

CLINTON CDJFS PREVENTION RETENTION CONTINGENCY PROGRAM

Revised 05.28.10

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6100 Prevention, Retention, Contingency - Introduction

The Prevention, Retention and Contingency (PRC) Program is designed to provide benefits and services to needy and low-income employed families who are in need of help with essential supports to move out of poverty and become self-sufficient. These benefits and services are consistent with the federal definition of non-assistance defined as short-term benefits that deals with a specific crisis situation or an episode of need. These benefits and services are not intended to meet recurrent or ongoing need, and do not extend beyond four months.

6101. Prevention, Retention, Contingency Program in Clinton County

A PRC service is not ongoing OWF (TANF) assistance. PRC services are services: 1.) that do not involve implicit or explicit income support to an individual or family 2.) one time, short-term assistance, which is limited to the amount actually required to meet the presenting need, up to the amount and time period as defined in the PRC Chart of Benefits and Services (Appendix E). Any number of individual payments can be made during this period as long as they are distinctive, non-ongoing occurrences and do not exceed the amount and time frames as defined in the PRC Chart of Benefits and Services. PRC Benefits include certain Work Related Expenses, Supportive Services, Transportation and other benefits as defined in the PRC Chart of Benefits and Services.

6101.1 Program Administration Requirements

6101.11 Standard of Promptness

The county is responsible for using objective criteria when determining eligibility and approving or denying the application within 10 business days after completion of the application process in a fair and equitable manner, which includes verification of information. CCDJFS reserves the right to extend the 10 day period for consideration of a PRC application for reasons it determines, to constitute good cause for delay in the provision of needed documentation. Eligibility will be carefully evaluated on a case-by-case basis, immediate needs and whether or not the PRC Program can be of benefit is determined by CDJFS.

6101.12 Application

The PRC AGs members must complete the CCDJFS 6001 Prevention, Retention, and Contingency Program (PRC) Application to request PRC. In addition, CCDJFS reserves the right to request a face to face interview with the PRC individual within 10 business days after the receipt of a signed and dated application if deemed necessary. The CDJFS shall inform individuals about eligibility factors, time restraints, PRC benefits and services including applicable hearing rights. In addition, anyone applying for PRC must receive information about other available programs.

The application and all information gathered during the eligibility determination process shall be kept in the ongoing case record. If the AG is not in receipt of benefits, an AG folder shall be maintained for the PRC documents. The case record shall contain documentation of the case activity on the PRC application.

The CDJFS shall enter the PRC AG into CRIS-E for statewide clearance and PRC authorization.

Families receiving assistance under another program may receive PRC assistance if found eligible.

6101.13 Community Resources

County personnel determining eligibility for PRC should be aware of community resources which may be contracted for or otherwise utilized to help meet the need. The PRC worksheet provides a section for written documentation of the agency's attempt to locate and utilize community resources.

6102. 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 community resources in meeting the presenting need. This includes ongoing assistance programs such as SSA, SSI, food stamps, unemployment and workman compensation. There is no PRC eligibility if the AG fails to make use of available income or community resources that are in an amount sufficient to meet a portion of the entire amount of the presenting need.

The applicant shall make an accurate and complete disclosure of all information necessary for a determination of eligibility and for computation of the correct amount of assistance. Failure to accurately and completely disclose all necessary information that would effect the amount of assistance that the assistance group was eligible to receive or not eligible to receive shall result in a PRC overpayment which shall be recovered regardless of the date, reason or cause of the overpayment. Furthermore, there will be no PRC eligibility for the entire AG or individuals until the total amount of the PRC overpayment is repaid, if the payment was received by failing to accurately and completely disclose all necessary information.

6103. Prevention, Retention, Contingency Need and Financial Requirement

This program is designed to help people overcome immediate barriers to achieving or maintaining self-sufficiency and personal responsibility, thereby preventing the need for ongoing public assistance. Eligibility for PRC is dependent upon the PRC AGs demonstration and verification of the need for financial assistance and/or services, and whether the county determines that provision of PRC will satisfy the need. PRC assistance will be authorized with the expectation that the PRC AG will then be able to function without additional agency help. Services are provided to a PRC AG to help members prepare, obtain or retain employment and thereby, to achieve or continue self-sufficiency by diverting them from ongoing cash assistance. In addition, services and benefits are provided to lead a family in becoming self-sufficient by providing assistance to needy families, preventing or reducing out-of-wedlock pregnancies, and encouraging the formation or maintenance of two parent families. Lastly, the CCDJFS Director or Designee reserves the final decision of approving or denying an application based on the sole determination of existing need, met eligibility factors, sound financial decision, and resolution of the existing problem.

In order to qualify for a PRC payment or service, the following conditions must be met:

- 1.) The assistance group must be a resident of Clinton County as defined in section 6111.
- 2.) Must be adversely affected by the emergency condition as defined in sections 6100 & 6101.
- 3.) There must be evidence of economic need as defined in section 6103.1
- 4.) Must include a pregnant woman or minor child living with a parent, specified relative, legal guardian, legal custodian or non-custodial parent as defined in section 6107.

In addition, there will be a maximum limit of \$300 total PRC Benefits allowed within a 12 month period regardless, of the allowable benefits as specified in the PRC Chart of Benefits and Services.

