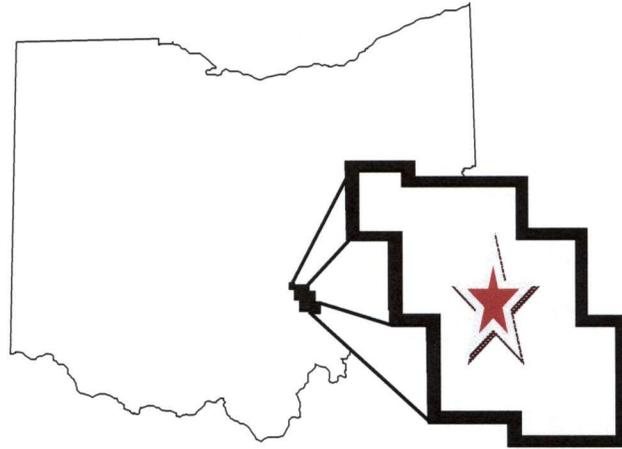


# **Perry County Job & Family Services**



## Prevention, Retention and Contingency Plan

Perry County Job & Family Services  
212 S Main Street  
PO Box 311  
New Lexington, Ohio 43764  
(740) 342-3551  
1-800-551-3551

Revised 10/02/15

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## **Background**

The Prevention, Retention, and Contingency Program (PRC) of Perry County is designed to provide benefits and services to low-income families to overcome immediate barriers that prevent the achievement of self-sufficiency by promoting work and personal responsibility.

The PRC program was created by the Ohio General Assembly, but is governed by federal law and regulation because one of the main sources of funding is the Title IV-A federal block grant, Temporary Assistance for Needy Families (TANF).

Flexibility and local decision-making are key elements to the development of Perry County's PRC program. Federal law, however, requires that the use of TANF funds must be used in any manner reasonably calculated to meet one of the four purposes of the TANF program (45 CFR 260.20), which include:

- 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 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.

## **Authority**

In Ohio, state law grants to County Department of Job and Family Services the authority and responsibility of administering the PRC program:

“There is hereby established the Prevention, Retention and Contingency program. The Department of Job and Family Services shall administer the program, as long as federal funds are provided for the program, in accordance with Title IV-A, federal regulations, state law, and the State Title IV-A plan submitted to the United States Secretary of Health and Human Services under Section 5101.80 of the Revised Code, and amendments to this plan.” (ORC 5108.02).

Each county department of job and family services shall adopt a written statement of policies governing the prevention, retention, and contingency program for the county. The statement of policies shall be adopted not later than October 1, 2003, and shall be updated at least every two years thereafter. A county department may amend its statement of policies to modify, terminate, and establish new policies. A county department also may amend its statement of

policies to suspend operation of its prevention, retention, and contingency program temporarily. The county director of job and family services shall sign and date the statement of policies and any amendment to it. Neither the statement of policies nor any amendment to it may have an effective date that is earlier than the date of the county director's signature.

Each county department of job and family services shall provide the department of job and family services a written copy of the statement of policies and any amendments it adopts to the statement not later than ten calendar days after the statement or amendment's effective date. (ORC 5108.04)

County Department of Job and Family Services are accountable for funds expended or claimed within their PRC program.

Perry County reserves the right to temporarily suspend PRC program enrollment at any time when, in the sole judgment of the Board of Commissioners, it is no longer fiscally manageable to fund the program.

### **Purpose of the Perry County PRC Program**

The mission of the Perry County Job and Family Services is to build a stronger community by providing an effective support system that empowers children, adults, and families with the resources they need to achieve economic stability and success.

The goal of Perry County's PRC program is to maximize limited program dollars through community collaboration to increase the value of services delivered to low-income families. A primary objective of Perry County's PRC program is to remove barriers to employment gain and retention for low-income, working families who are in need of help with essential supports to move out of poverty and become self-sufficient.

This program is available to provide services for Perry County residents only, unless otherwise indicated by project type. For purposes of this plan, an individual is a resident if the individual is not receiving PRC payments through another county or state and the individual attests that they are a resident of Perry County.

Within TANF regulations that govern the PRC program, the Director of Perry County Department of Job and Family Services retains the right to expand PRC eligibility to meet the emergency needs of individuals or a target population.

### **Approach**

Perry County delivers PRC programs and funding through the following approaches (not counting the ability to transfer funds):

1. **TANF/PRC Projects** that provide services having no direct monetary value to an individual or family and do not involve implicit or explicit income support, such

as work, education, transportation, and training activities for families and youth. These services are available on an ongoing basis and have no effect on eligibility or financial limitations. TANF/PRC projects can also be direct supplies or supportive services for the purpose of promoting and supporting employment or education. These services may be available on a special project basis only.

Special Projects: The Director of PCDJFS may authorize PRC funding for use in any special project that meets the general PRC program goals. Availability of these projects is contingent upon funding. These projects may provide services up to the limits specified by each such project. Applications for special projects will be designated by the agency director or designee. Examples of special projects include Back to School Bash, Summer Camps, Individualized Training Plan and Employment Fuel program (ends October 31, 2015).

*Items That Must Be Verified for Contracted TANF/PRC Projects:*

In order to participate in a TANF/PRC Project, four items must be verified prior to a PRC request being approved:

1. *Household composition:* An applicant may provide written verification of household composition or household composition may be verified by self-declaration. Applicant must be a resident of Perry County.
2. *Social Security Number:* All PRC AG members must provide a social security number or apply for a social security number.
3. *Citizenship:* A member of the PRC assistance group must be a citizen of the United States or a qualified alien as defined in OAC 5101:1-2-30. Verification of U.S. citizenship and qualified alien status must be provided for all PRC AG members.
4. *Income:* An applicant may provide written verification of income (e.g. a copy of pay stub or an employer statement) or in certain program situations income may be verified by self-declaration as indicated on the program form. In general, PRC Applications are processed utilizing the last 30 days of income. PRC applicants may also allow JFS employees to utilize pay verification received within the last year for auditing self-declaration statement. This assumes that the household has had no changes after prior approval and prior to PRC application. The total gross income, both earned and unearned, of all of the PRC AG members must be included (with exception of income exclusions indicated in OAC 5101:1-24-20). The PRC AG's countable income is then totaled and compared to the Percentage of FPG (Appendix A) amount allowable for the AG size listed for each program. If the total AG's income is equal to or less than the listed amount for the applicable PRC AG size, the PRC AG meets the income guideline.

With the exception of income exclusions indicated in OAC 5101:1-24-20, all other income that has been received by any member of the PRC AG during the 30 day budget period, shall be considered when determining financial

needs. The 30 day budget period begins 30 days prior to the date of the PRC application and ends on the application date. The countable income received during this period is used in the computation of financial eligibility.

Eligibility Determination Process for Contracted TANF/PRC Projects

The county is responsible for using objective criteria when determining eligibility for TANF/PRC Projects, and when approving or denying the application. This will be done in a fair and equitable manner. The project vendor may be responsible for assisting the applicant in completing the application accurately and for determining eligibility. The county will be responsible for collecting random samples of completed applications to verify eligibility. If the vendor is responsible the following steps will apply for TANF/PRC Project applications:

- The vendor agency will assist applicants in accurately completing the director designated application depending on the type of TANF/PRC Project.
- The vendor agency will screen the application to determine whether the applicant meets eligibility requirements.
- The vendor agency will forward the application to the assigned PCJFS project manager no more than 15 days after the close of the month in which application for services is made. The vendor will keep all required documentation in a participant file at the agency. This documentation must be available for review at any time by PCJFS monitoring staff for the period of the vendor contract and for a period of 7 years thereafter.

