

Prevention, Retention & Contingency

Appendix D

Forms
Revised: May 1, 2014

CLARK COUNTY DEPARTMENT OF
JOB & FAMILY SERVICES



Prevention, Retention & Contingency (PRC) Program Application

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

- YES, I want to register to vote NO, I do not want to register to vote

If you do not check either box, you will be considered to have decided not to vote at this time.

NAME: _____

ADDRESS: _____

SOC. SEC. #: _____

PHONE #: _____

AGENCY USE ONLY	
Case #	
Mailed	Returned
County	I.D. #

1. Have you ever received any type of public assistance, such as Ohio Works First (ADC), Food Assistance, or Emergency Assistance from a Job & Family Services Department? YES NO
If YES, give the name of the agency, type of assistance received, and dates received.

2. Complete the chart for everyone living in your home, including yourself. You are required to verify all income for all members of your household. *(Please print legibly)*

NAME	RELATIONSHIP TO APPLICANT	AGE	INCOME TYPE	MONTHLY AMOUNT
1.				
2.				
3.				
4.				
5.				

3. PRC eligibility does not exist if any of the following applies to any member of the household:
- Fugitive felon
 - Probation and/or parole violator
 - Individual with OWF and/or PRC fraud overpayment balance
 - Individual ineligible for other programs due to non-compliance with the terms of their assistance as stated in their Self-Sufficiency Plan and Contract
 - Unmarried, non-graduate parent under 18 not attending school
 - Unmarried parent under 18 not living in an adult supervised setting
 - Person fraudulently receiving assistance in two or more states is ineligible for PRC assistance for ten (10) years
 - Households who do not use their resources to meet their needs
 - Families giving false or incorrect information
 - An assistance group with any family member who is determined by the courts or state hearing to have committed an Intentional Program Violation will be ineligible for the PRC program for the duration of the IPV sanction
 - Making restitution to the ODJFS for any and all identified overpayments. This includes OWF cash, supplements, work allowances, PRC and food stamp overpayments. The individual needs to establish a current payment plan with benefit recovery.

List any/all individuals in your household that represent any of the items on the above list:

4. In the past 90 days, has anyone in your household:

- Quit a job? ___ YES ___ NO If YES, who? _____
- Refused a job or job training? ___ YES ___ NO If YES, who? _____
- Recently been terminated from a job? ___ YES ___ NO If YES, who? _____

5. Describe the item/service you are requesting help with from our agency:

6. List names of other agencies you have contacted (if required) for help with this need:

7. How did the other agencies help?

FOR YOUR INFORMATION:

- If you are eligible, the agency will limit assistance issued under this program to the actual documented amount you need.
- You are required to use all income resources determined by the agency to be available to you to meet this emergency.
- As in all public assistance programs, a household applying for the PRC Program has rights and responsibilities. The applicant is responsible for completing all necessary documents, furnishing all available facts, information, and verifications as requested by the agency, and in cooperating to the fullest extent in the eligibility determination process.

I certify, under penalty of perjury, that all of my answers are correct and complete to the best of my knowledge. I understand and agree to provide documents to prove what I have said.

Signature of Applicant

Date

Revised 03/11/14

**Clark County Department of Job and Family Services
Prevention, Retention, and Contingency**

**Application to Determine Participant Eligibility
for Contracted Providers**

Case Name	Case ID
Person Served	Date of Application
Address	Telephone Number
City, State, Zip	Social Security Number

Please answer the following questions by checking the appropriate response.

- A. Yes No Is the recipient of PRC services a resident of Clark County?
- B. Yes No Is there a minor child in the Assistance Group or is the applicant a non-custodial parent?
- C. Yes No Are any members of the Assistance Group fugitive felons or probation/parole violators? If answer is "Yes," please identify which AG member. _____
- D. Yes No Are all members of the Assistance Group U.S. citizens or qualified aliens? If answer is "No," please identify which AG member. _____
- E. Yes No Are there any members of the Assistance Group who are failing to cooperate in establishing paternity or securing support? If answer is "Yes," please explain. _____
- F. Yes No Are there any members of the Assistance Group who are in debt to the Clark County Dept. of Job and Family Services for an OWF or PRC overpayment due to fraud?
- G. Yes No Are there any members of the Assistance Group who, within the last 10 years, have been found to have fraudulently misrepresented their residence to obtain benefits in two or more states?

Using the space below, provide information for all members of the Assistance Group, including income received by each AG member for the past 30 days. Income information section should be completed only if income eligibility is not verified through confirmation of receipt of OWF or Food Assistance

Name	Relationship to Applicant	Age	Income Type (List both earned and unearned.)	Amount within Past 30 Days
1	(Self)			
2.				
3.				
4.				
5.				

