

1**Your contact information**

OneFire Bell

Home Address:
50 W TOWN ST STE 700
COLUMBUS OH 43215Mailing Address:
50 W TOWN ST STE 700
COLUMBUS OH 43215

Phone:

Name (first, middle, last & suffix)

OneFire Bell

Home Address

123 Main st.

Apartment #

City (home)

Columbus

State

OH

Zip code

43215

Mailing Address

Apartment #

City (mailing)

State

Zip code

Best phone number to reach you: ☒ Home ☐ Cell ☐ Work

Number: 123 445 6678

Other phone number, if you have one: ☐ Home ☐ Cell ☐ Work

Number:

Email Address: OneFire.Bell@gmail.com

☒ I want to receive information by email**Voter Registration Application Attached** - Help completing this form is available if you need it.

If you are not registered to vote where you live now, would you like to apply to register to vote today? If you do not check either box, you will be considered to have decided not to register to vote at this time.

☒ YES, I want to register.☐ NO, I do not want to register to vote.

Do you want to apply for any of the following programs?

☒ Healthy Start & Healthy Families (Medicaid)☐ Nutritional Program for Women, Infants & Children (WIC)☐ Child & Family Health Services (CFHS)☐ Bureau for Children with Medical Handicaps (BCMh)☐ Help Me Grow**2****We need information about who files tax returns.***You must renew even if you do not file a tax return.*Will anyone in the household file a **federal tax return next year** to report income earned **this year**?☒ If yes, answer all of the questions below.☐ If no, answer the question marked with a star * below**Person 1:** Name (first, middle, last & suffix) OneFire Bell

If this person is filing a joint return, write the name of the spouse: OneFireHusb Bell

If this person will claim dependents, write the names of the dependents:

OneFireChild Bell

Person 2: Name (first, middle, last & suffix)*This is for a second tax filer in the household*

If this person is filing a joint return, write the name of the spouse:

If this person will claim dependents, write the names of the dependents:

* If anyone will be claimed as a dependent on someone else's tax return, write the name of the tax filer and the dependents. Answer only if different than what you reported above or if you did not fill in any information above.

Name of tax filer: _____

Name of dependents: _____

3**We need information about these people**

Person 1: OneFire Bell		<input type="checkbox"/> Check here if this person is no longer living in the household and is not claimed on your tax return
<input type="checkbox"/> Please provide the person's date of birth:	07/07/1988	
<input type="checkbox"/> Please provide the person's Social Security Number:	123 - 44 - 5687	
<input type="checkbox"/> Please provide the following information: Alien ID: _____ Document Type: _____		
Person 2: OneFireHusb Bell		Relationship to Person 1: Spouse
<input type="checkbox"/> Please provide the person's date of birth:	12/27/1985	<input type="checkbox"/> Check here if this person is no longer living in the household and is not claimed on your tax return
<input type="checkbox"/> Please provide the person's Social Security Number:	432 - 67 - 9821	
<input type="checkbox"/> Please provide the following information: Alien ID: _____ Document Type: _____		
Person 3: OneFireChild Bell		
<input type="checkbox"/> Please provide the person's date of birth:	04/15/2015	Relationship to Person 1: child
<input type="checkbox"/> Please provide the person's Social Security Number:	624 - 31 - 8571	<input type="checkbox"/> Check here if this person is no longer living in the household and is not claimed on your tax return
<input type="checkbox"/> Please provide the following information: Alien ID: _____ Document Type: _____		
Person 4:		
<input type="checkbox"/> Please provide the person's date of birth:	___ / ___ / ___	
<input type="checkbox"/> Please provide the person's Social Security Number:	___ - ___ - ___	<input type="checkbox"/> Check here if this person is no longer living in the household and is not claimed on your tax return
<input type="checkbox"/> Please provide the following information: Alien ID: _____ Document Type: _____		
Person 5:		
<input type="checkbox"/> Please provide the person's date of birth:	___ / ___ / ___	
<input type="checkbox"/> Please provide the person's Social Security Number:	___ - ___ - ___	<input type="checkbox"/> Check here if this person is no longer living in the household and is not claimed on your tax return
<input type="checkbox"/> Please provide the following information: Alien ID: _____ Document Type: _____		

4**We need more information about people
not listed in Section 3 (page 3)**

Tell us about anybody else in your household or on your tax return that is not listed in Section 3.

Name of other person: (first, middle, last & suffix): ChildTwo Bell☐ Please provide the person's Social Security Number.346-79-2861

This person may choose not to give the Social Security Number, but it helps us to have it

☐ Check here if this person has Medicaid.☐ Check here if this person is no longer living in the household.Date of birth (month/ day/ year): 12/24/2021This person is: ☒ Male ☐ FemaleHow is this person related to you? child

Name of other person: (first, middle, last & suffix):

☐ Please provide the person's Social Security Number.

____ - ____ - ____

This person may choose not to give the Social Security Number, but it helps us to have it.

☐ Check here if this person has Medicaid.☐ Check here if this person is no longer living in the household.

Date of birth (month/ day/ year):

This person is: ☐ Male ☐ Female

How is this person related to you?