Eligibility will be carefully evaluated on a case by case basis. PCJFS will be the final authority on participant eligibility, including evaluating the applicant's needs and whether or not the TANF/PRC Project can be of benefit to the individual/family.

For TANF/PRC contracted services, the vendor acting as the agent of PCJFS may assess the eligibility of the applicant and provide services based on that judgment. However, payment for services will be contingent on the review and approval of the application by PCJFS. Once eligibility for TANF/PRC Project participation is established, PCJFS staff will authorize and generate payment for the assistance and/or services.

The PCJFS must ensure that its policies meet all auditing requirements.

The Perry County Department of Job and Family Services will closely monitor the usage of TANF/PRC Project funds, as well as the reasons for denial, and make periodic recommendations for adjustments or modifications of the program to realistically respond to community needs.

TANF/PRC Projects and the FPG: The Federal Poverty Guideline (FPG) will be the FPG currently in effect and as updated annually.

2. **PRC Disaster Assistance** payments may be made, contingent on funding, in the event that a state of emergency is declared by the Federal Government, Ohio's Governor or the Perry County Board of Commissioners. In the event of a natural disaster, this plan will be amended to meet the presenting need to the extent permissible under federal and/or state law, statutes, and regulations. The PCJFS Director may authorize TANF discretionary funding for disaster relief to eligible families for unplanned expenses related to the natural disaster.

Prior receipt of PRC will not affect the receipt of these specific funds. Future eligibility for PRC will not be affected by receiving disaster funds. Service under disaster related PRC can be provided to individuals regardless of employment status or ability to demonstrate future self-sufficiency.

3. **PRC One Time or Short Term Assistance** related to employment is limited to payment on one PRC application in a 24 consecutive month period. Perry County's PRC plan requires that a member of the AG must be employed for at least an average of 25 hours per week for short term assistance. Payment is limited to the amount required to meet the presenting need during a 24 consecutive month period up to \$1000 total. There will be no look back period for PRC applications prior to April 1, 2014. Payments are provided by PCJFS through vendor payment.

These payments are not cash payment or ongoing support, nor are they entitlement benefits. Utilization of the program will be considered on a case-by-case basis under the provisions described in this plan. The personal judgment of the eligibility determiner is a key component to the program's success to impact a family's course toward self-sufficiency.

PRC One Time or Short Term Assistance and Sanction: Families under sanction may receive PRC assistance as long as the assistance provided is not intended to replace the income lost as a result of the sanction. For example, PRC will not be used to pay rent or utilities for an individual under sanction. PRC assistance for sanctioned families may be designed to resolve issues that led to the sanction *or* may be intended to impact emerging problems that would prolong the family's need for assistance.

Items That Must Be Verified for PRC One Time or Short Term Assistance

Four items must be verified prior to a PRC request being approved:

1. *Household composition:* An applicant may provide written verification of household composition or household composition may be verified by self-declaration. Applicant must be a Perry County resident.
2. *Social Security Number:* All PRC AG members must provide a social security number or apply for a social security number.

3. *Citizenship:* A member of the PRC assistance group must be a citizen of the United States or a qualified alien as defined in OAC 5101:1-2-30. Verification of U.S. citizenship or qualified alien status must be provided for all PRC AG members. Primary verification of qualified alien status should be requested from INS for any non-citizens. If primary verification cannot be obtained [using the Systematic Alien Verification for Entitlement (SAVE) program] *and* if the customer presents a valid INS-151 or INS-94 form, approval of the PRC request will not be delayed while we obtain secondary verification. If secondary verification establishes that the applicant is not a legal alien sometime after the PRC is paid, the agency will attempt to recover the benefit.

An undocumented alien may make an application for PRC on behalf of the household group. The income that is received by the undocumented alien is included in the countable income of the PRC assistance group; however, the undocumented alien is not included in the PRC assistance group size that the income is being compared to in the determination of PRC eligibility. Eligible members of the household group can receive PRC services and benefits as long as they benefit the household group (e.g. PRC for utility bills, rent payments, etc.). PRC services and benefits that only benefit the undocumented alien are not permissible.

4. *Income:* The total gross income, both earned and unearned, of all of the PRC AG members must be included (with exception of income exclusions indicated in OAC 5101:1-24-20). Written (e.g. a copy of pay stub or an employer statement) or verbal verification of income is required. For any verification that is obtained by phone, there must be clear documentation in the PRC AG record concerning: the name and position of the supplier of the information, the date the verification was obtained, the amount of the verified income, and the name of the individual who obtained the information.

When looking at income, an income/financial eligibility determination must be completed. The process for the income/financial eligibility determination is described below.

*Income/Financial Eligibility Determination:* The 30-day budget period begins 30 days prior to the date of the PRC application and ends on the day prior to the application date. The total countable income received during this period is used in the computations of income/financial eligibility. If the total monthly income of the PRC AG is equal to or less than 200% of the FPG amount for the applicable PRC AG size, the PRC AG meets the income requirement.

*Eligibility Determination Process for PRC One Time or Short Term Assistance:* The county is responsible for using objective criteria when determining eligibility for PRC and when approving or denying the PRC application. This will be done in a fair and equitable manner. The PCDJFS shall enter the PRC AG into CRIS-E

for statewide clearance, tracking, and PRC authorization. The following steps should be followed once PCDJFS receives a routine PRC application:

- Upon receipt of the PRC application (as determined from the agency stamp in date), the case manager will send to the PRC applicant:
  - A request for verification (ODJFS 7105/Appendix B), if verification is required.
    - A signed “Applicant/Recipient Authorization for Release of Information (ODJFS 7341/Appendix C) should be obtained from the applicant for inquiry when income cannot be accurately obtained. Once the release is received, verification must contain clean documentation of the supplier of the information, date of the verification, the amount of income verified, and the name of the person obtaining the verification.
  - A JFS 4059, “ODJFS Explanation of State Hearing Procedures” (Appendix C), shall be mailed or otherwise delivered to the assistance group to inform them of their hearing rights.
- The PRC applicant has ten (10) business days from the date that the verification request was sent to provide the required verification.
- PCDJFS staff will process the PRC application (Appendix D).
  - If it is determined that the application for PRC is denied, the ODJFS 7334, “Notice of Denial of Your Application for Assistance” (Appendix F) shall be mailed or otherwise delivered to the customer.
  - If it is determined that an application for PRC is approved, the case manager shall prepare the PRC package. The case manager shall mail or otherwise deliver the notice of approval ODJFS 4074 (Appendix G) to the customer and annotate CLRC in CRIS-E. The PRC package is subsequently sent to Fiscal.
- A supervisor’s approval/signature is required for all PRC payment requests
- Approval of a confidential PRC request shall be managed by the unit supervisor and approved by the PCJFS Director.

Once eligibility for PRC is established, payment will be authorized and payment generated for the assistance, goods, and/or services.

Eligibility will be carefully evaluated on a case by case basis. Immediate needs and whether or not the PRC program can be of benefit will be determined by the PCDJFS.

As long as payment is authorized within the appropriate period, actual payment may be made to vendors according to the procedures in place in this county.

### **Assistance Group Composition**

PRC benefits and services for the first two purposes of TANF are available to a family assistance group (herein after referred to as AG) which includes a minor child or a

pregnant individual as defined in Sections 5108.01 and 5108.06 of the Ohio Revised Code.

PRC benefits and services are also available to the non-custodial parent of a minor child if they meet the following criteria:

- 1) Resident of the State of Ohio
- 2) Has a child who is a resident of Perry County
- 3) Has a child support case that is compliant with Perry County CSEA and administered by Perry County CSEA.

