

Hardin County Job and Family Services
Prevention, Retention and Contingency Program
October 1, 2015-September 30, 2017

Effective October 1, 2015

Revised February 17, 2016

**PREVENTION, RETENTION AND CONTINGENCY PROGRAM
FOR
HARDIN COUNTY**

EFFECTIVE: October 1, 2015
(Pursuant to ORC 5108.01 through 5108.10)

The Hardin County Department of Job and Family Services (HCDJFS) **Prevention, Retention and Contingency (PRC) Program** is designed to help families overcome immediate barriers to achieve or maintain self-sufficiency and personal responsibility. PRC assistance is not an entitlement program. The Hardin County PRC Program is intended to address the needs of the individual and the family, for the purpose of an adult family member obtaining employment while providing a stable home environment. Services are provided to **prevent** a household from reliance on Ohio Works First (OWF) cash assistance. PRC services are also provided to help people **retain** employment. **Contingency** services are provided to meet presenting needs that, if not satisfied, threatens the safety, health, or well-being of one or more minor members of the household. These services are limited to the amount and type of services required, not to exceed the parameters established herein. HCDJFS will inform all applicants of Food Stamps, Medicaid, Child Care, and Early Start availability.

The PRC program provides flexibility for funding programs and services identified as locally needed as long as those benefits and services meet the definition of non-assistance and are directly related to the four purposes of the TANF program which are:

- ❖ To provide assistance to needy families so that children may be cared for in their own homes or in the homes of a relative;
- ❖ End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage;
- ❖ Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies;
- ❖ Encourage the formation and maintenance of two-parent families.

PRC services are not ongoing assistance. PRC services are:

- services that have no direct monetary value to an individual family and that do not involve implicit or explicit income support; or
- one-time, short-term assistance which is limited to the amount actually required to meet the presenting need.
- not to be viewed or operated as an entitlement program.
- services that are available when there has been a recent specific crisis or episode of need such as a lay-off, illness, or loss of income, through no fault of the applicant. This list is not all inclusive but there must be an event that changes the circumstances of the household which causes them to be in need of services. Living beyond ones means or failing to pay ones bills does not constitute and "an event, crisis or episode".

In the event State and Federal funds become unavailable or reduced, Hardin County DJFS will establish a plan to prioritize PRC authorization and expenditures.

Assistance Group Composition

To be eligible for services an individual must be part of an Assistance Group (AG) in which there is at least one minor child who resides with a parent, specified relative, legal guardian or legal custodian; or a pregnant individual, **or a non-custodial parent who lives in Hardin County or has a minor child who resides in Hardin County**. The AG includes everyone who has lived in the home for the past 30 days.

Minor child is defined as an individual who has not yet attained the age of 18, or who has not attained age 19 and is still a full-time student in secondary education.

In shared parenting situations a copy of the court order granting shared parenting must be provided. If the order grants custody equally (50/50) and does not name a primary custodian, either parent's household may be eligible. If there is no court order or the court order does name a primary custodian, only the primary custodian household may include the child for purposes of PRC eligibility.

A child may be temporarily absent from the home for up to six months and the AG may still qualify for PRC. The child must return to the home by the end of the six-month period to continue to be eligible. In these instances, the AG shall include the temporarily absent child and all others in the home they would live in if they were not temporarily absent.

Eligibility

Eligibility is dependent upon the AG's demonstration and verification of the need for financial assistance and/or services, and, whether the CJFS determines provision of the service will meet the objective of this plan and meet the needs of the applicant. Services must be for non-recurring short term needs not to extend beyond four months, which address a specific, identified crisis situation or episode of need. Any benefits or services received as a result of a misunderstanding on the part of the applicant must be re-paid in full prior to any future consideration for benefits. Any applicant or recipient who knowingly provides false information or withholds information will be subject to provisions of the HCJFS fraud plan. Benefits or services received fraudulently must be re-paid in full; persons involved will not be considered for benefits for at least twelve months from the date the fraudulently received benefits are re-paid in full.

An assistance group may be eligible for no more than one contingency support service in a twelve month period, based upon application date.

Any applicants that falsify their application or documents related to their eligibility for PRC will be referred to the Fraud Unit of the agency. HCJFS reserves the right to deny PRC services to any applicant who has demonstrated a pattern of PRC actual or attempted misuse or abuse.

In all cases, the amount of the PRC issued must meet the emergent need of the household. The amount needed must be within the plan's appropriate payment cap. If the available amount of PRC assistance cannot prevent the onset or continuation of the emergent situation, there is no

eligibility. Example: If the amount available from PRC can meet a major portion of the liability and the applicant and the utility company set up a written agreement for payment of the balance which avoids a utility shut off, PRC can be issued. If, however, the amount available through PRC cannot prevent the shut off, no PRC will be issued.

