

## **Morgan County Prevention, Retention and Contingency (PRC) Plan**

Morgan County's Prevention, Retention and Contingency (herein after referred to as PRC) program is designed to assist families in becoming self-supporting by promoting work and personal responsibility. The PRC program is designed to meet the four purposes of the Federal TANF Program.

- 1. To provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;*
- 2. To end the dependence of needy parents on government benefits by promoting job preparation, work and marriage;*
- 3. To prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies;*
- 4. To encourage the formation and maintenance of two-parent families.*

PRC services are not ongoing TANF assistance. PRC services are one-time, short-term non-recurrent "non assistance" benefits and services.

### **Assistance Group Composition**

At a minimum an eligible family must consist of a minor child who resides with a parent, caretaker relative, legal guardian or legal custodian. In addition, the family could contain a pregnant individual in their sixth month of pregnancy. A child may be "temporarily absent" from the home in accordance with the timeframes established in OAC 5101:1-3-04 and still qualify for PRC. During the temporary period, the child is considered to be residing with the parent, caretaker relative, legal guardian or legal custodian.

Non-custodial parents are defined as a parent of a minor child responsible for and paying their child support obligation to the Child Support Enforcement Agency who resides in the state of Ohio. These non-custodial parents may also be eligible for PRC services, however, they must list the minor child that they are responsible for on the application.

For Prevention and Retention services, the assistance group (AG) composition shall consist of the adult who is requesting the services and any immediate family members (children and spouse or other parent of their children) who reside in the same household. For Contingency services, the AG composition shall consist of all household members, as they will all benefit from the service.

### **Eligibility and Application**

Eligibility for PRC is dependent on the PRC AG's demonstration and verification of the need for financial assistance and/or services, and whether the county determines the provision of PRC will satisfy the need. In addition, in order to be eligible for PRC services, the PRC AG must be able to continue to meet the need on an on-going basis. The AG must submit an application for services (PRC Application) listing all household members, on the application. In order for the PRC AG to be found eligible, the AG's income must be at or below the specified guidelines, as listed in each of the program definitions section and the List of Services and Benefits section of this plan.

Effective September 1, 2014, repayments will no longer be required for PRC services. In addition, also effective September 1, 2014, the former PRC services that have been rendered will be removed from the listing and each PRC assistance group will have their slate wiped clean.

In order to receive a PRC service, the assistance group shall demonstrate the presenting need. The maximum amount of the total PRC services rendered cannot exceed \$1,000.00 in a twelve-month period and the assistance group is not entitled to receive the same specific service during the twelve-month period, with the exception of gas money and that service is to be provided for a maximum of four (4) times in a twelve-month period.

Income is to be verified for any services that are specified as a hard service, which is defined as having a cash value, i.e. rent, utility, etc. The income guideline is to be set at 200% of Federal Poverty Level for Prevention, Retention or Contingency Services. All income, which has been received by any member of the PRC AG during the 30-day prior budget period and must be verified in order for the assistance group to be considered for PRC. All income is considered when determining financial need, with the exception of the excluded income and resources listed in OAC 5101:1-24-20. The agency has the right to ask applicants to verify where income was spent. Example: in the last 60 days, you received a \$5,000 tax refund plus you had \$2,000 in earned income – how was that money spent? This is to determine if the resources are available to meet the requested need.

**Income tax refunds** – If resources were available from a tax refund within 60 days of a due date for the requested need(s), that need is ineligible for approval unless the AG can document the resources were used to pay other required bills due at or during that time.

Income is to be self-declared for Developmental Services, at the appropriate specified guidelines of the Federal Poverty Level, as listed in the List of Services and Benefits section of this plan. If the total PRC AG income is equal to or less than the specified poverty guidelines, as listed in the List of Services and Benefits section of this plan, then the AG is eligible.

The county agency, in accordance with Section 329.051 Revised Code, must make a voter registration application available to persons applying for or participating in the PRC program. This section applies to both county agencies and those entities with whom the county agency contracts. Third party providing agencies can provide the completed voter registration forms to the county agency who in turn should provide them to the Board of Elections.

