

**PRC APPLICATION**

RCJFS 506  
Revised 11/04

**Complete for every person living in the home.**

This is an application for the following PRC service (check only one):	
<input type="checkbox"/> Help me Grow	<input type="checkbox"/> Working Solutions
<input type="checkbox"/> Child Welfare	<input type="checkbox"/> Domestic Violence
<input type="checkbox"/> Goodwill	<input type="checkbox"/> City Employment
<input type="checkbox"/> Kinship	<input type="checkbox"/> Other _____
I certify that the individuals listed on this application have applied for or are currently in receipt of the service(s) identified by my checkmark above.	
_____	_____
Name	Date
_____	_____
Name	Agency

Name	Social Security #	Relationship	DOB	Amount of Income
Address	City	State	Zip	Phone

Check **all** that apply. Someone in my household is receiving:

<input type="checkbox"/> Free or Reduced Lunches	<input type="checkbox"/> Low Income Child Care
<input type="checkbox"/> OWF Cash Assistance	<input type="checkbox"/> FOOD STAMPS
<input type="checkbox"/> WIC	<input type="checkbox"/> PELL (Educational Grant)
	<input type="checkbox"/> MEDICAID (CHIP)
	<input type="checkbox"/> Low Income Housing

**PLEASE READ CAREFULLY**

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

If you receive PRC Benefits for which you are not entitled, you have to repay them.

I give consent for the agency to make whatever contacts are necessary to determine my eligibility and arrange for payments. I hereby authorize the release of any information necessary to determine my eligibility for PRC services.

PRC Penalty Warning: You can be prosecuted for knowingly giving false information to get PRC benefits to which you are not entitled. Or, you can be found to have committed an intentional program violation. Any member of your assistance group who knowingly gives false information to receive PRC benefits may be ineligible for OWF and PRC until the benefits are repaid in full.

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

\_\_\_\_\_  
Date

**RIGHT TO A STATE HEARING**

You have the right to request hearing (orally or in writing) before the Ohio Department of Job and Family Services if:

- Your application is denied, but you believe you are eligible.
- You are not told in writing within 15 days of the date you hand in your application whether or not you are eligible.
- You do not agree with the type or amount of your benefits.
- You have the right to request a fair hearing if you are not in agreement with any action taken by the agency

You also have the right to an informal conference with your County Department of Job and Family Services, if a mistake has been made, it can be corrected. If you are not satisfied with the results of your county conference, you can still have a state hearing. You will be given with this application an "Explanations of State Hearing Procedures" (ODJFS 4059). Read it carefully to understand your hearing rights and the hearing process itself.

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Referring Worker only: Forwarded to RCJFS eligibility worker on (date) _____ by (name) _____ with (agency) _____.
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Eligibility Worker only:  Family has met categorical eligibility due to receipt of _____. Family's income is \$ _____ for a family of _____. It is above / below _____% of poverty level.  Application APPROVED / DENIED on _____. Notice sent _____.  <table> <tr> <td>_____</td> <td>_____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>Signature of Worker</td> <td>Date</td> <td>Supervisor's Signature</td> <td>Date</td> </tr> </table>	_____	_____	_____	_____	Signature of Worker	Date	Supervisor's Signature	Date
_____	_____	_____	_____					
Signature of Worker	Date	Supervisor's Signature	Date					

# ASSET Application

RCJFS 415  
Revised  
09/12/07

Agency Use Only

<b>Name of Applicant</b>	<b>Present Address</b>	<b>Case Number</b>	
<b>Social Security Number</b>		<b>Date Sent</b>	<b>Date Returned</b>
<b>Telephone Number to Reach You</b>		<b>Worker ID</b>	

1) Explain what you are applying for and the amount needed to assist you.

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2) Did a change in your home contribute to the situation? YES NO If yes, explain.

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3) Give the name of other organization(s) you have contacted for help and any amount they have given toward meeting this need.

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4) Check **all** that apply.