Income

The income of the AG household must be at or less than 200% of the Federal Poverty Guidelines. The total gross income, both earned and unearned of all members of the AG household shall be counted except for gross earnings of a minor child. Income of a minor child will not be included in the eligibility determination. All income received by all members of the AG household will be used to determine prospective income. If the AG household's income has ceased, the prospective income or lack thereof for the next 30 days will be considered. Income will be converted to a monthly amount in accordance with OAC rule 5101:1-23-20 (F) (2). In the event verification or documentation appears questionable, the CJFS may request up to six months of income and expenditure verification prior to the application date.

Current child support paid by an AG member for a child who is not an AG member will be deducted from the gross income of the AG.

The following types of income are excluded as income and resources in determining financial eligibility for PRC benefits and services.

(A) Child support payment distributions made by the Ohio Department of Job and Family Services (ODJFS) pursuant to division (C) of Section 1 of Am. S.B. 170 of the 124th General Assembly (10/25/2001) and rules 5101:1-29-31.1 and 5101:1-29-31.2 of the Administrative Code.

(B) All income that is federally excluded in the determination of eligibility for federal needs-based programs. Federally excluded income includes the income sources identified in paragraphs (C) and (D) of this rule.

(C) Drug discounts and transitional assistance received under the Medicare Prescription Drug, Improvement, and Modernization Act, at Section 1860D-31(g)(6) of the Social Security Act (12/08/2003). The language in Section 1860D-31(g)(6) of the Social Security Act, states that the availability of negotiated prices or transitional assistance under this section shall not be treated as benefits or otherwise taken into account in determining an individual's eligibility for, or the amount of benefits under any other federal program.

(D) Monetary allowances paid under Section 401 of the Veteran's Benefits and Health Care Improvement Act of 2000, effective December 1, 2000. Payments authorized and made by the Veteran's Administration (VA) to provide certain benefits, including a monthly monetary allowance for children with covered birth defects who are the natural children of women veterans who served in the Republic of Vietnam from February 28, 1961 through May 7, 1975.

Written or verbal verification of the income is required. For any verification that is obtained by telephone, there must be clear documentation in the AG record concerning the name and position

of the provider of the information, the date the information was provided and the amount of income verified.

If AG is considered Kinship Care PRC --see services and income definition under Kinship services

Ineligible Family AGs

- Individuals who are not US citizens or qualifying aliens. Any AG members who are US citizens or qualifying aliens may be eligible as long as the ineligible members are in the US legally.
- Fugitive felons or persons in violation of probation or parole.
- Individuals currently under a penalty of any kind, including Intentional Program Violations.
- Persons under sanction or pending sanction until compliance is met. This will be waived for soft services such as family coach when the service is required by a Children's Service, IM or other agency sponsored service organization case plan. To qualify for hard services the person must come into compliance and be meeting program requirements for 30 days prior to the PRC application.
- Unmarried non-graduate parent less than 18 not attending high school or equivalent.
- Unmarried parent less than 18 not living in an adult supervised setting.
- Persons found to have fraudulently misrepresented their residence in order to obtain assistance in two or more states are ineligible for ten years.
- Individuals who have quit a job within sixty (60) days without good cause, or who have caused their discharge from a job.
- Individuals on strike.
- Individuals who do not reside in Hardin County, except for non-custodial parents who have a minor child living in Hardin County and caretakers of children temporarily placed by Children's Service case plan.
- Failure to follow through on guidance or referral to community services designed to promote self sufficiency will disqualify an AG for services.
- AG's with income insufficient to meet ongoing shelter and utility costs on a monthly basis. AG must be able to meet recurring obligation(s).
- Any AG with a member who misrepresented information in order to obtain PRC benefits is ineligible for 24 months from the date of infraction.

Standard of Promptness

The agency will use objective criteria when determining eligibility. The HCJFS will approve or deny the application in a fair and equitable manner within 30 days of receipt of the application.

Community Resources

An applicant AG is required to apply for and utilize any program, benefit or support system that may reduce or eliminate the request for financial assistance and/or services. For example, this may include a requirement to attend budget counseling or make contact and keep appointments with another agency prior to approval of services.

The availability of resources within the community shall be explored prior to authorization. The AG shall apply for and utilize any program, benefit or support system that may reduce or eliminate the presenting need. This includes applying for and cooperating with requirements of public assistance programs and Food Assistance Program.

For the purposes of PRC, community may be defined to include areas beyond the county's borders.

Applicant Responsibility

An applicant must identify the specific, identified crisis situation or episode of need they have experienced which prompted the PRC request. The agency reserves the right to require verification if the crisis situation or episode of need is questionable. An applicant is responsible for completing all necessary documents, furnishing all available facts and information, and cooperating in the eligibility determination process. An applicant must utilize available income in meeting the presenting need. This includes ongoing assistance programs such as OWF, DA, SSI and Food Assistance, as well as unemployment compensation, social security, and the special energy programs. There is no eligibility if the AG fails to make use of available income or fails to exhibit financial responsibility.

