



# FIRST CALL FOR HELP

## Community Resource Directory

**GIVE. ADVOCATE. VOLUNTEER.  
LIVE UNITED**

This community resource is made possible through the support of your local United Way of Warren County.

To view a printable PDF and access links to organizations in this brochure, please visit the First Call For Help website at <https://www.warren.oh.us/firstcallforhelp/>

### YOUTH PROGRAMS (CONTINUED)

- CAMP JOY.....937-289-2031
- GIRL SCOUTS OF WESTERN OHIO Cincinnati.....800-633-6241 Dayton.....800-233-4645
- WARREN COUNTY SCHOOL DISTRICTS**
- WARREN COUNTY EDUCATIONAL SERVICE CENTER.....513-695-2900 1879 Deerfield Rd. - Lebanon www.warrencountyschools.com
- WARREN COUNTY CAREER CENTER.....513-261-2900 or 513-425-2900 3525 N. State Route 48 - Lebanon www.wccareercenter.com
- CARLISLE LOCAL SCHOOL DISTRICT.....513-932-5677 774 Fairview Dr. (Main Office) - Carlisle www.carlisleindians.org
- CLINTON-MASSIE LOCAL SCHOOL DISTRICT.....937-289-2471
- FRANKLIN CITY SCHOOL DISTRICT.....937-746-1699 130 E. Sixth Street (Central Office) - Franklin www.franklincityschools.com
- KINGS LOCAL SCHOOL DISTRICT.....513-394-8050 1797 King Ave. (Central Office) - Kings Mill www.kingslocal.net
- LEBANON CITY SCHOOL DISTRICT.....513-934-5778 700 Holbrook Ave. (Central Office) - Lebanon www.lebanon.k12.oh.us
- LITTLE MIAMI LOCAL SCHOOL DISTRICT.....513-695-2264 8276 State Route 132 (Central Registration) - Blanchester www.littlemiamischools.com
- LOVELAND CITY SCHOOLS.....513-683-5600
- MASON CITY SCHOOL DISTRICT.....513-388-0474
- SPRINGBORO COMMUNITY SCHOOL DISTRICT.....937-748-3900 1685 S. Main Street (Central Office) - Springboro www.springboro.org
- WAYNE LOCAL SCHOOL DISTRICT.....513-897-6971 659 Dayton Rd. (Central Office) - Waynesville www.wayne-local.com

### SENIOR PROGRAMS (CONTINUED)

- ELDERLY SERVICES - In-home & Assessment.....513-695-2271
- MEDICARE.....800-633-4227
- SOCIAL SECURITY.....800-772-1213
- SUPPORTIVE SERVICES.....513-846-9173
- TRIPLE HEALTH SENIORS HEALTH - Main Number.....513-589-6200 Navigator for Senior Services - Free Health Information and Referral Services.....513-589-6200 SeniorLink - Medical, Rehabilitative, Social and Personal Care.....513-531-3110 Lifeline and Home Connections - Personal Emergency Response and Home Safety Services.....513-569-5115 Seniority - Free Membership Program with Events, Classes and Discounts.....513-805-1700

### MENTAL HEALTH

- CRISIS/SUICIDE HOTLINE.....877-695-6333 24-hour Mental Health, Substance Abuse and Suicide Crisis Line
- MENTAL CENTER OF HOPE.....513-536-4673 or 888-534-4673
- MENTAL HEALTH AMERICA OF KY. KENTUCKY Red S. W. Ohio.....513-721-2910 or 877-361-4518
- COMPEN & SOCIAL RECREATION.....513-721-2910 411 Main Support Group Clearinghouse.....513-721-2910 410 SOLUTIONS COMMUNITY COUNSELING & RECOVERY CENTERS Lebanon.....513-228-7800 Kingsview Drive, Lebanon.....513-695-1357 Mason.....513-398-2551 Springboro.....937-746-1154 Warren County Office.....800-932-3366
- NATIONAL ALLIANCE ON MENTAL ILLNESS Miami Warren County.....513-695-3650

### HEALTH SERVICES (CONTINUED)

- ETHESDA MEDICAL CENTER AT ARROW SPRINGS.....513-92-7200 24-hour Emergency Department
- HILD ADVOCACY CENTER.....513-261-6031
- PLEEFSY FOUNDATION.....513-771-2905 or 877-894-2241
- LERKEY SERVICES (For the Qualifying Elderly) (make).....513-695-2271
- ELP ME GROW (Birth-3yrs).....513-695-4769
- HEADUP.....513-695-1420
- HIV MEDICAD.....800-324-8680
- INTEGRITY CLINIC - FRANKLIN.....937-537-1006
- WARREN COUNTY HEALTH DEPARTMENT.....513-261-2254 Adult Care Clinic.....513-261-1229 Bureau Children with Medical Handicaps.....513-695-1535 Pre-Natal.....513-695-1262 Family Planning/STD/HIV.....513-695-1263 Immunization/Child Health/Vision Screening.....513-695-1468 Vital Statistics/Environmental Health.....513-695-1220 Health Educator/Public Information Officer.....937-746-1769 Franklin Health Dept.....513-934-1777
- WOMEN'S CENTER (Pre-Natal Ultrasounds).....513-934-1777

### TRANSPORTATION

- ELDERLY SERVICES MEDICAL TRANSPORTATION AGE 60+ Intake.....513-695-2271
- FRANKLIN TOWNSHIP SENIORS' BUS - M-F: 8:15 AM-4:00 PM - AGE 60+ Franklin, Carlisle, Franklin Twp., 24-hour Hotline.....937-743-9100
- WCCS, INC. SENIOR TRANSPORTATION - M-F: 8:00 AM-6:30 PM Seniors 60+, Living Independently.....513-695-2222
- WARREN COUNTY TRANSIT SERVICE - M-F: 6:00 AM-6:30 PM 48-hour Hotline Recommended.....888-297-0990

### PUBLIC ASSISTANCE

- CHILD SUPPORT ENFORCEMENT AGENCY.....513-695-1580 From Outside Local Area Only.....800-644-2732
- 24/7 Anonymous Tip Hotline.....513-695-1569
- SUPPORT ENFORCEMENT TRACKING SYSTEM.....800-660-2555
- DEPARTMENT OF HUMAN SERVICES.....513-695-1420
- OHIO BENEFIT BANK.....800-448-1176 *The Ohio Benefit Bank is a web-based program that uses trained staff and volunteers to assist consumers with free tax preparation assistance and access to potential public benefits.*

### HEARING IMPAIRED

- HBO RELAY SERVICE.....800-771-1 or 800-750-0750 (DEAF) 7-11 or 800-750-0750

### UNEMPLOYMENT

- UNEMPLOYMENT BENEFITS (Automated System).....877-644-6562
- WORKFORCE ONE OF WARREN COUNTY.....513-695-1130

### RECYCLING/ENVIRONMENT

- WC SOLID WASTE MANAGEMENT DISTRICT.....513-695-1209
- HAMILTON COUNTY DEPARTMENT OF ENVIRONMENTAL SERVICES Southwest Ohio Air Quality Agency.....513-446-7777 or 800-889-4474 24-hour Response Hotline.....937-743-6339 24-hour Air Quality Index (Recorded Message).....513-946-7753

### HOMELESS/HOUSING

- BUSE & RAPE CRISIS SHELTER OF WARREN COUNTY.....513-695-1107 or 888-860-4084 ONE FOR LIFE.....513-423-5433
- VETERAITH HOSPITALITY NETWORK OF WC.....513-934-5250
- LETOPOULAN HOUSING AUTHORITY.....513-695-3380
- EW HOUSING OHIO.....513-228-1200
- WARREN COUNTY EMERGENCY SHELTER "Bernie's Place" Temporary Emergency Shelter.....513-494-2397 or 513-695-1938

### UTILITIES/ENERGY

- HEAP - HOME ENERGY ASSISTANCE PROGRAM.....866-747-1492
- HOME WEATHERIZATION PROGRAM.....513-695-2287
- SALVATION ARMY Middletown Location.....513-423-9452 South Lebanon Location.....513-494-1911

### RESPIRE CARE

- Respire care provides a break for family member caregivers and care of the chronically ill or disabled.
- ADULT DAY SERVICES, OTTERBEIN-LEBANON.....513-696-8587
- ELDERLY SERVICES - Intake.....513-695-2271
- SENIOR INDEPENDENCE, FRANKLIN/CONOVER.....937-743-6339
- WC BOARD OF DD FAMILY SUPPORTS.....513-695-2579