6103.1 Financial Need

In order for eligibility to be determined the income of the AG must be compared to the economic need standard established for the benefits and services requested. The economic need standards are based

upon federal poverty guidelines measures, which shall be updated annually when the federal poverty guidelines are released. When determining eligibility for the PRC AG to receive benefits or services, the AG income must be equal to or less than the economic need standard as defined by the PRC Chart of Benefits and Services in Appendix E.

6104. Authorization of Prevention, Retention, Contingency Request

Once eligibility for PRC is established, the CDJFS director or designee will authorize and generate payment for the assistance, goods, and/or services. Authorization may occur at any time during a period beginning on the date that PRC is approved. As long as payment is authorized within the appropriate period, actual payment may be made to vendors according to the procedures in place at the CDJFS. All PRC payments shall be made by the CDJFS to the vendor or PRC AG. The county ensures that its policies meet all auditing requirements.

6104.1 Denial of Prevention, Retention, Contingency

Upon determination that an application for PRC is denied, the CDJFS shall mail or otherwise deliver the CCDJFS 6000, Notice of Action Taken on Your Application for the Prevention, Retention and Contingency Program. The denial of a PRC application due only to the expiration of the ten-day period is not acceptable eligibility determination practice.

6104.2 Approval of Prevention, Retention, Contingency

Upon determination that an application for PRC is approved, the CDJFS shall mail or otherwise deliver the CCDJFS 6003, Notice of Action Taken on Your Application for the Prevention, Retention and Contingency Program.

6104.3 Important notice about your Prevention, Retention and Contingency Benefits

Upon determination that an individual is receiving an ongoing PRC benefit or service that has been suspended a JFS 01054 shall be mailed or otherwise delivered to the assistance group. There is no right to a state hearing or county conference or continuing benefits concerning this change because the change cannot be misapplied to the case, since the services are ending for everyone because of the change.

6104.4 Notice of denial of your application for Prevention, Retention and Contingency Benefits

Upon suspension of the PRC Program applications will not be required to be accepted by CDJFS for benefits or services under the program. If an application is received the JFS 01053 shall be mailed or otherwise delivered to the assistance group denying the service. There is no right to a state hearing or county conference or continuing benefits concerning this change because the change cannot be misapplied to the case, since the services are ending for everyone because of the change.

6105. Ineligible Assistance

Federal and State law must be adhered to when providing PRC benefits and services. Listed below are federal and state prohibitions based upon 42 U.S.C. 608, Section 431 of PRWORA and the Ohio Revised Code.

The PRC AG or individual is ineligible when any of the applicants are:

- 1.) No assistance for families without a minor child.
- 2.) No assistance to a single individual, unless such individual is pregnant or a non-custodial parent.
- 3.) No medical service except for pre-pregnancy family planning services.
- 4.) No benefits or service to an individual who is not a citizen of the United States or a qualified alien.
- 5.) No assistance for families that fraudulently receive assistance under the OWF and PRC programs until repayment occurs.
- 6.) No assistance for fugitive felons, probation and/or parole violators.

6106. Eligibility Periods

Time restraints are set within the PRC Program as follows:

A prompt consideration by the County Department of Job & Family Services for the request of PRC.

A 30-day budget period for determination of financial eligibility.

A 4 month limited authorization period of the PRC.

A limit of PRC availability to members who have received PRC assistance above the monetary cap during the previous 12 consecutive months.

6106.1 Definitions

Application Date

The date a signed and dated CCDJFS 6000 Prevention, Retention and Contingency Application is received by the Clinton County Department of Job & Family Services

Standard of Promptness

The period of time beginning on the date a signed application is received by the Clinton County Department of Job & Family Services, and ending ten calendar days later. Due to the intended focus of the PRC Program, PRC request are recommended to be processed within 10 business days of receipt of the signed application.

Budget Period

The 30 calendar day period begins 30 days prior to the date a signed application is received by the Clinton County Department of Job & Family Services and ends on the application date.

Authorization Period

The period of time beginning the date that the PRC Assistance is approved by the eligibility determiner and limited to not extend beyond four months per application.

Period of Ineligibility

Limited to the maximum entitlement over a 12 month look back period of eligibility beginning with the date of the PRC application. Any number of individual payments can be made during this period as long as they are distinctive, non-ongoing occurrences and do not exceed the maximum entitlement over the 12 month period.

6107. Case Composition

A PRC Assistance Group (PRC AG) is a group of individuals containing a pregnant woman or at least one minor child, their parent, specified relative or legal guardian/custodian and are treated as a unit for the purpose of determining eligibility for the PRC Program. The PRC AG must meet the programs eligibility requirements, as determined by the county department of human services in order to receive PRC assistance.

6107.1 Temporary Absence

A child may be temporarily absent from the home in accordance with the time frames 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/custodian, and other members of the household who may significantly enhance the families ability to achieve economic self-sufficiency.

6107.2 PRC Payments to Non-Custodial Parents

PRC may be used to assist in providing non-custodial parents benefits and services. The non-custodial parent must be currently paying child support and actively cooperating with the Child Support Enforcement Agency. Lastly, they will need to meet all other PRC eligibility factors.