Application

1. The HCJFS Service PRC Application Form must be completed by each applicant assistance group or agency representative. A sample application form is attached.
2. Or the HCJFS PCSA PRC application for Child Welfare services or Kinship services must be completed by member of AG or designee of HCDJFS. All applicants will be advised of their hearing rights.

Eligibility factors, time restraints, and availability of the various benefits and services covered under this plan will be explained. In addition, information about, referral to, and access to Medicaid, Food Assistance, child care assistance and other programs that provide benefits that could help the AG successfully transition to work will be provided. All applicants will be advised of their hearing rights.

Notice of Approval /Denial

If it is determined that an application is approved, the ODJFS 4074, "Notice of Approval of Your Application For Assistance" shall be mailed or otherwise delivered. (While PRC cannot be issued to meet certain unforeseen expenses, such expenses may be responsible for a household not being able to meet obligations covered by the plan.) If it is determined that an application is denied, the ODJFS 7334, "Notice of Denial of Your Application For Assistance" shall be mailed or otherwise delivered.

Denial is appropriate in situations where it can be documented that no attempt has been made to prevent the occurrence of the emergent need and the applicant can show no evidence that the household has experienced any extraordinary circumstances or expenses. Situations include (1) making no payment towards the obligation (2) making only minimal payments with the knowledge that such an amount would not prevent the occurrence.

Privacy Laws

Each person applying for PRC must provide the CDJFS (or contracted agency) a social security number, or apply for a social security number. Providing a number is a condition of receipt of assistance. Verification of Social Security numbers through the Cris-E system is an acceptable method of provision.

The collection of this information, including the social security number of each household member, is authorized under Section 1137(a) of the Social Security Act.

The social security number will be used to check information provided by the individual against information held by other federal, state, and local governments; computer matching systems; and program reviews or audits to ensure eligibility for PRC or, to the extent permitted by federal law, to assist in determining eligibility for any other state, federal, or federally assisted program that provides cash or in-kind assistance or services directly to individuals based on need or for the purpose of protecting children. This information will also be used to monitor compliance with program regulations and for program management. The social security number will be used when contacting appropriate persons or agencies to determine eligibility and verify information that has been provided for the PRC program; for example, income, financial resources, disability benefits or other similar benefits and programs. Such information may affect household eligibility. The social security number may be used for a felony warrant match; a match of persons in violation of probation or parole by law enforcement agencies; or for purposes of investigations, prosecutions, and criminal or civil proceedings that are within the scope of law enforcement agencies' official duties.

An ODJFS 04059 Explanation of State Hearing Procedures and a summary of PRC applicant rights are attached to each application for PRC services/. PCSA PRC application for Child Welfare services or Kinship services

Charitable Choice and Faith-Based Initiatives

An applicant for or recipient of OWF or PRC may object to the religious nature of an agency serving as a worksite or providing a PRC service. The CDJFS must ensure that an assistance group that objects to a faith-based provider has access to another provider. The assistance group must be provided with an alternative provider of services within a "reasonable period of time" (as defined by the CDJFS). The alternative provider must be reasonably accessible to the assistance group member and have the capacity to provide comparable services to the assistance group member. The alternative provider need not be a secular organization, just one to which the assistance group member has no objection. The CDJFS is not required to have ongoing contracts with alternative providers, but simply locate one if needed.

Applicants or recipients of OWF or PRC who are assigned to a religious agency as a provider of services or as a work site must receive notice of the right to request alternative services. A copy of the "Notice of Right to Request Another Worksite or Provider of Services" is attached.

VOTER REGISTRATION

A voter registration application is provided with each PRC application

PRC Services

SERVICE OR BENEFIT	CAP	ECONOMIC NEED STANDARD	TARGETED GROUP	SUGGESTED VERIFICATIONS
<p>Contingency Services: An emergent need that threatens the health, safety, or acceptable living arrangement to the extent that it prohibits children from being cared for in their own home or inhibits job preparation, work and marriage.</p>	<p>Dependent on Service (see below) PURPOSE 1</p>	<p>200% FPL</p>	<p>AG must have experienced an unforeseen circumstance that places a documented financial hardship on the AG, prompting the request for PRC.</p> <p>Adults in AG must be employed, awaiting UCB, or have other income such as, but not limited to, disability payments. An AG whose only income is that of minor children shall not be eligible for PRC contingency services.</p>	<p>Must demonstrate verifiable income to meet recurring living expenses: rent/mortgage and utility expenses in succeeding months</p> <p>For all contingency services, the applicant AG must show a pattern of good faith effort to maintain payment to the best of their ability.</p>
<p>Utility Payments including bulk fuel</p>	<p>Amount due, up to \$250 paid to one utility provider as long as the service has not been disconnected PURPOSE 1</p>		<p>No payment can be made for bulk fuel past due account balances. PRC must be approved prior to delivery of bulk fuel.</p>	<p>AG must provide a current utility bill with the account number, service address, amount due and account holder's name</p>
<p>Rent or mortgage payment and late fees (No payment will be made for extra fee for pets unless the pet is also a service animal.)</p>	<p>One month of rent/mortgage due, up to \$500, payment to the landlord or mortgage company. Amount due may include late fee for one month only.</p>			<p>Rent: Landlord must complete and return agency rent verification form.</p> <p>Mortgage: Lien holder may file verification form or applicant may provide current</p>