### LEGAL/COMMUNITY ADVOCACY

- BUSE & RAPE CRISIS ADVOCATES.....513-695-1123
- CIVIL PROTECTION ORDER ASSISTANCE.....513-695-1886
- EGAL AID SOCIETY.....513-41-9400 or 800-382-2682
- RO SENIORS, INC.....513-345-4160
- Legal Rights Advocates for Age 60+.....800-488-6070
- LOW INCOME/ELDERLY HOME REPAIR**
- PEOPLE WORKING COOPERATIVELY, INC.....513-351-9221 Toll Free Number.....800-992-7921
- ICCS, INC. H.O.M.E.....513-695-2210

### VETERANS

- VETERANS' SERVICE OFFICE.....513-695-2717

### WOMEN'S CENTER - LEBANON (Volunteer Consultant)

- 4-H.....513-695-1311
- BIG BROTHERS/SIBS SISTERS OF WARREN COUNTY.....513-532-3966
- BOY SCOUTS OF AMERICA, DAN BEARD COUNCIL.....888-860-8572

### WOMEN'S CENTER - LEBANON (Volunteer Consultant)

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- BIG BROTHERS/SIBS SISTERS OF WARREN COUNTY.....513-532-3966
- BOY SCOUTS OF AMERICA, DAN BEARD COUNCIL.....888-860-8572

### WARREN COUNTY LIBRARIES

- FRANKLIN PUBLIC LIBRARY - Franklin.....937-746-2665 www.franklin.lib.oh.us
- LEBANON PUBLIC LIBRARY - Lebanon.....513-932-2665 www.lebanonlibrary.org
- MARY L. COOK LIBRARY - Waynesville.....513-897-4826 www.mcook.lib.oh.us
- MASON PUBLIC LIBRARY - Mason.....513-398-2711 www.mason.lib.oh.us
- SALEM TOWNSHIP PUBLIC LIBRARY - Morrow.....513-899-5588 www.salem-township.lib.oh.us
- SPRINGBORO PUBLIC LIBRARY - Springboro.....937-748-2200 www.franklin.lib.oh.us

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**EMERGENCY NUMBERS**

- LIFE THREATENING EMERGENCIES**
- Fire • Police • Rescue ..... 911
- BOUSE & RAPE CRISIS SHELTER OF WARREN COUNTY ..... 513-695-1107
- Domestic Violence and Rape Crisis Hotline ..... 888-860-4084
- ADULT PROTECTIVE SERVICES ..... 513-695-1423
- Senior Abuse & Neglect
- AMERICAN RED CROSS ..... 513-579-3000 or 800-235-0070
- Includes Armed Forces Emergency Services
- TRIUMF MEDICAL CENTER ..... 513-424-2111
- 24-Hour Emergency Department
- LETESDA MEDICAL CENTER - ARROW SPRINGS ..... 513-282-7200
- 24-Hour Emergency Department
- CHILDREN SERVICES 8AM-5PM ..... 513-695-1500
- Hotline for Child Abuse and Neglect ..... 877-695-6000
- CRISIS/SUICIDE HOTLINE ..... 877-695-6333
- 24-Hour Mental Health, Substance Abuse and Suicide Crisis Line
- DRUG & POISON CENTER ..... 800-222-1222
- HUMAN DRUG TRAFFICKING HOTLINE ..... 888-373-7888
- AW ENFORCEMENT
- State Highway Patrol-Lebanon ..... 513-932-4444
- Warren County Non-Emergency Dispatcher ..... 513-925-2525
- Warren County Sheriff ..... 513-695-1280
- NATIONAL RUNAWAY SWITCHBOARD ..... 800-786-2929
- NATIONAL SUICIDE PREVENTION LIFELINE ..... 800-273-8255
- YCBDD EMERGENCY CRISIS LINE ..... 800-806-6847
- ALCOHOLISM/SUBSTANCE ABUSE**
- CRISIS/SUICIDE HOTLINE ..... 877-695-6333
- 24-Hour Mental Health, Substance Abuse and Suicide Crisis Line
- SOLUTIONS COMMUNITY COUNSELING & RECOVERY CENTERS
- Kingsview Dr., Lebanon ..... 513-228-7800
- Lebanon ..... 513-695-1357
- Springboro ..... 513-398-2551
- Warren County Office ..... 800-932-3366
- ALVATION ARMY ADULT REHABILITATION CENTER
- Cincinnati and Dayton ..... 800-728-7825
- AMHSA - Substance Abuse Mental Health Treatment Referral
- WARREN OUTPATIENT ..... 513-932-4537
- BLIND**
- BUREAU OF SERVICES FOR THE VISUALLY IMPAIRED
- Vocational Rehabilitation ..... 513-652-3260 or 800-686-3323
- INCHMART REHABILITATION FOR THE BLIND AND VISUALLY IMPAIRED ..... 513-221-8538
- LOVERDOCK CENTER FOR THE BLIND AND VISUALLY IMPAIRED ..... 513-522-3860 or 888-234-7156

**CHILD CARE**

- 4C...FOR CHILDREN
- Cincinnati ..... 800-256-1796
- Warren County ..... 513-224-0033
- DEPARTMENT OF HUMAN SERVICES ..... 513-695-1417
- CLOTHING**
- FIRST BAPTIST CHURCH CLOTHING MINISTRY ..... 937-746-7791
- Located in Basement of Franklin Area Community Services
- GOODWILL EASTER SEALS BV - LEBANON ..... 513-228-5400
- LEBANON FREE CLOTHING STORE ..... 513-932-1614
- NEW2YOU THRIFT STORE-MASON ..... 513-776-0930
- OHIO VALLEY GOODWILL - LEBANON ..... 513-932-6656
- SALVATION ARMY-SOUTH LEBANON ..... 937-746-3448
- SECOND TIME SHOP-ST. PAUL LUTHERAN - FRANKLIN ..... 513-494-1911
- ST. VINCENT DUPAL MASON THRIFT STORE ..... 513-492-7940
- VINEYARD DOWNTOWN HELP CENTER - FRANKLIN ..... 937-746-1635
- COUNSELING**
- ABUSE & RAPE CRISIS SHELTER
- OF WARREN COUNTY ..... 513-695-1107 or 888-860-4084
- Batterer's Intervention/Women Who Use Violence Groups ..... 513-695-1750
- Individual/Group Trauma Counseling (S.O.A.R.) ..... 513-695-2435
- ARTHUR'S FOUNDATION, INC. ..... 513-271-4545
- CANCER FAMILY CARE, INC. ..... 513-695-2247
- COMMUNITY PREGNANCY CENTER ..... 513-924-2229
- Franklin Office ..... 937-704-9999
- COMMUNITY BEHAVIORAL HEALTH ..... 513-224-0921
- CRISIS/SUICIDE HOTLINE ..... 877-695-6333
- 24-Hour Mental Health, Substance Abuse and Suicide Crisis Line
- LIFESPAN BEHAVIORAL HEALTH COUNSELING ..... 513-868-3210
- Mason Office ..... 513-229-0746
- SOLUTIONS COMMUNITY COUNSELING & RECOVERY CENTERS
- Kingsview Dr., Lebanon ..... 513-228-7800
- Lebanon ..... 513-695-1357
- Mason ..... 513-398-2551
- Warren County Office ..... 937-746-1154
- Springboro ..... 800-932-3366
- Warren County Office ..... 800-932-3366
- NEW REFLECTIONS COUNSELING ..... 513-878-3070
- WARREN OUTPATIENT ..... 513-932-4537
- WOMEN'S CENTER - LEBANON ..... 513-934-1777
- COUNTY GOVERNMENT TOLL FREE**
- TOLL FREE WHEN CALLING FROM:
- Cincinnati ..... 513-925-1000
- Dayton/Springboro ..... 937-425-1000
- Franklin/Middletown ..... 513-261-1000
- Lebanon/Mason/Waynesville ..... 513-695-1000
- Southwestern Warren County ..... 937-783-1993

