



I.D. Me Client Identification Program 2020 Application

Date: _____ Agency: _____

Identification Needed (Please check all that apply.)

State Identification _____ Birth Certificate _____ In State _____ Out of State _____

Homeless (Circle One): Yes or No

General Information

Client First/Last Name: _____

Mother's Maiden Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____ County: _____

DOB: _____ Age: _____ Gender: _____

Race: Caucasian _____ African American _____ Hispanic/Latino _____ Other _____

Gross Monthly Income: _____

Reason for need: Housing _____ School _____ Employment _____

Referral Locations

State ID:

Department of Motor Vehicles
1600 Madison Ave.
Toledo, Ohio 43604
(419)213-8844

Instructions for State ID:

Walk in with this referral on the above date.
Monday-Friday
8:00am-4:30pm

Birth Certificate:

Toledo-Lucas County Health Department
Vital Statistics (Basement)
635 N. Erie Street
Toledo, Ohio 43604

Instructions for Birth Certificate:

Walk in with this referral on the above date.
Monday-Friday
8:00am-4:30pm

*For out of state I.D.'s and birth certificates email Candace Bishop, Grants Administrator at grantsadministrator@tlchb.org.

Approval: _____ Referral Date: _____

Funding Source: TAAEF _____ RCNWO _____ TCF _____ Other: _____



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Homelessness Verification Documentation

Date _____

I, _____ (Case Manager) for _____ (Agency),
acknowledge that _____ (Client) has been verified homeless. He/she was
admitted to _____ (Agency) on ____/____/____ (Today's Date).

I, _____ may be contacted by a Toledo Lucas County Homelessness Board
representative to provide additional supportive documentation if required.

Sincerely,

(Case Manager Signature)