### **Ineligible Assistance Groups**

Applicants who are ineligible include:

1. Individuals with any outstanding OWF fraud or PRC fraud overpayment balance;
2. Individuals found to have attempted PRC fraud shall be ineligible for a period of two years;
3. AG's who have an individual who has an IPV in any program;
4. A person found to have fraudulently misrepresented their residence in order to obtain assistance in two or more states is ineligible for ten years;
5. AG's who do not currently reside in Morgan County as of the date of their application;
6. AG's who received the service type from another county within the last 12 months;
7. AG's containing an individual who is under a sanction for OWF and/or FS benefits.

### **Exploring Community Resources**

Every effort must be made to explore the availability of resources within the local community prior to the authorization of PRC. For the purposes of PRC, the “community” could be defined to include areas beyond the county’s boundaries, however, Morgan county businesses will be given priority in every possible instance. In the event that the boundaries are extended beyond the county, documentation for the reason shall be included in the PRC packet. A PRC AG is required to apply for and utilize any program, benefit, or support system, which may reduce or eliminate the presenting need. County personnel determining eligibility for PRC should be aware of community resources, which may be contracted for or otherwise utilized to help meet the need. This includes the escrow accounts through Metropolitan Housing Authority.

### **Amount and Types of Assistance**

PRC payments are limited to the amount actually required to meet the presenting need, without going over the specified amounts. Some examples of assistance, goods, and services that qualify for PRC are attached in the List of Services and Benefits matrix. No medical expenses, except for pre-pregnancy family planning shall be issued under PRC.

Eligibility for PRC for benefits and services to meet purpose 3 of TANF is available without regard to income. The application requirement will be waived in the event that the provider gives a participant listing, since these services are without regard to income.

Once eligibility for PRC is established, the CDJFS director or his designee will authorize and generate payment for the assistance, goods, and/or services. Authorization may occur at any time during a period beginning on the date that PRC is approved. All PRC payments are made by CDJFS to the vendor. The county must ensure that its policies meet all auditing requirements.

If it is determined that an application for PRC is approved, the CDJFS shall mail or otherwise deliver the ODHS 4074, “Notice of Approval of Your Application for Assistance.” If it is determined that an application for PRC is denied, the CDJFS shall mail or otherwise deliver the ODHS 7334, “Notice of Denial of Your Application for Assistance.” These notices include the appropriate hearing requirements.

### **Prevention and Retention Assistance**

Prevention and Retention assistance will be authorized provided that all eligibility requirements have been met. Services are provided to an AG to guide them to self-sufficiency by helping them through the presenting crises. Services that assist members in retaining their paid employment and thereby assisting them to achieve self-sufficiency are also categorized as Prevention or Retention services. Eligibility for all Prevention, Retention and Contingency services under this section are limited to a maximum of \$1,000.00. This portion of the PRC program is set at 200% of FPL and cannot be provided to an applicant’s relative.

For anything transportation-related, there must be a verified valid driver’s license and proof of current auto insurance.

**Contingent Assistance**

PRC services under Contingency services will be authorized to an AG provided that all eligibility requirements have been met. Services are provided to an AG to meet a presenting or emergent need, which if not satisfied, threatens the safety, health, well-being or decent living arrangement of one or more members to the extent that it prohibits children from being cared for in their own home or inhibits job preparation, work and/or marriage. The total assistance limit is the actual amount of need up to \$1,000.00 for all contingency, prevention and retention services.

This portion of the PRC program is set at 200% of FPL. For rent to prevent eviction, the assistance group must provide a copy of their lease agreement.

**Developmental Assistance**

PRC assistance under Developmental Assistance will be authorized to an AG provided all other eligibility requirements have been met. Services are provided to an AG to meet a need to assist families in meeting one of the four purposes of the Federal TANF Program. Such services shall be designated on the attached List of Services and Benefits.

**Monthly Federal Poverty Guideline (FPG) Measure  
Effective January 25, 2016**

<b>Assistance Group</b>	<b>200% Monthly FPG</b>
2	2670
3	3360
4	4050
5	4740
6	5430
7	6122
8	6815
9	7509
10	8202