**DISABLED**

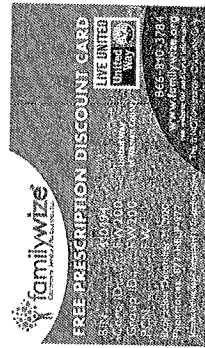
- ABILITIES FIRST ..... 513-423-9496 or 800-378-8632
- BUREAU OF VOCATIONAL REHABILITATION ..... 513-652-3260
- Toll Free Number ..... 800-686-3323
- WARREN COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
- Adult Services - Deerfield Center ..... 513-695-2507
- Adult Services - FSU Facility ..... 800-800-6847
- Crisis Hotline ..... 513-695-1545
- Early Intervention ..... 513-695-1545
- Service & Support Administration (Intake) ..... 800-772-1213
- DRIVER'S LICENSE**
- LEBANON ..... 937-743-9950
- Lebanon ..... 513-932-6879
- Mason ..... 513-398-8928
- DRIVER'S LICENSE EXAM STATION ..... 513-932-5825
- EDUCATION**
- ADULT BASIC LITERACY EDUCATION (ABLE/ED) ..... 513-695-2987
- AMERICAN RED CROSS, WARREN COUNTY OFFICE ..... 513-932-0162
- To Register for Classes ..... 800-732-7267
- ARCS - Rape and Domestic Violence Prevention ..... 513-695-1385
- OSU EXTENSION-WARREN COUNTY ..... 513-695-1311
- SINCLAIR COMMUNITY COLLEGE ..... 800-315-3000
- SOLUTIONS COMMUNITY COUNSELING & RECOVERY CENTERS
- Kingsview Dr., Lebanon ..... 513-228-7800
- Lebanon ..... 513-695-1357
- Mason ..... 513-398-2551
- Springboro ..... 937-746-1154
- Warren County Office ..... 800-932-3366
- WC ADULT NEW READERS ..... 513-932-2523
- WC CAREER CENTER Main Campus ..... 513-932-6145
- South Campus ..... 513-770-0200
- Adult & Community Education/Workforce Development ..... 877-547-5100
- WC EDUCATIONAL SERVICE CENTER ..... 513-695-2900
- WC'S EARLY LEARNING CENTERS (HEAD START) ..... 513-695-2215
- WORKFORCE ONE ..... 513-695-1130
- Workforce Development Classes
- EMPLOYMENT SERVICES**
- ABILITIES FIRST ..... 513-423-9496 or 800-378-8632
- BUREAU OF VOCATIONAL REHABILITATION ..... 513-652-3260
- Toll Free Number ..... 800-686-3323
- WARREN COUNTY BOARD OF DD ADULT SERVICES
- Community Employment Department ..... 513-695-9200
- WORKFORCE ONE OF WARREN COUNTY ..... 513-695-1130
- Vocational Services ..... 513-695-2317
- WCS, INC. FAMILY SERVICES Employment Specialist ..... 513-695-2338

**FOOD PANTRIES/FINANCIAL ASSISTANCE**

- CONSUMER CREDIT COUNSELING SERVICE (APPROX) ..... 513-366-4500
- FAITH EMERGENCY SERVICES & FAITH MINISTRIES (Mason/Deerfield Twp.)
- Mason United Methodist Church ..... 513-453-8209
- 5315 Mason-Montgomery Rd.
- Food, Financial Assistance: Thurs. 1:00-3:00PM
- FINANCIAL ASSISTANCE BY APPOINTMENT
- FAMILY SERVICES OF WARREN COUNTY COMMUNITY SERVICES ..... 513-695-2238 or 937-452-2238
- Financial Assistance by Appointment
- FRANKLIN AREA COMMUNITY SERVICES (Franklin, Galles, Springfield) ..... 937-746-7791
- M-F 12-3PM, W 5-7PM Financial Assistance: M-F 12-2PM
- KINGS LOCAL PANTRY & COMMUNITY SERVICE (Kings School District) ..... 513-494-2692
- 10 N. High Street, South Lebanon
- M,W,F 8:30AM-11:30AM www.kingslocalpantry.org
- LEBANON FOOD PANTRY & COMMUNITY SERVICES (Lebanon School District) ..... 513-228-2555
- 190 New Street, Lebanon
- M,W,F 9AM-12PM, W 6-8PM
- LIFESPAN DIET MANAGEMENT/HOUSING COUNSELING ..... 513-868-3210
- Toll Free ..... 888-597-2751
- LITTLE MIAMI COMMUNITY SERVICES (Little Miami School District) ..... 513-695-4002
- 4766 Whiteacre Dr.
- M,W,F 9AM-12PM
- MASON FOOD PANTRY (Mason School District) ..... 513-754-0933 x1
- M-F 6:30-2:00PM, W and Sa 5:30-11:00AM
- SAVATION ARMY SOUTH LEBANON ..... 513-494-1911
- Pike & Main M-F 10AM-4PM, Sa L 10AM-2PM, Closed Thurs.
- SPRINGBORO COMMUNITY ASSISTANCE CENTER (SAC) (Springboro School District) ..... 937-572-4488
- 80 W. State Street
- Food, Limited Financial Assistance
- Food & Clothing of Each Month, Tues 3:30PM-5:30PM, Wed, 4PM-6PM
- WAYNE TWP. COMMUNITY AID/FOOD PANTRY
- St. Mary's Episcopal Church ..... 513-897-2435
- 107 S. Third Street ..... 513-695-2249
- WC DEPARTMENT OF HUMAN SERVICES
- PRC-Prevention Attention Confering
- FOOD STAMPS & MEALS/INIC**
- FOOD STAMPS ..... 513-695-1420 or 937-228-5661
- ELDERLY SERVICES HOME DELIVERED MEALS
- Age 60+ and Homebound Intake ..... 513-695-2231
- WIC-WOMEN, INFANTS & CHILDREN ..... 513-695-1217
- Franklin ..... 937-746-9490
- HEALTH SERVICES**
- ABILITIES FIRST ..... 513-423-9496 or 800-378-8632
- Outpatient Pediatric Therapies ..... 800-378-8632
- AMERICAN CANCER SOCIETY ..... 513-228-0516
- ARTHRITIS FOUNDATION ..... 513-271-4545
- ATRIUM MEDICAL CENTER ..... 513-424-2111
- 24-Hour Emergency Department

**FAMILY WIZE**

FamilyWize provides a free discount prescription card to our community. The FamilyWize card can lower the cost of medicine by an average of 30% or more for individuals without insurance or who take medication not covered by their plan. It's just like a coupon you can keep using every time you need to fill a prescription. All you have to do is present the card at a local participating pharmacy to get the savings.



# Clinton County Resources

## FOOD ASSISTANCE

- **CLINTON COUNTY COMMUNITY ACTION** 789 N.NELSON AVE WILMINGTON OHIO 45177 937-382-8365 - HOUSING/SENIOR SERVICES/ HEAD START/ WEATHERIZATION/ **FOOD PANTRY**/HEATING ASSISTANCE/ CARS PROGRAM.
- **HOPE EMERGENCY PROGRAM** 5332 KERNAN RD LYNCHBURG, OHIO 45159 937-364-1055 WEDNESDAYS 9AM-11:45AM & 1PM-2:30PM WEEKLY ASSISTANCE.
- **Blanchester Community Food Pantry** 664 W. Main Blanchester 937-625-4091
- **First Church of God** 726 N. Broadway St Blanchester 937-783-2740 providing food and clothing. Tuesday and Thursday 4p – 6p
- **United Methodist Church** 68 S. First St Clarksville 937-289-2249 2nd Thursday of the Month.
- **Westboro Methodist Church** 110 Jonesboro Rd. Westboro 937-783-5502
- **United Methodist Church** 11576 St. Rte. 28 New Vienna 937-987-2800 – Weekly 10a – 12p fresh produce and bread. Monthly shopping on 4<sup>th</sup> of each month @ 10 a.m. - 2 forms of ID required.
- **Living Waters Church** 87 Bernard Rd. New Vienna – 937-618- 0737 – 3<sup>rd</sup> Saturday of the month, photo ID and proof of residence is required.
- **Wilmington Church of God** 100 Gordon Dr. Wilmington – 937-382- 1587 – 3<sup>rd</sup> Thurs of the month 10a – 3p
- **Wilmington Friends Meeting** 66 N. Mulberry St Wilmington – 937-382-2349

- **PRAIRIE VIEW APARTMENTS (low income/ seniors/disabled)** 360 PRAIRIE AVE. Wilmington - 937-382-4569
- **QUAKER APARTMENTS (low income/senior/ disabled)** 274 PRARIE AVE Wilm. 937-382-8907
- **WILLIAM TUKE APARTMENTS (LOW INCOME FOR THE DISABLED)** 150 SPARTA AVE Wilmington - 937-382-7938
- **SMITH HOUSE (LOW INCOME FOR THE DISABLED)** 421 W. VINE ST Wilmington 937-382-4569

### **RENT ASSISTANCE**

- **JOB AND FAMILY SERVICES** (prc application) 1025 s. south st Wilmington - 937-382-0963
- **ST. VINCENT DEPAUL SOCIETY** - 73 N. MULLBERRY ST 937-382-6851

### **UTILITY ASSISTANCE**

- **GRACE UNITED METHODIST CHURCH (RENT, ELECTRIC, WATER, AND RX.)** - 201 E. CENTER ST. Blanchester - 9637-783-3655
- **HEAP HOME ENERGY ASSISTANCE** - 789 N. NELSON AVE Wilmington – 937- 382-2349
- **ST. VINCENET DePAUL – (RENT AND UTILITIES ONLY- NO WATER.)** 73 n. mulberry st. Wilmington 937-382-6851
- **WILMINTON FRIENDS MEETING-** 66 N. MULBERRY ST. Wilmington - 937-382-2349

### **PRESCRIPTION ASSISTANCE**

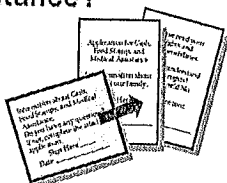
- **United Way Prescription Assistance** - 111 S. NELSON AVE Wilmington Ohio - 937-382-7221 opt.3
- **PMAP: PRESCRIPTION MEDICAL ASSISTANCE PROGRAM** - 111 S. NELSON AVE Wilmington - 937-481-2138
- **GRACE UNITED METHODIST CHURCH** 201 E. CENTER ST Blanchester - 937-783-3655

# REQUEST FOR CASH, FOOD, AND MEDICAL ASSISTANCE

Office Use Only - You will be given an appointment date and time after you complete the following application.