- Free or Reduced Lunches       Low Income Child Care       MEDICAID (CHIP)  
 OWF Cash Assistance       FOOD STAMPS       Low Income Housing  
 WIC       PELL (Educational Grant)       Coalition Against DV

5) Does any adult have minor children not living in the home? Yes No (circle one)

If yes please list child(ren)'s name \_\_\_\_\_

6) Do you pay child support? Yes No Do you have a bank account? Yes No

7) Do you or any member of your household have an unpaid claim due to an Intentional Program Violation (IPV) or conviction for receipt of fraudulent assistance? Yes No

Complete this table for **all** household members, including yourself

INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER

Generally, if you are applying for TANF services, you must provide the social security number of only those persons you are seeking the benefits for. However, there may be instances where we need the social security numbers of members of the household to verify income or other eligibility criteria to determine eligibility even though they are not seeking TANF services themselves. We may decide that certain members of your family are not eligible for TANF services because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get TANF services if they are otherwise eligible.

Social security numbers may be used when contacting appropriate persons or agencies to determine your eligibility and verify information you have given for TANF services; for example, income, disability benefits or other similar benefits and programs. Such information may affect your household eligibility for TANF services. Your social security number may be used for a felony warrant match; a match of persons in violation of probation or parole by law enforcement agencies; or for purposes of investigations, prosecutions, and criminal or civil proceedings that are within the scope of law enforcement agencies' official duties

Name	Social Security #	Relationship	DOB	Amount of Income

**PLEASE READ CAREFULLY**

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

If you receive ASSET Benefits for which you are not entitled, you will have to repay them.

I give consent for the agency to make whatever contacts are necessary to determine my eligibility and arrange for payments. I hereby authorize the release of any information necessary to determine my eligibility for ASSET services.

ASSET Penalty Warning: You can be prosecuted for knowingly giving false information to get ASSET benefits to which you are not entitled. Or, you can be found to have committed an intentional program violation. Any member of your assistance group who knowingly gives false information to receive ASSET benefits may be ineligible for OWF and ASSET until the benefits are repaid in full.

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

\_\_\_\_\_  
Date

**RIGHT TO A STATE HEARING.**

You have the right to request a hearing (orally or in writing) before the Ohio Department of Job And Family Services if:

- Your application is denied, but you believe you are eligible.
- You are not told in writing within 15 days of the date you hand in your application whether or not you are eligible.
- You do not agree with the type or amount of your benefits.
- You have the right to request a fair hearing if you are not in agreement with any action, taken by the agency.

You also have the right to an informal conference with your County Department of Job and Family Services, if a mistake has been made, it can be corrected. If you are not satisfied with the results of your county conference, you can still have a state hearing. You will be given an "Explanations of State Hearing Procedures" (ODJFS 4059) with this application. Read it carefully to understand your hearing rights and the hearing process itself.

**AGENCY ONLY**

Family's income is \$ \_\_\_\_\_ for a family of \_\_\_\_\_. It is above/below \_\_\_\_\_% of poverty level.

Resources/ Eligibility:

Resources are available/not available for need.

**Application Approved** - Authorized Date \_\_\_\_\_ Date Notice Mailed \_\_\_\_\_

Item/Service Provided	Date Approved	Amount Authorized

**Application Denied** - Date of denial \_\_\_\_\_ Date Notice of Denial of Application sent \_\_\_\_\_

Reason for Denial:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor (if not on authorization)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Director

\_\_\_\_\_  
Date

Date entered into CRIS_E _____ by (name) _____.
Date entered into PRC database _____ by (name) _____.

## **NONDISCRIMINATION**

Federal laws require that any agency administering federally funded programs and activities, cannot discriminate against you on the basis of race, color, national origin, sex, religion, political beliefs, disability, and age.

## **AMERICANS WITH DISABILITIES ACT**

If you have a physical or mental condition that substantially limits one or more major life activities, you may have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. Physical or mental conditions include, for example, a learning disability, mental retardation, a history of drug or alcohol addiction, depression, a mobility impairment, or a hearing or vision impairment.

