

Greene County Self-Declaration Application for PRC-Funded Services

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

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

Name	Relationship to Applicant	Birth Date	Age	Social Security Number	Education (last grade completed)	Race	Employer's Name & Address or Child's School/Grade
1.							
2.							
3.							
4.							
5.							

Circle the appropriate Family Size below: **150% Federal Poverty Level** **200% Federal Poverty Level** **300% Federal Poverty Level**

Family Size/Assistance Group	150% Federal Poverty Level Monthly Gross Income	200% Federal Poverty Level Monthly Gross Income	300% Federal Poverty Level Monthly Gross Income
1	\$1300	\$1734	\$2600
2	\$1750	\$2334	\$3500
3	\$2200	\$2934	\$4400
4	\$2650	\$3534	\$5300
5	\$3100	\$4134	\$6200
6	\$3550	\$4734	\$7100
7	\$4000	\$5334	\$8000
8	\$4450	\$5934	\$8900

- Assistance Group's gross monthly income is at or below the standards listed above for ____% of the Federal Poverty Level and therefore meets the need standard.
- Assistance Group's gross monthly income is above the standards listed above for ____% of the Federal Poverty Level and therefore does NOT meet the need standard.

Please read this statement carefully and respond below:

I reside in Greene County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job & Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation/parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states.

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

For our statistics: Did you receive an OWF cash assistance payment this month? YES NO

I am applying for PRC-funded services available through contracts which the Greene 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 _____

- Assistance group is PRC-eligible (income is within need standard and they "agree" with statement).
- Assistance group is ineligible for PRC funding.

Eligibility Determiner _____ Date _____

(Remember to give decision letter to applicant and maintain a copy with this application)

Self-Declaration Application (rev. 2/08)

DECISION ON YOUR APPLICATION FOR PRC-FUNDED SERVICES

Date: _____

Dear: _____:

Approvals (check box)

- You have been approved for services through a special PRC contract with the Greene County Dept. of Job & Family Services. Participants in PRC-funded services may be eligible for the federal Food Stamp program. If you would like more information on Food Stamps, please contact the Greene County Dept. of Job & Family Services.
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Denials/Terminations (check appropriate box)

- Your application for services through a special PRC contract with the Greene County Dept. of Job & Family Services has been denied for the following reason(s):

OR

- You are no longer eligible to participate in services through a special PRC contract with the Greene County Department of Job & Family Services for the following reason(s):

_____ Your application has been pending for 30 days or more, and you have not begun participation in the program, or your re-application is over 30 days past due.

_____ Your family's gross income exceeds _____% of the Federal Poverty Level.

_____ There are no eligible children in your household.

_____ You are not a resident of Greene County.

_____ You are ineligible for any PRC program because you are a fleeing felon or probation/parole violator, or you are an ineligible alien, or you are an unmarried, non-graduate parent under 18 not living in an adult-supervised setting, or you have an outstanding OWF/PRC IPV overpayment balance, or you were found to have fraudulently misrepresented residency in order to obtain assistance in 2 or more states.

_____ Other:

You may still qualify for services that are not funded by PRC/Greene County Dept. of Job & Family Services.

If you disagree with this decision, you have the right to appeal. Please contact your worker within 90 days of this decision to appeal.

Please note: approvals are **ONLY** for services provided by the agency listed below. If you are interested in other PRC services or benefits, you must contact the Greene Co. Dept. of Job & Family Services to make application.

Sincerely,

Worker

Agency



DEPARTMENT OF JOB AND FAMILY SERVICES

541 Ledbetter Road
Xenia, Ohio 45385-5334
(937) 562-6000
(937) 426-1779
Fax: (937) 562-6177

Date: _____
RE: _____
Case #: _____

To: VENDOR
From: _____

The agency has received a request from the person referenced above for assistance with _____. In order to make a determination of eligibility for this assistance under the PRC program, we need the following information from you. This is NOT AUTHORIZATION for the requested service. If it is authorized, a relief supply order (voucher) will be issued to you. Once you return the signed relief supply order (voucher) to this agency, payment will be mailed to you. (Please note: it may take from 4 to 6 weeks to receive payment.)

I will accept a voucher from the Greene Co. Dept. of Job & Family Services: Yes _____ No _____

The service I will provide is: _____

The total cost (less tax due to government agency exemption): \$ _____

New Housing (if applicable): Address of rental: _____
Rent amount per month: \$ _____
Security deposit: Yes _____ No _____ Amount: \$ _____
NOTE: Do NOT permit the individual to move in prior to receipt of our voucher or we cannot assist.

Eviction situation (if applicable):
How many months are owed?: _____ Total due: \$ _____
If a voucher for this amount is provided, will you cease eviction proceedings?:
Yes _____ No _____

Payment information for issuing checks and 1099s for services rendered
Note: The Greene Co. Auditor is required by law to report any payment issued to you to the IRS for tax purposes.

Name of company and/or person: _____

Address of business: _____

Check payable to: _____

Check mailing address (if different than above): _____

Federal tax ID number: _____ and/or SSN: _____

Signature: _____ Title: _____
Daytime phone number: _____ Date: _____