Appointment Date: \_\_\_\_\_ Appointment Time: \_\_\_\_\_

## How do I apply for assistance?



### You will need to:

1. Complete this application.
2. Submit this application to your local County Department of Job and Family Services (CDJFS).
3. Complete an interview.
4. Provide verification for the programs for which you are applying. Verification is explained on the next page.

## Do you need help completing this application?



1. **If English is not your primary language:** The CDJFS will provide someone who can help you understand the questions on this application at the interview.
2. **If you have a disability, are hearing-impaired or visually-impaired:** We will help you complete this application and the interview.
3. **We will also help you at other times, such as:** When you report changes, or when you have questions about your case.

## How do I complete this application?



1. **Fill out this application:** Answer as many questions as you can on the application. You have the right to apply for assistance the day you contact your local CDJFS.
2. **If you cannot fill out this application today:** Fill out page one of the application with your name, address, and signature and turn it in to your local CDJFS office so that we can provide assistance from today if you are eligible. You can fill out the rest of the application at home and return it to your CDJFS office.
3. **Applying for someone else:** You can choose someone to apply for assistance for you. This person is called an authorized representative. If you are applying for someone else, answer the questions as they relate to that person.

## Where do I turn in this application?

1. **Turn in the application to your local CDJFS office:** This will start the application process for all assistance programs. Office hours vary by county. To search for your county office go to [http://jfs.ohio.gov/County/County\\_Directory.pdf](http://jfs.ohio.gov/County/County_Directory.pdf)

## How do I complete the interview?

1. **Your interview:** The county agency will provide you notice of the time, date and location of your interview. Your interview may be a telephone interview, office interview or a home visit.
2. **Missed Interview:** If you miss your interview, the county agency will notify you of the missed interview and explain that you are responsible for rescheduling. If you do not contact the county agency within 30 days from the date you file this application, we may deny your assistance and you will have to reapply.

-- Please keep this page for your records. --

## What type of verification do I need?

The table below lists the items required for each program you are applying for. Contact your local CDJFS for examples of the documents you can use as proof. If you can't bring everything, come to the interview anyway and we will help you.

- If you are not a U.S. citizen and are only applying for alien emergency medical assistance, you do not have to verify your citizenship status or immigration status, or provide a social security number.
- Your food assistance amount may increase if you also bring proof of the following costs: child/dependent care, child support paid for children not living with you, housing, utilities, medical costs for people with disabilities or for people who are over age 60 (including prescriptions).

	Cash Assistance	Food Assistance	Medical Assistance Families and children	Medical Assistance Aged, blind or disabled
Proof you have applied for a Social Security Number (if you don't already have one)	✓	✓	✓	✓
Permanent Resident Card ("green card") or other INS documentation if not a U.S. citizen	✓	✓	✓	✓
Proof of U.S. citizenship if a U.S. citizen	✓		✓	✓
Proof of Income or any other money coming into your household (such as pay stubs, tax records, award letters, child support)	✓	✓	✓	✓
Most recent statements for any bank accounts (such as checking, credit union, savings)	✓			✓
Proof of ownership of vehicles (such as car, truck, motorcycles, boats, RVs)				✓
Proof of current value of stocks/bonds, certificates of deposit, life insurance, trusts, annuities	✓			✓
Proof of Identity	✓			✓
Proof of any child/dependent care costs	✓	✓		
Proof of any child support paid for children not living with you	✓	✓	✓	
Proof of any housing and utility costs	✓	✓	✓	✓
Proof of any medical costs for people with disabilities or for people who are over age 60 (including prescriptions)		✓		✓
Proof of any health insurance			✓	✓

## When will I receive assistance?



**Cash and food assistance:** We base eligibility for the cash and/or food assistance programs on the date we get your signed and dated application. Your eligibility for these programs is determined within 30 days from the date we receive your signed and dated application.

**Medical assistance:** We base eligibility for medical assistance on the date we get a signed and dated application. Your eligibility should be determined within 30 days unless you are claiming a disability. If you are claiming a disability, your eligibility should be determined within 90 days. We will also explore medical assistance for the 3 months before the month we get your application.

## What if I need food right away?



**If you need food assistance right away, and are not currently receiving it:** Answer the questions on pages one and two of the application. You may qualify to get food assistance quicker.

## Do I have to be a Citizen?



**No.** Please do not let fear of the U.S. Citizenship and Immigration Services (USCIS) keep you from seeking needed assistance for your family. Many immigrants can receive cash, food, and medical assistance. Also, alien emergency medical assistance is available without regard to your immigration status.

## What other services are available?



You may be eligible to receive other services such as: Child care assistance, prenatal care, housing costs, work skills, and help getting a job. These services may require a separate application. Ask your caseworker about these services. If you need help with child care costs, contact your local CDJFS for a child care application.

-- Please keep this page for your records. --

# REQUEST FOR CASH, FOOD, AND MEDICAL ASSISTANCE

## 1. VOTER REGISTRATION APPLICATION ATTACHED- ASSISTANCE AVAILABLE

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

- YES, I want to register to vote.       NO, I do not want to register to vote.

**If you do not check either box, you will be considered to have decided not to register to vote at this time.**

## 2. Tell us about you (the applicant)

Complete this section for you or for the person for whom you are applying.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Last Name \_\_\_\_\_

Are you:                      Do you need any of the following services?

Visually Impaired       Interpreter                       Other: \_\_\_\_\_  
 Hearing Impaired       Sign Language

### Office Use Only

Date Received: \_\_\_\_\_

Application Number: \_\_\_\_\_

Case Number: \_\_\_\_\_

Expedited Food Assistance:     Yes       No

PRC Requested:                       Yes       No

Child Care Requested               Yes       No

**Have you, or anyone living with you, ever received cash, food, or medical assistance?**     Yes     No

If yes, who: \_\_\_\_\_ Where (City/County/State): \_\_\_\_\_

## 3. Tell us how to reach you

Complete this section for you or for the person for whom you are applying.

Street Address       Check here if you are homeless

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Best Time to Call \_\_\_\_\_ Additional Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

(    )                      (    )

**Mailing Address (if different):**  
Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## 4. Tell us if you are an authorized representative

An authorized representative is someone who assists the applicant by completing the application process. If you are filling out this form as an authorized representative, please fill out the following.

First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_ Last Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number \_\_\_\_\_ Best Time to Call \_\_\_\_\_ Additional Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

(    )                      (    )

## 5. Sign Here

Signature of Applicant or Authorized Representative \_\_\_\_\_ Print Name \_\_\_\_\_ Date \_\_\_\_\_

### 6. Tell us if you need food assistance right away

These questions will help us decide if you qualify to get food assistance benefits quicker.  
How many people live with you and buy, fix, and eat meals with you? \_\_\_\_\_

Answer the following questions for only the people who buy, fix and eat meals with you.

- Is your total gross income before taxes for the current month less than \$150?  Yes  No
- Is your total net income after taxes and paying for such things as housing costs, child/dependent care costs, or child support payments for the current month zero?  Yes  No
- Are your total resources in cash, checking, and savings accounts less than \$100?  Yes  No
- Are your monthly rent or mortgage and utilities (such as gas, electric, water, and phone) more than your total monthly gross income before taxes?  Yes  No
- Are you a migrant or seasonal farm worker?  Yes  No

### 7. Tell us about the people in your home

You must list everyone who lives with you even if they are not applying. Please be sure to list your name first. If you need more space, attach a separate piece of paper.

- **Social Security Number:** You only have to list a social security number for someone who is applying for cash, food, or medical assistance. You do not have to provide a social security number for someone applying for alien emergency medical assistance.
- **U.S. Citizen:** You only have to indicate if someone is a U.S. citizen if they are applying for cash, food, or medical assistance.
- **Sex (gender):** If your household is only applying for food assistance, you do not have to complete the sex (gender) question.
- **Race/Ethnicity:** Title VI of the Civil Rights Act of 1964 allows us to ask for racial/ethnic (Hispanic or Latino) information. If you do not want to give us this information, it will have no effect on your case. If you do not give us this information, the worker will enter an answer.

