

APPENDIX I

Monthly Federal Poverty Guideline (FPG) Measure  
Effective January 24, 2007

Assistance Group Size	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	426	851	1149	1277	1489	1575	1702	2128	2553	10,210
2	571	1141	1541	1712	1997	2111	2282	2853	3423	13690
3	716	1431	1932	2147	2504	2648	2862	3578	4293	17170
4	861	1721	2324	2582	3012	3184	3442	4303	5163	20650
5	1006	2011	2715	3017	3519	3721	4022	5028	6033	24130
6	1151	2301	3107	3452	4027	4257	4602	5753	6903	27610
7	1296	2591	3498	3887	4534	4794	5182	6478	7773	31090
8	1441	2881	3890	4322	5042	5330	5762	7203	8643	34570
9	1586	3171	4281	4757	5549	5867	6342	7928	9513	38050
10	1731	3461	4673	5192	6057	6403	6922	8653	10383	41530
11	1876	3751	5064	5627	6564	6940	7502	9378	11253	45010
12	2021	4041	5456	6062	7072	7476	8082	10103	12123	48490
13	2166	4331	5847	6497	7579	8013	8662	10828	12993	51970
14	2311	4621	6239	6932	8087	8549	9242	11553	13863	55450
15	2456	4911	6630	7367	8594	9086	9822	12278	14733	58930
16	2601	5201	7022	7802	9102	9622	10402	13003	15603	62410
17	2746	5491	7413	8237	9609	10159	10982	13728	16473	65890
18	2891	5781	7805	8672	10117	10695	11562	14453	17343	69370
19	3036	6071	8196	9107	10624	11232	12142	15178	18213	72850
20	3181	6361	8588	9542	11132	11768	12722	15903	19083	76330
21	3326	6651	8979	9977	11639	12305	13302	16628	19953	79810
22	3471	6941	9371	10412	12147	12841	13882	17353	20823	83290
23	3616	7231	9762	10847	12654	13378	14462	18078	21693	86770
24*	3761	7521	10154	11282	13162	13914	15042	18803	22563	90250

\* For each additional person, add (3,480)

Cash Asst. Policy 1/07

FPG2007chart1.xls

SERVICE OR BENEFIT	CAP	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
<u>Job Preparation Services and Benefits</u> <ul style="list-style-type: none"> <li>• Job readiness assessments (vocational, literacy, etc.)*</li> <li>• Job readiness training (work habits, attitude, dress, literacy, tutoring)*</li> <li>• Adult Basic Education &amp; GED preparation*</li> <li>• Pre-employment testing and drug testing*</li> <li>• Training for women in non-traditional jobs (construction, machining, etc.)*</li> <li>• Testing for state licenses, board certification, commercial driver's license, Money management classes*</li> <li>• Occupational training such as computer literacy &amp; hotel work, etc.*</li> </ul> <hr/> <ul style="list-style-type: none"> <li>• Short-term education expenses (books, manuals, tuition)</li> <li>• Suitable attire for job interviews</li> </ul>	<p><b>* Contracted Services, Limited to amount under contract</b></p> <hr/> <p>Non-recurrent short term benefits: amount needed per episode up to \$450 per 12 month period.  <u>\$1,000 lifetime limit.</u></p>	<p>Parents with minor children</p> <p>Specified relatives with minor children</p> <p>Non-custodial parents</p>	<p>200% FPL</p> <hr/> <p>150% FPL</p>	<p>Recently employed individuals</p> <p>Under employed individuals</p> <p>Individuals between jobs</p> <p>Individuals who are unemployed</p>
<u>The Grandview/Kettering Medical Center Pilot Accelerated Registered Nurse Program</u> <ul style="list-style-type: none"> <li>• Tuition, books, fees, manuals and testing</li> <li>• To cover the cost of the pilot one year accelerated Registered Nurse program with Grandview/Kettering Medical Center. Number of participants to be limited by agreement with Grandview/Kettering Medical Center.</li> </ul>	<p>Cost - not to exceed \$16,500/eligible participants</p>	<p><b>Eligibility to be determined by Workforce Investment Act Unit (WIA) or Career Advancement Unit (CAU)</b></p>	<p>250% FPL</p>	<p>Miami Valley Career Technology Center Licensed Practical Nurse graduates that meet the 250% FPL</p> <p>Recently employed individuals</p> <p>Under employed individuals</p> <p>Individuals between jobs</p> <p>Individuals who are unemployed</p>

SERVICE OR BENEFIT	CAP	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
<p>Payment(s) to Individual Development Accounts (IDA) for Home Purchase or Micro-enterprise business.</p> <ul style="list-style-type: none"> <li>• Must be administered by a Community Development Corporation (CDC) and meet that organization's criteria for participation.</li> <li>• Program must include educational components necessary for participant's success.</li> <li>• Financial education, home ownership, and budgeting training.</li> <li>• Administrative cost for the IDA program.</li> <li>• Micro-E program.</li> <li>• <u>Operated pursuant to ORC Sections 329.11 through 329.14, 5101.97, and rule 5101:1-3-18 of the Administrative Code.</u></li> </ul>	<p>Individual's deposits matched X2 up to \$1000, once lifetime.</p> <p>No \$ limit on related soft services.</p> <p><b>Contracted services limited to amount under contract.</b></p>	<p>Families with minor children</p>	<p>150% FPL</p>	<p>Employed individuals (IDA)</p> <p>Unemployed individuals (Micro-E) <u>required in home parent, medical need</u></p>

# LIST OF SERVICES & BENEFITS

SERVICE OR BENEFIT	CAP	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
<p><u>Work Support/Retention Services and Benefits</u>            Job Mentoring, Money Management classes, Emergency Child Care, Employer mediation &amp; intervention services, Counseling, Legal Services, Peer Support, and Mediation</p> <hr/> <p>Subsidized employment (\$350 per month for up to 6 months)</p> <hr/> <p>Job Retention Bonus (<u>\$500</u> after 6 months of steady employment)</p> <hr/> <p>Employment subsidy (to offset work expenses, full time employment) 12 months lifetime limit</p> <hr/> <p>Supplies for new job (mechanics tools, beautician equipment, etc.)</p>	<p><b>Contracted Services limited to amount under contract.</b></p> <hr/> <p>Subsidized employment (once every 3 years)  <b>Contracted Service limited to amount under contract.</b></p> <hr/> <p>Job retention bonus (once every 5 years)  <b>Contracted Service limited to amount under contract.</b></p> <hr/> <p>Employment subsidy: up to \$240 per month, limited to 12 months of full time employment.  <b>Contracted Service limited to amount under contract.</b></p> <hr/> <p>Non-recurrent short term benefits: amount needed per episode up to \$1,000 per 12 month period (once every 5 years)</p>	<p>Parents with minor children</p> <p>Specified relatives with minor children</p> <p>Non-custodial parents</p>	<p>200% FPL</p> <hr/> <p>150% FPL</p>	<p>Newly employed individuals</p> <p>Under-employed individuals</p>

# LIST OF SERVICES & BENEFITS

SERVICE OR BENEFIT	CAP	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
<u>Diversion Benefits</u> Up to 4 months of cash payment to assist with basic needs such as rent, utilities, and incidentals. <sup>1</sup>	Up to 4X the OWF payment standard for appropriate household size (4 months out of 12)  *Months do not need to be consecutive	Parents with minor children	50% FPL	Job-ready individuals  Displaced workers
<u>Transportation Services &amp; Benefits</u> <sup>2</sup> <ul style="list-style-type: none"> <li>• Bus passes</li> <li>• Van shuttle services</li> <li>• Driver's education classes</li> </ul> <hr/> Car repairs <sup>2</sup>	No cap on transportation services (As needed) <u>One Drives Ed. Class lifetime</u>  <hr/> For car repairs, lowest of 2 estimates not to exceed \$1,000 per 12 month period	Parents with minor children  Specified relatives  Non-custodial parents	150% of FPL	Employed individuals who have been employed at least 30 days  Unemployed individuals in an approved education or training program geared towards self-sufficiency for at least 30 days

1. Must also apply for Food Stamps, Medicaid, & Child Care, and be involved in a Job Preparation Service.
2. Applicant must verify automobile insurance coverage.

## LIST OF SERVICES & BENEFITS

SERVICE OR BENEFIT	CAP	ASSISTANCE GROUP	ECONOMIC NEED	TARGETED GROUP
<p><u>Child Welfare Services - MCCS Cooperative Agreement</u></p> <ul style="list-style-type: none"> <li>• Family Counseling</li> <li>• Vocational &amp; education counseling</li> <li>• Respite Care (excludes MCCS custody)</li> <li>• Screen families who have been sanctioned from OWF for risk of child abuse or neglect to provide case management services designed to eliminate barriers to compliance</li> <li>• Family preservation &amp; reunification classes</li> <li>• Domestic violence services</li> <li>• Kinship Navigator Services</li> </ul> <p>(see MCCS-MCDJFS MOU Appendix III)</p>	<p><b>Contracted services limited to amount under contract.</b></p>	<p>Parents with minor children</p> <p>Specified relatives with minor children</p>	<p>300% FPL</p>	<p>Families with children at risk of abuse or neglect</p>
<p><u>Child Welfare Services - Contingency Benefits</u></p> <p>An emergent need that threatens the health, safety, or decent living arrangement to the extent that it prohibits children from being cared for in their own home or inhibits job preparation, work, and marriage.</p> <p>(see MCCS-MCDJFS MOU Appendix III)</p> <ul style="list-style-type: none"> <li>• Emergency shelter or temporary housing</li> <li>• Personal expenses (school clothing, winter coats, child restraint seats)</li> <li>• Repair or purchase of furnace or water tank</li> <li>• Home repairs affecting basic structure (roof, plumbing, walls)</li> <li>• Repair or purchase of appliances (stoves, refrigerators, air conditioners, fans, washer/dryer)</li> <li>• Furniture (beds, mattress &amp; box springs, kitchen table, chairs)</li> </ul>	<p><b>Contracted services limited to amount under contract.</b></p> <p>Any number of individual payments during a 60-day period not to exceed \$1,000 per 12 month period.</p> <p><u>Sub category cap: any combination of appliances, furniture \$500.00. When added to other contingency benefits must not exceed \$1,000.</u></p> <p>(Note: Purchase of air conditioning units must be accompanied by medical statement of need.)</p>			
<p>Eviction notices, delinquent rent, mortgage payments and foreclosures.</p> <p>When added to other contingency benefits must not exceed \$1,000.</p>	<p><b>Contracted services limited to amount under contract.</b></p> <p>Any number of individual payments during a 60-day period not to exceed \$750.00 per assistance group per 12 month period. The goal is to secure/retain permanent housing.</p>			