### List of Services and Benefits

SERVICE OR BENEFIT	CAP	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP	CODE	TANF PURPOSE
<u>Contingency Services</u> Utility Services, except Telephone Purchase of bulk fuel for heating Security Deposits for Rent – HUD deposit, poor living conditions, overcrowding Eviction notices Emergency shelter or temporary housing House payment to prevent foreclosure	Payment for actual need up to \$1,000	Parents, Specified Relatives, or Non-Custodial parents With minor children And all other Household members	200% of FPG	Unemployed Individuals  Families with Children at-risk Of abuse or Neglect  Victims of Domestic Violence	C	1
<u>Prevention and Retention Services</u> – anything related to auto: shall provide Drivers License and Proof of Insurance Auto repairs* Auto insurance – deposit/up to first quarter Gas Money – newly employed individual - fill tank up to \$75 per voucher  Relocation Assistance – moving expenses to relocate out of county or state (lower unemployment/victims of Domestic violence) DOES NOT COUNT AGAINST LIMIT	Payment for actual need up to \$1,000  Not to exceed four times Relocation	Parents with minor Children  Specified relatives With minor children  Non-custodial parents	200% of FPG	Recently employed individuals  Lower unemployment/victims of domestic violence	P/R	1 & 2
<u>Child Welfare Services</u> Family Counseling Vocational & education counseling Respite Care Family Preservation and reunification classes Domestic Violence Services School Activities Ombudsman services Life Education	Not to exceed \$1500	Parents or Specified Relatives with minor children Parents or Specified Relatives with minor children	200% of FPG	Families with children at risk of abuse or neglect	E	1, 2, 3, 4
<u>Child Welfare Contingency Services</u> An emergent need that will help alleviate a family crisis that could lead to the removal of children from their home or to help a family so that children can be safely returned to their family. Services included but not limited to: housing costs, household furnishings, transportation (not to exceed 4 months), car repairs, personal expenses, relocation assistance.	Not to exceed \$1500	Parents with minor children	200% of FPG	Families with children at risk of abuse or neglect  Must be through Children Services	E	1

<u>Reunification Services</u> Transportation Home Health Aide Developmental Services for Youth School Activities Family Focused Field Trips Case Management Supervised Visits Household Improvements Counseling Respite Care Life Education	Not to exceed \$1000	Morgan County Families with an Active case plan Designed to reunify The family with the child	200% of FPG	Provide services To reunify children in Out of home placements With their families	E	1
<u>Kinship Services (Effective 10/1/16 – 09/30/17)</u> Services and assistance for children who are not in the care of their immediate family member (mother or father)	Not to exceed \$20,000	Children being cared for by a caretaker or relative	200% of FPG	Provide services to assist families who are not being cared for by their immediate family as defined by mother or father	E	1
<u>Family Disaster Assistance</u> Benefits to assist with damage or loss sustained as a result of natural disaster upon declaration by Governor	Cap based on amount allocated by ODJFS	As stated by the Governor and ODJFS	As stated by the Governor	Families sustaining disaster-related damage or loss upon disaster declaration by the Governor	E	1
<u>Truancy/Mentoring Program (Effective 8/1/16 – 6/30/17)</u> Assisting children at risk of truancy and mentoring them	Not to exceed \$70,000	Morgan County in-school youth	200% of FPG	Provide mentoring services to children at risk of becoming truant	E	1
<u>School Clothing/Supplies (Effective 6/27/16 – 8/9/16)</u> Applications are being accepted from 6/27/16 – 6/30/16 for a school clothing/supplies program to be completed at the Colony Square Mall in the month of August.	Not to exceed \$200,000	Families with minor children  Specified relatives with minor children	200% of FPG	To provide school clothing and supplies to Morgan County school aged children	E	1

\*These services require two estimates in order to receive the service

Code Definitions: P – Prevention Services; R – Retention Services; C – Contingency Services; D – Regular PRC Application for CCMEP; E – Developmental Services  
 Note: Developmental Services do not count against an individual for other PRC services. Note: This list is not all-inclusive and other services may be approved by the Director.