Name (First, Last)	Relationship to You (spouse, son, friend, etc.)	Social Security Number	Date of Birth	Sex <i>Write M or F</i>	U.S. Citizen <i>Write Y or N</i>	Race	Hispanic or Latino <i>Write Y or N</i>
	Self						

Are you married?  Yes  No Spouse's name: \_\_\_\_\_

Are you, or anyone you are applying for, pregnant? Only answer if applying for cash or medical assistance.  
 Yes  No If yes, who? \_\_\_\_\_

Do you, or anyone you are applying for, need nursing home / in-home care?  
 Yes  No If yes, who? \_\_\_\_\_

What is your preferred language? Spoken: \_\_\_\_\_ Written: \_\_\_\_\_



**7. Tell us about the people in your home (continued)**

Is anyone 60 years of age or older?  Yes  No

If yes, answer the questions in this section. If no, please skip to question 8.

Is this person(s) receiving disability benefits?  Yes  No

If yes, from what source? \_\_\_\_\_

Is this person(s) unable to prepare meals due to a disability?  Yes  No

If you answered "Yes" to the last three questions, does this person(s) wish to receive food assistance separately from the other people you live with?  Yes  No

**8. Tell us about your finances**

Will you or the people in your home receive income this month?  Yes  No

Income refers to all the money that you and the people in your home receive such as earnings from employment, child/spousal/medical support, disability benefits, retirement benefits, Workers' Compensation, Social Security, SSI, Veterans Benefits, etc.

If yes, please complete the table below.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc)	Date Last Received

How much do you and the people in your home have in cash, checking, or savings (such as bank accounts, annuities, stocks, or bonds)?

Give your best estimate of the total: \$ \_\_\_\_\_

Did anyone in your home leave a job or lose a job within the last 60 days?  Yes  No

If yes, who? \_\_\_\_\_ When? \_\_\_\_\_

For what reason? \_\_\_\_\_

Is anyone in your home on strike from a job?  Yes  No

If yes, who? \_\_\_\_\_

**9. Tell us about your expenses**

Which expenses do you and the people in your home pay? Check all that apply. List the amount for each expense.

Day care costs for a child or other dependent(s)

Estimated amount paid per month: \$ \_\_\_\_\_  
If you need help with child care costs, contact your local CDJFS for a child care application.

Child/spousal/medical support payments

Estimated amount paid per month: \$ \_\_\_\_\_

Medical expenses for anyone who is disabled or age 60 or older. These include expenses such as medical bills, prescriptions, health insurance premiums, or other medical services. Do not include any medical support payments you entered in the check box above. Estimated amount paid per month: \$ \_\_\_\_\_

Rent / Mortgage payments

Estimated amount paid per month: \$ \_\_\_\_\_

Utilities – Please check the utilities you pay for below.

Do you pay for heating and/or air conditioning?

Yes  No

- Gas
- Telephone
- Garbage

- Electricity
- Water
- Sewer
- Other

## 10. Signature of person who completed this application

### By signing this application:

- I understand the questions on this form and certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member applying for assistance.
- I state under penalty of perjury I have disclosed all annuities and other similar financial devices in which I and/or my spouse have any interest.
- I understand and agree to provide documents to prove what I have said.
- I understand and agree that the CDJFS may contact other persons or organizations to obtain the necessary proof of my eligibility and level of assistance.
- I understand that by signing this application and receiving Ohio Works First, I am assigning to the State of Ohio any rights to child/spousal support that is owed to me and/or the minor children in the assistance group during the Ohio Works First eligibility period.
- I understand that by signing this application and receiving Medicaid, I am assigning to the State of Ohio any rights to medical support and any rights to payments by a liable third party for medical assistance owed to me and/or to the minor children in the assistance group during the Medicaid eligibility period.
- I understand that I may be required to cooperate with the child support enforcement agency in establishing paternity or establishing or enforcing a support order. If I am required to cooperate with the child support enforcement agency, a referral will be submitted to the agency on my behalf. I also understand that if I am not required to cooperate with the child support enforcement agency, I may request child support services by completing the JFS 07076 "Application for Child Support Services."
- I understand that in some instances, I may be asked to give consent to the CDJFS to make whatever contacts are necessary to determine my eligibility.

Signature of Applicant or Authorized Representative	If Authorized Representative, Relationship to Applicant	Date

## 11. What to do when you complete this application

**Return this application to your local County Department of Job and Family Services office.**  
To search for your county office go to [http://jfs.ohio.gov/County/County\\_Directory.pdf](http://jfs.ohio.gov/County/County_Directory.pdf)

## Your civil rights

Federal law and the policies of the U.S. Department of Agriculture (USDA), the U.S. Department of Health and Human Services (HHS), the Ohio Department of Job and Family Services (ODJFS) and the local County Department of Job & Family Services (CDJFS) say that we must not discriminate on the basis of race, color, national origin, sex, age, or disability. Under the Food and Nutrition Act and USDA policy, discrimination is prohibited also on the basis of religion or political beliefs.

To file a discrimination complaint, write or call USDA, HHS, or ODJFS.

### Write or Call:

#### USDA

Director, Office of Civil Rights  
Room 326-W, Whitten Building  
1400 Independence Avenue, S.W.  
Washington, D.C. 20250-9410  
(202) 720-5964 (voice and TDD)

### Write or Call:

#### HHS

Region V, Office of Civil Rights  
233 N. Michigan Ave., Suite 240  
Chicago, Illinois 60601  
(312) 886-2359 (voice)  
(312) 353-5693 (TDD)  
(312) 886-1807 (fax)

### Write or Call:

#### ODJFS

Bureau of Civil Rights  
30 E. Broad St., 30th Floor  
Columbus, OH 43215  
(614) 644-2703 (voice)  
1-866-227-6353 (toll free)  
(614) 752-6381 (fax)  
1-866-221-6700 (TTY)

USDA, HHS, and ODJFS are equal opportunity providers and employers.

# Voter Registration 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 Web site at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or call 1-877-767-6446.

## 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 the 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 prior to Election Day, please contact your county board of elections.

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

## Registering in Person

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

## Registering by Mail

If you register by mail and do **not** provide either a current Ohio driver's license number or the last four digits of your Social Security number, please enclose with your application a **copy** of one of the following forms of identification that shows your name and current address:

Current valid photo identification card, military identification, or current (within one year) utility bill, bank statement, paycheck, government check or government document (except board of elections notifications) showing your name and current address.

## Your Signature

Your signature is required for your registration to be processed. In the box next to the arrow by line 14, please affix your signature or mark, taking care that it does not touch surrounding lines or type so it can be effectively used to identify you. If your signature is a mark, include the name and address of the person who witnessed the mark beneath the signature line. If by reason of disability you are unable to physically sign, you may follow specific procedures found in Ohio law (R.C. 3501.382) to appoint an attorney-in-fact who may sign this form on your behalf at your direction and in your presence.

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

FOLD HERE

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	
If you answered NO to either of the questions, do not complete this form.	

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	
7. Additional Rural or Mailing Address (if necessary)						8. County where you live	
9. Birthdate (MO-DAY-YR) (required)		10. Ohio driver's license No. OR last 4 digits of Social Security No. (one form of ID required to be listed or provided)				11. Phone No. (voluntary)	
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street							
Previous City or Post Office			County			State	
13. CHANGE OF NAME ONLY Former Legal Name				Former Signature			

FOR BOARD USE ONLY SEC4010 (Rev. 10/11)
City, Village, Twp.
Ward
Precinct
School Dist.
Cong. Dist.
Senate Dist.
House Dist.

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.

14. Your Signature →

Date      /      /       
MO DAY YR



PLACE  
STAMP  
HERE

|||  
SECRETARY OF STATE  
PO BOX 2828  
COLUMBUS OH 43216-2828

### **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: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or by calling 1-877-767-6446.

### **OHIO VOTER IDENTIFICATION REQUIREMENTS**

R.C. 3503.19

Voters must bring identification to the polls in order to verify identity. Identification may include a current and valid photo identification, a military identification, or a copy of a current utility bill, bank statement, government check, paycheck, or other government document, other than a notice of an election or a voter registration notification sent by a board of elections, that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot. Voters who do not have any of the above forms of identification, including a Social Security number, will still be able to vote by signing an affirmation swearing to the voter's identity under penalty of election falsification and by casting a provisional ballot. For more information on voter identification requirements, please consult the Secretary of State's Web site at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or call 1-877-767-6446.