## LIST OF SERVICES & BENEFITS

SERVICE OR BENEFIT (CONT'D)	CAP	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
<u>Developmental Services</u> <ul style="list-style-type: none"> <li>• Youth development initiatives</li> <li>• Parenting classes, Prevention services for at-risk students, School retention programs</li> <li>• After-school programs for at-risk children</li> </ul>	<b>Contracted Services limited to amount under contract.</b>	Parents with minor children  Specified relatives with minor children	300% of FPL	Minor children
<u>Relocation Assistance</u> Moving expenses to relocate out of county or state  <hr/> TANF Housing Program (TANF funds transfer from ODJFS to ODOD HB 299)	Actual cost up to \$1,000 once in a lifetime)  <hr/> <b>Limited to the amount designated by agreement between ODJFS-ODOD for the vendors located in Montgomery County</b>	Parents with minor children  Specified relatives with minor children  At-risk youth  Homeless families	150% of FPL  <hr/> 200% FPL	Individuals with secured employment, Victims of domestic violence, Families with minor children, at-risk youth

# LIST OF SERVICES & BENEFITS

SERVICE OR BENEFIT	CAP	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
<p><u>Family Disaster Assistance</u> Benefits to assist with damage or loss sustained as a result of natural disaster upon declaration by Governor and/or fire, flood, tornado.</p> <p>-----</p> <p><b>* An emergent need that threatens the health, safety, or decent living arrangement to the extent that it prohibits children from being cared for in their own home or inhibits job preparation, work, and marriage.</b></p> <ul style="list-style-type: none"> <li>• Personal expenses (clothing)</li> <li>• Repair or purchase of furnace or water tank</li> <li>• Home repairs affecting basic structure (roof, plumbing, walls) Homeowners only</li> <li>• Repair or purchase of appliances (stoves, refrigerators, air conditioners, fans, washer/dryer)</li> <li>• Furniture (beds, mattress &amp; box springs, kitchen table, chairs)</li> </ul> <p>6150:</p>	<p><b>Any number of individual payments during a 60-day period not to exceed \$1,000 per 12 month period.</b></p> <p><u>Sub category cap: any combination of appliances, furniture \$500.00. When added to other family disaster assistance benefits must not exceed \$1,000.</u></p> <p>(Note: Purchase of air conditioning units must be accompanied by medical statement of need.)</p>	<p>Parents with minor children &amp; individuals living in their households</p> <p>Specified relatives with minor children &amp; individuals living in their households</p> <p>Assistance groups with recent children reunification or relative placement by MCCS.</p>	150% FPL	<p>Families sustaining disaster related damage or loss upon disaster declaration by governor or referral from American Red Cross.</p>
<p>6151: <u>Contingency Benefits</u> <b>* An emergent need that threatens the health, safety, or decent living arrangement to the extent that it prohibits children from being cared for in their own home or inhibits job preparation, work, and marriage.</b></p> <p>6152: * Emergency shelter or temporary housing * Eviction notices, delinquent rent, mortgage payments and foreclosures.</p>	<p><b>Any number of individual payments during a 60-day period not to exceed \$750.00 per 12 month period.</b></p> <p>When added to other contingency benefits must not exceed \$1,000.</p> <p>The goal is to secure/retain permanent housing.</p>	<p>Parents with minor children &amp; individuals living in their households</p> <p>Specified relatives with minor children &amp; individuals living in their households</p> <p>Assistance groups with recent children reunification or relative placement by MCCS.</p>	150% FPL	<p>Unemployed individuals</p> <p>Under-employed individuals</p> <p>Families with children at risk of abuse or neglect</p> <p>Victims of domestic violence</p>

## LIST OF SERVICES & BENEFITS

SERVICE OR BENEFIT	CAP	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
<p><u>Utility Services</u></p> <ul style="list-style-type: none"> <li>Prevent shut-offs or restore service</li> <li>Purchase of bulk fuel for heating</li> <li>Installation or repair of telephone (medically necessary)</li> <li>Security deposits</li> </ul> <p>When added to other contingency benefits must not exceed \$1,000.</p>	Any number of individual payments during a 60-day period not to exceed \$250 per 12 month period to meet a non-recurrent crisis or episode of need.	<p>Parents with minor children</p> <p>Specified relatives with minor children</p>	150% FPL	<p>Unemployed individuals</p> <p>Under-employed individuals</p> <p>Families with children at risk of abuse or neglect</p> <p>Victims of domestic violence</p>
<p><u>Pregnancy Prevention Services</u></p> <ul style="list-style-type: none"> <li>Teen peer support group</li> <li><u>Wellness Program</u></li> <li>Pregnancy prevention counseling</li> <li><u>Family planning services, abstinence education</u></li> </ul>	<b>Contracted Services limited to amount under contract.</b>	<p>Parents with minor children</p> <p>Specified relatives with minor children</p>	Without regard to income	Pre-teens, teenagers, unmarried adult women
<ul style="list-style-type: none"> <li>Transportation for youth to employment opportunities at King's Island</li> </ul>	<b>Contracted Services limited to amount under contract.</b>	<p>Parents with minor children</p> <p>Specified relatives with minor children</p>	Without regard to income	Pre-teens, teenagers

# LIST OF SERVICES & BENEFITS

SERVICE OR BENEFIT	CAP	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
<u>Kinship Care Services</u> <ul style="list-style-type: none"> <li>• Respite care</li> <li>• Training related to caring for special needs children</li> <li>• Legal Services</li> </ul>	<b>Contracted Services limited to amount under contract.</b>	Specified relatives with minor children	200% of FPL	Relatives caring for minor children
<u>Adult literacy and Child Read Program</u> Services designed to improve literacy skills of adults and children.	<b>Contracted Service limited to amount under contract.</b>	Families with minor children Specified relatives with minor children	200% of FPL	Families with limited literacy skills

# LIST OF SERVICES & BENEFITS

SERVICE OR BENEFIT	CAP	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
<p><u>Youth Works Program</u></p> <ul style="list-style-type: none"> <li>To provide basic educational and social skills enhancement plus subsidized employment and training for at-risk youth. <u>May include up to \$350 per month employment subsidy.</u></li> </ul> <p>(See MCDJFS Youth Program Appendix V)</p>	<p>Suitability test applies. (6110.4)</p> <p><b>In house service. Limited to the amount and number designated.</b></p>	<p>Parents with minor children</p> <p>Specified relatives with minor children</p>	<p>200% FPL</p>	<p>Minor children ages <u>14 to 17</u></p>
<ul style="list-style-type: none"> <li>Youth Works Earn-a-Computer</li> </ul> <p>(See MCDJFS Youth Program Appendix V)</p>	<p>Suitability test applies. (6110.4)</p> <p><b>In house service. Limited to the amount and number designated.</b></p>	<p>Parents with minor children</p> <p>Specified relatives with minor children</p>	<p>200% FPL</p>	<p>Minor children ages <u>13 to 17</u></p>
<ul style="list-style-type: none"> <li>Montgomery County Out of School Youth Project (HB 94)</li> </ul>	<p><b>Contracted service limited to amount under contract.</b></p>	<p>Parents with minor children</p> <p>Specified relatives with minor children</p>	<p>200% FPL</p>	<p>At risk youth ages <u>14 to 17</u></p>
<p>Alcohol, Drug Addiction and Mental Health Services, General Family Counseling Services for persons who are not Medicaid eligible and for whom these services are necessary to secure or maintain employment or prevent out of home placement.</p>	<p><b>Contracted Services limited to amount under contract.</b></p>	<p>Parents with minor children</p> <p>Specified relatives with minor children</p>	<p>200% FPL</p>	<p>Families at risk of dependency due to substance abuse or mental illness</p>
<p>Early Start Services (sic) that include but are not limited to: health &amp; development screening, IFSP, Referrals, Case management, Family supports, RN home visit, Transportation, Parenting classes, Respite care. Includes <u>Help Me Grow initiative.</u></p>	<p><b>Contracted Services limited to amount under contact.</b></p>	<p>Parents with minor children</p> <p>Specified relatives with minor children</p>	<p>300% FPL</p>	<p>Pregnant women, families with children under 3</p>

SERVICE OR BENEFIT	CAP	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
Media campaigns & telephone hotlines, designed to prevent or mitigate substance abuse and the effects of mental illness, developmental disabilities, family violence, and/or meet one of the four TANF goals. Can reasonably be expected to aid families to maintain or secure employment, care for children in their own home or the home of a relative, promote education, work, and training, prevent out of wedlock births, promote 2-parent families, work, and marriage.	Indirect service. Media campaign, telephone hotline. <b>Contracted &amp; in house programs limited to amount under contract, Purchase Orders.</b>	None	None	Families, minor children  Non-custodial parents

**Note:** All Ohio State Legislative initiatives designating TANF funds to be used for specific programs and services under the PRC program are automatically included in the county Plan as of the effective date of the legislative action.

SERVICE OR BENEFIT	CAP	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
Ohio Departments of Education and Job & Family Services After school Programs	<b>Contracted Services limited to amount under contract</b>	Parents with children kindergarten through grade 12  Specified relatives with children kindergarten through grade 12	200% of FPL	Students kindergarten through grade 12
Ohio Departments of Education and Job & Family Services School Readiness Enrichment Program	<b>Contracted Services limited to amount under contract</b>	Parents with children in kindergarten  Specified relatives with children in kindergarten	200% of FPL	Children currently being served in half or full day kindergarten programs (excluding children enrolled in ELI)

SERVICE OR BENEFIT	CAP	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
<u>Access to Better Care (ABC):</u> To meet children's non-behavioral health challenges from three perspectives: prevention, assessment/early intervention and improved treatment.	<b>Contracted services limited to amount under contract.</b>	Parents with minor children. Specified relatives with minor children.	200%	Children (including those with developmental disabilities and/or mental retardation) who have medical conditions but do not have co-occurring substance abuse or mental health conditions.