Otherwise, an eligible family must consist of a minor child who resides with a parent, caretaker relative, legal guardian, or legal custodian. PRC benefits and services may also be provided for a pregnant individual with no other minor children.

A child may be considered “temporarily absent” from the home in accordance with the timeframes established in rule 5101:1-3-04 of the Ohio Administrative Code 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 and other members of the household (who may or may not be related to the child) who may significantly enhance the family’s ability to achieve economic self-sufficiency.

The exception to the above assistance group composition requirement is that for the third purpose of TANF, pregnancy prevention services may be available to families with or without children.

The specific AG composition for each PRC benefit and service is listed in Scope of Benefits (Appendix H) of this plan.

### **Eligibility**

Eligibility for PRC requires that a member of the AG must be a citizen of the United States or be a qualified alien as defined in Section 5506 (d) of Public Law 105-33 (the Balanced Budget Act of 1997). A member of the AG must be employed for at least an average of 25 hours per week to be eligible for PRC short term assistance.

Eligibility for purposes 1 and 2 of TANF is dependent upon the AG’s demonstration and verification of need for financial assistance and/or benefits. For eligibility to be determined, the income of the AG must be compared to the economic need standard established for the assistance and benefits requested. When determining eligibility, the AG income must be equal or less than the economic need standard.

Eligibility for assistance and benefits directly related to purpose 3 and 4 of TANF may be available without regard to income.

The Poverty Level is adjusted annually by the Ohio Department of Job and Family Services and takes effect on the date posted by that department. The Monthly Federal Poverty Guideline amount is used to determine income eligibility for PRC. Unless specified otherwise, the total countable income of all members of the PRC assistance group must be equal to or less than the 200% Federal Poverty guidelines based upon family services.

Medical expenses are not eligible for PRC funding with the exception of pre-pregnancy family planning services.

Appendix H lists the eligibility requirements for each service and benefit offered through the PRC program of Perry County.

### **Ineligible Family AGs**

Below is a list of Federal and State prohibitions that would make a family AG ineligible for PRC assistance:

- No assistance for families without a minor child (except in relation to purposes 3 and 4 of TANF)
- No assistance to a single individual, unless such individual is pregnant (with above exception)
- No benefits or services to an individual who is not a citizen of the United States or a qualified alien.
- No assistance for families that fraudulently receive assistance under the OWF and PRC programs until repayment occurs.
- No assistance to families who are ineligible for other programs due to deliberate non-compliance with the terms of those programs' assistance.

Applicants who have an established pattern of quitting jobs and/or job losses in the past could be denied PRC.

### **Program Operation**

To ensure fair and equitable treatment of families applying for PRC, the program shall be continuously in operation according to the standards of policy and procedure as set forth within this document. The benefits and services listed in Appendix H may not be reduced, limited, or restricted unless the program is amended.

### **Scope of Benefits/Services**

Appendix H contains the scope of the benefits and services offered through the PRC Program in Perry County. The chart contains the TANF purpose the service meets, the economic need standards, caps, and the targeted groups. The targeted groups are used to customize service delivery specific to the family's circumstances.

### **Repayment Agreement**

The PRC applicant will be required to sign a repayment agreement each time they receive PRC assistance of tangible value. Failure to retain employment through quitting a job or

willful action on the part of the applicant in the six months following the issuance of PRC will allow PCJFS to pursue collection of the PRC assistance through legal action. (Appendix I)

### **Program Integrity and Control**

PCJFS reserves the right to deny PRC benefits or services (or condition its approval) to any applicant who has demonstrated a pattern of PRC misuse or abuse (actual or attempted). Any erroneous payments issued under the PRC program due to customer or vendor error, misrepresentation, intentional program violation, fraud or agency error constitute an overpayment. All PRC overpayments are subject to the same rules and regulations as TANF overpayments outlined in OAC 5101:1-23-70 regarding OWF erroneous payments and will be subject to the PCJFS overpayment collection process.

### **Standard of Promptness**

The focus of the PRC program is to provide and authorize assistance within five days of the receipt of a signed application. In some instances, this time frame will not be met due to unavoidable delays on the part of the applicant of the agency.

The five day standard of promptness is a suggested time frame that is intended to stress the importance of dealing with PRC applications in an appropriately efficient manner. Applications will not be denied simply because the five day standard of promptness has expired. The AG file should contain sufficient documentation of the case activity on the PRC application including an explanation of unexpected or unavoidable delays in processing the application.

### **Community Resources**

The availability of resources within Perry County shall be explored prior to the authorization of PRC assistance. An AG shall apply for and utilize any program, benefit, or support system which may reduce or eliminate the presenting need.

PRC personnel will be aware of any community resources that could assist a family in need of immediate services. The knowledge of those resources that are available is necessary to determine if any other means within the community may meet or help meet the presenting needs. Local contracts with other entities may be initiated to provide services which may meet or help meet requested needs. The PRC application provides a section for written documentation of agency attempts to locate and utilize resources within the community.

### **Applicant Responsibility**

An applicant for PRC 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 and resources in meeting the presenting need. This includes ongoing assistance programs such as OWF, DA, SSI, food assistance, unemployment compensation, social security, and special energy programs. There is no PRC eligibility if the AG fails to make use of available income or resources that in an amount sufficient to meet a portion of the presenting need or the

entire amount. The PRC applicant is required to sign a repayment agreement each time they receive PRC payments. Failure to retain employment through quitting or willful action on the part of the recipient in the six months following the issuance of PRC payments will allow Perry County Job and Family Services to pursue collection of any PRC payments through legal action.

### **Application**

The PRC application was developed for use when a family is applying for short term PRC benefits and services. The application and any other information gathered during the eligibility determination process should be kept in the ongoing OWF, Medicaid, and/or Food Stamp AG file. If the AG is not receiving any of the previously mentioned assistance, a separate file shall be maintained specifically for the PRC application and verification documentation. Also, any PRC benefits or services provided to a non-custodial parent shall be maintained in a separate AG file.

Eligibility factors, time restraints, and amounts available to pay for various benefits and services covered under PRC will be explained. In addition, anyone applying for PRC services will be given information regarding other Perry County Job and Family Services assistance programs and community resources that could help the applicant meet basic needs and transition to work. All PRC applicants will be advised of their hearing rights and will be provided with a copy of the "Explanation of State Hearing Procedures." (Also PRC applicants will be presented the opportunity to register to vote.

PRC assistance will be authorized with the exception that the AG will be able to function without additional agency help.

### **Notice of Approval/Denial**

If it is determined that an application for PRC is approved, an applicant will be mailed or otherwise given a "Notice of Approval of Your Application for Assistance."

If it is determined that an application for PRC is denied, an applicant will be mailed or otherwise given a "Notice of Denial of Your Application for Assistance."

Once eligibility for PRC is established, authorization shall occur and a payment for the benefits or services will be generated. Authorization may occur at any time during a period beginning on the date that PRC is approved. As long as payment is authorized within thirty days, actual payment may be made to vendors according to the procedures set in place. All payments shall be made to the vendor or AG. Policy has been written to ensure all auditing requirements are maintained.

*The Remainder of the Page is Intentionally Left Blank  
Signature Page to Follow*

The Perry County Department of Job and Family Services agree to approve and

[Redacted Signature]

[Redacted Signature]

Date

This is to certify that amendments to this policy were reviewed and approved by the Perry County Family Services Planning Council at its meeting on 10/16/2014.

[Redacted Signature]

[Redacted Signature]

Date

Perry County Family Services Planning Council

This is to certify that the Perry County Department of Job and Family Services has complied with ORC Chapter 5108 in adopting and amending this policy.

