFS will need a copy of it and the property manager’s W9 Form.

<b>Company Name:</b>	<b>Complex Name (if applicable):</b>	<b>Phone:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>
<b>Contact Person:</b>	<b>Contact Phone:</b>	<b>Email Address:</b>	

**REFUSAL TO PARTICIPATE:** If you refuse to participate in this program, we are required to document that. Please complete the following:

<b>Statement:</b>	<b>I refuse to participate in the program</b>		
<b>Name:</b>			
<b>Position/Title</b>			
<b>Email:</b>			
<b>Signature:</b>			<b>Date:</b>

The completed form and any other required documentation can be submitted by the tenant or you, please include the Cuyahoga Job and Family Services case number or social security number on all document submissions:

- **By Email:** [cuy-prc-application@ifs.ohio.gov](mailto:cuy-prc-application@ifs.ohio.gov)
- **By Mail:** 1641 Payne Avenue, Cleveland, OH 44114
- **By Fax:** 216-987-7700

Information on all Financial Assistance Programs can be found on our website at:  
<https://hhs.cuyahogacounty.gov/programs/detail/emergency-assistance-prevention-retention-and-contingency-program>



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# Appendix C

Cuyahoga Job and Family Services

Cuyahoga County Department of Health and Human Services

## Vehicle Repair Assistance Need Form

**Purpose:** The customer named below has applied for assistance with vehicle repairs from Cuyahoga Job & Family Services (hereinafter "Cuyahoga County"). In adherence with program rules, please complete this form and return it to Cuyahoga County Prevention, Retention and Contingency (PRC) department.

<b>Customer:</b>	
<b>Case Number:</b>	<b>Social Security Number:</b>

### Terms of Attestation and Agreement:

- I understand that this form is not a guarantee of payment.
- I understand that program staff will review all information provided to determine the customer's eligibility and what, if any, assistance can be approved.
- I confirm all the information and documentation provided are complete, accurate, and current.
- I agree to accept assistance funds from Cuyahoga County and abide by the terms and conditions set forth in this form.
- I agree that the funds provided will be used only for the intended purposes of the program.
- I confirm that my business holds an Automotive Service Excellence Certification (ASE) or a mechanic operating under the business holds an ASE certification.

**AGREEMENT TO PARTICIPATE:** By signing below, I certify that I understand and agree to the terms of this form.

<b>Signature:</b>	<b>Date:</b>
<b>Printed Name:</b>	

**PAYMENT REMITTANCE:** If approved for assistance the payment will be mailed to the address provided below:

<b>Company Name:</b>		<b>Phone:</b>	
<b>Address:</b>	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>

**REFUSAL TO PARTICIPATE:** If you refuse to participate in this program, we are required to document your refusal. Please complete the following:

<b>Statement:</b>	I refuse to participate in the program		
<b>Company Name:</b>			
<b>Signature:</b>		<b>Date:</b>	

The completed form and any other required documentation can be submitted by the tenant or you:

- **By Email:** [cuy-prc-application@jfs.ohio.gov](mailto:cuy-prc-application@jfs.ohio.gov)
- **By Mail:** 1641 Payne Avenue, Cleveland, OH 44114
- **By Fax:** 216-987-7700



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# Appendix D

## Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.  
For further information, you may consult the Secretary of State's website at: [VoteOhio.gov](http://VoteOhio.gov) or call 877-SOS-OHIO (877-767-6446).

### Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

**NOTICE:** This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

**Please see information on back of this form to learn how to obtain an absentee ballot.**

**Numbers 1 and 2 below are required by law.** You must answer both of the questions for your registration to be processed.

### Identification Requirements

If you have a current Ohio driver's license or state ID card, you must provide that number on line 10. If you do not have an Ohio driver's license or state ID card, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

### Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

### Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE**

I am:     Registering as an Ohio voter     Updating my address     Updating my name

1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	2. Will you be at least 18 years of age on or before the next general election? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If you answered NO to either of the questions, do not complete this form.</b>	

3. Last Name	First Name	Middle Name or Initial	Jr., II, etc.
4. House Number and Street (Enter new address if changed)		Apt. or Lot #	5. City or Post Office
6. ZIP Code			7. Additional Mailing Address (if necessary)
8. County (where you live)		<b>FOR BOARD USE ONLY</b> SEC4010 (rev. 2/7/23) City, Village, Twp.	
9. Birthdate (MM/DD/YYYY) (required)	10. Ohio driver's license number, state ID card number, OR last four digits of Social Security number (one form of ID required to be listed or provided)	11. Phone Number (voluntary)	
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street			
Previous City or Post Office	Previous County	Previous State	Ward
13. CHANGE OF NAME ONLY Former Legal Name		Former Signature	
14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.		<b>Your Signature</b> ↓ <div style="border: 1px dashed black; height: 60px; width: 100%;"></div>	<b>Date</b> (MM/DD/YYYY) _____
		Precinct	
		School Dist.	
		Cong. Dist.	
		Senate Dist.	
		House Dist.	

**TO ENSURE YOUR INFORMATION IS RECEIVED,  
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit [VoteOhio.gov/Boards](https://VoteOhio.gov/Boards)

If you have additional questions, please call the office of the Ohio Secretary of State at 877-SOS-OHIO (877-767-6446).

**HOW TO OBTAIN AN OHIO ABSENTEE BALLOT**

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: [VoteOhio.gov](https://VoteOhio.gov) or by calling 877-SOS-OHIO (877-767-6446).

**OHIO VOTER IDENTIFICATION REQUIREMENTS**

Voters must bring photo identification to the polls in order to verify identity. Voters who do not provide identification will still be able to cast a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: [VoteOhio.gov](https://VoteOhio.gov) or call 877-SOS-OHIO (877-767-6446).

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A  
FELONY OF THE FIFTH DEGREE.**



### Notice of Rights and Declination Form

PLEASE READ: WE ARE REQUIRED BY FEDERAL AND STATE LAW TO PROVIDE YOU WITH THIS INFORMATION. Applying to register or declining to register to vote will not affect the amount of benefit assistance that you will receive. If you would like assistance filling out the voter registration form, we can help you. The decision to seek help or accept it is yours.

ESTA INFORMACIÓN ESTA DISPONIBLE EN ESPAÑOL

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes       No       I am already registered to vote at my current address

If you decide not to check either box, you will be considered to have decided not to register to vote at this time. Please sign below to acknowledge you have received this information.

You must be a United States citizen to register to vote.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

(Please Print)

**This portion of the form is returned to the agency**

**This portion of the form is given to the customer**

If you have not received any verification of your voter registration from the county Board of Elections in which you reside 21 days from the date you registered, you may inquire on the status of your registration on by contacting your county board of elections. In Cuyahoga County:

**Cuyahoga County Board of Elections**

1803 Superior Avenue  
Cleveland, OH 4114  
(216) 443-8683

If you believe someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the prosecuting attorney of your county or with the Secretary of State.

**Cuyahoga County Prosecutor**

1200 Ontario Avenue  
Cleveland, OH 44114  
(216) 443-7800

**Ohio Secretary of State**

180 E. Broad Street  
Columbus, OH 43215  
(877)767-6446 (Toll Free)  
(614) 466-2655



**Cuyahoga Job and Family Services**

Cuyahoga County Department of  
Health and Human Services

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