## MORGAN COUNTY PREVENTION, RETENTION AND CONTINGENCY PROGRAM (PRC) APPLICATION

**Applicant Information**

**Office Use Only**

First Name	Last Name	<b>Case Number</b>
Street Address	City/State/Zip	<b>Date Received</b>
Mailing Address, if different	Current Telephone Number	<b>Prevention</b> __ <b>Retention</b> __ <b>Contingency</b> __

1. Are you a resident of Morgan County? \_\_\_\_ Y \_\_\_\_ N
2. Have you received PRC services from another county? \_\_\_\_ Y \_\_\_\_ N If yes, what services and amounts? \_\_\_\_\_
3. Do you have children in your home under the age of 18? \_\_\_\_\_ If your only child is 18, is he/she attending high school? \_\_\_\_\_
4. Do your children live with you? \_\_\_\_\_ If not, do you pay child support? \_\_\_\_\_
5. Is anyone in your household pregnant? \_\_\_\_\_ If so, what is her due date? \_\_\_\_\_
6. Is anyone in your household under a sanction or disqualification from any program? \_\_\_\_ Y \_\_\_\_ N If yes, who? \_\_\_\_\_
7. Is anyone in your household eligible for, but not receiving court-ordered child support? \_\_\_\_\_ Y \_\_\_\_ N  
 a. If yes, list name(s) of individuals not receiving court-ordered child support \_\_\_\_\_
8. Did anyone in your household receive an Income Tax Refund? \_\_\_\_ Y \_\_\_\_ N a. if yes, when \_\_\_\_\_ and  
 b. how much was the refund? \_\_\_\_\_
9. Explain why there is a need, what the need is, and the amount of your need \_\_\_\_\_
10. Give the name of agencies that you have contacted for help with this need and list what they did for you \_\_\_\_\_
11. Has anyone had any other names, for example maiden name, etc.? \_\_\_\_\_

**Complete the entire chart for EVERYONE in your household (including yourself)**

Name	Relationship	Age	Date of Birth	Social Security Number	Source of Income	Monthly Income Amount
1.						
2.						
3.						
4.						
5.						
6.						

By my signature below, all information that I have provided is true and accurate. If it has been determined that I have not told the truth, I understand that is fraud and I will be ineligible for PRC services for life. My signature authorizes Morgan Co JFS to correspond with providers, including Morgan County United Ministries (Jesus Loves You thrift store), Washington-Morgan Community Action Agency, etc. to confirm whether services have been provided through those organizations, as necessary.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Office Use Only

**\*\*\*NOTE: REVIEW SSN's for complete accuracy and check for OWF/FA Sanction – if anyone in household is currently under a sanction for either program, you MUST deny the application.**

30 Day Budget Period _____ to _____	Assistance Group Size _____
Proof of Income _____	Need Standard 200% _____
Total Gross Income _____	AEOIE (if under sanction, deny application) _____
Amount of Tax Refund _____ Date Received _____	Verify where spent _____

**Previous PRC Received: (REVIEW SPREADSHEET AND PRC REPORTING TOOL)**

_____ P R C D Date _____	_____ P R C D Date _____
_____ P R C D Date _____	_____ P R C D Date _____
_____ P R C D Date _____	_____ P R C D Date _____

Approval/ Denial Date \_\_\_\_\_

Eligibility Worker \_\_\_\_\_

NAME \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_\_

## PRC JUSTIFICATION

### RENT/SECURITY DEPOSITS

Landlord Name \_\_\_\_\_

Reason for Need \_\_\_\_\_

SSN or Federal Tax ID Number \_\_\_\_\_ *(required due to getting a 1099 at the end of the year, failure to cooperate will result in no payment issued)*

Date Contacted \_\_\_\_\_

Explain that it can be 2 – 4 weeks to get payment but once they receive the Tax-Exempt Relief Order, it is a guarantee for payment, provided they have supplied the SSN or Federal Tax ID Number.

Get copy of the lease agreement

### TRANSPORTATION

Vehicle Titled to \_\_\_\_\_

Copy of Driver's License Obtained \_\_\_\_\_

Check BMV Website for License Validity \_\_\_\_\_

Insurance Verification Provided \_\_\_\_\_

### UTILITY

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

Utility Name \_\_\_\_\_ Date Utility Called \_\_\_\_\_

Person at Utility \_\_\_\_\_

Amount to Prevent Disconnect and Enroll in PIP (if applicable) \_\_\_\_\_

Ensure that the original utility bill is included

## 2016 – 2017 TRUANCY AND MENTORING PROGRAM

In order for your student to receive services to assist them in improving their truancy and/or receive rewards, you must complete this application in its entirety. Failure to complete the application will result in denial of such assistance and rewards. This form will only need to be completed once for your entire household during the school year for this program.