[Redacted Signature]

[Redacted Signature]

Date

Board of Perry County Commissioners

**MONTHLY FEERAL PROVERTY GUIDELINES  
EFFECTIVE 01/22/15**

The Monthly Federal Poverty Guideline amount if used to determine income eligibility for the Prevention, Retention, and Contingency (PRC) Program. The total gross countable income for all members of PRC assistance (AG) must be equal to or less than the Monthly Federal Poverty Guideline amount for the appropriate AG size. See chart below for monthly and annual amounts:

<b>Assistance Group Size</b>	<b>200% of Monthly Federal Poverty Guideline</b>
1	\$1,962
2	\$2,655
3	\$3,349
4	\$4,042
5	\$4,732
6	\$5,429
7	\$6,122
8	\$6,815

Ohio Department of Job and Family Services  
**APPLICATION / REAPPLICATION VERIFICATION REQUEST CHECKLIST**

Assistance Group Name	Application Date	Case Number	Interview Date/2 <sup>nd</sup> Notice Date
-----------------------	------------------	-------------	--

Certain eligibility factors must be verified before the county department of job and family services can determine your eligibility for \_\_\_\_\_. Checked below are the documents you still need to provide:

<b>Verifications still needed:</b>	<b>Time period:</b>
<input type="checkbox"/> Birth certificate/Birth verification/Citizenship verification (Birth certificate, passport or similar document)	_____
<input type="checkbox"/> Health insurance card (copy of front and back)	_____
<input type="checkbox"/> Income verification (pay stubs, tax records, award letters, child support)	_____
<input type="checkbox"/> Marriage certificate	_____
<input type="checkbox"/> Medical form completed by doctor	_____
<input type="checkbox"/> Pregnancy verification (including number of fetuses)	_____
<input type="checkbox"/> Proof of any child/dependent care costs	_____
<input type="checkbox"/> Proof of any child support paid for children not living with you	_____
<input type="checkbox"/> Proof of any medical costs for people with disabilities or for people who are age 60 and over (including prescriptions)	_____
<input type="checkbox"/> Proof of identity (driver's license, state ID, passport)	_____
<input type="checkbox"/> Proof of current value of stocks/bonds, certificates of deposit, life insurance, trusts, annuities	_____
<input type="checkbox"/> Recent statements for any bank accounts (checking, credit union, savings)	_____
<input type="checkbox"/> Rent/Mortgage receipt	_____
<input type="checkbox"/> Rights and Responsibilities	_____
<input type="checkbox"/> School attendance verification	_____
<input type="checkbox"/> Social security cards (or proof you have applied) for:	_____
 	_____
<input type="checkbox"/> Title to motor vehicles	_____
<input type="checkbox"/> Unemployment compensation/Worker's compensation verification	_____
<input type="checkbox"/> Utility receipts or copy of bills	_____
<input type="checkbox"/> Other, specify:	_____

If you are unable to get any of the above verifications, we may be able to help you. Please contact me immediately if you cannot get the verifications.

We must have the verifications listed above by \_\_\_\_\_. If we do not have the required information or verifications by this date, your application may be denied or your current benefits stopped.

**Return all verifications to:**

<b>Address</b>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>E-Mail</b>	<b>Fax Number</b>	

Name of Caseworker	Date	District	Telephone Number
--------------------	------	----------	------------------

**Ohio Department of Job and Family Services**  
**APPLICANT/RECIPIENT**  
**AUTHORIZATION FOR RELEASE OF**  
**INFORMATION**

Office Use Only	
Applicant/Recipient Name	Case Number
Name of CDJFS Representative/Unique Identifier/Date	

I, \_\_\_\_\_, hereby authorize \_\_\_\_\_ to disclose  
 (Name of Individual) (Name of covered entity, such as CDJFS, employer, etc.)  
 the information listed below to \_\_\_\_\_ for the purpose of determining  
 (Who will receive the information?)  
 eligibility for cash assistance, medical assistance and/or food stamp benefits; or for the following reason(s): \_\_\_\_\_  
 \_\_\_\_\_  
**Information to be released:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**By signing below, I understand that:**

This authorization shall expire on \_\_\_\_\_ or until revoked by me in writing, whichever comes first.  
 (Date or completion of "event"- reason the signed authorization is needed)

I have the right to revoke or cancel this authorization at any time by providing notice in writing to the following address:  
 \_\_\_\_\_

The revoking or canceling of this authorization does not affect the use or disclosure of information that occurred prior to the date that authorization was canceled.

Any information used or disclosed as per this specific authorization may be re-disclosed by the person or entity receiving the information. In such a situation, it may no longer be protected by federal or state law.

This authorization is **NOT** for the release or use of protected health information (PHI) – please use the appropriate medical release authorization form.

I am aware of my responsibilities to report completely and fully all facts that bear upon my eligibility for all cash assistance, medical assistance and/or food stamp benefits. I realize if the requested information reveals I have improperly reported my situation, the information may be given to the prosecuting attorney for possible civil action or criminal prosecution.

Completion of this form is voluntary, but necessary to determine eligibility for cash assistance, medical assistance and/or food stamp benefits.

Signature of Applicant/Recipient or Authorized Representative	Date	Representative's Legal Authority to Applicant/Recipient (Such as parent, guardian, power of attorney, auth rep, etc.)
---	------	--

**Please reply in the space below, sign and date.**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Signature/Title of Person Supplying Information**                      **Telephone Number**                      **Date**

Ohio Department of Job and Family Services  
**EXPLANATION OF STATE HEARING PROCEDURES**

**What is a State Hearing?**

If you think there has been a mistake or delay on your case, you may want to ask for a state hearing. You can ask for a hearing about actions by either the state department of job and family services or the local agency. Local agencies include the County Department of Job and Family Services (CDJFS), the County Child Support Enforcement Agency (CSEA), and agencies under contract with them.

A state hearing is a meeting with you, someone from the local agency, and a hearing officer from the Ohio Department of Job and Family Services (ODJFS). The person from the local agency will explain the action it has taken or wants to take on your case. Then, you will have a chance to tell why you think the action is wrong. The hearing officer will listen to you and to the local agency, and may ask questions to help bring out all the facts. The hearing officer will review the facts presented at the hearing and recommend a decision based on whether or not the rules were correctly applied in your case.

**How to Ask for a Hearing**

To ask for a hearing, call or write your local agency or write to the Ohio Department of Job and Family Services, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your assistance or services, you will receive a state hearing request form. Fill out the request form and mail it to State Hearings. You may also fax your hearing request to State Hearings at (614) 728-9574.

We must receive your hearing request within 90 days of the mailing date of the notice of action. However, if you receive food assistance, you may request a hearing on the amount of your food assistance at any time during your certification period.

If someone else makes a written 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.

**How to Request a Telephone Hearing**

If you cannot attend the hearing at the scheduled location as a result of not having transportation, child care, medical limitations, etc., you can call 1-866-635-3748 and choose to participate by telephone. If you participate by telephone, the hearing officer assigned to your appeal will call you on the day of your hearing at the scheduled time for your hearing at the telephone number you provide.

**Continuing Assistance or Services**

If you receive a notice that your assistance or services will be reduced, stopped, or restricted, you must request a state hearing within 15 days of receiving that notice in order to continue receiving your benefits until your hearing decision is issued.

In the food assistance program, your benefits will not continue if you were denied or if the certification period has expired. After the certification period, you must reapply and be found eligible.

If your assistance or services have been changed without written notice, or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings, to inquire if you should receive continuing benefits. Call us, toll free at the following number: 1-866-635-3748, and choose option number one from the automated voice menu.