	PURPOSE 1			mortgage stmt.
Home Adaptation and Repair (PRC will not cover repairs made or services provided prior to approval, except when a disaster has been declared and delay would jeopardize the health, safety and well being of children in the home.)	\$1,000 cap PURPOSE 1		Applicant must own the home, does not include land contract agreements. Adaptation and repair must be necessary to safely maintain children in the home.	Must provide three estimates.
Crisis Benefits – Services (to address a specific situation or episode of need, not intended to meet recurrent or ongoing needs. These services may only be approved in amounts necessary to meet basic health and safety needs. Must be cost effective and reasonably related to the number of individuals served.	\$1500 cap PURPOSE 1	200 % FPL	AG must have experienced a documented unforeseen circumstance which places a documented financial hardship, i.e. recent loss of home due to fire, etc. Does not include evictions for non-payment of rent or mortgage.	Adults may be a displaced worker due to layoff, downsizing or suffer short term illness. If adults in the AG have not been employed, they must provide verification of disability and status of SSD application. Case plan indicating reason for temporary shelter or Family Assistance

SERVICE OR BENEFIT	Cap	Economic Need Standard	Target Group	Assistance Groups
<p>Employment and Training Service and Benefits Pre-Job training (i.e., resume, interviewing, etc.)</p> <p>Job training, development, placement and coaching</p> <p>Job and Education Fairs</p> <p>Vocational assessment or testing</p> <p>Assessment of job search activities and development of resolution activities for barriers to employment</p> <p>Assistance with job search activities and contact with employers for job placement</p> <p>Literacy assessment and ABL E and GED preparation</p> <p>Financial Literacy</p> <p>Short-term education expenses immediately related to employment or job retention</p> <p>Must attend and complete Job Readiness prior to all Educational and Training request approvals</p> <p>Retention services after</p>	<p>No cap on services (as needed) And dependent on availability of funding PURPOSE 2</p>	<p>200 % FPL</p>	<p>Recently employed individuals</p> <p>Under employed individuals</p> <p>Individual between jobs</p> <p>Individual who is unemployed</p>	<p>Family with minor child(ren)</p> <p>Legal custodian or guardian and minor child(ren)</p> <p>Non-custodial parent and minor child(ren)</p> <p>Absent parent with child support order</p> <p>Specified relatives and minor child(ren)</p> <p>Pregnant woman and fetus(es)</p> <p>Child only -minor child temporarily out of the home with 180-day reunification plan</p>

<p>job placement</p> <p>Purchase clothing or uniforms for work - Street clothes if verified in writing by employers that they are required for employment Purchase safety equipment - Safety shoes - Safety glasses Purchase special tools and/or equipment required for employment Testing for state licenses, board certification, commercial drivers license, incidental expenses relating to job search</p>	<p>\$250 cap for non-recurrent, short term benefits</p>	<p>200% Federal Poverty level</p>	<p>Recently employed individuals</p> <p>Under employed individuals</p> <p>Individual between jobs</p> <p>Individual who is unemployed</p>	<p>Family with minor child(ren)</p> <p>Legal custodian or guardian and minor child(ren)</p> <p>Non-custodial parent and minor child(ren)</p> <p>Absent parent with child support order</p> <p>Specified relatives and minor child(ren)</p> <p>Pregnant woman and fetus(es)</p> <p>Child only -minor child temporarily out of the home with 180-day reunification plan</p>
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SERVICE OR BENEFIT	CAP	ECONOMIC NEED STANDARD	TARGET GROUP	ASSISTANCE GROUPS
<p>Transportation Services and Benefits</p>				
<p>Drivers Education</p> <p>Insurance (up to but not to exceed 4 months)</p> <p>Expenses related to securing a valid Ohio driver's license provided that necessary to maintain employment</p>	<p>Not to exceed \$500 during 12 month period PURPOSE 2</p>	<p>200% Federal Poverty level</p>	<p>Individuals with no outstanding motor vehicle violations or criminal warrants and Employed Individuals</p>	<p>Family with minor child(ren)</p> <p>Legal custodian or guardian and minor child(ren)</p> <p>Non-custodial parent and minor child(ren)</p> <p>Absent parent with child support order</p>