**STUDENT YOU ARE REQUESTING SERVICES FOR:**

First Name	Last Name	Date of Birth	Age	School Attending	Social Security Number

**ADULT INFORMATION (Individuals age 19 and above)**

First Name	Last Name	Date of Birth	Age	Relationship to Student

Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State OH Zip \_\_\_\_\_

Mailing Address (if different from above):

PO Box/Street \_\_\_\_\_ City \_\_\_\_\_ State OH Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**NAMES AND AGES OF CHILDREN 18 AND UNDER**

First Name	Last Name	Date of Birth	Age	School Attending	Relationship to Student

**HOUSEHOLD'S GROSS MONTHLY INCOME (Please accurately mark the most appropriate line below for your total household gross monthly income)**

\$ 0 - \$2,670 <input type="checkbox"/>	\$4,051 - \$4,740 <input type="checkbox"/>	\$6,123 - \$6,815 <input type="checkbox"/>
\$2,671 - \$3,360 <input type="checkbox"/>	\$4,741 - \$5,430 <input type="checkbox"/>	\$6,816 - \$7,509 <input type="checkbox"/>
\$3,361 - \$4,050 <input type="checkbox"/>	\$5,431 - \$6,122 <input type="checkbox"/>	\$7,510 - \$8,202 <input type="checkbox"/>

Signature of Adult Household Member \_\_\_\_\_

Date \_\_\_\_\_

By signing this document, you are agreeing that the information provided is true and correct to the best of your knowledge.

**Kinship Service Form**

**. The adult household member MUST complete the entire application.**

**1.INDIVIDUAL REQUESTING SERVICES:**

First Name	Last Name	Date of Birth	Age	School Attending	Social Security Number

**ADULT INFORMATION (Individuals age 19 and above)**

First Name	Last Name	Date of Birth	Age	Relationship to Line 1 Person
First Name	Last Name	Date of Birth	Age	Relationship to Line 1 Person
First Name	Last Name	Date of Birth	Age	Relationship to Line 1 Person

Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State OH Zip \_\_\_\_\_

Mailing Address (if different from above):

PO Box/Street \_\_\_\_\_ City \_\_\_\_\_ State OH Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

**NAMES AND AGES OF CHILDREN 18 AND UNDER**

First Name	Last Name	Date of Birth	Age	School Attending	Relationship to Line 1 Person
First Name	Last Name	Date of Birth	Age	School Attending	Relationship to Line 1 Person
First Name	Last Name	Date of Birth	Age	School Attending	Relationship to Line 1 Person
First Name	Last Name	Date of Birth	Age	School Attending	Relationship to Line 1 Person
First Name	Last Name	Date of Birth	Age	School Attending	Relationship to Line 1 Person
First Name	Last Name	Date of Birth	Age	School Attending	Relationship to Line 1 Person

**HOUSEHOLD'S GROSS MONTHLY INCOME (Please accurately mark the most appropriate line below for your total household gross monthly income)**

- |  |  |  |
|--|--|--|
| \$ 0 - \$2,670 <input type="checkbox"/>    | \$4,051 - \$4,740 <input type="checkbox"/> | \$6,123 - \$6,815 <input type="checkbox"/> |
| \$2,671 - \$3,360 <input type="checkbox"/> | \$4,741 - \$5,430 <input type="checkbox"/> | \$6,816 - \$7,509 <input type="checkbox"/> |
| \$3,361 - \$4,050 <input type="checkbox"/> | \$5,431 - \$6,122 <input type="checkbox"/> | \$7,510 - \$8,202 <input type="checkbox"/> |

By my signature below, all information that I have provided is true and accurate. If it has been determined that I have not told the truth, I understand that is fraud and I will be ineligible for PRC services for life. My signature authorizes Morgan Co JFS to correspond with providers, including Morgan County United Ministries (Jesus Loves You thrift store), Washington-Morgan Community Action Agency, etc. to confirm whether services have been provided through those organizations, as necessary.

\_\_\_\_\_  
Signature of Adult Household Member

\_\_\_\_\_  
Date

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**Morgan County Developmental Form (200) \_\_\_\_\_ (program)**

The adult household member **MUST** complete the entire application.