SERVICE OR BENEFIT	CAP	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
<u>Prevention/Intervention Services:</u> <ul style="list-style-type: none"> <li>• Case Management/ referral services</li> <li>• Tutoring and mentoring services</li> <li>• Truancy prevention and School Readiness</li> <li>• Developmental/Behavioral health outreach, education and counseling services</li> <li>• Respite, care-giver support and alternative prevention options</li> <li>• Violence prevention</li> </ul>	<b>Contracted Services limited to amount under contract</b>	Parents with minor children  Specified relatives with minor children	200% FPL	Unemployed individuals  Under-employed individuals  Families with at risk youth

### Career Advancement Unit PRC Plan

SERVICE OR BENEFIT	CAP - Suitability/Eligibility to be determined by Career Advancement Unit Staff	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
Training cost <ul style="list-style-type: none"> <li>Tuition, books, lab fees, mandated class supplies.</li> </ul>	Up to but not to exceed \$19,000 for a 12 month period (months do not need to be consecutive).	Employed CAU treatment group or CAU rapid re-employment treatment group individuals.	250%	CAU Treatment Group
<ul style="list-style-type: none"> <li>Tools, equipment, clothing or safety items required for training.</li> </ul>	\$2,500 for a 12 month period (months do not need to be consecutive). Does not include vehicles.	Employed CAU treatment group or CAU rapid re-employment treatment group individuals.	250%	CAU Treatment Group
<ul style="list-style-type: none"> <li>Tools, equipment, clothing or safety items required to secure employment, upon promotion or due to increased hours.</li> </ul>	Up to but not to exceed \$5,200 for a 12 month period. Upon documentation that the tools or equipment are needed for the employment, promotion or due to increased hours. (Does not include vehicles).	Employed CAU treatment group or CAU rapid re-employment treatment group individuals.	250%	CAU Treatment Group

PRC services and benefits for the Career Advancement Unit's (CAU) treatment group participants. To take advantage of the services and benefits, treatment group participants must apply for Food Stamps, Child Care and Medicaid if potentially eligible.

### Career Advancement Unit PRC Plan

SERVICE OR BENEFIT	CAP - Suitability/Eligibility to be determined by Career Advancement Unit Staff	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
<p>Bonus Payments</p> <ul style="list-style-type: none"> <li>• Successful completion of training/school with a GPA of "C" or better for the grading period (or equivalent).</li> <hr/> <li>• Successful completion of training/school with documented credential, degree or certificate and with a GPA of "C" or better for the grading period (or equivalent).</li> <hr/> <li>• Bonus for individuals who receive a promotion, increase in hourly rate or hours as the result of completion of training or approved activity (with current or new employer).</li> </ul>	<p>\$200 per grading period. Amount of total bonus cannot exceed \$800. Payment/grading periods do not need to be consecutive.</p> <hr/> <p>\$300 upon completion. Duration of bonus cannot exceed 12 months and total amount not to exceed \$600.</p> <hr/> <p>\$250 upon promotion, increase hourly rate or increased hours</p>	<p>Employed and enrolled in training or engaged in an approved activity that may result in advancement opportunities with current employer or new employer</p>	<p>250%</p>	<p>CAU Treatment Group</p>

PRC services and benefits for the Career Advancement Unit's (CAU) treatment group participants. To take advantage of the services and benefits, treatment group participants must apply for Food Stamps, Child Care and Medicaid if potentially eligible.

**Career Advancement Unit PRC Plan**

SERVICE OR BENEFIT	CAP - Suitability/Eligibility to be determined by Career Advancement Unit Staff	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
<b>Bonus Payments</b> <ul style="list-style-type: none"> <li>Bonus for retention of employment after receiving a promotion, increase in hourly rate or increased hours as the result of completion of training or approved activity.</li> </ul>	<ul style="list-style-type: none"> <li>- 3 months retention \$50</li> <li>- 6 months retention \$75</li> <li>- 9 months retention \$100</li> </ul>	Employed CAU treatment group participants.	250%	CAU Treatment Group
<b>Rapid Re-employment</b> <ul style="list-style-type: none"> <li>After loss of employment, bonus for securing employment, within 45 days.</li> </ul>	- \$200	CAU treatment group participants who are engaged in rapid re-employment activities.	250%	CAU Treatment Group
<b>Rapid Re-employment Retention Bonus</b> <ul style="list-style-type: none"> <li>Retention of employment secured as the result of rapid re-employment activities.</li> </ul>	<ul style="list-style-type: none"> <li>- 3 months retention \$50</li> <li>- 6 months retention \$75</li> <li>- 9 months retention \$100</li> </ul>	CAU treatment group participants who have secured employment as the result of rapid re-employment and who remain with the employer for the specified time period.	250%	CAU Treatment Group

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services and benefits for the Career Advancement Unit’s (CAU) treatment group participants. To take advantage of the services and benefits, treatment group participants must apply for Food Stamps, Child Care and Medicaid if potentially eligible. All retention bonus requests must have the required documentation timely submitted by the specified date. Payments cannot duplicate payments from Career Advancement Unit / Workforce Investment Act.

SERVICE OR BENEFIT	CAP - Suitability/Eligibility to be determined by Career Advancement Unit Staff	ASSISTANCE GROUP	ECONOMIC NEED STANDARD	TARGETED GROUP
Transportation Reimbursement <ul style="list-style-type: none"> <li>• Gasoline (customer must have a valid driver license &amp; insurance) <i>OR</i></li> <li>• Bus pass <i>OR</i></li> <li>• Car/Shuttle/Van pooling expenses</li> </ul>	Monthly reimbursement up to but not to exceed \$80. Duration of reimbursement cannot exceed 12 months. (Months do not need to be consecutive.)	Employed and enrolled in training or engaged in an approved activity that may result in advancement opportunities with current employer or new employer	250%	CAU Treatment Group
Work Support Reimbursement <ul style="list-style-type: none"> <li>• Child care costs</li> <li>• Required uniforms</li> <li>• Required clothing costs (not the responsibility of or reimbursed by employer).</li> <li>• Mandated work supplies not provided by employer or reimbursed by employer.</li> </ul>	Monthly reimbursement up to but not to exceed \$65. Duration of reimbursement cannot exceed 12 months.  \$65 once every 3months. Amount of total reimbursement cannot exceed \$260 dollars. Payment periods do not need to be consecutive.			

**Career Advancement Unit PRC Plan**

PRC services and benefits for the Career Advancement Unit's (CAU) treatment group participants. To take advantage of the services and benefits, treatment group participants must apply for Food Stamps, Child Care and Medicaid if potentially eligible.



## **APPENDIX II**

## Assistance Groups

In Ohio, all families are served through defined **assistance groups**. Assistance groups participating in the OWF program are defined differently from those obtaining services under the PRC program. The OWF assistance group is established by administrative rule and, generally, is more restrictive than PRC in terms of who may be included in the assistance group. The logic for creating an OWF assistance group is defined within the CRIS-E System. Generally, a person can only be in one assistance group to receive OWF assistance payments. A county may serve OWF assistance groups that overlap with PRC assistance groups.

## Assistance Group Composition

PRC benefits and services for purposes 1 and 2 of TANF are available to a family assistance group which includes a minor child or pregnant individual as defined in ORC 5108.01 and 5108.06. PRC benefits and services are also available to the non-custodial parent of a minor child who lives in the county but does not live in the same household as the minor child. Counties can opt to provide PRC benefits and services to a non-custodial parent of a minor child who lives in the state.

At a minimum, an eligible family must consist of a minor child who resides with a parent, caretaker relative, legal guardian, or legal custodian (or consist of a pregnant individual). No family is eligible for PRC benefits and services unless the family includes a minor child who resides with the parent, caretaker relative, legal guardian, or legal custodian. PRC benefits and services may also be provided to a pregnant individual with no other minor children.

A child may be "temporarily absent" from the home in accordance with the timeframes established in OAC 5101:1-3-04 and still qualify for PRC. During the temporary period, the child is considered to be residing with the parent, caretaker relative, legal guardian, or legal custodian. An eligible family may also consist of a minor child residing with a parent, caretaker relative, legal guardian, or legal custodian and other members of the household (who may or may not be related to the minor child) who may significantly enhance the family's ability to achieve economic self-sufficiency.

The exception to the above assistance group composition requirement is that for purpose 3 of TANF, pregnancy prevention services will be available to families with children as well as to childless individuals. As already discussed, neither purpose 3 nor purpose 4 is limited to needy families or individuals. A county could use federal TANF funds (but not MOE), under PRC to serve non-needy families or individuals for either of these two purposes.

The assistance group composition for a specific benefit or service is reflected in the chart. "State Model: List of Services & Benefits" found in Appendix A. All of the benefits and services in the chart are meant to meet purposes 1 and 2 of TANF, with the exception of pregnancy prevention services which are provided to meet purpose 3 of TANF.

County agencies may create several categories of PRC assistance groups to receive different benefits and services. County agencies may create PRC assistance groups so that benefits, services, and expenditure limits are applied differently to different PRC assistance groups. In addition, a child can be connected to more than one assistance group receiving PRC.

Below are examples of multiple assistance groups and discussion of county options in creating and serving PRC assistance groups. The examples include overlapping PRC and OWF assistance groups. These examples are designed to convey various scenarios of multiple assistance groups but do not exhaust all the potential arrangements.

Figure 1

Mother and three children in an OWF Assistance Group.  
One child and non-custodial father in PRC Assistance Group.



OWF AG (Mom & 3 Children)

PRC AG (Dad & 1 Child)

Figure 2

Children in temporary custody and living with grandmother  
while their mother remains in open OWF assistance group.



PRC AG (Grandmother & Children)

OWF AG (Children Only)

OWF AG (Held open while Children in placement)

Figure 3

Grandmother with three children in her OWF Assistance Group.  
Mother and three children in PRC Assistance Group.  
Non-custodial father and one child in PRC Assistance Group.



OWF AG (Grandmother & Children)

PRC AG (Mom & Children)

PRC AG (Dad ----- & 1 Child)

Figure 4

Custodial father with two children in PRC Assistance Group.  
Non-custodial mother in PRC Assistance Group.



PRC AG (Custodial Dad & 2 Children)

PRC AG (Non-Custodial Mom & 2 Children)

Figure 5

The children live at home with mother.  
Grandmother lives in the home.



OWF AG (Mom & Children)

PRC AG (Mom, Children & Grandmother)

**May 9, 2007**

**PREVENTION, RETENTION AND  
CONTINGENCY**

**Chapter 6000**

## **APPENDIX III**

**MONTGOMERY COUNTY  
PREVENTION, RETENTION, AND CONTINGENCY PROGRAM APPLICATION**

Name of Applicant	Street Address	Case Number
SSN	City, State, Zip	Phone number where you can be reached

Parent/guardian name, if applicant is a minor: \_\_\_\_\_

Is Applicant a non-custodial parent?    Yes    No

Complete the chart below for anyone living in your home, including yourself. You are required to verify all income and liquid resources (i.e., bank accounts, CDs, stocks, bonds, etc.) for all members of your household.

Name	Relationship to Applicant	Age	Place of Birth	Source of Income	Monthly Amount of Income	Type of Liquid Resource	Amount of Resource
1.					\$		\$
2.					\$		\$
3.					\$		\$
4.					\$		\$
5.					\$		\$
6.					\$		\$
7.					\$		\$
8.					\$		\$

List any household member(s) who is **NOT** a U.S. citizen: \_\_\_\_\_

Explain what goods you need and provide an estimated cost.