<ul style="list-style-type: none"> ◦ Driver's license fee ◦ License reinstatement fees ◦ License plate fees <p>No reinstatement fees for any DUI conviction or for licenses appropriately revoked by CSEA</p> <p>Reimbursement for work-related mileage: Mileage to and from work for the first 30 days</p>	<p>.30 per mile Not to exceed thirty round trips</p>			<p>Specified relatives and minor child(ren)</p> <p>Pregnant woman and fetus(es)</p> <p>Child only -minor child temporarily out of the home with 180-day reunification plan</p>
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SERVICE OR BENEFIT	CAP	ECONOMIC NEED STANDARD	TARGET GROUP	ASSISTANCE GROUPS
<p>HEAD START TRANSPORTATION</p>	<p>\$11.25 per diem per HS school day for up to 4 consecutive months. PURPOSE 1</p>	<p>200 % FPL</p>	<p>Youth up to age 5 with Head Start eligibility.</p>	<p>Family with minor child(ren)</p> <p>Legal custodian or guardian and minor child(ren)</p> <p>Non-custodial parent and minor child(ren)</p> <p>Absent parent with child support order</p> <p>Specified relatives and minor child(ren)</p>

SERVICE OR BENEFIT	CAP	ECONOMIC NEED STANDARD	TARGETED GROUP	SUGGESTED VERIFICATIONS
<p>DISASTER SERVICES Declared by Federal Government, State Government, or County Commissioners</p>	<p>Determined by State or County PURPOSE 1</p>	<p>Determined by State Declaration</p>	<p>Families sustaining disaster related damage or loss upon disaster</p>	<p>Family with minor child(ren) Legal</p>

<p>Non-declared (may be defined / approved by Hardin County PRC Committee)</p> <p>Shelter Assistance</p> <ul style="list-style-type: none"> - Rent - Rent deposits - Mortgage payments - Payment of interest on mortgage - Payment of property taxes - Emergency shelter / temporary shelter - Payment of moving expenses <p>Utility Assistance</p> <ul style="list-style-type: none"> - Payments to prevent shut off - Payments for initial hook up - Purchase bulk fuel - Installation or repair of telephone <p>Home repair or replacements affecting basic structure (provided to the homeowner only)</p> <p>Appliances or fixture repairs or replacements</p> <p>Repair or purchase of furnace, air conditioning, or water heater</p> <p>Purchase or replace essential household contents</p> <p>Personal items</p> <ul style="list-style-type: none"> - Essential clothing for members of the Assistant Group - Essential non-consumable products, excluding tobacco products and alcohol <p>Other services targeted towards goals of the Hardin County PRC Plan may be defined / approved by Hardin County PRC Team</p>		<p>Misrepresentation of information will be prosecuted for fraud.</p>		<p>custodian / guardian and minor child(ren)</p> <p>Non-custodial parent and minor child(ren)</p> <p>Specified relatives and minor child(ren)</p> <p>Pregnant woman and fetus(es)</p> <p>Child only-minor child temporarily out of the home 180-day reunification</p>
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SERVICE OR BENEFIT	CAP	ECONOMIC NEED STANDARD	TARGETED GROUP	SUGGESTED VERIFICATIONS
<p>Juvenile Court Mediation (on issues such as visitation, tax deductions, etc. to prompt engagement of both parents in children's lives)</p>	<p>No cap on services</p> <p>Service provided through agency contract</p> <p>PURPOSE 1 & 2</p>	<p>200 % FPL</p>	<p>Unmarried couples with children</p>	<p>Referred by court, CSEA, or self-referred to contract provider</p>

SERVICE OR BENEFIT	ECONOMIC NEED STANDARD	SUGGESTED VERIFICATIONS
<p>Child Welfare Services: Services may be approved as indicated in Children's Services case plan. AG must be cooperating with the Case Plan and be satisfactorily meeting the goals and objectives of the case plan.</p> <p>Potential services designed to strengthen the family unit, prevent the removal of a child from his or her home, or to make reunification possible including: Home Based Services</p> <ul style="list-style-type: none"> ○ Family Coach Services ○ Respite ○ Home Health Aide services ○ Homemaker Services ○ Parent and child Education Services ○ Tutoring ○ Mentoring ○ Transitioning services ○ Food ** ○ Lice prevention and eradication ○ Bed Bug eradication and prevention ○ Enrichment and support programs ○ Mediation services ○ Parenting services ○ Initial assessment for drug & alcohol services ○ Legal Services ○ ABC –non-behavioral case mgmt. ○ Services exempt from one-time per year cap. ○ Other (hard or soft) services which in the judgment of HCJFS Director or his designee will prevent the need to remove a child from his or her home or to facilitate return of a child to his or her home. 	<p>200% FPL No CAP limitations or 12 month limitations</p> <p>PURPOSE 1 & 2 & 3 & 4</p>	<p>Family must complete the application process and provide all necessary documentation. PSW or IM worker may assist in process including completing application and providing documents.</p> <p>**Families Not eligible for food assistance.</p>

SERVICE OR BENEFIT		
<p>Kinship Services: Services may be approved as indicated in Children's Services case plan or as determined necessary by Director or designee. AG must be cooperating with the Case Plan and be satisfactorily meeting the goals and objectives</p>	<p>No poverty level limitations. Kinship assistance eligibility will be</p>	<p>Family must complete the application process and provide all necessary documentation. PSW or IM worker may assist in process including completing application and</p>