6108. Eligibility Requirements for PRC

The assistance group must have both a Prevention, Retention Contingency and Financial Need and meet all eligibility requirements including additional requirements or restrictions as defined in the PRC Chart of Benefits and Services (Appendix E). Therefore, if the AG has a need but does not meet one of the eligibility conditions, there is no eligibility for PRC. In addition, PRC assistance is only available to members who haven't received PRC assistance above the monetary cap during the previous 12 consecutive months or as otherwise defined by the PRC Chart of Benefits and Services. There will be a maximum limit of \$300 total PRC Benefits allowed within the 12 month period regardless, of the allowable benefits as specified in the PRC Chart of Benefits and Services.

6109. Age

A PRC AG must contain a pregnant woman or at least one minor child. A minor child means an individual who has not attained 18 years of age or has not attained 19 years of age and is a full time student in a secondary school (or equivalent level of vocational or technical training).

6110. Citizenship

In order to receive PRC benefits and services members of the AG must be citizens of the United States or qualified aliens as defined in Public Law 105-33 (the Balanced Budget Act of 1997).

6111. Residence

PRC benefits and services are available to residents of the county in which they reside (i.e. Clinton County). Residence is established by living in the county voluntarily with the intent to remain permanently or for an indefinite period. Residence is established by an applicant who is not receiving assistance from another county and entered the county with a job commitment or seeking employment, whether or not currently employed.

Assistance groups, remaining intact and transferring to Clinton County shall have the entire PRC benefit amount authorized in the previous county applied totally toward the family maximum allowable benefit amount (Appendix E) allowed in Clinton County. If a new assistance group is formed in Clinton County and some members have received PRC assistance from another Ohio county or in another assistance group within Clinton County, their pro-rata share from the previous assistance group will be applied toward the Clinton County PRC family maximum.

6112. Living Arrangement

Assistance group members must be living in independent living arrangements. PRC may not be issued to persons living in medical or public institutions.

6113. Resources

Resources do not count toward the eligibility criteria for PRC.

6114. Income

Eligibility for PRC is dependent upon the AG's demonstration and verification of need for financial assistance or services. All income which has been received by any member of the PRC AG during the 30-day budget period is considered when determining financial need. The 30-day period begins 30 days prior to the date of application and ends on the application date. The income received during these periods are used in the computation of financial eligibility. This includes all income which is normally exempt or disregarded when determining eligibility for OWF or DA. The total gross income, both earned and unearned of all the PRC AG members must be counted. There are no deductions or exemptions allowed from any type of countable income, except as indicated below.

6114.1 Earned Income Exception

A PRC member who is subject to a legal layoff or plant closure shall have that individual's income budgeted 30 days prospectively beginning the date of the application and ending 30 days from the application date.

A PRC member who has temporarily lost income due to medical reasons or a family emergency shall have that individual's income budgeted 30 days prospectively beginning the date of the application and ending 30 days from the application date.

Gross income of a minor child as defined in Section 5101:1-23-20 (c)(i) of the Administrative Code shall not be counted in determination of the PRC AG's eligibility.

6114.3 Verification of Income

Written or verbal verification of income is required. For any verification which 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 verification.

6114.4 Calculation of Income

The gross amount of the PRC AG's countable income is totaled and compared to the FPL economic need standard for the PRC AG size as defined by the PRC Chart of Benefits and Services. If the total PRC AG income is equal to or less than the amount as defined by the PRC Chart of Benefits and Services, the PRC AG meets the income requirement.

6114.5 Excluded income

Income stipulated in OAC 5101:1-24-20 is excluded when determining eligibility for PRC.

6115. Amounts and Types of Assistance

PRC payments are limited to the amount actually required to meet the presenting need, up to the amount and time period as defined in the PRC Chart of Benefits and Services (Appendix E). This chart also contains the assistance groups served, the economic need standards for the particular benefit/service, caps on benefits/services, targeted groups and any additional requirements or restrictions. Any number of individual payments can be made during this period as long as they are distinctive, non-ongoing occurrences and do not exceed the amount and time frames as defined in the PRC Chart of Benefits and Services. In addition, there will be a maximum limit of \$300 total PRC Benefits allowed within the 12 month period regardless, of the allowable benefits as specified in the PRC Chart of Benefits and Services.

6115.1 Scope of Benefits/Services

The PRC Chart of Benefits and Services located in Appendix E contains the scope of benefits and services provided under the Clinton CDHS PRC Plan.

6115.11 TANF Subsidized Summer Employment Program for Youth – 2010

This program begins 06.01.10 and ends 08.31.10. This program will reimburse employers for youth wages, FICA, and workers compensation up to a maximum total of \$10 per hour per Family Assistance Letter 93 and 93-A. The types of persons that may be served have family income less than 200% FPL and are:

- Youth ages 14 – 17, as long as the youth is a minor child and enrolled in school (youth may be 18 if they are a full time student enrolled in a secondary school);
- Youth ages 18 – 24, as long as they are in a needy family that also has a minor child; or
- Youth ages 18 – 24 that have a minor child and are considered needy.

Applicants will need to complete the CCDJFS 6001-A: PRC Request for TANF Subsidized Summer Employment Program for Youth 2010. Applicants requesting CCDJFS to assist with their job search should complete a CCDJFS 6005: Pre-Employment Questionnaire.