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

Ohio Department of Medicaid  
DESIGNATION OF AUTHORIZED REPRESENTATIVE

First Name of Applicant/Recipient	MI	Last Name	Medicaid billing # or SSN
Street Address, including Apt. #		City	Zip County

I hereby authorize the following person or company to act as my representative:

First Name <b>CASIE</b>	MI	Last Name <b>NEUHAUSER</b>	Home Phone
Title <b>BENEFIT SPECIALIST</b>		Company <b>SOLUTIONS CCRC</b>	
Mailing Address <b>975 KINGVIEW DRIVE</b>		City <b>LEBANON</b>	State <b>OH</b>
		Zip <b>45036</b>	Work Phone <b>513-228-7800</b>

I authorize this person or company to represent me regarding:

- Food Assistance     
  Cash Assistance     
  Medicaid     
  Child Care

This authority lasts until:

- My application has been approved  
 I rescind this authority, or appoint a new representative  
 Other (please specify a date or action) \_\_\_\_\_

I authorize this person or company to do the following on my behalf:

- Take any action that may be needed to ensure that I receive or continue to receive the benefits indicated above

OR only the specific actions selected below

- Present my application for benefits     
  Represent me at a state hearing  
 Provide verifications to the CDJFS on my behalf     
  Collect my medical records  
 Receive and respond to copies of all correspondence regarding my application  
 Other (please specify) \_\_\_\_\_

*While this authorization is in effect, all notices sent by the County Department of Job & Family Services or the Ohio Department of Medicaid will also be sent to your authorized representative.*

Signatures. This form has no effect unless signed by the person granting authority and by the authorized representative or an employee of the company appointed to be the authorized representative.

Signature of Person Granting Authority	Date
Signature of Authorized Representative	Date
Title (if employee of authorized company) <b>BENEFIT SPECIALIST</b>	

# Clinton County Resources

## FOOD ASSISTANCE

- **CLINTON COUNTY COMMUNITY ACTION** 789 N.NELSON AVE WILMINGTON OHIO 45177 937-382-8365 - HOUSING/SENIOR SERVICES/ HEAD START/ WEATHERIZATION/ **FOOD PANTRY**/HEATING ASSISTANCE/ CARS PROGRAM.
- **HOPE EMERGENCY PROGRAM** 5332 KERNAN RD LYNCHBURG, OHIO 45159 937-364-1055 WEDNESDAYS 9AM-11:45AM & 1PM-2:30PM WEEKLY ASSISTANCE.
- **Blanchester Community Food Pantry** 664 W. Main Blanchester 937-625-4091
- **First Church of God** 726 N. Broadway St Blanchester 937-783-2740 providing food and clothing. Tuesday and Thursday 4p – 6p
- **United Methodist Church** 68 S. First St Clarksville 937-289-2249 2nd Thursday of the Month.
- **Westboro Methodist Church** 110 Jonesboro Rd. Westboro 937-783-5502
- **United Methodist Church** 11576 St. Rte. 28 New Vienna 937-987-2800 – Weekly 10a – 12p fresh produce and bread. Monthly shopping on 4<sup>th</sup> of each month @ 10 a.m. - 2 forms of ID required.
- **Living Waters Church** 87 Bernard Rd. New Vienna – 937-618- 0737 – 3<sup>rd</sup> Saturday of the month, photo ID and proof of residence is required.
- **Wilmington Church of God** 100 Gordon Dr. Wilmington – 937-382- 1587 – 3<sup>rd</sup> Thurs of the month 10a – 3p
- **Wilmington Friends Meeting** 66 N. Mulberry St Wilmington – 937-382-2349

- **PRAIRIE VIEW APARTMENTS (low income/ seniors/disabled)** 360 PRAIRIE AVE. Wilmington - 937-382-4569
- **QUAKER APARTMENTS (low income/senior/ disabled)** 274 PRARIE AVE Wilm. 937-382-8907
- **WILLIAM TUKE APARTMENTS (LOW INCOME FOR THE DISABLED)** 150 SPARTA AVE Wilmington - 937-382-7938
- **SMITH HOUSE (LOW INCOME FOR THE DISABLED)** 421 W. VINE ST Wilmington 937-382-4569

### RENT ASSISTANCE

- **JOB AND FAMILY SERVICES** (prc application) 1025 s. south st Wilmington - 937-382-0963
- **ST. VINCENT DEPAUL SOCIETY** - 73 N. MULLBERRY ST 937-382-6851

### UTILITY ASSISTANCE

- **GRACE UNITED METHODIST CHURCH (RENT, ELECTRIC, WATER, AND RX.)** - 201 E. CENTER ST. Blanchester - 9637-783-3655
- **HEAP HOME ENERGY ASSISTANCE** - 789 N. NELSON AVE Wilmington – 937- 382-2349
- **ST. VINCENET DePAUL – (RENT AND UTILITIES ONLY- NO WATER.)** 73 n. mulberry st. Wilmington 937-382-6851
- **WILMINTON FRIENDS MEETING-** 66 N. MULBERRY ST. Wilmington - 937-382-2349

### PRESCRIPTION ASSISTANCE

- **United Way Prescription Assistance** - 111 S. NELSON AVE Wilmington Ohio - 937-382-7221 opt.3
- **PMP: PRESCRIPTION MEDICAL ASSISTANCE PROGRAM** - 111 S. NELSON AVE Wilmington - 937-481-2138
- **GRACE UNITED METHODIST CHURCH** 201 E. CENTER ST Blanchester - 937-783-3655

## WARREN COUNTY RESOURCE GUIDE

### Government Offices

- Children Services 513-695-1546
- Child Support Enforcement 513-695-1580
- Clerk of Courts (Common Pleas) 513-695-1120
- Job and Family Services 513-695-1420
- Sheriff's Office 513-695-1280
- Veterans Services Office 513-695-2717
- Child Abuse Reporting 513-695-1546
- Adult Protective Services 513-695-1423
- WIC Program 513-695-1217

### Clothing Assistance

- Lebanon Free store – 539321614
- Salvation Army Extension Services – 513-494-1911
- Salvation Army Family Stores – 800-728-7825
- St. Vincent DePaul Mason Thrift – 513-492-7940
- Vineyard Downtown Help Center, Franklin – 937-746-1435

### Food Pantries

- Franklin Area Community Services 937-746-7791
- Kings Local Food Pantry 513-494-2692
- Lebanon Area Food Pantry 513-932-3617
- Little Miami Food Pantry 513-899-4802
- Mason Food pantry 513-229-3191
- Springboro Community Assistance Center 937-572-6488
- Waynesville Food Pantry 513-897-2435
- Salvation Army Extension Services 513-494-1911



- Shared Harvest Foodbank 800-352-3663 [sharedharvest.org/warren-county/](http://sharedharvest.org/warren-county/) 190 New Street Lebanon OH 45036
- Urbancrest Baptist Church (513) 932-4405 <http://urbancrest.org> 2634 Drake Road Lebanon OH 45036

### **Housing / Homeless Assistance**

- Bernie's Place (shelter) 513-494-2307
- Haven House (shelter- specific eligibility) 513-863-8866
- Hope House For Men 513-424-4673
- Hope House for Women and Children 513-217-5056
- New Housing Ohio 513-554-4567
- Interfaith Hospitality Network 513-934-5250
- Shalom Shelter (seasonal) 513-423-7821
- Warren County Metropolitan Housing Authority (MHA) (513) 695-1226  
<http://warrenmha.org/> 990 East Ridge Drive Lebanon OH 45036

### **Transportation**

- Warren County Transit 888-297-0990
- Universal Transit Services 800-339-0323
- Non-emergency Transportation (JFS) 513-695-1450

### **Utility / Rent Assistance**

- FAITH Emergency Services 513-459-8509
- HEAP 866-747-1042
- St. Vincent DePaul Social Services 513-421-0602
- Salvation Army (Warren County) 513-695-2258
- Salvation Army (Franklin area) 937-746-7791
- Warren County Job and Family Services – PRC 513-695-1420
- Prince of Peace Lutheran Church (513) 683-4244 <http://popluther.org/> 101 S. Lebanon Road Loveland OH 45140

# **NA Meeting**

**Sundays 7pm to 8pm**

**At Faith Lutheran Church  
421 E Vine St, Wilmington, OH 45177**

**Meeting will be held in building directly  
behind the church, Activity Center**

**All meetings are open meetings.**

**4<sup>th</sup> meeting of the month will be a Lead meeting.**



## Ongoing Mutual Help Groups

The following groups meet regularly at Lindner Center of HOPE. All persons attending, except staff and current inpatients, must check in at the Welcome Center to obtain access to the meeting room.

Individual dates are listed on the calendar page on our website at [www.lindnercenterofhope.org](http://www.lindnercenterofhope.org)

### **SMART Recovery**

Sundays, 4:00 - 5:30 PM, Meeting Room 1 at Lindner Center of HOPE

SMART Recovery is a group for people who have chosen to abstain from any type of addictive behavior by teaching them how to change self-defeating thinking, emotions and behaviors. This group is for adult men and women.

Call Richard at **521-2391** for additional information.