You can let us know if you have a disability. If you cannot do something we ask you to do, we can help you do it or we can change what you have to do.

Here are some of the ways we can help:

- We can call or visit if you are not able to come to our office.
- We can tell you what this letter means.
- If you are hearing impaired, we can provide a sign language interpreter when you come to the office.
- We can help you appeal any decisions that you do not agree with.

If you need some other kind of help, ask us. Call your caseworker.

## **LIMITED ENGLISH PROFICIENCY**

If your primary language (spoken or written) is not English, we can help you. Let us know if your primary language is not English.

Here are some of the ways we can help:

- We can provide you with an interpreter who can speak English and your language when you come to the office. One will be provided at no cost to you.
- We may be able to provide you documents in your own language. If we cannot then we will provide you with an interpreter who can read the documents to you.

## **INFORMATION ON CITIZENSHIP AND IMMIGRATION STATUS**

If you are applying for PRC benefits, you must tell us about the citizenship and immigration status of only those persons you are seeking the benefits for. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC if they are otherwise eligible. You may also need to tell us about your family's income and answer other questions we may ask.

## **INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER**

Generally, if you are applying for PRC benefits, you must provide the social security number of only those persons you are seeking the benefits for. However, there may be instances where we need the social security numbers of members of the household to verify income or other eligibility criteria to determine eligibility even though they are not

seeking PRC benefits themselves. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC if they are otherwise eligible.

Social security numbers may be used when contacting appropriate persons or agencies to determine your eligibility and verify information you have given for PRC; for example, income, disability benefits or other similar benefits and programs. Such information may affect your household eligibility for PRC. Your social security number may be used for a felony warrant match; a match of persons in violation of probation or parole by law enforcement agencies; or for purposes of investigations, prosecutions, and criminal or civil proceedings that are within the scope of law enforcement agencies' official duties.

## **HOW DO I FILE A DISCRIMINATION COMPLAINT?**

Your complaint can be filed with:

Ohio Department of Job and Family Services  
Office of Employee and Business Services  
Bureau of Civil Rights and Labor Relations

150 E. Gay St., 18<sup>th</sup> floor

Columbus, Ohio 43125-3130

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

TTY hearing impaired: 1-866-221-6700

Fax: (614) 752-6381

## **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 it 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 followed 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, P.O. Box 182825, Columbus, Ohio 43218-2825. If you receive a notice about denying, reducing or stopping your assistance or services, fill out that 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 stamps, you may request a hearing on the amount of your food stamps 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.

### **Continuing Assistance or Services**

If you receive a notice that your assistance or services will be reduced, stopped, or restricted, the action will not be taken until the hearing is decided if we receive your hearing request within 15 days of the mailing date on the notice. In the food stamp program, your benefits will continue only until the end of your certification period. After that 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 hearing, you can call the Bureau of State hearings. If you need help doing this, call us, toll free at the following numbers: 1-866-ODJFS4 U (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 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 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 also will 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 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 on 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 stamp 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 don't come to the hearing. If you want to continue with your hearing request, you must contact the hearings section within 10 days and explain why you did not come to the hearing. The hearings section will decide whether you had a good reason. If you do not call within 10 days and show good cause, the hearing 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 worker, 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 legal help. If you don't know how to reach your local legal aid office, call 1-800-589-5888, toll-free, for the local number. If you want notice of the hearing sent to your lawyer, you must give the hearings section your lawyer's name and address. You and your representative have the right to look at your 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 case 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 getting 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 that 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 subpoenaed.

## **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 tape 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 tape by contacting the hearings section. 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, a few weeks later.

## **Group Hearings**

The hearings section 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 or 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 stamps, 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 stamps, you should get the increase about 10 days after you get the hearing decision. If the decision orders a decrease in your food stamps, you should get the new, smaller amount the next time you regularly get food stamps. 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 decision, you must ask for another hearing if you disagree with the new action. Remember, the fact that you are waiting for a hearing or decision will not stop another action from being taken on your case. You must ask for another hearing on the new action.