6115.2 Non-Monetary Services

PRC Project funding may be used to assist non-custodial parents, non-OWF, and OWF individuals or families in providing the following non-monetary services. The receipt of Wellness services will not count toward the family's eligibility limit for PRC assistance.

6115.21 Family Childrens & First Council

The Family Childrens and First Council shall have the CCDJFS 6005 PRC Project Application completed for individuals applying for Wellness Services. Once a decision is reached the applicant shall be provided with a CCDJFS 6003 Approval or CCDJFS 6000 Denial Letter which explains the applicants Rights and Responsibilities. Sufficient information shall be provided on a monthly basis to the CCDJFS in order to maintain information regarding applications and benefits to be tracked in the PRC/WRT system. Sufficient records shall be maintained by the Agency issuing services for auditing purposes. Funding for this project shall be as allocated in the Biennial Budget.

Wellness Services

The Wellness program will provide services to youth for teen pregnancy prevention programs. There will be no requirement to meet a Federal Poverty Level. Wellness Services shall be limited to the availability of allocated funds.

Monthly information needed for PRC/WRT include:

Defining the programs that provide: informational and supportive services, prevention, social, educational or personal problems arising from pregnancy or parenthood, birth control methods,

prescribe or supply contraceptives or ways to prevent pregnancy, clinical visits, follow up services,. Community outreach services: billboards, print and broadcast media, information, and awareness activities.

Numbers of: children served under 20, adults served, service units, encounters, visits, hours, community outreach services, dollars expended for each.

6115.22 Family Stability Services

The Child Protection Unit will provide services to families to:

- 1) Help alleviate a family crisis that could lead to the removal of children from their home
- 2) Help a family so that the children can be safely returned to their family.
- 3) Keep children safe in the least restrictive environment while reducing the inappropriate use of out-of-home care.

The applicant family's income must be at or below 200% of the Federal Poverty Level and must meet all eligibility prerequisites noted in this plan. Services to prevent and reduced the incidence of out-of-wedlock pregnancies and to encourage the formation and maintenance of two-parent households can be provided without regard to income or living arrangement.

The Child Protection Unit Services Application (PRC) (Appendix A) will be used and maintained in the Child Protection Unit Case Record. The child protection caseworker will determine eligibility and notify the applicant of their rights. A self-declaration of the requesting assistance groups income shall be accepted as verification. Sufficient records shall be maintained for auditing and reporting purposes.

The Clinton County Prevention, Retention and Contingency Policy effective 10/01/09 is hereby approved by:

Name
Clinton CDJFS Director

Date

This is to certify that amendments to this policy were reviewed and approved by the Clinton County Family Services Planning Council at its meeting on: _____
MMDDCCYY

Name Chair
Clinton County Family Services Planning Council

Date

This is to certify that the Clinton CDJFS has completed with ORC Chapter 5108 in adopting and amending this policy.

Name
Board of Clinton County Commissioners

Date

Name
Board of Clinton County Commissioners

Date

Name
Board of Clinton County Commissioners

Date

Appendix A

**Child Protection Unit
Services Application (PRC)**

Name of Applicant _____ Social Security # _____

Current Address _____

Applicant and all assistance group (AG) members are residents of Clinton County? Yes No

Does the applicant have a child younger than 19 living in the home? Yes No

All AG members are US citizens or lawful resident aliens? Yes No

Does anyone have an outstanding OWF or PRC fraud overpayment? Yes No

Is anyone a fugitive felon or parole/probation violator? Yes No

If a non custodial parent, are you cooperating and currently paying child support through the Child Support Enforcement Agency?
 Yes No

Have you ever received any PRC assistance from any Job and Family Service Agency? Yes No

-If yes, from what County did you receive assistance? _____

Individuals living in your home.

Name	Relationship to Applicant	Date of Birth / Age	Source of Income
1	SELF		
2			
3			
4			
5			
6			

Circle the appropriate Family Size

Income is based on 200% Federal Poverty Level

Family Size	Yearly Income	Monthly Income	Hourly Income
1	\$20,808.00	\$1734	\$10.83
2	\$28,008.00	\$2334	\$14.58
3	\$35,208.00	\$2934	\$18.33
4	\$42,408.00	\$3534	\$22.08
5	\$49,608.00	\$4134	\$25.83
6	\$56,808.00	\$4734	\$29.58
7	\$64,008.00	\$5334	\$33.33
8	\$71,208.00	\$5934	\$37.08

Assistance Group's income is at or below the standard listed and meets the needs standard. _____

Assistance Group's income is above the standard listed and does not meet the needs standard. _____

Read, Sign and Date the Back Page in order to complete the Application

NOTICE OF DENIAL OF YOUR APPLICATION FOR ASSISTANCE

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

This notice is to tell you about the decision on your PRC application dated: _____

! The following services _____ are denied because: _____

! The following services _____ are denied because: _____

! The following services _____ are denied because: _____

The regulations supporting this decision are: _____

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

Caseworker	District/ID	Telephone Number
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Your Right to a State Hearing

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

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

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

If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you 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 one of the boxes 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, Ohio 43218-2825.