[www.smartrecovery.org](http://www.smartrecovery.org)

### **Eating Disorder Support Group**

2nd and 4th Sunday of each month, 7:00 - 8:30 PM, Meeting Room 2 at Lindner Center of HOPE

The ANAD (National Association of Anorexia Nervosa and Associated Eating Disorders) group meets to provide a non-threatening, non-judgmental, confidential, safe, and friendly environment where people can meet to overcome the isolation of eating disorders, while making connections with others.

Call Kari at **200-4214** or email: [youonlyliveoncechooserecovery@gmail.com](mailto:youonlyliveoncechooserecovery@gmail.com) for additional information.

[www.anad.org](http://www.anad.org)

### **NAMI Connections Support Group**

1st and 3rd Monday 7:00 - 8:30 PM, Meeting Room 2 at Lindner Center of HOPE

A recovery support group program for people living with mental illness.

Call the NAMI Warren County office at **513-695-3650** or **937-425-3650**.

### **Alcoholics Anonymous**

Tuesdays, 8:00 - 9:30 PM, Gymnasium at Lindner Center of HOPE

AA is a group for persons who wish to stop drinking. This group is for adult men and women and is considered an "open" group which means anyone can attend whether or not they have made a commitment to stop alcohol use.

[www.aacincinnati.org](http://www.aacincinnati.org)

### **Parents' OCD Support Group at Lindner Center of HOPE**

Second Wednesday of each month, 7:00 - 8:30 PM., Meeting Room 2 at Lindner Center of HOPE

Call Tami at **513-271-7723** or Sharon at **513-891-2879** for additional information and to RSVP.

### **Women for Sobriety**

Saturdays, 10:00 - 11:30 AM, Meeting Room 1 at Lindner Center of HOPE

The Women for Sobriety "New Life" Program promotes behavioral changes through positive reinforcement and positive thinking. It is a self-help program for women addressing the challenges of addiction.

Call Nancy at **489-7141** for additional information.

[www.womenforsobriety.org](http://www.womenforsobriety.org)

# SUPPORT GROUPS

Metmark Treatment Center  
1521 Walmart Dr, Suite 901  
Lebanon, OH 45036



**NAMI Connection**  
National Alliance on Mental Illness RECOVERY SUPPORT GROUP

**1st and 3rd Mondays**

6:00 PM - 7:30 PM

## NAMI Connection Recovery Support Group

A free, peer-led support group for any adult who has experienced symptoms of a mental health condition. You will gain insight from hearing the challenges and successes of others, and the groups are led by trained leaders who've been there.



**NAMI** Family Support Group  
National Alliance on Mental Illness

**1st Mondays**

6:00 PM - 7:30 PM

## NAMI Family Support Group

A peer-led support group for any adult with a loved one who has experienced symptoms of a mental health condition. Gain insight from the challenges and successes of others facing similar experiences.



## MORE INFORMATION

513.351.3500

[www.namiswoh.org](http://www.namiswoh.org)

## ABOUT US

Our no-cost peer support groups help fight stigma and alleviate the isolation so many individuals experience.

## APPLICATION FOR DISABILITY INSURANCE BENEFITS

(Do not write in this space)

I apply for a period of disability and/or all insurance benefits for which I am eligible under Title II and Part A of Title XVIII of the Social Security Act, as presently amended.

1.	<b>PRINT your name</b>	FIRST NAME, MIDDLE INITIAL, LAST NAME
2.	Enter your Social Security Number	
3.	Check (X) whether you are	<input type="checkbox"/> Female <input type="checkbox"/> Male
Answer question 4 if English is not your preferred language. Otherwise, go to item 5.		
4.	Enter the language you prefer to:    speak	write
5.	(a) Enter your date of birth	
	(b) Enter name of city and state or foreign country where you were born.	
	(c) Was a public record of your birth made before you were age 5?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
	(d) Was a religious record of your birth made before you were age 5?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
6.	(a) Are you a U.S. citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," go to item 7)    (If "No," answer (b))
	(b) Are you an alien lawfully present in the U.S.?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer (c))    (If "No," go to item 7)
	(c) When were you lawfully admitted to the U.S.?	
7.	(a) Enter your name at birth if different from item (1)	
	(b) Have you used any other names?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer (c))    (If "No," go to item 8)
	(c) Other name(s) used.	
8.	(a) Have you used any other Social Security number(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No (If "Yes," answer (b))    (If "No" go to item 9)
	(b) Enter Social Security number(s) used.	
9.	When do you believe your condition(s) became severe enough to keep you from working (even if you have never worked)?	
10.	(a) Have you (or has someone on your behalf) ever filed an application for Social Security benefits, a period of disability under Social Security, Supplemental Security Income, or hospital or medical insurance under Medicare?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown (If "Yes," answer (b) and (c))    (If "No," or "Unknown," go to item 11)
	(b) Enter name of person on whose Social Security record you filed the other application.	
	(c) Enter Social Security Number of person named in (b). If unknown, check this block. <input type="checkbox"/> Unknown	

11.	(a) Were you in the active military or naval service (including Reserve or National Guard active duty or active duty for training) after September 7, 1939 and before 1968?	<input type="checkbox"/> Yes (If "Yes," answer (b) and (c))	<input type="checkbox"/> No (If "No," go to item 12)
	(b) Enter dates of service	FROM: (Month, Year)	TO: (Month, Year)
	(c) Have you ever been (or will you be) eligible for a monthly benefit from a military or civilian Federal agency? (Include Veteran's Administration benefits only if you waived military retirement pay.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12.	Did you or your spouse (or prior spouse) work in the railroad industry for 5 years or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13.	(a) Do you have Social Security credits (for example, based on work or residence) under another country's Social Security System?	<input type="checkbox"/> Yes (If "Yes," answer (b))	<input type="checkbox"/> No (If "No," go to item 14)
	(b) List the country(ies): _____		
14.	(a) Are you entitled to, or do you expect to be entitled to, a pension or annuity (or a lump sum in place of a pension or annuity) based on your work after 1956 not covered by Social Security?	<input type="checkbox"/> Yes (If "Yes," answer (b) and (c))	<input type="checkbox"/> No (If "No," go to item 15)
	(b) <input type="checkbox"/> I became entitled, or expect to become entitled, beginning	MONTH	YEAR
	(c) <input type="checkbox"/> I became eligible, or expect to become eligible, beginning	MONTH	YEAR
I AGREE TO PROMPTLY NOTIFY the Social Security Administration if I become entitled to a pension or annuity based on my employment not covered by Social Security, or if such pension or annuity stops.			
15.	(a) Have you ever been married?	<input type="checkbox"/> Yes (If "Yes," answer (b))	<input type="checkbox"/> No (If "No," go to item 16)
	(b) Give the following information about your current marriage. If not currently married, write "None." _____ (If "None," go on to item 15(c))		
	Spouse's name (including maiden name)	When (Month, day, year)	Where (Name of City and State)
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)	Spouse's Social Security Number (if none or unknown, so indicate)
	(c) Enter information about any other marriage if you:		
	<ul style="list-style-type: none"> <li>• Had a marriage that lasted at least 10 years; or</li> <li>• Had a marriage that ended due to the death of your spouse, regardless of duration; or</li> <li>• Were divorced, remarried the same individual within the year immediately following the year of the divorce, and the combined period of marriage totaled 10 years or more. If none, write "None." _____ Go on to item 15 (d) if you have a child(ren) who is under age 16 or disabled or handicapped (age 16 or over and disability began before age 22) and you are divorced from the child's other parent who is now deceased and the marriage lasted less than 10 years.</li> </ul>		
	Spouse's name (including maiden name)	When (Month, day, year)	Where (Name of City and State)
	How marriage ended	When (Month, day, year)	Where (Name of City and State)
	Marriage performed by: <input type="checkbox"/> Clergyman or public official <input type="checkbox"/> Other (Explain in Remarks)	Spouse's date of birth (or age)	Date of spouse's death
			Spouse's Social Security Number (if none or unknown, so indicate)

REMARKS (You may use this space for any explanation. If you need more space, attach a separate sheet.)

I declare under penalty of perjury that I have examined all the information on this form, and on any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false statement about a material fact in this information, or causes someone else to do so, commits a crime and may be subject to a fine or imprisonment.

<b>SIGNATURE OF APPLICANT</b>	Date (Month, Day, Year)
Signature (First name, middle initial, last name) (Write in ink)	Telephone Number(s) at which you may be contacted during the day. (Include the area code)

**DIRECT DEPOSIT PAYMENT INFORMATION (FINANCIAL INSTITUTION)**

Routing Transit Number	Account Number	<input type="checkbox"/> Checking	<input type="checkbox"/> Enroll in Direct Express
		<input type="checkbox"/> Savings	<input type="checkbox"/> Direct Deposit Refused

Applicant's Mailing Address (Number and street, Apt No., P.O. Box, or Rural Route) (Enter Residence Address in "Remarks," if different.)