If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

The continuing assistance provisions described in this section do not apply to the child support program. If you request a hearing about child support services, your hearing request will have no effect on your receipt of services while your hearing is pending.

**County Conference**

An informal meeting with a person from the local agency may settle the issue without the need for a state hearing.

Often this is the quickest way to solve a problem. At this meeting your case will be reviewed with you. If a mistake has been made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your county worker. If you are not satisfied with the results, you can still have a state hearing.

You do not have to have a county conference to have a state hearing. Asking for a county conference will not delay your state hearing.

**When Will the Hearing be Held?**

After your request for a hearing is received, the Bureau of State Hearings will send you a scheduling notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice will also tell you what to do if you cannot come to the hearing as scheduled.

**Where are Hearings Held?**

Hearings are usually held at the local agency. If you are unable to go there, the hearing may be held some other place that is convenient to you and to the other people involved. If you want the hearing held somewhere other than the local agency, be sure to tell us that in your hearing request.

**Postponement of the Hearing**

If you cannot come to the hearing as scheduled, or if you need more time to prepare, you can ask the hearings section for a postponement. In the food assistance program, postponement is limited to 30 days from the date of the first scheduled hearing. In all other programs, you must have a good reason to postpone the hearing.

### **If You Do Not Attend the Hearing**

The Bureau of State Hearings will send you a dismissal notice if you do not come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing along with any verification. Verifications are documents or papers that prove why you missed your scheduled hearing. Once you have submitted your good cause verification, the hearing authority will decide if the documentation you provide is sufficient. If you do not call within 10 days and show good cause or proof for missing the hearing, it will be dismissed and you will lose the hearing. The local agency can then go ahead with the action it was planning to take.

If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

### **Before the Hearing**

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local legal aid program to see if you qualify for free help.

If you do not know how to reach your local aid office, call 866-529-6446 (866-LAW-OHIO), toll-free, for the local number or search the Legal Aid directory at <http://www.ohiolegalservices.org/programs>. If you want notice of the hearing sent to your lawyer, you must give the Bureau of State Hearings your lawyer's name and address.

You and your representative have the right to look at your case file and the written rules being applied to your case. If your hearing is about work registration or employment and training, you may also look at your employment and training file. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or receiving copies of case record documents.

The local agency does not have to show you confidential records, such as names of people who have given information against you, records of criminal proceedings, and certain medical records.

Confidential records which you could not look at or question cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

### **Subpoena**

You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want to subpoena.

### **At the Hearing**

You may bring witnesses, friends, relatives, or your lawyer to help you present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions, and bring papers or other evidence to support your case.

The hearing will be recorded by the hearing officer so that the facts are taken down correctly. After the hearing decision is issued, you can get a free copy of the recording by contacting the Bureau of State Hearings.

The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail issued by the hearing authority.

### **Group Hearings**

The Bureau of State Hearings may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing.

You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

### **After the Hearing**

You should receive a hearing decision within 60 days of your hearing request if the hearing was only about food assistance, and within 90 days for all other programs.

If you disagree with the hearing decision, your written decision will tell you how to ask for an administrative appeal.

### **Compliance with the Hearing Decision**

If the hearing decision orders an increase in your food assistance, you should get the increase about 10 days from the decision date. If the decision orders a decrease in your food assistance, you should get the new, smaller amount the next time you regularly get food assistance.

In all other programs, the agency must take the action ordered by the decision within 15 days of the date the decision is issued, but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

### **Another Action Requires Another Hearing**

If you receive another prior notice that says the local agency wants to change your assistance or services while you are waiting for a hearing or hearing decision, you must ask for another hearing if you disagree with the new action. A separate hearing will be conducted on the new notice.

# Prevention, Retention and Contingency Program (PRC) Application

Name of Applicant	Present Address	<b>For Agency Use Only</b>	
SSN:		Case Number	
Phone # Where you can be reached		Date Sent	Date Rec'd.
If you are not registered to vote where you live now, would you like to apply to register to vote? <input type="checkbox"/> Yes, I want to register to vote. <input type="checkbox"/> No, I do not want to register to vote. If you do not check either box, you will be considered to have decided NOT to register to vote at this time		Perry	Caseworker

1. Have you ever received any type of public assistance from a Job and Family Services Department?       Yes       No  
 If yes, give the County JFS, the type of assistance received and the date received.

\_\_\_\_\_

2. Explain what you need and estimate the amount you are requesting. \_\_\_\_\_

\_\_\_\_\_

3. Give the name of other agencies you have contacted for help. \_\_\_\_\_

\_\_\_\_\_

4. Have any other agencies helped you with this need?       Yes       No  
 If yes, give the name and tell how you were helped. If no, tell why you were not helped. \_\_\_\_\_

\_\_\_\_\_

5. Is anyone in your household presently under a sanction or disqualification from any Job and Family Services Program?       Yes       No      If yes, give the name and the date the sanction or disqualification began.

\_\_\_\_\_

6. Has anyone in your household quit or refused a job in the last 90 days?       Yes       No  
 If yes, give the name, the date of the quit or refusal, and the reason for the quit or refusal.

\_\_\_\_\_

7. Is anyone in your household eligible for, but not receiving court ordered child support?       Yes       No  
 If yes, list name(s) of individuals not receiving court-ordered child support

\_\_\_\_\_

8. Are you currently paying court ordered child support?       Yes       No

9. Does anyone in your household own a car or have access to a car?       Yes       No  
 If yes, list the name(s) of individuals and the means of transportation. \_\_\_\_\_

10. Complete the chart below for anyone living in your home, including yourself.  
 You are required to verify income for all members of your household.

Name	Relationship to Applicant	Age	Source of Income	Monthly Amount of Income
1				\$
2				\$
3				\$
4				\$
5				\$
6				\$

If you are eligible, the agency will limit assistance under this program to actual documented amount of need.

<b>Signature of Applicant</b>	<b>Date</b>
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# Prevention, Retention and Contingency Program (PRC) Application

## PRC Application Worksheet To be completed by JFS Employee

Date Application Received: \_\_\_\_\_ 30-Day Budget Period: \_\_\_\_\_

**Request:** List the items and/or services requested and the amount needed for each.

Item or Service	Amount Needed	Item or Service	Amount Needed
1	\$	4	\$
2	\$	5	\$
3	\$	6	\$

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

**Community Resources:** List community resources explored. If any utilized, list below.

Agency	Amount	Item/Service
1	\$	
2	\$	

**Income and Resources**

Source	Amount Available in Budget Period	Verification
1	\$	
2	\$	
3	\$	
4	\$	

**Total:** \_\_\_\_\_ (Compare to 200% of Federal Poverty Guidelines)

**PRC Approved:** Date of Approval: \_\_\_\_\_ Household size \_\_\_\_\_ Standard \_\_\_\_\_

Item/Service Provided	Date of Approval	Amount Paid	Vendor Name & Address
		\$	
		\$	
		\$	

**PRC Denied:** Date of Denial \_\_\_\_\_ Date Denial Notice Sent \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Signature of Caseworker	Date of Approval/Denial	Signature of Supervisor	Date

## Prevention, Retention and Contingency Program (PRC) Application

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### Screening Checklist:

1. Any issuance in Perry County in the previous 12 months?		
2. PRC in any other county?		
3. Fugitive felon, probation, or parole violators?		
4. Any OWF, fraud overpayment balance?		
5. Ineligible for other programs due to non-compliance?		
6. OWF Sanction?		
7. Unmarried, non grad. Under 18 not attending high school?		
8. Unmarried parent < 18, not in adult supervised living arrangement?		
9. Residence fraud?		
10. Minor child under age 19 in the home?		
11. Quote(s) obtained?		
12. Issuance documented in CLRC?		