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

I want a state hearing only.

I want a hearing.

Signature	Date	Telephone Number
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Distribution: Original to client; one copy to case record.
CCDJFS 6000 (REV.8-00)

NOTICE OF APPROVAL OF YOUR APPLICATION FOR ASSISTANCE

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

Your application for _____, dated _____, has been approved, effective _____

Additional information: _____

The reason for this action:

The rules that require this action are:

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

Caseworker	District/ID	Phone Number
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Your Right to a State Hearing

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

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

If you want a hearing, we must receive your hearing request within 90 days of the mailing date on 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 of 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 boxes below, sign and date this form, and sent it to the Ohio Department of Job and Family Services, Bureau of State Hearings, P. O. Box 182825, Columbus, Ohio 43218-2825.

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

I want a hearing.

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

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

CCDJFS 6003 PRC Approval Notice

CLINTON COUNTY APPLICATION – PRC PROJECT PROGRAMS 300%

Applicant and all Assistance Group (AG) members are residents of Clinton County? Yes No

Applicant has a child younger than 19 living in Clinton County? Yes No

All AG members are citizens or lawful resident aliens? Yes No

No AG members are in debt to the Clinton County Human Service Department for an OWF or PRC overpayment due to fraud?
 Yes No

No AG member is an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement?
 Yes No

No AG members are fleeing felons or probation/parole violators? Yes No

Non custodial parents are cooperating and currently paying child support through the Child Support Enforcement Agency? Yes No

Circle the appropriate Family Size (AG) in chart below Income is based on 300% of the Federal Poverty Level

Family Size/AG	Yearly Income	Monthly Income	Hourly Income @ 40 hrs/wk
1	\$31,200.00	\$2600	\$16.25
2	\$42,000.00	\$3500	\$21.87
3	\$52,800.00	\$4400	\$27.50
4	\$63,600.00	\$5300	\$33.12
5	\$74,400.00	\$6200	\$38.75
6	\$85,200.00	\$7100	\$44.37
7	\$96,000.00	\$8000	\$50.00
8	\$106,800.00	\$8900	\$55.62
Each Additional	Monthly Income x 12	+ \$900.00	Monthly Income divided by 160

- Assistance Groups income is at or below the standards listed above and therefore meets the needs standard.
- Assistance Groups income is above the standards listed above and therefore does not meet the needs standard.
- Assistance Groups income is applying for Wellness Services income standards not applied.

I am applying for PRC Project funded services available through contracts which the Clinton County Department of Job & Family Services maintains with various community service providers. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant _____ Date _____

- AG is PRC Eligible – All above questions are answered yes and Assistance Group s income is within needs standard. Send Approval Notice.
- AG is ineligible for PRC Project Funding. Send Denial Notice

Eligibility Determiner _____ Date _____

CLINTON COUNTY PREVENTION, RETENTION, CONTINGENCY CHART OF BENEFITS & SERVICES

SERVICE/BENEFIT	ADDITIONAL REQUIREMENTS/RESTRICTIONS	MAXIMUM CAP \$300	ECONOMIC NEED	TARGETED GROUP	ASSISTANCE GROUP			
CONTINGENCY SERVICES								
		\$ 300 in 12 mos. (Limited services) CCDJFS Discretion	150 % FPL	Job Seekers	Families with minor children			
					Under Employed	Specified relatives and minor children		
					Recently Employed	Legal Custodians or guardians and minor children		
					Employed			
Interest on principal of Mortgage	<ul style="list-style-type: none"> * Verify amount and cost * Applying AG responsible 							
Rent due to: * Court Ordered Eviction - No legal fees or late charges * Homeless * Uninhabitable by Health Dept.	<ul style="list-style-type: none"> * Statement from Landlord verifying required rent amount, must include Landlords ss # or federal tax ID # * Verify eviction or uninhabitable * Applying AG responsible 							Non-custodial parents must actively be cooperating with the Child Support Enforcement Agency and currently paying support.
Shelter emergency/temporary	Homeless or has no shelter				Pregnant women			
Utility Assistance bulk fuel * Minimum amount only * Not available during Heap season 11/1 – 03/31	<ul style="list-style-type: none"> * Statement verifying amount of minimum delivery * Original document * Applying AG responsible 							
Utility Assistance – Initial Utility Assistance – Shut off * No reconnect fees or deposits * * Regulated utilities require enrollment in PIP * Not available during Heap season 11/1 – 03/31	<ul style="list-style-type: none"> * Original document * Applying AG responsible * Proof of payment history * Verify PIP Enrollment, if applicable * Limited to 1 defaulted PIP payment * Verify amount, shut-off notice & that payment will defer shutoff 							
Other services targeted toward goals of the Clinton County PRC plan	Defined or approved by CCDHS Director or Designee							