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Explain how meeting this need will help your family.

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Complete the chart below regarding other agencies you have contacted to help you with this need.

Agencies you have contacted to help you with this need:	Was this agency able to help?		If this agency helped you- explain how
	YES	NO	If this agency did not help you- explain why not

My signature below affirms that the above information is true to the best of my knowledge, that I do not have the resources to meet this need, and that I will not seek additional ongoing OWF cash assistance.

Signature of Applicant or Parent/Guardian	Date
---	------

**Prevention, Retention, and Contingency Program (PRC) Worksheet**

**FOR AGENCY USE ONLY**

Check each individual for prior issuance history on SFPR, IQAP, IQEL, and IQIG. Result of review \_\_\_\_\_

**Household member(s) excluded from PRC AG and reason for exclusion.** NOTE: Unless excluded because they have been determined to derive no benefit from the PRC payment, the income and resources of excluded individuals are countable but their needs are not included in the FPG standard. (See PRC AG Table.)

Name of excluded household member	Reason for Exclusion
1.	
2.	
3.	

**Income:**

Source	Total	Reduction		Amt. Available	Verification
		Code*	\$		
1.	\$			\$	
2.	\$			\$	
3.	\$			\$	
4.	\$			\$	
5.	\$			\$	
<b>* Reduction Codes</b>					
<b>Total Available</b>				\$	

A - Income earned by a minor child.

B - Student financial aid not payable in cash to the student and retained by the educational institution to defray educational expenses.

C - The costs of supplies and materials used in self-employment situations.

Number of PRC AG Members: \_\_\_\_\_

**Compare Total Income to 50%, 150%, 175%, 200%, 250%, or 300% of the Federal Poverty Guideline.**

Does Applicant receive benefits under a Federal needs-based program (i.e., OAF, FS, Medicaid, HUD, etc.)?  Yes  No

If yes, there is no need to compare income to FPG. Name program: \_\_\_\_\_

**Application of Personal Resources:**

Liquid Assets \_\_\_\_\_

Less Amounts for Payments due - \_\_\_\_\_

Subtotal \_\_\_\_\_

- \$ 250

Available Resources \_\_\_\_\_

Total Presenting Needs \_\_\_\_\_

Available Resources - \_\_\_\_\_

Potential PRC Payment:  

**Recommendation of PRC Approval:**

Signature of Eligibility Determiner \_\_\_\_\_

Date \_\_\_\_\_

If Shopper is required, specify name:

Concur  Overrule: Reason: \_\_\_\_\_

Signature of Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Concur  Overrule: Reason: \_\_\_\_\_

Signature of Director or Designee \_\_\_\_\_

Date \_\_\_\_\_

**60 day PRC assistance period:**

From: \_\_\_\_\_ To: \_\_\_\_\_

Item/Service Provided	Approval Date	Amount Approved	Vendor's Name and Address
		\$	
		\$	
		\$	
<b>Total</b>		\$	<i>Attach additional pages if necessary.</i>

**Denial of PRC.** Reason for Denial (including citation of applicable PRC regulation(s)):

Signature of Eligibility Determiner \_\_\_\_\_

Date \_\_\_\_\_

Date MCDJFS 9630-C mailed \_\_\_\_\_

## Montgomery County Department of Job and Family Services Service Application

Name of Adult Applicant		Current Address		Date Completed
Phone Number		City, State, and Zip Code		OWF Case Number
Employment Status	Actual Hourly Rate	Hire Date	Occupation	Hours Worked per Week

Please indicate what service or program you are applying for: \_\_\_\_\_ Is the applicant a non-custodial parent?  Yes  No

Do any household members meet the following?	YES	NO	List household members (name(s))
1. Application is for a single individual, unless the individual is pregnant or a non-custodial parent.			
2. Application is for medical services other than pre-pregnancy family planning services.			
3. An AG member is not a United States citizen.			
4. An AG member has an outstanding overpayment for OWF and/or PRC assistance received fraudulently.			

Please indicate the highest grade you have completed: \_\_\_\_\_ Are you currently enrolled in school?  Yes  No If yes, where? \_\_\_\_\_

The following information must be provided for everyone living in your home. Your case manager will discuss this information with you and will eliminate any information that we do not need. Please include all non-custodial children in the chart below.

Name	Sex	Relationship To Applicant	Date of Birth	Marital Status	UCI Number	US Citizen	Program	*Gross Monthly Income and Source (see back of form)	Check the boxes for all benefits currently received by any household member listed
1.	MF	SELF		M/D/S		Y/N	Y/N		<input type="checkbox"/> OWF Cash <input type="checkbox"/> DA Cash <input type="checkbox"/> SSI (not SSA) <input type="checkbox"/> Free/Reduced School Lunches <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid (not Medicare) <input type="checkbox"/> MCDJFS Child Care <input type="checkbox"/> HUD <input type="checkbox"/> Who?
2.									
3.									
4.									
5.									
6.									
7.									
8.									
								Total \$	

By signing below, I attest that the above information is true and correct to the best of my knowledge and belief. I understand that this information is subject to verification, and I give my permission to \_\_\_\_\_ and MCDJFS to verify my eligibility and to share information with service providers.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

(If under 18, Legal Guardian or Parent Signature is required)

For Vendor Use Only			
Project Coordinator	Service Provided	Service Code	Service Begin Date
Vendor Name	Referral Agency	Vendor ID#	Service End Date
Name of Income Source (i.e., Name & Address of Employer)			
*Describe below the method used for documentation (personal interview and documents viewed, such as pay stubs, driver's license, utility bill, birth certificates, etc.)			

**Comments:**

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For Agency Use Only			
<input type="checkbox"/> Approved	Total Income	MCDJFS Eligibility Determiner	
<input type="checkbox"/> Denied	Income at or below _____ % FPG	<input type="checkbox"/> Yes	Director/Designee Signature
Determination Date		<input type="checkbox"/> No	
Reason for Denial, if applicable			

**TRANSITIONAL MEDICAID  
AND  
PREVENTION, RETENTION, & CONTINGENCY (PRC)**

**INVESTIGATION & RECOVERY INQUIRY**

Case Name		Case Number		SSN	
To	From	UNID	Phone	Date	

The above case name is potentially eligible for:

- Transitional Medicaid provided no assistance group member has committed OWF or Medicaid fraud within the 6-month period prior to becoming ineligible for OWF cash assistance. The fraud determination must have resulted in a conviction by a court of competent jurisdiction.
- PRC benefits provided that no assistance group member
  - has an outstanding OWF or PRC fraud overpayment balance
  - has been found to have fraudulently misrepresented residence in two or more states in order to receive OWF or PRC in the past ten years.

*(Job and Family Services Specialist should first check BVIC with the individuals' Social Security numbers to see if there are any overpayment claims.)*

Please check to see if there have been any convictions on the persons listed below and indicate the date of the conviction or if there is any outstanding IPV overpayment balance and indicate the amount:

	ASSISTANCE GROUP NAME(S)	DATE CONVICTED	AMOUNT OF IPV OVERPAYMENT BALANCE
1			
2			
3			
4			
5			
6			
7			
8			

- Check box if an assistance group member has been convicted of fraudulently receiving OWF, PRC, or Medicaid.
- Check box if an assistance group member has an outstanding OWF or PRC IPV fraud overpayment balance.
- Check box if an assistance group member has been found to have fraudulently misrepresented residence in two or more states in order to receive OWF or PRC benefits in the past ten years.

Signature of I&R Staff	Date Received	Date Returned
------------------------	---------------	---------------



Ohio Department of Public Safety

REQUEST FOR SERVICE BY COUNTY AGENCY

State and County agencies must complete this form and submit it to the BMV when requesting to make payment for service by way of County Agency Voucher or Intra State Agency Voucher (ISTV). Attach a copy of the voucher, if applicable. A revenue transfer must be completed for the amount of service authorized through an ISTV or by way of check within 30 days after the service was provided.

SERVICE REQUESTED	
Date of request:	Amount of Voucher/ISTV (Require)
Type of service requested <input type="checkbox"/> Reinstatement Fee <input type="checkbox"/> Other (explain)	\$
	BMV Case # (Required)
Other Information:	

CUSTOMER/RECIPIENT INFORMATION			
First Name	Last Name		Middle Initial
Street Address		Social Security #	
City	State	Zip	Phone # (    )

AGENCY INFORMATION			
Agency Name		Agency Contact/Case Worker	
Street Address		Phone Number (    )	
City	State	Zip	Fax Number (    )
Agency Authorized Signature X		E-mail Address	

DO NOT WRITE BELOW THIS LINE		
Key Number	Service Date	Service Provided By
Amount of Voucher/ISTV \$	Payment/ISTV Rec'd Date	Payment Processed By
Notes:		

Mail to: Ohio Bureau of Motor Vehicles Cashiers, P.O. Box 16521, Columbus, Ohio 43286-0621

Mission Statement

"to save lives, reduce injuries and economic loss, to administer Ohio's motor vehicle laws and to preserve the safety and well being of all citizens with the most cost-effective and service-oriented methods available."

**Notice of Action Taken on Your Application For the Prevention, Retention, and Contingency (PRC) Program**

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

This notice is to tell you that your application for the **Prevention, Retention, and Contingency Program (PRC)** dated \_\_\_\_\_

has been denied because: \_\_\_\_\_

has been approved for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_ in the amount of \$ \_\_\_\_\_ for:

The regulations supporting this decision are: \_\_\_\_\_

If you do not understand this notice 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 action 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 the 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 do not 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, 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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If you have been approved 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.

### MONTGOMERY COUNTY CHILDREN SERVICES EMERGENCY FUNDS REQUEST

**Part I.**

Applicant Name:	Social Security #
Applicant Address: (Check here if not Montgomery County ( ))	OWF #
City, State, Zip	Client Name: (if different from applicant)
Phone Number	FACSSIS #

Other Family Members	DOB	Relationship	Social Security #	Placement Risk	Resuscitation
1.					
2.					
3.					
4.					
5.					

**Part II. Eligibility Criteria Statement**

YES	NO	
<input type="checkbox"/>	<input type="checkbox"/>	1. Assistance is so needed: (circle appropriate category) (a) To alleviate a crisis that could lead to removal of children from the parent home; or (b) To assist children's safe return to their family from out-of-home care; or (c) To enable relatives to assume care for children who cannot remain in the parent home.
<input type="checkbox"/>	<input type="checkbox"/>	2. The family encountering the crisis/emergency situation does not have the resources to meet the child's needs without assistance.
<input type="checkbox"/>	<input type="checkbox"/>	3. The crisis/emergency situation is not as a result of a caretaker's refusal of employment or training (without good cause.)
<input type="checkbox"/>	<input type="checkbox"/>	4. Neither the family to receive services nor the child has been authorized for emergency assistance within the previous 12 months. If no, explain:
<input type="checkbox"/>	<input type="checkbox"/>	5. The family meets income eligibility criteria.