Name of other person: (first, middle, last & suffix):

☐ Please provide the person's Social Security Number.

____ - ____ - ____

This person may choose not to give the Social Security Number, but it helps us to have it.

☐ Check here if this person has Medicaid.☐ Check here if this person is no longer living in the household.

Date of birth (month/ day/ year):

This person is: ☐ Male ☐ Female

How is this person related to you?

Name of other person: (first, middle, last & suffix):

☐ Please provide the person's Social Security Number.

____ - ____ - ____

This person may choose not to give the Social Security Number, but it helps us to have it.

☐ Check here if this person has Medicaid.☐ Check here if this person is no longer living in the household.

Date of birth (month/ day/ year):

This person is: ☐ Male ☐ Female

How is this person related to you?

Name of other person: (first, middle, last & suffix):

☐ Please provide the person's Social Security Number.

____ - ____ - ____

This person may choose not to give the Social Security Number, but it helps us to have it.

☐ Check here if this person has Medicaid.☐ Check here if this person is no longer living in the household.

Date of birth (month/ day/ year):

This person is: ☐ Male ☐ Female

How is this person related to you?

5**Tell us about *other* health insurance coverage people have**

Include anyone in Section 3 and 4.

Name of insurance company: United HealthcarePolicy number: 3141592653Type of insurance: ☒ Medicare ☐ Tricare ☐ Veteran's health coverage ☐ Other insuranceList everyone who is on this policy: ChildTwo Bell ☒ Check here if this is a limited benefit policy

Name of insurance company:

Policy number:

Type of insurance: ☐ Medicare ☐ Tricare ☐ Veteran's health coverage ☐ Other insuranceList everyone who is on this policy: ☐ Check here if this is a limited benefit policy☐ Check here if anyone on this form is offered health insurance through a job, even if they are not enrolled.

Tell us who. Name: _____

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Tell us more about the people listed on this form

Is anyone pregnant?

Name (first, middle, last & suffix):

OneFire Bell

How many babies are expected?

1

Due Date:

4/3/2022

Name (first, middle, last & suffix):

How many babies are expected?

Due Date:

Is anyone between the ages of 18 and 26 and was in foster care and in receipt of Ohio Medicaid on his or her 18th birthday?

Name (first, middle, last & suffix):

Name (first, middle, last & suffix):

Is anyone blind or disabled?

Name (first, middle, last & suffix):

OneFire Husband Bell

Name (first, middle, last & suffix):

Does anyone have a medical, mental health, or substance use condition that limits his or her ability to work, go to school, or take care of daily activities (like bathing or dressing)?

Name (first, middle, last & suffix):

Name (first, middle, last & suffix):

Does anyone live in a long term care facility, group home, or nursing home, or regularly gets medical care, personal care, or health services at home or in another community setting (like adult day care)?

Name (first, middle, last & suffix):

Name (first, middle, last & suffix):

Is anyone between the ages of 18 and 22 and also a full-time student?

Name (first, middle, last & suffix):

Name (first, middle, last & suffix):

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Tell us about work

Fill in the information below for everyone in your household or on your tax return who has income from a job (**not** self-employed). If someone has more than one job, tell us about **all** jobs. You can tell us about **self-employment** on the next page.

Job 1: Name of the person who is working (first, middle, last & suffix): ~~OneFire Bell~~

Employer name: ~~Big Walnut Local~~

Employer phone number:

Employer address: ~~405 BAUGHMAN ST. SUNBURY, OH~~

How often are wages or tips paid? ☐ Hourly ☐ Weekly ☐ Every two weeks ☐ Twice a month ☒ Monthly ☐ Yearly

How much does this person get paid (before taxes)? ~~\$1,000.00~~

Average hours worked each week: ~~40~~

Job 2: Name of the person who is working (first, middle, last & suffix): OneFire Bell

Employer name: Walmart

Employer phone number:

Employer address: 456 North, Columbus, OH

How often are wages or tips paid? ☐ Hourly ☐ Weekly ☐ Every two weeks ☐ Twice a month ☒ Monthly ☐ Yearly

How much does this person get paid (before taxes)? \$ 1,200.00

Average hours worked each week: 40

Job 3: Name of the person who is working (first, middle, last & suffix):

Employer name:

Employer phone number:

Employer address:

How often are wages or tips paid? ☐ Hourly ☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ Monthly ☐ Yearly

How much does this person get paid (before taxes)? \$

Average hours worked each week:

Job 4: Name of the person who is working (first, middle, last & suffix):

Employer name:

Employer phone number:

Employer address:

How often are wages or tips paid? ☐ Hourly ☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ Monthly ☐ Yearly

How much does this person get paid (before taxes)? \$

Average hours worked each week:

Job 5: Name of the person who is working (first, middle, last & suffix):

Employer name:

Employer phone number:

Employer address:

How often are wages or tips paid? ☐ Hourly ☐ Weekly ☐ Every two weeks ☐ Twice a month ☐ Monthly ☐ Yearly

How much does this person get paid (before taxes)? \$

Average hours worked each week:

Section 7 continued on next page >>>