<p>of the case plan.</p> <p>Potential services designed to strengthen the family unit, prevent the removal of a child from his or her home, or to make reunification possible including:</p> <ul style="list-style-type: none"> ○ Home Based Services ○ Family Coach Services ○ Respite ○ Home Health Aide services ○ Homemaker Services ○ Recreation ○ Clothing ○ Parent and child Education Services ○ Tutoring ○ Mentoring ○ Transitioning services ○ Food ** ○ Lice prevention and eradication ○ Bed Bug eradication and prevention ○ Enrichment and support programs ○ Mediation services ○ Parenting services ○ Initial assessment for drug & alcohol services ○ Legal Services ○ ABC –non-behavioral case mgmt. ○ Transportation ○ Kinship meetings and supplies ○ Other (hard or soft) services which in the judgment of HCJFS Director or his designee will prevent the need to remove a child from his or her home or to facilitate return of a child to his or her home. 	<p>determined by OWF AG composition No CAP limitations or 12 month limitations</p> <p>PURPOSE 1</p>	<p>providing documents.</p> <p>Kinship provider's income will not be considered when determining FPL. A kinship AG is defined as any household that has a minor child who is not residing in the same household as their parent(s) and who resides with a specified relative, legal guardian or legal custodian.</p> <p>**Families Not eligible for food assistance.</p>
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SERVICE OR BENEFIT	ECONOMIC NEED STANDARD
<p><u>Non Administrative Program Operational Activities:</u> Food assistance and Medicaid outreach-to assure awareness of work support services such as Food Assistance, Medicaid and Child Care, PRC may be used to support the following outreach activities:</p> <ul style="list-style-type: none"> • Billboards and signs • Radio and TV public service ads • Presentations at workplaces or community events • Promotional Items • Recruitment activities • Educational programs and activities • Information referral • Call Center • Food and clothing provided to TANF eligible families through agency contract with non-profit organization 	<p>No Application needed. No Financial need eligibility Requirement.</p> <p>PURPOSE 1 & 2 & 3 & 4</p>
<p><u>Adoption Finalization Services:</u> PCSA case file must document:</p> <ol style="list-style-type: none"> 1. The circumstances that are presented by the applicant including a discussion of why these circumstances are creating a need for assistance, and why that need for assistance, if allowed to go unmet, imperils maintenance of the adoption. 2. The services the applicant is seeking 3. An analysis and determination by the PCSA if the services requested will in fact act to remediate the need for assistance 4. A service plan detailing the services to be delivered, the duration of service delivery, service providers to be used, the outcomes expected 5. f or each service to be delivered, and all responsibilities, including any co-payments, that are being assumed by the applicant, and; 6. The results of periodic evaluations undertaken by the PCSA to determine the effectiveness of the services delivered and any adjustments undertaken to improve the effectiveness of future services to achieve the stated outcomes and any alterations made to the service plan. <p>The case record must also affirmatively document and evidence the existence of the applicant's financial need.</p>	<p>PURPOSE 1</p>

SERVICE OR BENEFIT	CAP	ECONOMIC NEED STANDARD	TARGETED GROUP	SUGGESTED VERIFICATIONS
<p>TANF SUMMER YOUTH EMPLOYMENT PROGRAM</p>	<p>No cap on services. Hourly wage established under contract for services. Contracted services not to exceed agency grant.</p> <p>PURPOSE 1 & 2</p>	<p>200 % FPL</p>	<p>Youth ages 14-17(18 if a full time student in secondary school). Youth 18-24 in a needy Minor child family that has minor child, Youth 18-24 that have a minor child and considered needy.</p>	<p>Program May 1-October 31 or as defined by ODJFS. Meets TANF purposes 1 and 2 (1) Has not attained 18 years of age; or (2) Has not attained 19 years of age and is a full-time student in a secondary school (or in the equivalent level of vocational or technical training). <i>Families</i> are defined by federal regulation and state law as follows: a minor child who resides with a parent, specified relative, legal guardian or legal custodian (a child may be temporarily absent from the home provided certain requirements are met); a pregnant individual with no other children; or a non-custodial parent who lives in the state, but does not</p>

				reside with his/her minor child(ren).
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200% Federal Poverty Level

Based on 01-22-2016 Federal poverty guidelines

Will be amended upon revision of FPL by Federal Government

FAMILY SIZE	FPL 200%
1	\$1980
2	\$2670
3	\$3360
4	\$4050
5	\$4740
6	\$5430
7	\$6122
8	\$6815

HARDIN COUNTY JOB AND FAMILY SERVICES PRC APPLICATION (revised 1-1-10)

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

_____ **Yes, I want to register to vote.** _____ **No, I do not want to register to vote.**

If you do not check either yes or no, you will be considered to have decided not to register to vote at this time.

