Ohio Department of Children and Youth

**Ohio Adoption Grant Program**

**Public Children Services Agency (PCSA) Applicant Identification Verification Form**

**Instructions for the Applicant:**

This form is the responsibility of the applicant who is applying for the Ohio Adoption Grant Program (OAGP) when identification through *My Ohio* has not been approved. Take this form along with your valid driver’s license (or state identification card) and social security card to your local Public Children Services Agency (PCSA). All information on this form must match the information provided on the OAGP application.

**Instructions for the PCSA:**

The PCSA is to review the provided documents for identifying the applicant. The PCSA is to verify the accuracy of the documents to confirm the applicant’s identify, notarize this form and **email this form to** **ofc-ohioadoptiongrant@childrenandyouth.ohio.gov**.

**Applicant (Payee) Name:**

First Middle Last

Applicant (Payee) Address:

Applicant Date of Birth: Social Security Number:

mm/dd/yyyy

xxx-xx-xxxx

**Applicant (payee) Signature**:

**Adoptive Youth Name:**

First Middle Last

mm/dd/yyyy

Adoptive Youth Date of Birth: Social Security Number:

xxx-xx-xxxx

**TO BE COMPLETED BY THE PUBLIC CHILDREN SERVICES (PCSA) EMPLOYEE RESPONSIBLE FOR THE REVIEW AND VERIFICATION OF IDENTITY:**

Public Children Services Agency Name and Address:

PCSA Employee Name: Title:

Phone: Email:

List the Documents Provided and Reviewed for Verification:

Ohio Adoption Grant Program Applicant Affidavit

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (printed name of affiant), do hereby swear or affirm that the documentation I submit on this date, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(date), to verify my identity as that of an applicant for the Ohio Adoption Grant is true and accurate.

State of Ohio

County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sworn to of affirmed and subscribed before me by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (name of signer) this date of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of notary public)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of rank

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Commission expiration date *(Affix seal here)*