**Part III. Disqualifying Factors:**

Y	N	
<input type="checkbox"/>	<input type="checkbox"/>	1. Fugitive felons and probation and parole violators
<input type="checkbox"/>	<input type="checkbox"/>	2. Individuals with an outstanding OWF or PRC fraud overpayment balance.
<input type="checkbox"/>	<input type="checkbox"/>	3. An uneducated, non-graduate parent under 18 not attending high school or equivalent.
<input type="checkbox"/>	<input type="checkbox"/>	4. An uneducated parent under 18 not living in an adult-supervised setting.
<input type="checkbox"/>	<input type="checkbox"/>	5. A person found within the last ten years to have fraudulently misrepresented residence in order to obtain aid in two or more states

*(All answers in this section must be NO to qualify for PRC Funds)*

By my signature below, I hereby state that I do not have the resources needed to meet this crisis/emergency situation without assistance and have not received Emergency Assistance in the past 12 months.

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

**Part IV. Services Requested**

Services Requested (Check all that apply)	Amount Requested	Service Provider
<input type="checkbox"/> Clothing (Children only-Specify Names):		
<input type="checkbox"/> Rent/Deposit		
<input type="checkbox"/> Food/Personal Care Items		
<input type="checkbox"/> Furniture/Appliances		
<input type="checkbox"/> Utilities		
<input type="checkbox"/> Other (Specify):		

**Part V. Statement of Crisis:**

Why is family unable to meet need without assistance?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How will family be able to prevent reoccurrence of crisis?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Part VI. Source/Amount of Income and Expenses and Approvals**

OWF: _____	Rent: _____
SS: _____	Subsidized: _____ Yes _____ No
SSI: _____	Utilities: _____
Food Stamps: _____	PIPP: _____ Yes _____ No
Employer: Name _____	Other: _____
Gross Pay _____	_____
_____ Income is below 200% Poverty Level	
_____ If housing deposit, attach inspection checklist.	
_____ If new vendor, attach W-9.	

Signature of Caseworker \_\_\_\_\_  
 Completing Form \_\_\_\_\_

Approved  Denied

Protective Services Director \_\_\_\_\_ Date \_\_\_\_\_

**MONTGOMERY COUNTY CHILDREN SERVICES  
PREVENTION, RETENTION, CONTINGENCY – CHILD PROTECTIVE SERVICES**

**Part I.**

Applicant Name:	Social Security #
Applicant Address: (Check here if not Montgomery County D)	OWF #
City, State, Zip	Client Name: (If different from applicant)
Phone Number:	FACSSIS #

Other Family Members	DOB	Relationship	Social Security #	Placement Risk	Reunification
1.					
2.					
3.					
4.					
5.					

**Part II. Case Management Services**

YES    NO <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<i>(All answers in this section must be YES to qualify)</i>
1. Assistance does not include medical-related services.		
2. The child resides with parent, relative caretaker or in other non-institutional, custodial setting.		
3. The family does not have the resources to meet the child's needs without assistance.		

**Part III. Disqualifying Factors For Adult Caretaker:**

Y    N <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<i>(All answers in this section must be NO to qualify for PWC Funds)</i>
1. Fugitive felons and probation and parole violators.		
2. Individuals with an outstanding OWF or PRC fraud overpayment balance.		
3. An unmarried, non-graduate parent under 18 not attending high school or equivalent.		
4. An unmarried parent under 18 not living in an adult-supervised setting.		
5. A person found within the last ten years to have fraudulently misrepresented residence in order to obtain aid in two or more states.		
By my signature below, I hereby state that I do not have the resources needed to meet this need without assistance.		
Signature of Adult Caretaker: _____ Date: _____		

**Part IV. Services Requested**

Services Required: (Check all that apply.)	Amount Requested	Service Provider
<input type="checkbox"/> Diagnostic Services		
<input type="checkbox"/> Counseling Services		
<input type="checkbox"/> Respite Care		
<input type="checkbox"/> Protective Day Care		
<input type="checkbox"/> Tutoring/Educational Services		
<input type="checkbox"/> Substance Abuse Treatment		
<input type="checkbox"/> Other (Specify):		

**Part V. Statement of Need/Justification:**

How will service meet child's need(s) and increase ability of caretaker to maintain child?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Proposed Length of Service

\_\_\_\_\_

\_\_\_\_\_

**Part VI. Source/Amount of Income and Expenses (of Adult Caregiver) and Approvals**

OWF: _____	Rent: _____
SS: _____	Subsidized: _____ Yes _____ No
SSI: _____	Utilities: _____
Food Stamps: _____	PIPP: _____ Yes _____ No
Employer: Name _____	Other: _____
Gross Pay _____	_____
_____ Income is below 300% Poverty Level	
_____ If new vendor, attach W-9.	

**SIGNATURES:**

Signature of Caseworker Completing Form \_\_\_\_\_

Approved  Denied

Protective Services Director \_\_\_\_\_ Date \_\_\_\_\_

## **Montgomery County Brighter Futures Program**

The Brighter Futures Program is the Early Start Expansion Program in Montgomery County. The Greater Dayton Area Hospital Association administers the program.

### **Goals**

- To improve the outcomes of pregnancy
- To improve the health and development of the child
- To improve the parent's life development

Potential participants are identified primarily through the hospital-based clinics and community-based pre-natal clinics. An application is processed for families who are not receiving OWF. OWF families do not need to complete an application for this program. Brighter Futures staff process the application and determine eligibility for the program.

### **Program Dimensions**

- Montgomery County Resident
- Females under 25 years of age
- Pregnant through 30 days post-partum
- OWF recipient, or
- Family at or below 300% of Federal poverty guidelines

The Brighter Futures families receive services, not financial assistance. Participation in the program does not disqualify them from applying for or receiving benefits through the county's PRC program.

### **Program Components**

- Screening of child health and development
- Individualized Family Service Plan
- Referral to service providers
- Service coordination/case management
- Family supports
- Home visits by R.N., B.S. Degree
- Transportation (non-cash)
- Parenting Classes
- Respite Care

**MONTGOMERY COUNTY  
PREVENTION, RETENTION, AND CONTINGENCY PROGRAM APPLICATION  
HELP ME GROW**

AG Name	Street Address	Case Number
Phone number where you can be reached	City, State, Zip	SSN

Review of AG members with respect to the following disqualifying factors. Check YES for any that are applicable to members of this AG.

YES	NO	Disqualifying Factors
		1. Application is for a single individual, unless the individual is pregnant or a non-custodial parent.
		2. Application is for medical services other than pre-pregnancy family planning services.
		3. Any AG member is not a United States citizen or qualified alien.
		4. Any AG member has an outstanding overpayment for OWF and/or PRC assistance received fraudulently.

List household members(s) excluded from the PRC AG and the reason for the exclusion. NOTE: Unless excluded because they have been determined to deserve no benefit from the PRC payment, the income and resources of the excluded individuals are countable, but their needs are not included in the FPG standard.

Name of excluded household member	Reason for Exclusion
1.	
2.	
3.	
4.	

1. Have you ever received any type of public assistance from a job and family services department?  No  Yes  
If yes, complete the boxes below:

County where you received public assistance:	Type of assistance you received:	Date you received assistance:
--	----------------------------------	-------------------------------

2. Complete the chart below for anyone living in your home, including yourself. You must document all income and liquid resources (i.e., bank accounts, CDs, stocks, bonds, etc.) for all members of your household.

Name	Relationship to Applicant	Age	Source of Income	Monthly Amount of Income	Type of Liquid Resource	Amount of Resource
1.				\$		\$
2.				\$		\$
3.				\$		\$
4.				\$		\$
5.				\$		\$
6.				\$		\$
7.				\$		\$
8.				\$		\$
Total				\$		\$

My signature below affirms that the above information is true to the best of my knowledge and that I do not have the resources to meet this need.

Signature of Applicant	Date
------------------------	------

**FOR AGENCY USE ONLY**

Income:

Source	Total	Reduction		Amount Available	Verification
		Code*	\$		
1.	\$			\$	
2.	\$			\$	
3.	\$			\$	
4.	\$			\$	
5.	\$			\$	
6.	\$			\$	

\*Reduction Codes  
 A = Income of a minor child  
 B = Student financial aid not payable in cash to the student  
 C = The costs of supplies and materials used in self-employment

Total Available

\$

Number of PRC AG Members: \_\_\_\_\_ 300% of FPG for this AG: \$ \_\_\_\_\_ AG's Income: \$ \_\_\_\_\_

PRC Approved.

<input type="checkbox"/> Concur <input type="checkbox"/> Overrule: Reason:	
Signature of Supervisor:	Date:
<input type="checkbox"/> Concur <input type="checkbox"/> Overrule: Reason:	
Signature of Managing Director:	Date:

PRC Denied. Explain reason for denial (including violation of applicable PRC regulation(s)).

Comments:

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Signature of Eligibility Determiner	Date	Date MCDMS 9630 Mailed
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**May 9, 2007**

**PREVENTION, RETENTION AND  
CONTINGENCY**

**Chapter 6000**

## **APPENDIX IV**

REFER TO RESOLUTION NO. 04-1445  
DATE: 7-13-04

**MEMORANDUM OF UNDERSTANDING**

**Between**

**The Montgomery County Department of Job and Family Services  
and  
The Montgomery County Children Services**

This Memorandum of Understanding shall be effective the date after execution by and between the Board of County Commissioners of Montgomery County, Ohio, the **Montgomery County Department of Job and Family Services (MCDJFS)** and the **Montgomery County Children Services (MCCS)** for the purpose of accessing Prevention, Retention and Contingency (PRC) funding through the Ohio Department of Job and Family Services. Terms and conditions of this Memorandum of Understanding shall be effective July 1, 2004 through June 30, 2005. MCDJFS will use its PRC allocation to reimburse MCCS for providing child welfare and juvenile diversion activities and case management as authorized under the Ohio Administrative Code (OAC) Section 5101:2-39-06.

MCCS will perform all administrative and monitoring duties required by the PRC program. These duties shall include: monitoring the contract to ensure compliance with PRC program eligibility, ensuring that all reports are completed accurately and submitted timely, preparing accurate invoices and submitting invoices to MCDJFS by the 15<sup>th</sup> of the month following the month of service delivery. MCCS will maintain auditable records for a period of at least three (3) years following the termination of the PRC contract.