### Comments and Notes:


# Prevention, Retention and Contingency Program (PRC) Application Self Declaration

If you are not registered to vote where you live now, would you like to apply to register to vote?  
 Yes, I want to register to vote.  No, I do not want to register to vote.  
 If you do not check either box, you will be considered to have decided NOT to register to vote at this time.

Applicant's Name	Social Security Number
Address	Job and Family Services Case Number
City, State, Zip	Phone Number(s) where you can be reached

**Please check the program for which you are applying:**

- Car Seat   
  Youth Opportunities   
  After School   
  Help Me Grow   
  Academy for Leadership Abilities

**Complete the chart below for EVERYONE living in your home, including YOURSELF. (Use back of paper if more spaces are needed.)**

Name	Relationship to Applicant	Birth Date	Age	Social Security Number	Current Grade in School	Employer's Name Or Name of Child's School
1						
2						
3						
4						
5						
6						

**Please check the appropriate Family Size below and fill in your Family's Gross Monthly Income:**

Family Size	Family's Gross Monthly Income	200% Federal Poverty Level	Family Size	Family's Gross Monthly Income	200% Federal Poverty Level
1		1962	5		4735
2		2655	6		5429
3		3349	7		6122
4		4042	8		6815

**Please read this statement carefully and respond below:**

I reside in Perry County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job and Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation /parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states. I understand that this is a special program based on available funding, and an eligible determination does not guarantee that I will receive the services/product. I agree to allow JFS employees to utilize pay verifications received within the last year for auditing this self-declaration statement.

- I agree with the above statement (it is correct/true for me).  
 I disagree with the above statement (it is **not** correct/true for me).

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

### Office Staff Only

- Assistance Group is PRC-ELIGIBLE.                     
  Assistance Group is INELIGIBLE for PRC.

Eligibility Determiner: \_\_\_\_\_ Date: \_\_\_\_\_

# Voter Registration and Information Update 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 website at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) 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 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 following timely submission of this form, please contact your county board of elections.

Numbers 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.

## Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

## Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

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

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.**

FOLD HERE

I am:       Registering as an Ohio voter       Updating my address       Updating my name

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
If you answered NO to either of the questions, do not complete this form.	

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) PERRY	<div style="border: 1px solid black; padding: 5px; text-align: center;"> <b>FOR BOARD USE ONLY</b>            SEC4010 (R ev. 6/12)            City, Village, Twp.         </div>
---	-------------------------------------	--

9. Birthdate (MO-DAY-YR) (required)	10. Ohio Driver's License No. OR Last Four Digits of Social Security No. (one form of ID required to be listed or provided)	11. Phone No. (voluntary)
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12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street	<div style="border: 1px solid black; padding: 5px; text-align: center;">           Ward         </div>
--	--

Previous City or Post Office	County	State
------------------------------	--------	-------

13. CHANGE OF NAME ONLY Former Legal Name	Former Signature
---	------------------

14. 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.	Your Signature ↓ <div style="border: 1px dashed black; height: 60px; width: 100%;"></div>	Date _____ / _____ / _____ MO        DAY        YR	<div style="border: 1px solid black; padding: 5px; text-align: center;">           City, Village, Twp.         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">           Ward         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">           Precinct         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">           School Dist.         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">           Cong. Dist.         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">           Senate Dist.         </div> <div style="border: 1px solid black; padding: 5px; text-align: center;">           House Dist.         </div>
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**To ensure your information is updated, please do the following:**

1. Print this form.
2. Complete all required fields.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections. For your county board's address please visit [www.OhioSecretaryofState.gov/boards.htm](http://www.OhioSecretaryofState.gov/boards.htm).

If you have additional questions, please call the office of the Ohio Secretary of State at 877-SOS-OHIO (767-6446).

**HOW TO OBTAIN AN OHIO ABSENTEE BALLOT**

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or by calling 1-877-767-6446.

**OHIO VOTER IDENTIFICATION REQUIREMENTS**

Voters must bring identification to the polls in order to verify identity. Identification may include a current and valid photo identification, a military identification, or a copy of a current utility bill, bank statement, government check, paycheck, or other government document, other than a notice of an election or a voter registration notification sent by a board of elections, that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot. Voters who do not have any of the above forms of identification, including a Social Security number, will still be able to vote by signing an affirmation swearing to the voter's identity under penalty of election falsification and by casting a provisional ballot. For more information on voter identification requirements, please consult the Secretary of State's website at: [www.OhioSecretaryofState.gov](http://www.OhioSecretaryofState.gov) or call 1-877-767-6446.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY  
OF A FELONY OF THE FIFTH DEGREE.**

**NOTICE OF DENIAL OF YOUR APPLICATION FOR ASSISTANCE**  
*(Do not use to deny food assistance benefits, or to terminate cash or medical assistance)*

Name		Assistance Group	
Street Address		Case Number	Program
City, State, and Zip Code		County	Mailing Date

We denied your \_\_\_\_\_ application dated \_\_\_\_\_

The people affected by this action are \_\_\_\_\_

The reason for this action is \_\_\_\_\_

The rules that require this action are \_\_\_\_\_

Caseworker	Worker I.D.	Telephone Number (    )
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**Your Right to a State Hearing**

This notice tells you what we are doing on your case. Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

**IF YOU DISAGREE WITH THIS DECISION, ASK FOR A STATE HEARING**

**Ask for a State Hearing:** You can ask for a state hearing, if you disagree with the County Department of Job and Family Services' (CDJFS) action or think the CDJFS may have made a mistake. If you want a hearing, the Ohio Department of Job and Family Services (ODJFS) must receive your request 90 days from the date this notice was mailed to you. If 90<sup>th</sup> day falls on a holiday or weekend, the deadline will be the next work day.

**You can ask your local Legal Aid program for free help with your case.** Contact your local Legal Aid office by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <http://www.ohiolegalservices.org/programs> on the internet.

If someone is helping you with your case, ODJFS will need a signed "authorized representative" notice from you saying it's okay for that person to represent you for the hearing process.

AG Name	Case Number	Mailing Date
---------	-------------	--------------

**Step 1:** Read, sign, date, and fill in your telephone number. Another person may sign this for you, if they send us your signed “authorized representative” notice.

Sign Here	Date	Telephone Number (    )
-----------	------	----------------------------

**Step 2:** What is your hearing for? *(Check all that apply.)*

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> OWF (cash assistance)          | <input type="checkbox"/> Disability Financial Assistance     | <input type="checkbox"/> Provision, Retention, Contingency (PRC) |
| <input type="checkbox"/> Medicaid                       | <input type="checkbox"/> Child Care (Title XX)               | <input type="checkbox"/> Child Support (Title IV-D)              |
| <input type="checkbox"/> Medicaid Waiver Services       | <input type="checkbox"/> Medicaid – Disability Determination | <input type="checkbox"/> Medicaid – Managed Care                 |
| <input type="checkbox"/> Medicaid – Prior Authorization |  |  |

**Step 3:** Fill out the information, as it applies to your situation.

- I want to do my hearing by telephone.
- I need an interpreter at my state hearing.
- My preferred days/times for a hearing are: \_\_\_\_\_  
(Please note: ODJFS may not be able to give you the preferred date.)
- I want a County Conference. (This is a meeting to discuss your case with your local agency.)
- This person has agreed to help me with my state hearing (my “authorized representative”)

Name	Telephone Number (    )
Address	Fax (    )
City, State, Zip	Email

**Step 4:** ODJFS must receive your request 90 days from the date this notice was mailed to you. You must choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us.