NAME	DATE
STREET ADDRESS	SOCIAL SECURITY NUMBER
CITY, STATE AND ZIP CODE	PHONE NUMBER

**LIST EVERYONE WHO LIVES AT THIS ADDRESS INCLUDING YOURSELF
YOU MUST LIST THE SOCIAL SECURITY NUMBER FOR EVERYONE**

NAME	RELATIONSHIP TO YOU	AGE	SOCIAL SECURITY NUMBER	GROSS MONTHLY INCOME

PLEASE USE THE BACK OF THIS FORM TO LIST ADDITIONAL HOUSEHOLD MEMBERS

EXPLAIN WHAT YOU NEED:

YOU WILL BE SEEN ON A FIRST COME, FIRST SERVE BASIS. YOU MUST WAIT TO BE SEEN TO DETERMINE YOUR ELIGIBILITY

SIGNATURE	DATE
CASE NUMBER	

**Application to Determine TANF Eligibility for Summer Youth Program
Authorized by Hardin County PRC Plan**

1. List all members in the household:

SSN	Last Name	First Name	DOB	School	Grade

2. Address of family including phone number:

Street	
City, State, Zip	
Phone	

3. Combined Family Income:

Total earned income per month:	
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*Earned income is wages before taxes/deductions are withheld.

4. Social Security/Pension/Other Income

Total received per month:	
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Income Self-Declaration and Release of Information

I understand that the statements made on this application for summer youth program are for funding purposes only. I further understand that eligibility for summer youth program does not automatically qualify us for public assistance or PRC funds. This self declaration includes all earned and unearned income into my household on a monthly basis. I understand that this form may be used to allow for billing to the appropriate fund for services used. I understand that this is a self declaration for summer youth program and information provided is true and accurate.

Ohio Means Jobs

Youth under the age of 18 participating in the Summer Youth Program must have permission from parent or guardian to participate. By signing the line below I am giving permission for the youth to apply, participate in summer employment, and register with Ohio Means Jobs as required by the State of Ohio

Signature of Adult or Authorized Rep

Date

Signature Hardin County DJFS Staff

Date

RETURN APPLICATION TO:

**HARDIN COUNTY DEPARTMENT OF JOB & FAMILY SERVICES
175 W FRANKLIN ST, FIRST FLOOR KENTON, OH
WALK-INS DAILY TILL 4:30 PM
QUESTIONS-CALL TERRI HITES-SUTER 419-675-1130, EXT. 2324**

**Application to Determine TANF/IV-E Eligibility or other services for Social Services
Authorized by Hardin County PRC Plan**

1. List all members in the household:

SSN	Last Name	First Name	Middle Initial	DOB	Race

2. Address of family including phone number:

Street	
City, State, Zip	
Phone	

3. Total number of household members:

--	--

4. Combined Family Income: Mark the line next to the range of family's gross monthly income.

Total earned income per month:		
<input type="checkbox"/> less than \$1962 (1)	<input type="checkbox"/> less than \$2655 (2)	<input type="checkbox"/> less than \$3349 (3)
<input type="checkbox"/> less than \$4042 (4)	<input type="checkbox"/> less than \$4735 (5)	<input type="checkbox"/> less than \$5429 (6)
<input type="checkbox"/> less than \$6122 (7)	<input type="checkbox"/> less than \$6815 (8)	<input type="checkbox"/> (9)

5. Other income, benefits or support (check all that apply):

<input type="checkbox"/> Medicaid	<input type="checkbox"/> OWF Cash	<input type="checkbox"/> Food Stamps
<input type="checkbox"/> WIC	<input type="checkbox"/> SSI	<input type="checkbox"/> SSD

Income Self-Declaration and Release of Information

I understand that the statements made on this application for social services are for funding purposes only. I further understand that eligibility for social services does not automatically qualify us for public assistance or PRC funds. This self declaration includes all earned and unearned income into my household on a monthly basis. I understand that this form may be used to allow for billing to the appropriate fund for services used. I understand that this is a self declaration for social services and information provided is true and accurate.

Signature of Adult

Date

Signature of Witness/Agency Staff

Date

**Application to Determine TANF Eligibility for Special Project-School Clothing
Authorized by Hardin County PRC Plan**

1. List all members in the household:

SSN	Last Name	First Name	DOB	School	Grade

(add any other household members on back of this page)

2. Address of family including phone number:

Street	
City, State, Zip	
Phone	

Signature and Release of Information

I understand the questions on this form and certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information of each household member applying for assistance.

I state under penalty of perjury, I have disclosed all annuities and other similar financial devices in which I and/or my spouse have any interest.

I understand that in some instances, I may be asked to give consent to the CDJFS to make whatever contacts are necessary to determine my eligibility. I understand that this form may be used to allow for billing to the appropriate fund for services used.

Signature of Adult or Authorized Rep

Date

Signature Hardin County DJFS Staff

Date

**Application to Determine TANF/IV-E Eligibility or other services for Mediation
Authorized by Hardin County PRC Plan**

1. List all members in the household:

SSN	Last Name	First Name	Middle Initial	DOB

2. Address of family including phone number:

Street	
City, State, Zip	
Phone	

3. Total number of household members:

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4. Combined Family Income: Mark the line next to the range of family's gross monthly income.