MCDJFS will reimburse MCCS for the above activities. A copy of the Scope of Work is attached and pursuant to House Bill 299, Section 63.09, 1763 - 1789. MCCS will send an invoice to MCDJFS that will include all costs related to services provided to PRC eligible customers. MCDJFS will then reimburse MCCS using PRC dollars. It is understood that PRC funds available to MCDJFS are limited to the amount of funds allocated by the Ohio Department of Job and Family Services each fiscal year. Accordingly, MCDJFS reserves the right to limit PRC funding available to MCCS.

MCCS assumes full responsibility for billing and determining the allowable PRC expenses related to Case Management Services. Furthermore, all audit findings incurred for improper billing, unallowable services or program violations will be the sole responsibility of MCCS.

The sum of this Memorandum of Understanding is in an amount not to exceed \$2,200,000.00. This Memorandum of Understanding is contingent upon the continued availability of PRC funds.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**  
(Effective April 1, 2003)

5101:1-1-03 Disclosure of recipient information, nondiscrimination, and treatment of information received from the IRS and social security administration.

(B) Allowable disclosure of information

In accordance with section 5101.30 of the Revised Code and in addition to sections 5101.27 and 5101.28 of the Revised Code, recipient information and records for any of the programs identified in paragraph (A) of this rule may be released to the following entities identified in paragraphs (B)(1) to (B)(10) of this rule. However, only the minimum information necessary to fulfill the need for the sharing of information as allowed by this rule may be released:

(2) Any private contractor, grantee, or other state or county entity, performing administrative or other duties on behalf of the Ohio Department of Job and Family Services (ODJFS) or a county department of job and family services (CDJFS) when in compliance with paragraphs (B)(2)(a) to (B)(2)(d) of this rule. Access under this paragraph includes but is not limited to exchange of information pursuant to section 307.987 of the Revised Code. Information that can be accessed under this paragraph is limited only to information needed for completion of the administrative or other duties on behalf of ODJFS or CDJFS:

(d) If sharing of information (including eligibility information) pursuant to the contract involves information related to medical eligibility or medical coverage under the DA program set forth in Chapter 5115 of the Revised Code, the following additional language is required to be included in the contract:

(i) The contractor will use safeguards to prevent unauthorized uses/ disclosures of the information.

(ii) The contractor will report any authorized uses/disclosures of the information to ODJFS or the CDJFS, whichever contracts with the contractor (contractee).

(iii) The contractor will provide the obligations contained in the contract to all subcontractors/agents.

(iv) The contractor will share all information received pursuant to the contract with the contractee.

(v) If an individual seeks information of which they are the subject, seeks amendment of that information or an accounting of disclosures of the information which the contractor is holding as a result of this contract, the contractor shall immediately refer the individual to the CDJFS and notify the CDJFS of the request.

**HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)**  
(Effective April 1, 2003) (cont.)

(vi) The contractor shall make available its internal practices, books and records relating to use and disclosure of information about individuals which were received pursuant to this contract to the CDJFS and ODJFS upon request, and to the United States Department of Health and Human Services (HHS) for the purpose of determining the states compliance with the Health Information Portability and Accountability Act (HIPAA) and regulations and amendments promulgated by HHS for the purpose of implementing HIPAA.

(vii) Upon termination of the agreement required by the provisions set forth in this rule, the contractee shall require that the contractor do one of the following:

(a) Return all information received about individuals pursuant to the agreement and retain no copies of the information, except as directed by the contractee or required by law. Any information that the contractor retains must be extended the same protections set forth in the written agreement for as long as the information is maintained by the contractor; or

(b) Destroy all information received about individuals pursuant to the agreement and keep no copies of the information except as directed by the contractee or required by law. If the contractor or its agent destroys the information, the contractor shall provide documentation evidencing such destruction to the CDJFS.

This Memorandum of Understanding will terminate June 30, 2004 or at any time upon thirty (30) days written notice of either party.

**MONTGOMERY COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES**

Bonnetta Graves Beverly A. Pemberton 07/14/04  
Authorized County Representative Witness Date

**MONTGOMERY COUNTY CHILDREN SERVICES**

Sela E. Jones-Kelley Carrie J. Smith 7/17/04  
Authorized Provider Representative Witness Date

Executive Director  
Title

Montgomery County Children Services  
Organization/Agency

3304 N. Main Street  
Street

Dayton, Ohio 45405-2646  
City State Zip Code

**Montgomery County Board  
Commissioners**

Witness:

By \_\_\_\_\_

By \_\_\_\_\_

By \_\_\_\_\_

Justina M. Huron By Deborah A. Feldman  
Deborah A. Feldman, Administrator  
Montgomery County

APPROVED AS TO FORM: **MATHIAS H. HECK, JR., Prosecuting Attorney  
Montgomery County, Ohio**

By Mathias H. Heck, Jr. 6-29-04  
Assistant Prosecuting Attorney Date

**PREVENTION, RETENTION AND CONTINGENCY PROGRAM  
MONTGOMERY COUNTY CHILDREN SERVICES  
APPENDIX**

**PROGRAM**

Emergency funds are available to help alleviate a crisis that could lead to the removal of children from their home or to facilitate the children being safely placed or returned to their family. This assistance is also available to relative caretakers who are assuming responsibility for the care of children under the age of 18 years. Referrals for service will be initiated by the caseworker/supervisor through the completion of the Emergency Funds Request form.

**ELIGIBILITY**

All of the following eligibility requirements must be met.

- Income guideline – 300% FPL;
- Families with children who are active with Montgomery County Children Services;
- Families where neither parent is being sanctioned;
- Families who have not received assistance within the past 12 months;
- Families where the assistance will enable the family to meet the existing need; and
- Community resources are not available to meet the identified need.

**APPLICATION PROCESS**

The Emergency Funds Request form is to be completed by the caseworker and signed by the caseworker and applicant. The caseworker is to attach a purchase requisition for each provider.

The following verifications of need are to be provided with the Emergency Funds Request form.

If clothing is being requested, clothing inventory must be completed and attached for each child. The agency guidelines for clothing allowance are as follows:

- Age: Birth to 12 months      \$200.00
- Age: 1 year to 4 years      \$200.00
- Age: 5 years to 11 years      \$300.00
- Age: 12 years to 18 years      \$350.00

This request must also be accompanied by an invoice for the service or a bill/notice from the provider.

When the request is related to securing housing, the caseworker is to visit the site and provide an inspection checklist, a landlord statement/invoice of rental intent and a W-9 if this is a new provider.

#### **DETERMINATION OF ELIGIBILITY**

Income must not exceed guidelines of 300% of the Federal Poverty Guidelines based on family size. (see attached)

All income, which is to be received by the parent, is to be considered when determining financial needs. Documentation of income is required (source, gross amount, schedule of pay). This requirement is waived for caretaker relative (ex. aunt, uncle, grandparents). Examples:

- Paid weekly – last four pay stubs
- Paid bi-weekly – last two (2) pay stubs
- Paid twice monthly – last two pay stubs received
- May also use Employment Verification Form

#### **EXPLORING RESOURCES**

Every effort must be made to explore and utilize community resources prior to requesting Emergency Funds. Funds will not be authorized to prevent electric and gas cutoffs or to restore gas and electric service during the "Winter Heating Season" when the HEAP Program is an available resource. Prior to approval of Emergency Funds, families are to apply for the PIP program.

#### **AMOUNTS AND TYPES OF ASSISTANCE**

Emergency Fund payments are limited to the amount actually required to meet the presenting need during a sixty (60) day period up to \$1,000.00. Any number of services can be provided during this period as long as they are distinctive, non-ongoing occurrences and do not exceed \$1,000.00.

Examples of general categories of assistance, goods and service that may be provided via Emergency Funds include, but are not limited to:

##### **Shelter Expenses Rent/Deposit**

Deposit or one month's rent.  
Caseworker must inspect the property to be rented.

##### **Furniture/Appliances**

Basic household furnishings to establish a household or to bring furnishings to an acceptable level.

##### **Clothing**

Initial clothing allowance for children placed with a relative caregiver.

##### **Utilities**

One time assistance to restore or initiate utility service (ex: gas, electric, water, sewage).

##### **Transportation**

Bus passes or other transportation service to meet specific needs. (Automobile purchases are not allowable).

##### **Telephone**

Assistance provided only in special needs situations which must be documented and presented with request.

**Special Requests**

Car seats, smoke detectors, fire extinguishers, which are needed to bring a relative's home/supplies in compliance with safety requirements.

**PROGRAM CONTROL**

The approval of the Director of Family Centered Services, or designee, is required to authorize Emergency Fund assistance. The purchase requisitions are to be signed by the supervisor and Department Manager prior to submission for approval.

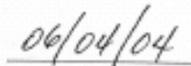
Payments for authorized expenditures will be generated by the Finance Unit. All payments will be made to the vendor.

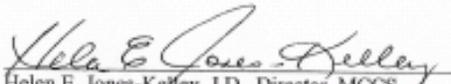
Applicants will be notified promptly of the determination made on their application for Emergency Assistance.

Montgomery County Children Services agrees to implement the Emergency Assistance Contingency Fund Program as provided above.

**EFFECTIVE DATE: May 1, 2004**

  
\_\_\_\_\_  
Dannelta Graves, Director, MCDJFS

  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Helen E. Jones-Kelley, J.D., Director, MCCA

  
\_\_\_\_\_  
Date

**May 9, 2007**

**PREVENTION, RETENTION AND  
CONTINGENCY**

**Chapter 6000**

## **APPENDIX V**

2005

MONTGOMERY COUNTY DEPT. of JOB AND FAMILY SERVICES  
YOUTH WORKS: SUMMER PROGRAM

**TANF FUNDED**

## OPERATIONAL COST

This plan seeks to provide Summer employment and educational training opportunities for a maximum of 1,500 low income youth of Montgomery County to be funded through the WIA/TANF: WIA Supplement Allocation. Eligibility is based on TANF income requirement (200% of Federal Poverty Guideline). Ages of participants will range from 14 through 17. This portion of Summer youth program is to be operated at the Job Center by WIA youth staff and other professionals listed below.

