

TO BE RESCINDED

173-6-03

Application process.

- (A) Individuals wishing to enroll in the golden buckeye card program shall cause ODA form 0503 entitled "application for golden buckeye card" to be completed by a trained staff person at the Ohio department of aging or any local application site designated by the department. The location of any or all application sites may be obtained by contacting the golden buckeye program in writing at "The Ohio Department of Aging, 50 West Broad Street, 9thFloor, Columbus, Ohio 43215," or by calling 1-800-422-1976.
- (B) A completed application form shall include the applicant's name, current mailing address, county of residence, birth date, gender, telephone number and, at the option of the applicant, the applicant's social security number. The application form shall state that an applicant is not required to furnish his social security number. The completed application shall indicate whether the applicant is at least sixty years of age or disabled, and shall indicate the type of supporting evidence presented by the applicant.
- (C) The staff person completing the form shall sign and date the form as verification of the applicant's eligibility to participate in the golden buckeye card program.

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CERTIFIED ELECTRONICALLY

Certification

11/22/2002

Date

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