

Bob Taft  
Governor



Jacqueline Romer-Sensky  
Director

30 East Broad Street • Columbus, Ohio 43266-0423  
[www.state.oh.us/odjfs](http://www.state.oh.us/odjfs)

December 5, 2000

**OWF/PRC Guidance Letter No. 35**

**TO:** Directors, County Departments of Job and Family Services  
Directors, County Public Children Services Agencies  
Directors, Child Support Enforcement Agencies

**FROM:** Jacqueline Romer-Sensky, Director

**SUBJECT: PREVENTION, RETENTION, AND CONTINGENCY (PRC) VOUCHER PAYMENTS TO THE BUREAU OF MOTOR VEHICLES (BMV)**

Several County Departments of Job and Family Services (CDJFS) have expressed interest in utilizing the PRC program to provide eligible assistance group members with a means to become self-sufficient by obtaining and maintaining access to employment. One of the ways to accomplish this, is by providing PRC funding for transportation expenditures. Within many PRC plans, counties have allowed PRC to be used to obtain an automobile or driver license. The payment of license fees and license plate fees for vehicles has also been provided.

Local Bureau of Motor Vehicle offices have not been able to accept county vouchers for the services which they perform. In recent collaboration between the Bureau of Motor Vehicles (BMV) and the Ohio Department of Job and Family Services, a system for acceptance of county vouchers is now available.

For county departments who wish to provide a voucher payment to the BMV for eligible assistance group members, an Ohio Department of Public Safety form, BMV 0399, is available. When an eligible assistance group member has been approved for a BMV service, the CDJFS should complete the BMV 0399 and submit it to the Bureau of Motor Vehicles.<sup>1</sup>

Enclosed with this guidance letter is a copy of BMV 0399 with completion instructions included. CDJFS offices may duplicate the form as needed to authorize payment.

<sup>1</sup> ODJFS does not condone or endorse the use of PRC to make payment for fines/reinstatement fees for individuals who have DUI convictions. CDJFS should contact their local county prosecutor regarding this issue.

JRS:dr

|    |                               |                           |                       |
|----|-------------------------------|---------------------------|-----------------------|
| c: | County Commissioners Assn.    | Cheri Walter              | Joel Potts            |
|    | Deputy Directors              | PCSAO                     | Bill Demidovich       |
|    | OHSDA                         | Rick Smith                | John Schuster         |
|    | Wayne Sholes                  | Lou Ann Shy               | Deputy Acct. Managers |
|    | Fiscal Supervisors            | Bureau Chiefs/OWD         |                       |
|    | Technical Assistance Managers | Regional Account Managers |                       |



# Ohio Department of Public Safety

## REQUEST FOR SERVICE BY COUNTY AGENCY

State and County agencies must complete this form and submit it to the BMV when requesting to make payment for service by way of County Agency Voucher or Intra State Agency Voucher (ISTV). Attach a copy of the voucher, if applicable. A revenue transfer must be completed for the amount of service authorized through an ISTV or by way of check within 30 days after the service was provided.

### SERVICE REQUESTED

|  |   |
|--|---|
| Date of request:   | Amount of Voucher/ISTV (Required)<br>\$ |
| Type of service requested<br>Reinstatement fee <input type="radio"/> Other (explain) |   |
|  | BMV Case # (Required)                   |
| Other Information:   |   |

### CUSTOMER/RECIPIENT INFORMATION

|                |       |           |                     |                |
|----------------|-------|-----------|---------------------|----------------|
| First Name     |       | Last Name |                     | Middle Initial |
| Street Address |       |           | Social Security #   |                |
| City           | State | Zip       | Phone #<br>(      ) |                |

### AGENCY INFORMATION

|   |       |     |                            |  |
|---|-------|-----|----------------------------|--|
| Agency Name                             |       |     | Agency Contact/Case Worker |  |
| Street Address                          |       |     | Phone Number<br>(      )   |  |
| City                                    | State | Zip | Fax Number<br>(      )     |  |
| Agency Authorized Signature<br><b>X</b> |       |     | E-mail Address             |  |

### DO NOT WRITE BELOW THIS LINE

|                              |                         |                      |
|------------------------------|-------------------------|----------------------|
| Key Number                   | Service Date            | Service Provided By  |
| Amount of Voucher/ISTV<br>\$ | Payment/ISTV Rec'd Date | Payment Processed By |
| Notes:                       |                         |                      |

Mail to: Ohio Bureau of Motor Vehicles Cashiers, P.O. Box 16521, Columbus, Ohio 43266-0021

#### Mission Statement

“to save lives, reduce injuries and economic loss, to administer Ohio’s motor vehicle laws and to preserve the safety and well being of all citizens with the most cost-effective and service-oriented methods available.”