Total earned income per month:		
<input type="checkbox"/> less than \$1962 (1)	<input type="checkbox"/> less than \$2655 (2)	<input type="checkbox"/> less than \$3349 (3)
<input type="checkbox"/> less than \$4042 (4)	<input type="checkbox"/> less than \$4735 (5)	<input type="checkbox"/> less than \$5429 (6)
<input type="checkbox"/> less than \$6122 (7)	<input type="checkbox"/> less than \$6815 (8)	<input type="checkbox"/> less than (9)

Income Self-Declaration and Release of Information

I understand that the statements made on this application for social services are for funding purposes only. I further understand that eligibility for social services does not automatically qualify us for public assistance or PRC funds. This self declaration includes all earned and unearned income into my household on a monthly basis. I understand that this form may be used to allow for billing to the appropriate fund for services used. I understand that this is a self declaration for mediation services and information provided is true and accurate.

Signature of Adult

Date

Signature of Witness/Hardin County Juvenile Staff

Date

**Application to Determine TANF Eligibility for Head Start Transportation
Authorized by Hardin County PRC Plan**

CHILD NAME _____

PROVIDE ALL NECESSARY DOCUMENTS AND PROOF OF INCOME WITH APPLICATION

1. List all members in the household:

SSN	Last Name	First Name	DOB	School	Grade

2. Address of family including phone number:

Street	
City, State, Zip	
Phone	

3. Combined Family Income:

Total earned income per month:	
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***Earned income is wages before taxes/deductions are withheld.**

4. Social Security/Pension/Other Income

Total received per month:	
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Release of Information

I understand that the statements made on this application are for funding purposes only. I further understand that eligibility for Head Start transportation does not automatically qualify us for public assistance or PRC funds. **I declare that I have provided all earned and unearned income into my household on a monthly basis.** I understand that this form may be used to allow for billing to the appropriate fund for services used. **I understand that a copy of approval or denial notice will be provided to Hancock Hardin Wyandot Putnam CAC.** I state that all information provided is true and accurate.

Signature of Adult

Date

Signature of Witness/ Hancock Hardin Wyandot Putnam Community
Action Commission Staff

Date

Head Start Eligibility Summary

Age:

To be eligible for Head Start services, a child must be at least three years old to kindergarten age eligibility by the date used to determine eligibility for public school. We take 5 year olds only with an IEP (for a disability) written by a school system.

Income:

At least 90 % of the children who are enrolled in each Head Start program must be from families below 100% of the Federal Poverty Guidelines. Up to 10% of the children who are enrolled may be children from families that exceed the low-income guidelines, however, we need to take the eligible children first.

Foster children and children whose families (anyone in the family) receive TANF, SSI, or who are homeless (including living with family/friends due to financial hardship) are all categorically (automatically) eligible. We only verify that they meet one of these conditions, and do not have to verify the rest of their income. At least 10% of the children each year must have disabilities (IEPs).

Income Verification:

We must verify family income through copies of : Individual Income Tax Form 1040, W-2 forms, pay stubs, pay envelopes, written statements from employers, child support or SS print outs, bank/EPPI card statements showing direct deposits, etc.

-Income is counted for any parent who is in the home, based on the Definition of Income (below) which tells us what to count and what is not to be considered income.

-Time periods to for income is: the twelve months immediately preceding the month in which the child's application is made, OR the preceding calendar year (i.e. if they apply 8-1-13, we could verify income for July 2012 through July 2013 or January 1 to December 31, 2012.)

-Income is figured based on **family size, not household size.** (see Definition of Family, below)

-Income and categorically eligible children remain income eligible through that enrollment year and the immediately succeeding enrollment year, as long as they are continuously participating in the program. Over Income children's income is reverified each year. Third year children are also reverified.

# in Family	100% of Federal Poverty Guidelines
1	\$11,490
2	\$15,510
3	\$19,530
4	\$23,550
5	\$27,570
6	\$31,590
7	\$35,610
8	\$39,630
9	\$43,650
10	\$47,670
>10	Add \$4,020 to 100% for each additional person

**Application to Determine TANF Eligibility for Summer Youth Program
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Total received per month:	
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Date

Signature Hardin County DJFS Staff

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**HARDIN COUNTY DEPARTMENT OF JOB & FAMILY SERVICES
175 W FRANKLIN ST, FIRST FLOOR KENTON, OH
WALK-INS DAILY TILL 4:30 PM
QUESTIONS-CALL TERRI HITES-SUTER 419-675-1130, EXT. 2324**

HOW DO I FILE A DISCRIMINATION COMPLAINT?

Your complaint can be filed with:

Ohio Department of Job and Family Services

Office of Employee and Business Services

Bureau of Civil Rights and Labor Relations

150 E. Gay St., 18th floor

Columbus, Ohio 43125-3130

(614) 644-2703 or toll free 1- 866- 227-6353

TTY hearing impaired: 1-866-221-6700

Fax: (614) 752-6381