APPENDIX E

CLINTON COUNTY PREVENTION, RETENTION, CONTINGENCY CHART OF BENEFITS & SERVICES

SERVICE/BENEFIT	ADDITIONAL REQUIREMENTS/RESTRICTIONS	MAXIMUM CAP \$300	ECONOMIC NEED STANDARD	TARGETED GROUP	ASSISTANCE GROUP
DIVERSION SERVICES					
Employment subsidy	Offset work expenses, encourage employment * Consecutive employment of 35 hrs per week or more. * To determine self employment weekly hrs., the gross income minus expenses, shall be divided by the higher of the federal or state minimum wage. * Must apply for the bonus within 30 days * Must verify employment & hours worked by pay stubs or employment verification * Limit receipt once in a 12 mo. Period * Total cap of \$300.	After employed: 30 days = \$ 50 90 days = \$ 50	<u>200 % FPL</u>	Under Employed	Families with minor children
Job Retention Bonus		After employed: 6 months = \$ 50 1 year = \$ 150		Recently Employed	Legal Custodians or guardians and minor children Non-custodial parents must actively be cooperating with the Child Support Enforcement Agency and currently paying support.
				Under Employed	
				Recently Employed	Pregnant women
				Employers	

APPENDIX E

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, tell you what this letter means, and help you appeal any decisions that you do not agree with. If you are hearing impaired, we can provide a sign language interpreter when you come to the office. 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 documents in your own language. If we can't, 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. 18th Floor Columbus, Ohio 43125-3130

Phone:
(614) 644-2703 or toll free 1- 866- 227-6353
TTY hearing impaired: 1-866-221-6700
Fax: (614) 752-6381

APPENDIX D

**PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION FOR CLINTON CDJFS
APPLICATION MUST BE TOTALLY COMPLETED AND VERIFICATIONS PROVIDED FOR PROCESSING**

Name of Applicant		Present Address	For Agency Use Only	
Social Security Number			Case Number	
Telephone Numbers Where You Can Be Reached			Date Sent	Date Returned
		County Clinton		Unique ID

1. Have you ever received any type of PRC (Prevention, Retention, Contingency) assistance from any Job & Family Services Agency? Yes No If yes, complete the following:

County where you received assistance:	Type of assistance received:	Date and amount received:
---------------------------------------	------------------------------	---------------------------

2. Do you currently reside in Clinton County? Yes No _____
3. Explain what you need and estimate the amount you are requesting. **(Provide Verification)** _____
4. Explain what caused you to have this problem: _____
5. Explain how the PRC service that you are requesting will help you: _____

6.) Please answer the following questions regarding all members of the household:	YES	NO	If yes who:
6a.) If a non-custodial parent, are you cooperating and currently paying child support to the Child Support Enforcement Agency on behalf of your children?			
6b.) Does anyone have an outstanding OWF or PRC fraud overpayment?			
6c.) Is anyone a fugitive felon or parole/probation violator?			

7. Complete the chart below for anyone living in your home, include yourself. **You are required to verify citizenship and all income (earned & unearned) for all members of the household.**

Name	Relationship to Applicant	Date of Birth	Pregnant		Citizen of		Source of Income	Monthly Earned Income	Source of Income	Monthly Unearned Income
			Yes	No	US	Alien				
1.	SELF							\$		\$
2.								\$		\$
3.								\$		\$
4.								\$		\$
5.								\$		\$
6.								\$		\$

Read, Sign and Date the Back Page in order to complete the Application

CCDJFS 6001 (Rev. 2/09)

IMPORTANT INFORMATION ABOUT YOUR PREVENTION, RETENTION, & CONTINGENCY APPLICATION

You can fill out the entire application and give it to us today. Answer all questions honestly and completely. If you refuse to give any needed information, your household will not be eligible for Prevention, Retention, and Contingency Program Benefits. You must also provide proof for some of the information you give to us. When you give us the completed application and verifications, we can begin to decide if your household is eligible for PRC Benefits. You may be required to have an interview if deemed necessary. If you need assistance to help you provide required information let us know.

FACTS ABOUT THE PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC)

APPLICATION: If you want PRC Benefits, you must complete an application, and provide proof of some of the information.

APPLICATION FILE DATE: The Application File Date is the date you give us the application with your name, address, and signature, or give us the completed application.

BENEFITS: PRC Benefits and Services are provided to families to help members prepare, obtain, retain employment or prevent, reduce out-of-wedlock pregnancies, or encourage the formation, maintenance of two parent family thereby, assisting families toward self-sufficiency. A PRC Assistance Group is a group of individuals containing at least one minor child, their parent, specified relative or legal guardian and are treated as a unit for the purpose of determining eligibility. PRC may also be authorized for pregnant women, non-custodial parents and non-OWF families. Every effort must be made to explore the availability of resources within the local community prior to the authorization of PRC.

ELIGIBILITY: Eligibility for PRC is dependent upon the PRC AG’s demonstration and verification of the need for assistance and or services, and whether the county determines that the provision of PRC will satisfy the need. The gross earned and unearned income received by any member of the PRC AG during the 30 day budget period beginning 30 days prior to the date of application and ending on the application date must be at or below the Federal Poverty Guidelines as described in the PRC Chart of Benefits and Services. A PRC member who is subject to a legal layoff or plant closure shall have that individuals income budgeted 30 days prospectively beginning the date of the application and ending 30 days from the application date. PRC Benefits are only available to members who haven’t received PRC assistance above the monetary cap during the previous 12 consecutive months. In addition, the PRC AG must also, meet all eligibility factors as defined in the Clinton CDJFS PRC Plan.