**1.INDIVIDUAL REQUESTING SERVICES:**

First Name	Last Name	Date of Birth	Age	School Attending	Social Security Number

**ADULT INFORMATION (Individuals age 19 and above)**

First Name	Last Name	Date of Birth	Age	Relationship to Line 1 Person

Address:

\_\_\_\_\_  
 Street City State Zip

Mailing Address (if different from above):

\_\_\_\_\_  
 PO Box/Street City State Zip

Phone Number \_\_\_\_\_

**NAMES AND AGES OF CHILDREN 18 AND UNDER**

First Name	Last Name	Date of Birth	Age	School Attending	Relationship to Line 1 Person

**HOUSEHOLD'S GROSS MONTHLY INCOME (Please accurately mark the most appropriate line below for your total household gross monthly income)**

- |  |  |  |
|--|--|--|
| \$ 0 - \$2,670 <input type="checkbox"/>    | \$4,051 - \$4,740 <input type="checkbox"/> | \$6,123 - \$6,815 <input type="checkbox"/> |
| \$2,671 - \$3,360 <input type="checkbox"/> | \$4,741 - \$5,430 <input type="checkbox"/> | \$6,816 - \$7,509 <input type="checkbox"/> |
| \$3,361 - \$4,050 <input type="checkbox"/> | \$5,431 - \$6,122 <input type="checkbox"/> | \$7,510 - \$8,202 <input type="checkbox"/> |

By my signature below, all information that I have provided is true and accurate. If it has been determined that I have not told the truth, I understand that is fraud and I will be ineligible for PRC services for life. My signature authorizes Morgan Co JFS to correspond with providers, including Morgan County United Ministries (Jesus Loves You thrift store), Washington-Morgan Community Action Agency, etc. to confirm whether services have been provided through those organizations, as necessary.

Signature of Adult Household Member

Date

\_\_\_\_\_

### Notice of Approval of Your Application for Assistance

Name	Case Name	
Street Address	Case Number	Program
City, State, and Zip Code	County <b>Morgan</b>	Mailing Date

Your application for \_\_\_\_\_ dated \_\_\_\_\_, has been approved, effective \_\_\_\_\_.  
 Additional Information: \_\_\_\_\_

The reason for this action is: You have met all eligibility requirements

The rules that require this action are: Morgan County PRC Plan

**If you do not understand this proposed action or you want to talk to your caseworker about it, you may call:**

Caseworker	District/ID	Telephone Number
	58	740 962-1406

**Your Right to a State Hearing**

This notice is to tell you about action we are taking on your case. If you do not understand this action, you should contact your caseworker. After discussing the reasons for the action with your caseworker, it is possible that we will change our decision or that you will agree with the action.

**If you do not agree with this action, you have a right to a state hearing.** A state hearing lets you or your representative (lawyer, welfare rights worker, friend, or relative) give your reasons against the action. We will also attend or be represented at the hearing to present our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

If you want a hearing we must receive your hearing request within 90 days of the mailing date of this notice. You do not need to return this form if you agree with the action.

If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you or your attorney can make a request by telephone.

If you want information on free legal services, but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association, toll free at 1-800-589-5888 for the local number.

If you want a hearing, sign your name, and send this form to the Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

- I want a county conference and a state hearing on this action.
- I want a state hearing only.

**I want a hearing.**

Signature	Date	Telephone Number

Distribution: Original to client; one copy to case record

**Now that you have been authorized for Prevention, Retention, and Contingency (PRC) services, you may be eligible for food stamp benefits. Please contact your county department of job and family services (CDJFS) if you wish to apply for food stamps. Keep this letter to verify that you have been authorized for PRC services. It will make a difference in the way your food stamp eligibility is determined. In addition, the CDJFS may need to request additional verification to determine eligibility for the Food Stamp program.**

**Morgan County School Clothing Application**

The adult household member **MUST** complete the entire application, this include the income of the entire household and the social security number of an adult household member.

**ADULT INFORMATION (INDIVIDUALS 19 AND ABOVE)**

<b>List Self - First Name</b>	Last Name	Date of Birth	Age	SSN
First Name	Last Name	Date of Birth	Age	Relationship to Line 1 Person
First Name	Last Name	Date of Birth	Age	Relationship to Line 1 Person

Address:

Street \_\_\_\_\_ City \_\_\_\_\_ State OH Zip \_\_\_\_\_

Mailing Address (if different from above):

PO Box/Street \_\_\_\_\_ City \_\_\_\_\_ State OH Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Phone Number \_\_\_\_\_