Proposed Program Duration: *June 13 through August 26, 2005*

Average Hours Work or Classroom Per Week: *15 hours per week for period not to exceed 10 weeks*

(1,200 to 1,500 )Subsidized Employment

and Training hourly rate:	<i>@\$5.46/hr for total wage of</i>	<i>\$1,228,500.00</i>
	<i>Social Security Tax</i>	<i>\$ 79,852.50</i>
	<i>Medicare Tax</i>	<i>17,813.25</i>
	<i>Workers Comp</i>	<i>15,992.00</i>
		<b><u>\$1,342,157.75</u></b>

Instructors:	6	<i>@ \$15 an hour for 40 hours a week (thru Aug. 12, 2005)</i>	<b>\$ 32,400.00</b>
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Case Managers:	6	<i>@ \$12 an hour at 40 hours a week for a period not to exceed 17 weeks</i>	<b>\$ 48,960.00</b>
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Receptionist:	1	<i>@ \$9 an hour at 40 hours a week for a period not to exceed 18 weeks</i>	<b>\$ 6,480.00</b>
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Temporary Service surcharge:	<b>\$ 39,528.00</b>
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Payroll Processing Cost:	<b>\$ 15,760.00</b>
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Bus Token	<b>\$ 6,072.00</b>
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Supplies and Testing Material	<b>\$ 13,500.00</b>
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Space Rental	<b>\$ 15,000.00</b>
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<b><u>Total:</u></b>	<b><u>\$1,519,857.75</u></b>
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### **Educational Component:**

The educational component of the program will occur the first 3-6 weeks of the program. Classes will include:

- ✦ Basic math and reading enhancement
- ✦ Making career decisions
- ✦ Completing applications
- ✦ Developing interviewing skills
- ✦ Being consistently punctual
- ✦ Maintaining regular attendance
- ✦ Demonstrating positive attitudes and behaviors
- ✦ Presenting appropriate appearance
- ✦ Exhibiting good interpersonal skills
- ✦ Completing task effectively

The goals of the program are:

- ◆ To provide youth with knowledge regarding various labor markets and careers.
- ◆ To help youth to motivate themselves in the development of a career.
- ◆ To help youth to increase their awareness of their personal strengths, weaknesses, values, goals, risk behaviors, health issues, and other career-related behaviors.
- ◆ To help youth to increase their awareness of their cultural, social, and self identities as they impact career development.
- ◆ To help youth to develop fundamental life skills for managing their personal growth, interpersonal relationships, and career development.
- ◆ To help youth overcome self-defeating behaviors.
- ◆ To help youth develop a plan of action for overcoming barriers to success.
- ◆ To develop skills in a career path.

## **COMPETENCIES TO BE OBTAINED**

### **Foundation Skills**

- Basic Skills:** Youth demonstrate proficiency for reading, writing, arithmetic/mathematics, listening, and speaking.
- Thinking Skills:** Youth demonstrate a capacity for creative thinking, decision-making, problem-solving, seeing things in the "mind's eye," knowing how to learn, and reasoning.
- Personal Qualities:** Youth demonstrate qualities essential to success in the workplace, including responsibility, self-esteem, sociability, self-management, and integrity/honesty.

### **Workplace Competencies**

- Resources:** Youth demonstrate competency in the identification, planning, and allocation of resources, such as time, money, materials and facilities, and human resources.
- Interpersonal Relations:** Youth demonstrate competency in managing relationships with others. Specific competencies including participating in a team, teaching others new skills, serving clients and customers, exercising leadership, negotiating, and working with diversity.
- Information:** Youth demonstrate competency in managing information. Specific competencies include acquiring and evaluating information, organizing and maintaining information, interpreting and communicating information, and using computers to process information.
  
- Earn A Computer Program:** Up to 300 selected youth ages 14 through 17 will participate in the basics of assembling a computer. Students start by reviewing the basic components that make a computer and how each part interacts with the other parts. Each class (this Summer only) may consist of up to 40 students for a period of four days. Class will begin at 9:00 a.m and end at 4:00 p.m. Upon successful completion, each student will receive certificate of completion and be eligible to take home the computer he/she build during the training as long as the program expectations such as: (a) complete daily assignments (b) maintaining perfect attendance (c) assemble a computer, and (d) score 90 or higher on the post-training test.

### **CORE COMPETENCIES**

- Making Career Decisions
- Using Labor Market Information
- Preparing Resumes
- Filling Out Applications
- Interviewing
- Being Consistently Punctual
- Maintaining Regular Attendance
- Demonstrating Positive Attitude and Behavior
- Presenting Appropriate Appearance
- Exhibiting Good Interpersonal Skills
- Completing Tasks Effectively

## **SUMMER YOUTH PROGRAM** **COURSE DESCRIPTIONS**

### **Life Skills Class**

Required of all participants in the Summer Youth Program, the Life Skills Class focuses upon the development of knowledge and skills regarding career-development. Exercises are ***discussion-based*** and ***reflection-based***, and aim to help youth to develop a more defined sense of goals, strengths, weaknesses, preferences, fears, and needs, as these qualities relate to the growth of a career. Instructors seek to provide youth with an understanding of skills necessary to success in the working world, including interviewing, networking, writing resumes and cover letters, budgeting, lifestyle planning, career research, goal-setting, and time and resource management. Instructional methods incorporate primarily class discussion, small group discussion, workbook readings and exercises, and class journals. The Life Skills class is required of all youth in the Summer Program. Classes will be successfully completed as a pre-requisite to employment.

Required Text: Bingham, M., & Stryker, S. (1990). Career Choices: A Guide for Teens and Young Adults. Santa Barbara, CA: Academic Innovations.

### **Life Skills Lab**

An extension of the Life Skills Class, the Life Skills Lab focuses upon the application of the knowledge and skills that youth have discussed in their Life Skills Class to "real life" situations and problems. Exercises are primarily ***activity-oriented***, and seek to involve youth with other youth in developing a practical understanding of career-related concerns, such as goal-setting, budgeting, time and resource management, interviewing, resume building, and job searching. Instructors seek to provide youth with opportunities for practicing these skills while also engaging in team-building, the development of interpersonal relationships, collaboration with others, and leadership-enhancing activities. Course methods include debates, mock interviews, real-world simulations, guest speakers, interviewing representatives of real-world careers, group projects, and decision-making exercises. Each Life Skills Lab is ***team-taught*** - which allows instructors an opportunity to maximize instructor-to-youth one-to-one interaction. As a team in weekly meetings, instructors determine which activities they will implement to illustrate the concepts from the Life Skills Class. The Life Skills Lab is required of all youth in the Summer Program.

### **Basic Skills Classes**

The Basic Skills classes focus upon the development of basic knowledge and skills in two academic areas: language and math. Each class involves various exercises that provide youth with an opportunity to learn thinking, practical, and study skills in either linguistic or mathematical problems representative of those that they have encountered and likely will encounter in the development of their careers. Instructors should strive to create "real-world" problems and situations for youth to negotiate, both as individuals and as teams, and should encourage youth to make connections between what they learn in class to their own real-world experiences. The Basic Skills Classes are *team-taught* - which allows instructors an opportunity to maximize instructor-to-youth one-to-one interaction. **Each pair of instructors has the responsibility for creating the curriculum for their respective assignment: either Language Skills or Math Skills Class.** Course methods vary according to what each pair of instructors decides to be necessary, appropriate, or beneficial to youth; however, they should include a combination of *discussion-based* and *activity-based* exercises. The Basic Skills classes are required only for youth who demonstrate deficiency in basic skills through their WRAT scores during Program Intake.

#### Required Texts:

Language Skills: Goode, J., & Bingham, M. (1990). Possibilities: A Supplemental Anthology for Career Choices. Santa Barbara, CA: Academic Innovations.

Math Skills: Bingham, M., Willhite, J., & Myers, S. (1990). Lifestyle Math: Your Financial Planning Portfolio. A Supplemental Mathematics Unit for Career Choices. Santa Barbara, CA: Academic Innovations.

**Pre-Employment Requirements:**

- All participants would be required to successfully complete the educational component of the program prior to being referred for job placement.
- Participants must complete at least four (4) week course at the beginning of the program. Any participants not being successful during this period would be allowed one more opportunity by remaining in class for a maximum of (2) additional weeks to acquire the needed skills. Participants not successfully completing the program after the extension period will be terminated from the program.
- Participants will be evaluated in the following manner:
  - A weekly exam will be given covering all materials reviewed within the week. Each student will have an opportunity to earn up to (60) points a week which equals 300 points.
  - Customers will be assessed in the areas of punctuality, interpersonal skills, dress, math/reading, behaviors and academic performance.
  - Participants must acquire a range of 250-300 points before they would be referred for employment.
  - Participants will be placed in employment based on interest/skill levels.
- Assessment instruments to be used to determine pre-employment skills are :
  - Pre-Assessment Test
  - Objective Assessment Test
  - Employability Skills Test
  - IDEAS (Interest Survey)
- Participants will be required to have contact with an assigned worker on a weekly basis in order to identify potential problems.
- All participants will be expected to follow policies outlined by the employer.

**MONTGOMERY COUNTY DEPARTMENT HUMAN SERVICES**  
**YOUTH PROGRAM EVALUATION**

Student Name \_\_\_\_\_

Social Security # \_\_\_\_\_

Rating Period \_\_\_\_\_

**Circle Appropriate Number**

1. **QUALITY OF WORK** (accuracy, neatness, thoroughness)  
 Inferior / Rather / Meets / Highly /  
 Work / Careless / Requirements / Accurate / Exceptional  
 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
  
2. **QUANTITY OF WORK** (volume, amount, speed)  
 Very / Insufficient / / Rapid / Highly  
 Slow / Work / Moderate / Worker / Productive  
 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15
  
3. **KNOWLEDGE OF WORK**  
 Almost / / / Good / Excellent  
 None / Limited / Adequate / Understanding / Comprehension  
 0 1 2 3 4 5 6 7 8 9 10
  
4. **ADAPTABILITY** (adjustment to change, ability to learn)  
 Unable to / Slow In / / Adapts / Rapid  
 Adapt / Learning / Satisfactory / Readily / Learner  
 0 1 2 3 4 5 6 7 8 9 10
  
5. **DEPENDABILITY** (reliability, attendance)  
 Needs Constant / Needs Frequent / Usually / Seldom Needs / Highly  
 Supervision / Checking / Dependable / Checking / Reliable  
 0 1 2 3 4 5 6 7 8 9 10
  
6. **COOPERATION** (working with others)  
 / Has / Generally / Gets Along / Excellent  
 Troublemaker / Difficulty / Cooperative / Well / Relations  
 0 1 2 3 4 5 6 7 8 9 10
  
7. **JUDGMENT** (ability to make decisions, plan work)  
 Illogical / Limited / Plans / Logical /  
 Disorganized / Judgment / Wells / Thinker / Creative  
 0 1 2 3 4 5 6 7 8 9 10
  
