

## INFORMATION FORM FOR SCSEP WAITING LIST

(Please PRINT clearly and fill in all information)

\*DATE: \_\_\_\_\_

\*NAME: \_\_\_\_\_

\*CURRENT AGE OR BIRTHDATE: \_\_\_\_\_

\*PHONE: (\_\_\_\_) \_\_\_\_\_

\*ARE YOU A VETERAN? \_\_\_\_\_ YES \_\_\_\_\_ NO

\*ARE YOU A SPOUSE OR WIDOW OF A VETERAN? \_\_\_\_\_ YES \_\_\_\_\_ NO

\*ARE YOU A COLUMBIANA COUNTY RESIDENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

\*ARE YOU EMPLOYED \_\_\_\_\_ YES \_\_\_\_\_ NO

\*ARE YOU RECEIVING SOCIAL SECURITY DISABILITY  
OR SOCIAL SECURITY RETIREMENT? \_\_\_\_\_ YES \_\_\_\_\_ NO

\*WHAT IS YOUR ESTIMATED ANNUAL INCOME? \_\_\_\_\_

\*HOW MANY PEOPLE CURRENTLY RESIDE IN YOUR HOME? \_\_\_\_\_

\*ARE YOU HOMELESS  
OR ARE EXPECTING TO BE HOMELESS? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please fill in all information and mail to:

C.C.D.J.F.S.  
7989 Dickey Dr, Suite 2  
Lisbon, OH 44432  
Attn: Human Resource