APPROVED: If your household is approved, you will receive a notice telling you the approved period, and the amount.

DENIED: If your household is denied, you will get a notice telling you why.

YOUR RIGHTS AND RESPONSIBILITIES

Read all this information before you sign your name.

RIGHT TO A STATE HEARING. You have the right to a hearing before the Ohio Department of Job and Family Services if you are not satisfied with actions taken or decisions made by the County Department of Job and Family Services on your PRC Application.

The form ODJFS 4059 Explanation of State Hearing Procedures, which explains how to ask for a hearing and describes the hearing process will be given to you at the time of application or mailed to you when the CDJFS receives your PRC Application.

REPORTING RESPONSIBILITY: You are responsible at all times for making an accurate and complete disclosure of all information for yourself and all members of your household necessary for a determination of eligibility and for computation of the correct amount of assistance.

PRC PENALTY WARNING: To make sure your household is eligible and receives the correct amount of PRC benefits the CDHS will check the information you give us. Failure to accurately and completely disclose all necessary information that would effect the amount of assistance that the assistance group was eligible to receive or not eligible to receive shall result in a PRC overpayment which shall be recovered regardless of the date, reason or cause of the overpayment. Furthermore, if the payment was received by failing to accurately and completely disclose all necessary information there will be no PRC eligibility for the entire AG or individuals until the total amount of the PRC overpayment is repaid. Knowingly giving false information to get PRC benefits to which you are not entitled can result in prosecution.

SIGNATURE OF PERSON WHO COMPLETED THIS FORM

I received a copy of, and I have read, my rights and responsibilities, or they have been read to me, and I understand them. I agree to fulfill my responsibilities as described. I agree to provide proof if such proof is asked for.

CIVIL RIGHTS: I understand that this application will be considered without regard to race, color, sex, age, handicap, religion, national origin, or political belief.

I understand the questions on this application form and the penalty for hiding or giving false information. I certify under the penalty of perjury, that all 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/Authorized Representative	Witness Signature (if signed with an X)	Date

PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) WORKSHEET

CCDJFS 6002 (rev. 10-07)

Date Application received (mm/dd/yr)

30 day budget period: From _____ To _____ Case Name/ss #: _____

1. Has the AG received PRC during the last 12 months? Yes No If yes, list date, county and amount received? _____, _____

2. Is the PRC AG, residents of Clinton County? Yes No

3. 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.	\$	2.	\$
3.	\$	4.	\$

Reason for Need:

4. Explain how PRC will help in preparing/obtaining/retaining employment, preventing/reducing out-of-wedlock pregnancy, or encourage formation/ maintenance of two parent families.

5. Community Resources. List the community resources explored to meet this need. If any are utilized, complete the chart.

Agency	Amount	Item/Service	Agency	Amount	Item/Service
1.	\$		2.	\$	

6. Disqualifying Factors

Y	N	Disqualifying Factors	Y	N	Disqualifying Factors	Y	N	Disqualifying Factors
		PRC AG includes a minor child.			PRC AG includes US citizens or qualified aliens			Fugitive felon or parole/probation violator
		PRC AG includes a pregnant woman			Outstanding OWF or PRC fraud overpayment			No medical
		PRC AG is a non-custodial parent			Non-custodial parent is cooperating & currently paying child support to the Child Support Enforcement Agency.			

7. Earned & Unearned Income

Name	Earned Income Source	Amount Earned Income	Unearned Income Source	Amount Unearned Income	Verification
1.		\$		\$	
2.		\$		\$	
3.		\$		\$	
		TOTAL		TOTAL	

Federal Poverty for the AG size (PRC Chart of Benefits & Services)	\$	Total Earned/Unearned Income	\$
--	----	------------------------------	----

9 PRC Approved. Complete chart. Check/Warrant # (Date) (/ /) Check/Warrant Amount \$

Item/Service Provided	Date of Approval	Amount Paid	Vendor's Name & Address	P	R	C	Provider Services
		\$					
		\$					

Reason for Denial: PRC Denied - Date of denial (mm/dd/yr) _____ Date Notice of Denial of Application sent (mm/dd/yr) _____

Signature of Caseworker	Date	Supervisor Signature	Date	Signature of Director/Designee	Date
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Monthly Federal Poverty Guideline (FPG) Measure
Effective January 23, 2008