In order to preserve or improve my prospects for self-sufficiency, I am applying for PRC assistance to obtain services from community service providers who have contracted with the Clark County Dept. of Job and Family Services. I understand that receipt of these services will not bar me from receiving other PRC services offered by Clark County. I certify, under penalty of perjury, that I have provided complete and correct information to the best of my knowledge. I understand and agree that the Department of Job and Family Services or its contracting organizations may contact other persons or organizations regarding the PRC services for which I am applying.

Signature of Applicant (custodial adult, if service is provided to a minor)

Date

The Following Section To Be Completed by Contractor/Service Provider

Step 1: Income Eligibility

Applicant has met the *Income Eligibility* requirement through one of the following (check appropriate box below):

- Applicant is income eligible based on self-declaration of income as reported on the reverse side.
 - a) Total qualified monthly income as shown on the reverse side: _____
 - b) Number of individuals in the Assistance Group _____
 - c) Does the applicant meet the 200% or 250% need standard (percent of poverty) required for services under this contract?
 - d) Need standard allowed for services under this contract: \$ _____

- Applicant is a current OWF recipient as verified by a CRIS-E search by staff authorized by CCDJFS.

- Applicant is a current Food Assistance recipient as verified by a CRIS-E search by staff authorized by the CCDJFS.

Step 2: PRC Eligibility Determination by Contractor

Indicate PRC eligibility by checking one of the following:

- _____ Applicant is eligible for PRC Services provided under this program.
- _____ Applicant is not eligible for services provided under this program.

I certify that I have made a determination of PRC eligibility based on information provided to me by the applicant and on the policy set forth in the current Clark County PRC Plan. A "Notice of Approval/Denial" Form has been issued to the applicant.

Signature of Eligibility Determiner

Date

Print Name

Name of Contracting Agency

Approval/Denial Form given to applicant on _____
(Copy must be maintain in the PRC file) (date)

YOUR RIGHTS AS A PRC APPLICANT/PARTICIPANT

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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, 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.

YOUR RIGHTS AS A PRC APPLICANT/PARTICIPANT

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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:

The Ohio Department of Job and Family Services
Bureau of Civil Rights
30 East Broad Street, 37th Floor
Columbus, Ohio 43215-3414
Fax to: (614) 752 – 6381

The Bureau of Civil Rights (BCR) staff is available to offer assistance with writing and filling your complaint(s). You can call BCR at (614) 644-2703 or Toll Free 1-866-227-6353, TTY (614) 995-9961 or Toll Free 1- 866-221-6700.

NOTICE OF APPROVAL/DENIAL
Prevention, Retention and Contingency Program
(Page 2 of 2)

Your Right to a State Hearing

This notice is to tell you about your approval or denial for services which have been contracted by the Department of Job and Family Services. If you do not understand this action, you should contact your case manager, if you have one, or the contractor who has denied services for this program. After discussing the reasons for the action, it is possible that we will change our decision or that you will agree with the action.

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

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

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

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

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

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

Signature	Date	Telephone Number

Rev: 03/14

Ohio Department of Job and Family Services
VOTER REGISTRATION
NOTICE OF RIGHTS AND DECLINATION

County Department of Job and Family Services

Name

Date

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

- YES, I want to register to vote.
 NO, I do not want to register to vote.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Signature

(This portion to be retained by agency)

(This portion to be given to applicant/recipient)

Date

If you have not received any verification of your voter registration from the county board of elections in which you reside within 21 days from the date you registered, you may inquire about the status of your registration by contacting your county board of elections.

If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the prosecuting attorney of your county or with the Secretary of State:

Ohio Secretary of State
180 E. Broad Street
Columbus, OH 43215
(614) 466-2585
Toll Free: (877) 868-3874

Address of County Prosecutor

City, State and Zip Code of County Prosecutor

Phone Number of County Prosecutor

**Notice of Right
to
Request Another Worksite or Provider of Services**

Applicant's Name	Case Number (if applicable)	Notice Date

Read all of this information before you sign your name. If you do not understand any part of this document, ask for help before signing.

A copy of this information will be given to you for your records.

The Clark County Department of Job and Family Services (CCDJFS) has agreements with other agencies to provide services to families who may be receiving Prevention, Retention and Contingency (PRC) or act as worksites to families receiving Ohio Works First (OWF).

Some of the services or worksites may be held at religious agencies, such as churches.

If you do not want to go to a religious agency for services or as your worksite, tell your worker at the CCDJFS. Your worker must provide you with another agency for your worksite or to provide services. Your caseworker will tell you how long it will take to find another agency.

If you do not understand this notice, contact your caseworker.

I received a copy of, and I have read, my Notice of Right to Request Another Worksite or Provider of Services, or it has been read to me, and I understand it.

Signature of Applicant/Authorized Representative	Signature Date