8. **INITIATIVE** (motivation, interest in work)  
 Lazy / Needs / / / Highly  
 Indifference / Pushing / Adequate / Considerable / Motivated  
 0 1 2 3 4 5 6 7 8 9 10
  
9. **PERSONALITY** (courtesy, appearance, public relations)  
 Rude / / Adequate / Polite /  
 Slovenly / Indifferent / For Job / Courteous / Exceptional  
 0 1 2 3 4 5 6 7 8 9 10
  
10. **LEADERSHIP** (for noting of supervisory personnel only)  
 / Improvement / / Very /  
 Unsatisfactory / Needed / Satisfactory / Good / Excellent  
 0 1 2 3 4 5 6 7 8 9 10

**RATER'S COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**REVIEWER'S COMMENTS**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**IMPROVEMENT PLAN**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MONTGOMERY COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES  
WIA - TANF SUMMER YOUTH PROGRAM**

**PART I**

Application Date		Applicant Name (Last, First)		SSN#		
Street Address				Birth date	Sex	
City, State, Zip Code		Phone (     )		Alternate Phone		
Parent/Guardian Name, if Applicant is a Minor		Parent SSN#	Parent Birth date	Case #		
Other Summer Youth Applicant in the household?		Is Applicant a Non-Custodial Parent?				
Citizenship <input type="checkbox"/> U.S. Citizen, U.S. National, or Applicants parents are U.S. Citizens <input type="checkbox"/> Resident Alien <input type="checkbox"/> Refugee <input type="checkbox"/> Other Legal Alien <input type="checkbox"/> Other - not authorized to work in U.S.						
Indicate Applicant's race/ethnic group(s) <input type="checkbox"/> Hispanic/Latno <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander						
Does Applicant, or a member of Applicant's family receive any of the following: <input type="checkbox"/> TANF <input type="checkbox"/> DA <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> SSI <input type="checkbox"/> Food Stamps <input type="checkbox"/> Pell Grant						
Family Status <input type="checkbox"/> Parent in a one parent family <input type="checkbox"/> Parent in a two parent family <input type="checkbox"/> Other family member <input type="checkbox"/> Independent - not a family member						
Please answer the following questions:						
Is Applicant currently enrolled and attending school?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is Applicant currently enrolled and attending school full-time?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is Applicant habitually truant from school?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is Applicant enrolled in an alternative school?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is Applicant "at risk" of dropping out of school?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is Applicant a foster child on whose behalf state or local government payments are made or a child under the legal custody of the Department of Youth Services?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Indicate any barriers to employment:						
Basic Skills Deficient				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Homelessness				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Runaway Youth				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pregnant/Parenting Youth				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
School Drop-out				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Educational Attainment/behind grade level appropriate to age				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Individual with a disability				<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Check the box of the highest level of education completed:						
<input type="checkbox"/> None	<input type="checkbox"/> 1 <sup>st</sup> Grade	<input type="checkbox"/> 2 <sup>nd</sup> Grade	<input type="checkbox"/> 3 <sup>rd</sup> Grade	<input type="checkbox"/> 4 <sup>th</sup> Grade	<input type="checkbox"/> 5 <sup>th</sup> Grade	<input type="checkbox"/> 6 <sup>th</sup> Grade
<input type="checkbox"/> 7 <sup>th</sup> Grade	<input type="checkbox"/> 8 <sup>th</sup> Grade	<input type="checkbox"/> 9 <sup>th</sup> Grade	<input type="checkbox"/> 10 <sup>th</sup> Grade	<input type="checkbox"/> 11 <sup>th</sup> Grade	<input type="checkbox"/> 12 <sup>th</sup> Grade	<input type="checkbox"/> 1 <sup>st</sup> year post-HS
Pre-Test Scores:    Math _____    Reading _____						

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

Family Members	SSN	Date of Birth	Age	Relationship to Applicant	Source of Income	Monthly Amount of Income
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$
6.						\$
7.						\$
8.						\$
9.						\$
10.						\$

Total number of family members: \_\_\_\_\_

Whole dollar amount only

Individual six month income: \_\_\_\_\_

Family six month includable income: \_\_\_\_\_

List any household member(s) who is NOT a United States citizen: \_\_\_\_\_

By my signature below, I hereby state that the above information is true and correct to the best of my knowledge and beliefs.

Signature of Adult Caretaker	Date
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**FOR AGENCY USE ONLY**

**PART II Household member(s) excluded from PRC AG and reason for exclusion.**

Note: Unless excluded because they have been determined to derive no benefit from the PRC payment, the income and resources of excluded individuals are countable, but their needs are not included in the FPG standard. (See PRC AG Table.)

Name of excluded household member	Reason for exclusion
1.	
2.	
3.	
4.	

**PART III Statement of Need/Justification**

Explain how meeting this need will help the family: (Attach a separate sheet if additional space is needed.)

Decrease Dependency on Public Assistance.

Proposed length of service:

June 14, 2004 - August 13, 2004

**PART IV Source/Amount of Income and Expenses (of Adult Caregiver) and Approvals**

OWF: _____ SSI: _____ Employer: _____ Name _____ Gross Pay _____	SS: _____ Food Stamps: _____ Other: _____
Does Applicant receive benefits under a Federal needs-based program (i.e., OWF, FS, Medicaid, HUD, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, there is no need to compare income to FPG. Name program: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No <b>Income is below 200% Poverty Level</b>	
<input type="checkbox"/> Recommendation of PRC Approval	
Signature of Eligibility Determiner	Date
<input type="checkbox"/> Approved <input type="checkbox"/> Denied (list reason) _____	Summer Approval Amount <b>\$738</b> Approval Date _____
Signature of Coordinator	Date
Signature of Administrator	Date

**To: WIA Management Team**  
**From: Rocky Rockhold**  
**Subject: Youth Documentation Policy**

**PRC/WIA Youth Eligibility Determination & Documentation**

**Policy Statement**

**It is the policy of Montgomery County Department of Job and Family Services, PRC/WIA Youth program to determine eligibility for youth services by obtaining the appropriate documentation.**

**Procedure**

1. PRC/WIA Youth Counselors will request the appropriate documentation from the youth and or the parent or guardian of the youth to determine eligibility for youth services.
2. Once the appropriate documentation is received by the service providing agency eligibility for services will be determined based on the following factors
  - A) Meets 200% of Federal Income Poverty Guidelines
  - B) Montgomery County resident not less than age 14 and not more than age 17
  - C) Foster child on whose behalf state or local gov't payments are made or under the custody of the Department of Youth Services
  - D) Is an individual who is one or more of the following:
    - (I) Deficient in basic literacy skills.
    - (II) A school dropout.
    - (III) Homeless, a runaway, or a foster child.
    - (IV) Pregnant or a parent.
    - (V) An offender
    - (VI) An individual who requires additional assistance to complete an educational program, or to secure and hold employment.
3. It is the responsibility of the youth, parent, or guardian to provide the required documentation for youth services .
4. The following is a list of criteria that must be documented
  - A) Social Security Number
  - B) Current Residency
  - C) Citizenship/Alien Status
  - D) Selective Service Registrant
  - E) Date of Birth
  - F) Individual/Family Income
  - G) Family Size
  - H) Student Disability
  - I) Supported Foster Child

**Youth Works Earn-A-Computer Program**

## **Youth Works Earn-A-Computer Program**

### **1. Abstract of the Program**

The Montgomery County Department of Job and Family Services (MCDJFS) established a program that addresses youth skills development and the digital divide. The program, located at the Job Center provides youth with the confidence and knowledge to build a computer, as well as the skills to begin a career in the Information Technology (IT) field.

The MCDJFS Earn-A-Computer program utilizes TANF and often times WIA funds to administer the program. Under the supervision of a qualified instructor, youth learn the basics of assembling a computer. The youth are provided instruction and guidance for preparing a workstation, learning safety precautions, and installing all the component parts. The youth also learn to install a data operation system and receive an orientation to the Internet.

The youth participants, ages 13 – 17, start by reviewing the basic components that make up a computer and how each component interacts with the other components. After the successful completion of the program, the youth take part in a graduation ceremony where certificates of completion are awarded to the youth. At the conclusion of the ceremony, the youth take the computer system that they build home.

### **2. The Problem/Need for the Program**

The “digital divide” is a growing issue in Montgomery County. Technology impacts nearly every aspect of our daily activities. Technology impacts how educators teach, how students learn, how we communicate, how we live, how we work, and even how we play. There is a widening gap between those with access to computers, the Internet, and other technology and those without access. Many individuals are not familiar with computers or only have limited familiarity with the most basic application such as e-mail. Youth without digital skills are facing a future with diminishing options. The “digital divide” is real, and the gap between the information haves and have-nots continues to expand. Given the importance of information technologies in our future, this gap can produce a technological incompetent group of individuals.

It is essential that access to information technology be provided in the home, schools and public places. Incorporating technology into the mindset of youth is imperative for their future economic success. The Earn-A-Computer program addresses the future youth success and at the same time, assists the county employers in securing a ready group of individuals to address the IT field gap that exists.

### 3. Description of the Program

The instructor begins each class by discussing the information previously learned and then introduces new information. Teamwork is the number one priority in the computer lab. Youth participants work as a team during each phase of the instruction and assembling of their computers. The instructor strongly adheres to the team concept by stressing his philosophy that "No one moves on until everyone is ready."

Each Earn-A-Computer participant during the five-week program is responsible for the following:

- Completion of a pre-test which assesses the youth's computer knowledge;
- Attend all classes and be on;
- Actively and respectfully participate as a team member in all of the program activities;
- Read all material provided by the instructor prior to class;
- Lead one (1) end of the class review;
- Successfully complete the assembly of one (1) computer;
- Complete a post-test. (The result must demonstrate improvement in computer knowledge).

Instruction is provided for preparing a workstation, learning safety precautions, and installing all the components, such as the motherboard, modem, and hard drive. The ultimate goal of the class is that the youth will learn how to build a computer from "the ground up" and have an understanding of the interaction of one component on all the other components. Instruction is also provided for installing a data operations system and an orientation to the Internet. For those students who do not have transportation to get home after the class, a van is available to take the youths to their home during the academic year, not available during the summer program.

After the youths successfully complete the program, the youths and their families take part in a graduation ceremony and receive a certificate of completion. At the conclusion of the ceremony, the youths and their families take the computer systems that they built home. Earn-A-Computer graduates have the opportunity to add to their system by meeting additional requirements. There exists an opportunity to add a printer, scanner, software, or to receive additional training. Graduates of the program are given the opportunity to return to the lab in the next class to provide mentoring and instructions to the youth participants of that class and subsequent classes.

**Note:** Classes may take place during the school academic year or an accelerated summer program.