**NAMES AND AGES OF CHILDREN 18 AND UNDER**

First Name	Last Name	Date of Birth	Age	School Attending	Relationship to Line 1 Person
First Name	Last Name	Date of Birth	Age	School Attending	Relationship to Line 1 Person
First Name	Last Name	Date of Birth	Age	School Attending	Relationship to Line 1 Person
First Name	Last Name	Date of Birth	Age	School Attending	Relationship to Line 1 Person
First Name	Last Name	Date of Birth	Age	School Attending	Relationship to Line 1 Person
First Name	Last Name	Date of Birth	Age	School Attending	Relationship to Line 1 Person

**HOUSEHOLD'S GROSS MONTHLY INCOME (Please accurately mark the most appropriate line below for your total household gross monthly income)**

- |  |  |  |
|--|--|--|
| \$ 0 - \$2,670 <input type="checkbox"/>    | \$4,051 - \$4,740 <input type="checkbox"/> | \$6,123 - \$6,815 <input type="checkbox"/> |
| \$2,671 - \$3,360 <input type="checkbox"/> | \$4,741 - \$5,430 <input type="checkbox"/> | \$6,816 - \$7,509 <input type="checkbox"/> |
| \$3,361 - \$4,050 <input type="checkbox"/> | \$5,431 - \$6,122 <input type="checkbox"/> | \$7,510 - \$8,202 <input type="checkbox"/> |

By my signature below, I am stating that ALL of the information provided is accurate and truthful as of today's date. In the event that it has been determined that you have given false information, you will be subject to penalty, including prosecution.

Signature of Adult Household Member

Date

\_\_\_\_\_

\_\_\_\_\_

### Notice of Approval of Your Application for Assistance

Name	Case Name	
	<b>Same</b>	
Street Address	Case Number	Program
<b>See application</b>	<b>N/A</b>	<b>School Clothing</b>
City, State, and Zip Code	County	Application Date
<b>See application</b>	<b>Morgan</b>	

Your application for School Clothing for 2016 school year has been approved effective the date of the application. Additional Information: The school-aged children listed on your application have been approved.

The reason for this action is: You have met all eligibility requirements

The rules that require this action are: Morgan County PRC Plan

**If you do not understand this proposed action or you want to talk to your caseworker about it, you may call:**

Caseworker	District/ID	Telephone Number
	58	740-962-4616

#### **Your Right to a State Hearing**

This notice is to tell you about action we are taking on your case. If you do not understand this action, you should contact your caseworker. After discussing the reasons for the action with your caseworker, it is possible that we will change our decision or that you will agree with the action.

**If you do not agree with this action, you have a right to a state hearing.** A state hearing lets you or your representative (lawyer, welfare rights worker, friend, or relative) give your reasons against the action. We will also attend or be represented at the hearing to present our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

If you want a hearing we must receive your hearing request within 90 days of the mailing date of this notice. You do not need to return this form if you agree with the action.

If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you or your attorney can make a request by telephone.

If you want information on free legal services, but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association, toll free at 1-800-589-5888 for the local number.

If you want a hearing, sign your name, and send this form to the Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

- I want a county conference and a state hearing on this action.
- I want a state hearing only.

#### **I want a hearing.**

Signature	Date	Telephone Number

Distribution: Original to client; one copy to case record

**Now that you have been authorized for Prevention, Retention, and Contingency (PRC) services, you may be eligible for food stamp benefits. Please contact your county department of job and family services (CDJFS) if you wish to apply for food stamps. Keep this letter to verify that you have been authorized for PRC services. It will make a difference in the way your food stamp eligibility is determined. In addition, the CDJFS may need to request additional verification to determine eligibility for the Food Stamp program.**

## NOTICE OF DENIAL OF YOUR APPLICATION FOR ASSISTANCE

Name	Assistance Group Name Same	
Street Address	Case Number N/A	Program PRC
City, State, Zip	County Morgan	Mailing Date

This notice is to tell you that your application for the School Clothing/Supplies has been denied on \_\_\_\_\_.

The reason for this action: \_\_\_\_\_

The rules that require this action are:     **MORGAN COUNTY PRC PLAN**

If you do not understand this notice, or want to talk to someone about it, you may call:

<b>Caseworker</b>	District/ID COLUMBUS 58	Phone Number (740) 962-4616
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**Your Right to a State Hearing**

This notice is to tell you about action we are taking on your case. If you do not understand this action, you may contact your caseworker. After talking with your caseworker it is possible that we will change our decision or that you will agree with the action.