**Please only submit your hearing request one time.**

**Email** – Email the ODJFS Bureau of State Hearings at [bsh@jfs.ohio.gov](mailto:bsh@jfs.ohio.gov). In the subject, put “State Hearing Request”. In the message, put all of the information from the boxes at the top of this page and from Steps 1, 2, and 3; or

**Phone** – Phone the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or

**Fax** – Fax both pages of this notice to the ODJFS Bureau of State Hearings at (614) 728-9574; or

**Mail** – Mail all pages of this notice to ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

**Contact your caseworker** – It is better to send this request using one of the other methods above. But, you may give this page (completed and signed) to your caseworker. Or, you may phone your caseworker. Mention this notice.

**On the Day of the State Hearing:** You, or someone else helping you with your case, can explain the reason(s) why you don’t think the decision is right. ODJFS will explain its reasons. Then, an ODJFS hearing officer will make a decision after the hearing.

Ohio Department of Job and Family Services  
**NOTICE OF APPROVAL OF YOUR APPLICATION FOR ASSISTANCE**  
*(Do not use to approve food assistance benefits)*

Name	Assistance Group	
Street Address	Case Number	Program
City, State, and Zip Code	County	Mailing Date

We approved your \_\_\_\_\_ application dated \_\_\_\_\_

Starting \_\_\_\_\_ you will get \_\_\_\_\_

The people affected by this action are \_\_\_\_\_

The reason for this action is \_\_\_\_\_

The rules that require this action are \_\_\_\_\_

Caseworker	Worker I.D.	Telephone Number
------------	-------------	------------------

**Your Right to a State Hearing**

This notice tells you what we are doing on your case. Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

**IF YOU DISAGREE WITH THIS DECISION, ASK FOR A STATE HEARING**

**Ask for a State Hearing:** You can ask for a state hearing, if you disagree with the County Department of Job and Family Services' (CDJFS) action or think the CDJFS may have made a mistake. If you want a hearing, the Ohio Department of Job and Family Services (ODJFS) must receive your request 90 days from the date this notice was mailed to you. If 90<sup>th</sup> day falls on a holiday or weekend, the deadline will be the next work day.

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If someone is helping you with your case, ODJFS will need a signed "authorized representative" notice from you saying it's okay for that person to represent you for the hearing process.

AG Name	Case Number	Mailing Date
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**Step 1:** Read, sign, date, and fill in your telephone number. Another person may sign this for you, if they send us your signed “authorized representative” notice.

Sign Here	Date	Telephone Number (    )
-----------	------	----------------------------

**Step 2:** What is your hearing for? (*Check all that apply.*)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> OWF (cash assistance)          | <input type="checkbox"/> Disability Financial Assistance     | <input type="checkbox"/> Provision, Retention, Contingency (PRC) |
| <input type="checkbox"/> Medicaid                       | <input type="checkbox"/> Child Care (Title XX)               | <input type="checkbox"/> Child Support (Title IV-D)              |
| <input type="checkbox"/> Medicaid Waiver Services       | <input type="checkbox"/> Medicaid – Disability Determination | <input type="checkbox"/> Medicaid – Managed Care                 |
| <input type="checkbox"/> Medicaid – Prior Authorization |  |  |

**Step 3:** Fill out the information, as it applies to your situation.

- I want to do my hearing by telephone.
- I need an interpreter at my state hearing.
- My preferred days/times for a hearing are: \_\_\_\_\_  
(Please note: ODJFS may not be able to give you the preferred date.)
- I want a County Conference. (This is a meeting to discuss your case with your local agency.)
- This person has agreed to help me with my state hearing (my “authorized representative”)

Name	Telephone Number (    )
Address	Fax (    )
City, State, Zip	Email

**Step 4:** ODJFS must receive your request 90 days from the date this notice was mailed to you. You must choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us.

**Please only submit your hearing request one time.**

**Email** – Email the ODJFS Bureau of State Hearings at [bsh@jfs.ohio.gov](mailto:bsh@jfs.ohio.gov). In the subject, put “State Hearing Request”. In the message, put all of the information from the boxes at the top of this page and from Steps 1, 2, and 3; or

**Phone** – Phone the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or

**Fax** – Fax both pages of this notice to the ODJFS Bureau of State Hearings at (614) 728-9574; or

**Mail** – Mail all pages of this notice to ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

**Contact your caseworker** – It is better to send this request using one of the other methods above. But, you may give this page (completed and signed) to your caseworker. Or, you may phone your caseworker. Mention this notice.

**On the Day of the State Hearing:** You, or someone else helping you with your case, can explain the reason(s) why you don’t think the decision is right. ODJFS will explain its reasons. Then, an ODJFS hearing officer will make a decision after the hearing.

Service or Benefit	Cap	Economic Need Standard	Targeted Group	TANF Purpose	Approach	Application
<u>Work Allowances</u>	\$40/month	OWF Cash Recipient	Individuals who participate in PCJFS work activities	Purpose 2	Approach 1: TANF/PRC Projects	None
<u>Ohio Works Incentive Program (OWIP)</u>	Placement Incentive: \$500 Track A: 90 day Retention Incentive \$500 Track B: 90 day Retention Incentive \$500 and 180 day Retention Incentive \$500	OWF Recipients	OWF Recipients who obtain employment while on cash assistance.	Purpose 1 and 2	Approach 1: TANF/PRC Projects	None
<u>Transportation Expenses: Gas Ends October 31, 2015</u>	Cap: \$1200 by Voucher	200% FPG	Adults with families in need of licensure, fees or certifications as required by law to maintain and further employment opportunities and self-sufficiency. Does not include Ohio Driver License fees, fines, or reinstatement fees associated with Ohio Driver License suspension.	Purpose 2	Approach 3: PRC One-Time or Short Term Assistance	Application #1
<u>Individualized Training Plan</u>	\$5,000	Youth through age 24 with a diploma or GED as long as they are in a needy family that also has a minor child; <b>Or</b> Youth through age 24 with a Diploma or GED that have a minor child and are considered needy	Youth in need of short term education or trade opportunity that leads to employment and certification	Purpose 1 and 2	Approach 1: TANF/PRC Project	Application #1

**Perry County JFS  
PRC Scope of Benefits and Services**

**2015 Biennial**

**October 2, 2015**

<b>Service or Benefit</b>	<b>Cap</b>	<b>Economic Need Standard</b>	<b>Targeted Group</b>	<b>TANF Purpose</b>	<b>Approach</b>	<b>Application</b>
<b><u>Employment Support</u></b>	Direct Supply Cap \$500	200% FPG	Adults with families in need of licensure, fees or certifications as required by law to maintain and further employment opportunities and self-sufficiency. Does not include Ohio Driver License fees, fines, or reinstatement fees associated with Ohio Driver License suspension.	Purpose 2	Approach 3: PRC One-Time or Short Term Assistance	Application #1
<b><u>Car Seat Special Project</u></b>	Direct Supply	200% FPG	At-risk children	Purpose 1	Approach 1: TANF/PRC Contracted Special Project with Perry County Health Department	Application #2
<b><u>Back to School Special Project</u></b>	Direct Supply	OWF, Medicaid, Food Assistance or Publicly Funded Child Care, recipients and those at or below 200% of the Federal Poverty Level.	Children entering school grades K-12	Purpose 1	Approach 1: TANF/PRC Special Project	Application #3
<b><u>HELP Me GROW (HMG)</u></b>	Soft Service	Families meeting TANF eligibility as stated by applicant on specially designated application form allowing self-declaration of income	Families in need of parenting instruction and children age 0-3 in need of child development screenings	Purpose 1, 2, 3, and 4	Approach 1: Contracted TANF PRC project	Application #2