Assistance Group	50% Monthly FPG	100% Monthly FPG	135% Monthly FPG	150% Monthly FPG	175% Monthly FPG	185% Monthly FPG	200% Monthly FPG	250% Monthly FPG	300% Monthly FPG	Annual FPG
1	434	867	1170	1300	1517	1604	1734	2167	2600	10400
2	584	1167	1575	1750	2042	2159	2334	2917	3500	14000
3	734	1467	1980	2200	2567	2714	2934	3667	4400	17600
4	884	1767	2385	2650	3092	3269	3534	4417	5300	21200
5	1034	2067	2790	3100	3617	3824	4134	5167	6200	24800
6	1184	2367	3195	3550	4142	4379	4734	5917	7100	28400
7	1334	2667	3600	4000	4667	4934	5334	6667	8000	32000
8	1484	2967	4005	4450	5192	5489	5934	7417	8900	35600
9	1634	3267	4410	4900	5717	6044	6534	8167	9800	39200
10	1784	3567	4815	5350	6242	6599	7134	8917	10700	42800
11	1934	3867	5220	5800	6767	7154	7734	9667	11600	46400
12	2084	4167	5625	6250	7292	7709	8334	10417	12500	50000
13	2234	4467	6030	6700	7817	8264	8934	11167	13400	53600
14	2384	4767	6435	7150	8342	8819	9534	11917	14300	57200
15	2534	5067	6840	7600	8867	9374	10134	12667	15200	60800
16	2684	5367	7245	8050	9392	9929	10734	13417	16100	64400
17	2834	5667	7650	8500	9917	10484	11334	14167	17000	68000
18	2984	5967	8055	8950	10442	11039	11934	14917	17900	71600
19	3134	6267	8460	9400	10967	11594	12534	15667	18800	75200
20	3284	6567	8865	9850	11492	12149	13134	16417	19700	78800
21	3434	6867	9270	10300	12017	12704	13734	17167	20600	82400
22	3584	7167	9675	10750	12542	13259	14334	17917	21500	86000
23	3734	7467	10080	11200	13067	13814	14934	18667	22400	89600
24*	3884	7767	10485	11650	13592	14369	15534	19417	23300	93200

* For each additional person, add (3,600)

Cash Asst. Policy 1/08

FPG2008chart1.xls

Ohio Department of Job and Family Services
**IMPORTANT NOTICE ABOUT YOUR PREVENTION, RETENTION AND
 CONTINGENCY BENEFITS**

Name	Case Name	
Street Address	Case Number	
City, State and Zip Code	County Agency	Mailing Date

Due to a lack of available funding, we have changed our county's Prevention, Retention and Contingency (PRC) Program. Because of that change, we are ending the PRC services listed below effective _____.

You are receiving this notice because you are receiving one or more of these services. If funding is restored at some point, we may again change the PRC Program to restore the services.

<p>Suspension of PRC Program:</p> <p><input type="checkbox"/> We are temporarily suspending (closing) our PRC Program because of a lack of funds to cover benefits and services. You will no longer get the following services or benefits:</p> <p>_____</p> <p>_____</p> <p>_____</p>
<p>Termination of Benefits or Services:</p> <p><input type="checkbox"/> We are not closing our PRC Program, but we are no longer providing some benefits or services. You will no longer get the following services or benefits:</p> <p>_____</p> <p>_____</p> <p>_____</p>

We have authority under Chapter 5108 of the Ohio Revised Code to revise the PRC Program in response to available funding.

There is no right to a state hearing or county conference or continuing benefits concerning this change because the change cannot be misapplied to your case, since these services are ending for everyone because of the change.

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

Caseworker Name	Phone Number
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Ohio Department of Job and Family Services
**NOTICE OF DENIAL OF YOUR APPLICATION FOR PREVENTION,
RETENTION AND CONTINGENCY BENEFITS**

Name	Case Name	
Street Address	Case Number	
City, State and Zip Code	County Agency	Mailing Date

Due to a lack of available funding, we have temporarily suspended our county's Prevention, Retention and Contingency (PRC) Program. Because of that change, we are denying your application dated _____.

We have authority under Chapter 5108 of the Ohio Revised Code to revise the PRC Program in response to available funding.

There is no right to a state hearing or county conference or continuing benefits concerning this change because the change cannot be misapplied to your case, since these services are not available for everyone because of the change.

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

Caseworker Name	Phone Number
-----------------	--------------

PRC Request for TANF Subsidized Summer Employment Program for Youth 2010

Parent or Guardian Name	Youth Name	
Social Security Number	Youth Social Security Number	Youth Age
Present Address	Present Phone Number	

List All Household Members:

Name	Date of Birth	Relationship to you	Does this person receive OWF, Food Assistance, or Medicaid)	
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO
			YES	NO

(List any additional household members on the back of this form.)

Does anyone in the household have an outstanding OWF overpayment? Yes No

If all members of the household do not receive OWF, Food Assistance, or Medicaid, complete the following chart about household income. (Note: You may be asked to verify additional income.)

Circle Family Income in Last 30 Days?	List the Individuals with Income	List the Type of Income (Examples: Social Security, SSI, Child Support)	List the Monthly Amount of Income
0 - 1805			
1806 - 2429			
2430 - 3052			
3053 - 3675			
3676 - 4299			
4300 - 4922			
4923 - 5545			
5546 - 6169			

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

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.

By my signature below, I agree that the above information is true and complete to the best of my knowledge.

Parent / Guardian Signature	Date
Youth Signature	Date

FOR CCJFS USE ONLY		FOR CCJFS USE ONLY		FOR CCJFS USE ONLY	
<input type="checkbox"/> Eligible	<input type="checkbox"/> Approval Letter Given	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Denial Letter Sent/Given		
<input type="checkbox"/> Attach CRISE proof of eligibility if receiving OWF, FS, or Medicaid, and <input type="checkbox"/> Non-fraud.					
<input type="checkbox"/> age 14-17 minor child in needy family in school		<input type="checkbox"/> 18-24 in needy family with minor child		OR	
<input type="checkbox"/> 18-24 with child and considered needy					
Signature of CCJFS Worker				Date	