City and State	ZIP Code	County (if any) in which you now live
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Witnesses are required ONLY if this application has been signed by mark (X) above. If signed by mark (X), two witnesses to the signing who know the applicant must sign below, giving their full addresses. Also, print the applicant's name in Signature block.

1. Signature of Witness	2. Signature of Witness
Address (Number and street, City, State and ZIP Code)	Address (Number and street, City, State and ZIP Code)

**RECEIPT FOR YOUR CLAIM FOR SOCIAL SECURITY DISABILITY INSURANCE BENEFITS**

Person to Contact About Your Claim	SSA OFFICE	Date Claim Received
Telephone Number (Include Area Code)		
Your application for Social Security disability benefits has been received and will be processed as quickly as possible.	is some other change that may affect your claim, you - or someone for you - should report the change. The changes to be reported are listed below.	
You should hear from us within _____ days after you have given us all the information we requested. Some claims may take longer if additional information is needed.	Always give us your claim number when writing or telephoning about your claim.	
In the meantime, if you change your address, or if there	If you have any questions about your claim, we will be glad to help you.	
CLAIMANT	SOCIAL SECURITY CLAIM NUMBER	

**CHANGES TO BE REPORTED AND HOW TO REPORT****FAILURE TO REPORT MAY RESULT IN OVERPAYMENTS THAT MUST BE REPAID**

- You change your mailing address for checks or residence. To avoid delay in receipt of checks you should ALSO file a regular change of address notice with your post office.
- Your citizenship or immigration status changes.
- You go outside the U.S.A. for 30 consecutive days or longer.
- Any beneficiary dies or becomes unable to handle benefits.
- Custody Change - Report if a person for whom you are filing or who is in your care dies, leaves your care or custody, or changes address.
- You are confined to a jail, prison, penal institution or correctional facility for more than 30 continuous days for conviction of a crime, or you are confined for more than 30 continuous days to a public institution by a court order in connection with a crime.
- You become entitled to a pension, an annuity, or a lump sum payment based on your employment not covered by Social Security, or if such pension or annuity stops.
- Your stepchild is entitled to benefits on your record and you and the stepchild's parent divorce. Stepchild benefits are not payable beginning with the month after the month the divorce becomes final.
- You have an unsatisfied warrant for more than 30 continuous days for your arrest for a crime or attempted crime that is a felony of flight to avoid prosecution or confinement, escape from custody and flight-escape. In most jurisdictions that do not classify crimes as felonies, this applies to a crime that is punishable by death or imprisonment for a term exceeding one year (regardless of the actual sentence imposed).
- You have an unsatisfied warrant for more than 30 continuous days for a violation of probation or parole under Federal or State law.
- Change of Marital Status - Marriage, divorce, annulment of marriage.
- If you become the parent of a child (including an adopted child) after you have filed your claim, let us know about the child so we can decide if the child is eligible for benefits. Failure to report the existence of these children may result in the loss of possible benefits to the child(ren).
- You return to work (as an employee or self-employed) regardless of amount of earnings.
- Your condition improves.
- You are under age 65 and you apply for or begin to receive workers' compensation (including black lung benefits) or another public disability benefit, or the amount of your present workers' compensation or public disability benefit changes or stops, or you receive a lump-sum settlement.

**HOW TO REPORT**

You can make your reports online, by telephone, mail, or in person, whichever you prefer. If you are awarded benefits, and one or more of the above change(s) occur, you should report by:

- Visiting the section "my Social Security" at our web site at [www.socialsecurity.gov](http://www.socialsecurity.gov);
- Calling us TOLL FREE at 1-800-772-1213;
- If you are deaf or hearing impaired, calling us TOLL FREE at TTY 1-800-325-0778; or
- Calling, visiting or writing your local Social Security office at the phone number and address shown on your claim receipt.

For general information about Social Security, visit our web site at [www.socialsecurity.gov](http://www.socialsecurity.gov).





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**Critical Signals Technologies, Inc.**

27475 Meadowbrook Rd.  
Novi MI 48377

<http://www.csttll.com>

Phone: (888) 557-4462  
Phone Extension: N/A

Area(s) Served: Butler County,  
Warren County,  
Clermont County,  
Clinton County,  
Hamilton County

Contracted Provider: PASSPORT

Description:

Critical Signal Technologies is a contracted provider of Council on Aging offering the following services:

- emergency response system (LifeLine)
- home medical equipment

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**Deaconess Medical Monitoring**

330 Straight Street  
Cincinnati Ohio 45219

Phone: 513-559-2827  
Phone Extension: N/A

Area(s) Served: Butler County,  
Warren County,  
Clermont County,  
Hamilton County

Contracted Provider: PASSPORT

Description:

Deaconess Medical Monitoring is a contracted provider of Council on Aging offering the following services:

- emergency response services (LifeLine)

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**First Step Development Group**

3235 Manchester Road  
Akron OH 44319

<http://www.alerts911.com>

Phone: 1-800-503-5676  
Phone Extension: N/A

Area(s) Served: Butler County,  
Warren County,  
Clermont County,  
Clinton County,  
Hamilton County

Contracted Provider: PASSPORT

Description:

First Step Develop group is a contracted provider of Council on Aging offering the following services: Emergency Response Svstem, Med Dispenser

**Guardian Medical Monitoring, Inc.**

18000 West 8 Mile Rd.  
Southfield MI 48075

<http://www.guardianmedicalmonitoring.com>

Phone: 877-435-7225  
Phone Extension: N/A

Area(s) Served: Butler County,  
Warren County,  
Clermont County,  
Clinton County,  
Hamilton County

Contracted Provider: Elderly Services Program and  
PASSPORT

**Description:**

Guardian Medical Monitoring is a contracted provider of Council on Aging offering the following services:

- emergency response system (LifeLine)
- home medical equipment

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**MedScope American Corporation**

259 E. Lancaster Avenue  
Wynnewood PA 19096

<http://www.medscope.org>  
[info@medscope.org](mailto:info@medscope.org)  
Phone: 1-800-645-2060  
Phone Extension: N/A

Area(s) Served: Butler County,  
Warren County,  
Clermont County,  
Clinton County,  
Hamilton County

Contracted Provider: PASSPORT

**Description:**

MedScope American Corporation is a contracted provider of Council on Aging offering the following services:

- emergency response system (LifeLine)
- home medical equipment

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**Philips LifeLine**

<http://www.lifelinesystems.com>

Phone: 855-681-5351  
Phone Extension: N/A

Area(s) Served: Butler County,  
Nationwide,  
Greene County,  
Other,  
Warren County,  
Clermont County,  
Montgomery County,  
Statewide,  
Clinton County,  
Hamilton County

Contracted Provider: PASSPORT

**Description:**

- emergency response system
  - home medical equipment
- 

### **Rural/Metro Helpline**

481 William L. Gaiter Pkwy.  
Buffalo NY 14215

<http://www.myhomehelpline.com>

Phone: 716.882.8400

Phone Extension: N/A

Area(s) Served: Butler County,  
Warren County,  
Clermont County,  
Statewide,  
Clinton County,  
Hamilton County

Contracted Provider: PASSPORT

#### Description:

Rural/Metro Helpline is a contracted provider of Council on Aging offering the following services:

- emergency response systems (LifeLine)
- 

### **Superior Home Care, Inc.**

8135 Beechmont Ave  
Cincinnati OH 45255

<http://www.superiorcareplus.com>

Phone: (513)231-1060

Phone Extension: N/A

Area(s) Served: Butler County,  
Clermont County,  
Hamilton County

Contracted Provider: PASSPORT

#### Description:

Superior Home Care is a contracted provider of Council on Aging offering the following services:

- Emergency Response System (Lifeline)
  - Home Medical Equipment
- 

### **TriHealth Home Connections Personal Emergency Response**

619 Oak Street  
Cincinnati OH 45206

<http://www.trihealth.com>

[/institutes-and-services/senior-services/trihealth-home-connections](http://www.trihealth.com/institutes-and-services/senior-services/trihealth-home-connections)

Phone: 513-569-5115

Phone Extension: N/A

Area(s) Served: Butler County,  
Warren County,  
Clermont County,  
Clinton County,  
Hamilton County

Contracted Provider: PASSPORT

#### Description:

TriHealth Home Connections Personal Emergency Response is a contracted provider of Council on Aging offering the following services:

**VRI**

1400 Commerce Center Dr.  
Franklin OH 45005

<http://www.monitoringcare.com>  
info@MonitoringCare.com  
Phone: 800-860-4230  
Phone Extension: N/A

Area(s) Served: Butler County,  
Warren County,  
Clermont County,  
Clinton County,  
Hamilton County

Contracted Provider: Elderly Services Program and  
PASSPORT

Description:

VRI is a contract provider of Council on Aging offering the following services:

- Emergency Response System (Lifeline)
- home medical equipment