Service or Benefit	Cap	Economic Need Standard	Targeted Group	TANF Purpose	Approach	Application
<u>Academy for Leadership Abilities</u>	Soft Service	200% FPG	TANF School age youth in need of developing life skills, <b>OR</b> OWF or FA Recipients in need of employment or better employment	Purpose 2 and 3	Approach 1: Contracted TANF PRC project	Application #2
<u>Youth Opportunities Summer Project: Investing in our Youth</u>	Soft Service	School age youth meeting TANF eligibility as stated by applicant on specially designated application form allowing self-declaration of income.	School age youth in need of educational workshops in the summer months	Purpose 1 and 2	Approach 1: Contracted TANF/PRC Special Projects	Application #2
<u>After School Program</u>	Soft Service	School age youth meeting TANF eligibility as stated by applicant on specially designated application form allowing self-declaration of income.	School age youth in need of educational workshops after school	Purpose 1, 2, 3	Approach 1: Contracted TANF/PRC Special Projects based on funding	Application #2
<u>Summer Youth</u>	Soft Service	Youth ages 16-18 as long as the youth is a minor child in a needy family and is in school (youth may be 18 if they are a full-time student in a secondary school) <b>OR</b> Youth ages 18-24 as long as they are in a needy famil that also has a minor child, <b>OR</b> Youth ages 18-24 that have a minor child and are considered needy	Youth in need of employment opportunity and experience	Purpose 1 and 2	Approach 1: Contracted TANF/PRC Special Project	Application #4
<u>Transportation</u>	Available until work requirements met	OWF Cash Recipient	OWF Work Eligible Participants	Purpose 2	Approach 1: Contracted TANF/PRC Projects	None
<u>Housing</u>	\$500	200% FPG	Individuals who must move for employment	Purpose 2	Approach 3: PRC One-Time or Short Term Assistance	Application #1

**Perry County JFS  
PRC Scope of Benefits and Services**

**2015 Biennial**

**October 2, 2015**

<u>Service or Benefit</u>	<u>Cap</u>	<u>Economic Need Standard</u>	<u>Targeted Group</u>	<u>TANF Purpose</u>	<u>Approach</u>	<u>Application</u>
<u>Job Related Transportation Expenses: Vehicle Repair and Tires</u>	\$1,000	200% FPG	Individuals who need reliable transportation to and from employment	Purpose 2	Approach 3: PRC One-Time or Short Term Assistance	Application #1
<u>Transitional Transportation to Potential Employment or Employment</u>	Until Employment is secured plus one month for retention.	200% FPL	Individuals who need reliable transportation to and from employment and interviews	Purpose 2	Approach 3: PRC One-Time or Short Term Assistance	Application #1
<u>Disaster Assistance</u>	TANF: \$1,000 cap per household.	200% FPG	TANF eligible families sustaining disaster related damage or loss upon disaster <b>AND</b> Reside in Perry County <b>AND</b> Meets economic need standard	Purpose 1	Approach 2: PRC Disaster Assistance	Application #5

# Perry County Job and Family Services

212 South Main Street • P.O. Box 311 • New Lexington, Ohio 43764  
Phone: (740) 342-3551 • Toll Free 1-800-551-3551 • Fax: (740) 342-5491

## Prevention, Retention, & Contingency REPAYMENT AGREEMENT & PROMISSORY NOTE

I \_\_\_\_\_ understand that with the receipt of PRC Assistance, I am obligated to pay back the monies received by me from the Perry County Job & Family Services for failure to complete the following requirements.

Failure to retain employment through job quit or willful action on the part of the recipient in the six months following the issuance of PRC will allow the Job & Family Services to pursue the collection of PRC.

### Repayment Options

Further more I agree to allow the Job & Family Services to issue a Voluntary Withholding Order to any current or future employer. The Job & Family Services will contact the employer and require the employer to deduct \$50.00 dollars per week or 25% of the employee's gross wages for recovery of PRC monies issued.

I agree to repay \$ \_\_\_\_\_ in (weekly/bi-weekly/monthly) payments as negotiated with the Perry County Job & Family Services.

I agree to volunteer for community service hours at a rate of PRC payment amount divided by current federal minimum wage. \$ \_\_\_\_\_ (amount of PRC) divided by \$7.30 (current federal minimum wage) equals \_\_\_\_\_ total hours of community service.

I agree to repay \$ \_\_\_\_\_ (weekly/bi-weekly/monthly) payments as well as volunteer to do \_\_\_\_\_ hours per (week/month) at an approved site until the debt is fully paid off. The number of volunteer hours is calculated by dividing the amount of PRC I wish to repay by the federal minimum wage.

When work is done in lieu of cash payments, a schedule will be given to the PRC assistance group and must be completed and signed daily by the individual at the site to verify hours and dates of work. The site must be approved by the Perry County Job & Family Services before the volunteer work is completed.

**I AGREE TO REPAY THE PRC AMOUNT OF: \$ \_\_\_\_\_**

All parties to this note, including the makers, endorsers, sureties, and guarantors, and whether bound by this or by separate instrument or agreement, waive presentment for payment, demand, protest, notice of nonpayment, or dishonor and of protest, and any and all other notices and demands whatsoever, and consent that at any time, or from time to time, payment of any sum payable under this note may be extended without notice, whether for a definite or indefinite time.

In the event any such party to this note defaults in the payment of any obligation due any creditor, then, at the option of the holder and with notice, this note, together with accrued interest and all other loan charges, shall become immediately due and payable.

In the event the indebtedness evidenced by this note is collected by or through an attorney, the holder shall be entitled to recover reasonable attorney fees to the extent permitted by applicable law.

**This note shall be governed by and construed in accordance with the laws of the State of Ohio.**

\_\_\_\_\_  
Signature of PRC Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

# Board of Perry County Commissioners

121 W. Brown Street  
New Lexington, Ohio 43764  
Telephone : 740-342-2045 Fax: 740-342-5505  
E-mail: perryco@perrycountyohio.net



October 2, 2015

The Perry County Commissioners met in a regular session on **October 2, 2015** and passed the following resolution.

**(15-1002-19)**

Moved by Mr. Keister.

The Perry County Commissioners authorize Jim O'Brien, President, Perry County Board of Commissioners to sign and amend the Prevention, Retention and Contingency Plan (PRC) for Perry County Job & Family Services effective October 2, 2015 in compliance with the requirements of section 5108 of the Ohio Revised Code.

Seconded by Mr. Freriks.

With no further discussion, roll call vote taken:

Jim O'Brien	: Yes
Dave Freriks	: Yes
Ed Keister	: Yes

The undersigned Clerk of the Board of Commissioners of Perry County, Ohio, certifies that the foregoing is a true and correct copy of the agreement that the Perry County Board of Commissioners adopted on **October 2, 2015** and appearing upon the official records of the Board.

  
Carol Middaugh, CLERK  
Commissioners Office, Perry County, Ohio



# Perry County Job and Family Services

08/20/15

Perry County Family Services Planning Council

## **Agencies Present**

Perry County Job and Family Services

Perry County Health Department

Perry County Help Me Grow

## **Notes**

1. Back to School with the collaboration with the Alzheimer Group is taking place August 22.
2. ALA continues to be a success at Miller. ALA will also be holding classes at JFS and will continue to work with Crooksville.
3. CSAP unfortunately has ended due to changes in the Sub recipients programs.
4. JFS will begin working with the schools to serve 16-24 year.

## **Action Items**

1. Update PRC Plan ~ JFS
2. Submit updated PRC plan to the Commissioners and the Policy board for approval ~ JFS

## **Next Meeting**

January 15, 2016