**If you do not agree with this action, you have a right to a state hearing.** A state hearing lets you or your representative (lawyer, welfare rights worker, friend or relative) give your reasons against the action. We will also attend or be represented at the hearing to present our reasons. A hearing officer for the Ohio Department of Human Services will decide who is right.

If you want a hearing, we must receive your hearing request within 90 days of the mailing date on this notice. You do not need to return this form if you agree with the action.

If we receive your request within 15 days of the mailing date on this notice, the action will not be taken until the state hearing is decided. If you lose your hearing, you may have to pay back benefits you were not eligible for.

If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

If you want information on free legal services but don't know the number of your local legal aid office, you call the Ohio State Legal Services Association, toll free, at 1-800-589-5888, for the local number.

If you want a state hearing, check the appropriate boxes below, sign and date this form, and send it to the Ohio Department of Human Services, State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

- I want a county conference and a state hearing on this action.
- I want a state hearing only.

**I want a hearing.**

Signature	Date	Phone Number
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**Distribution:** Original to Client, copy to case record.

### Morgan County PRC Fraud Warning

**FRAUD WARNING – I understand that if I have been found to have lied about any part of my PRC application, that I will not be eligible for ANY PRC services in the future, for a minimum of 2 years. This has been explained to me.**

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Eligibility Worker Signature**

\_\_\_\_\_  
**Date**

# Voter Registration Form

**Please read instructions carefully. Please type or print clearly with blue or black ink.**  
**For further information, you may consult the Secretary of State's Web site at: [www.sos.state.oh.us](http://www.sos.state.oh.us) or call 1-877-767-6446.**

**Eligibility**

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of the election laws.

**Use this form** to register to vote or to update your current Ohio registration if you have changed your address or name.

**NOTICE:** This form must be *received or postmarked* by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice prior to Election Day, please contact your county board of elections.

**Lines 1 and 2 below are required by law.** You *must* answer *both* of the questions for your registration to be processed.

**Registering in Person**

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the *last four digits* of your Social Security number on line 10. If you have neither, please write "None."

**Registering by Mail**

If you register by mail and do **not** provide either a current Ohio driver's license number or the last four digits of your Social Security number, please enclose with your application a **copy** of one of the following forms of identification that shows your name and current address:

Current valid photo identification card, military identification, or current (within one year) utility bill, bank statement, paycheck, government check or government document (except board of elections notifications) showing your name and current address.

**Your Signature**

Your signature is required for your registration to be processed. In the box next to the arrow by line 14, please affix your signature or mark, taking care that it does not touch surrounding lines or type so it can be effectively used to identify you. If your signature is a mark, include the name and address of the person who witnessed the mark beneath the signature line. If by reason of disability you are unable to physically sign, you may follow specific procedures found in Ohio law (R.C. 3501.382) to appoint an attorney-in-fact who may sign this form on your behalf at your direction and in your presence.

**Please see information on back of this form to learn how to obtain an absentee ballot.**

FOLD HERE

1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Will you be at least 18 years of age on or before the next general election? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>If you answered NO to either of the questions, do not complete this form.</b>	

3. Last Name	First Name	Middle Name or Initial	Jr., II, etc.
4. House Number and Street (Enter new address if changed)		Apt. or Lot #	5. City or Post Office
6. ZIP Code		7. Additional Rural or Mailing Address (if necessary)	
8. County where you live		<b>FOR BOARD USE ONLY</b> <b>SEC4010 (Rev. 07/08)</b> City, Village, Twp.  Ward  Precinct  School Dist.  Cong. Dist.  Senate Dist.  House Dist.	
9. Birthdate (MO-DAY-YR) (required)	10. Ohio driver's license No. OR last 4 digits of Social Security No. (one form of ID required to be listed or provided)		
11. Phone No. (voluntary)			
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street			
Previous City or Post Office	County	State	
13. CHANGE OF NAME ONLY Former Legal Name		Former Signature	

I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

14. **Your Signature** →

Date      /      /       
 MO      DAY      YR



The Morgan County Department of Job and Family Services agrees to implement the PRC County Plan as written, including all addendums.

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Vicki Quesinberry, Morgan CDJFS Director

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Date