

**HANCOCK COUNTY JOB AND FAMILY SERVICES
PREVENTION, RETENTION, CONTINGENCY PLAN (PRC)**

(Revised Effective 10/1/2016)

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HANCOCK COUNTY JOB AND FAMILY SERVICES

PREVENTION, RETENTION, CONTINGENCY PLAN (PRC)

(Revised Effective 10/1/2016)

PURPOSE

The purpose of the PRC plan is to provide services to an assistance group to prevent the participants from reliance on, and divert them from, on-going cash assistance. Participants will be assisted through a presenting crisis or will be provided services to help them overcome immediate barriers to obtaining or retaining employment in order to achieve self-sufficiency. Services may also be provided to meet a need which if not satisfied threatens the safety, health or well-being of one of the members.

These services are non on-going, but any number of individual payments can be made during the eligibility period as long as each payment is distinctive and non-recurring. Payments are considered to be short-term assistance limited to the amount required to meet the presenting need or to fulfill an employability plan within the guidelines of this plan. All PRC services will meet one or more of the following objectives: 1) to provide assistance to needy families; 2) to end dependence of needy parents by promoting job preparation, work and marriage; 3) to prevent and reduce out-of-wedlock pregnancies; and 4) to encourage the formation and maintenance of two-parent families.

DEFINITION OF ASSISTANCE GROUP

For purposes of this plan, as Assistance Group (AG) is defined as a household unit consisting of a minor child who lives with a custodial parent (including verified pregnancies), legal guardian, or specified relative caring for the child; or a specified relative of a child receiving SSI or federal, state, or local foster care or adoption assistance who resides with and cares for the child. In cases of documented abuse the abuser may be excluded from the assistance group. An Assistance Group also include a non-custodial parent under a current Ohio child support order if the non-custodial parent resides in Hancock County at the time of application for PRC.

ELIGIBILITY GUIDELINES

Eligibility for PRC is dependent upon the PRC AG's demonstration and verification of the need for financial assistance and/or services and whether the county determines that providing PRC will satisfy that need. In order for the PRC AG to be found eligible, the PRC AG's income must be at or below the level of the Federal Poverty Guidelines (See Attachment) established for that PRC category. PRC assistance is only available to AG's who have not received PRC assistance in this or any other county above the monetary caps established by this plan during the previous 12 consecutive months. Families receiving assistance from another program may receive PRC assistance if found eligible.

Hancock County Job and Family Services (HCJFS) is responsible for using objective criteria when determining eligibility and approving or denying all applications for PRC. Immediate needs and whether or not the PRC program can be of benefit is determined by the HCJFS. Under the program, an assistance group that includes at least one minor child and meets the program's eligibility requirements may receive customized assistance, goods, or services as determined by the HCJFS.

Each person applying for PRC must provide HCJFS (or contracted agency) with a social security number, or apply for a social security number. Providing a number is a condition of receipt of assistance.

An assistance group must receive notice of their right to request an alternative provider. An assistance group that objects to a faith-based provider must be provided with an alternative provider for services within a reasonable period of time. The alternative provider must be reasonably accessible and be able to provide comparable services.

A voter registration application must be made available to persons applying for or participating in the PRC program. This also applies to entities with whom the county contracts.

APPLICATION PROCESS

All individuals requesting PRC assistance and those determined in need of PRC shall be given an application to complete to be used in determining eligibility along with a JFS 04059 Explanation of State Hearing Procedures form. Eligibility will be carefully evaluated on a case-by-case basis. Fair and equitable standards will be used by the county when processing PRC applications. Applicants will have 10 work days to provide required documentation to support the request for goods/services. HCJFS will have up to ten work days from the day all verifications are provided to process and to approve or deny the application. Required verifications include: ID for the entire AG, social security numbers for the entire AG, all income and resources of the AG, residence, and presenting need must be documented. Additional documentation may be required depending on the family situation and the need presented.

Total gross income, both earned and unearned, received by adult members of the PRC AG during the six-week budget period is considered when determining financial eligibility. Income which has ended will not be considered. Earned income received by the children in an AG is not counted.

The following types of income are excluded as income and resources in determining financial eligibility for PRC benefits and services.

- A. Child support payment distributions made by the Ohio Department of Job and Family Services pursuant to division (C) of Section 1 of Am. S.B. 170 of the 124th General Assembly (10/25/2001) and rules 5101:1-29-31.1 and 5101:1-29-31.2 of the Administrative Code.
- B. All income that is federally excluded in the determination of eligibility for federal need-based programs. Federally excluded income includes the following income sources:
 - 1. Drug discounts and transitional assistance received under Medicare Prescription Drug, Improvement, and Modernization Act, at Section 1860D-31 (g) (6) of the Social Security Act (12/08/2003).
 - 2. Monetary allowances paid under Section 401 of the Veteran's Benefits and Health Care Improvement Act of 2000.

The budget period begins six weeks prior to the date of application and ends on the application date. Income received during this period is used in the computation of financial eligibility. Weekly income will be converted by multiplying by a factor of 4.3. Bi-weekly income will be converted by multiplying by a factor of 2.15. There are no deductions or exclusions allowed from any type of countable income. Written or verbal

verification of income is required. For any verification which is obtained by phone, there must be clear documentation in the PRC AG record concerning the name and position of the supplier of the information, the date the verification was obtained, the amount of the verified income, and the name of the individual who obtained the verification. If the total PRC AG income is equal to or less than the relevant Federal Poverty Guideline amount for the applicable PRC AG size, the PRC AG meets the income requirements.

PRC AG resources are defined as liquid assets that can be easily converted into cash (i.e. checking and/or savings accounts, stocks, savings bonds/certificates, trusts, etc.). Resources must be verified in the same manner as income and will be considered in determining eligibility. All resources available to the AG, in excess of the standard established under each PRC category, must be used toward the presenting need prior to any payment being authorized by the HCJFS. (Excluding Work Support Services).

The assistance group may receive more than one item/service per event and may apply and receive PRC assistance multiple times within a twelve month period; but, the total amount of PRC assistance cannot exceed the maximum limits and applicable sub-limits. The twelve month period begins on the date of the initial application for PRC.

COMMUNITY RESOURCES

The availability of resources within the local community may be explored prior to the authorization of PRC. A PRC AG may apply for and use any program, benefit or support system which may reduce or eliminate a presenting need.

Personnel authorizing PRC should be aware of any community resources that could assist a family in need of immediate services. Knowledge of available resources is necessary to advise applicants of other services within the community that may assist with meeting emergent needs.

CASE RECORD COMPOSITION

The application and any other information gathered during the eligibility determination process will be kept in the ongoing OWF, Medicaid, and/or Food Assistance AG record. If the AG is not in receipt of ongoing OWF, Medicaid and/or Food Assistance, a separate AG folder will be maintained for the PRC application and related verifications. In addition, PRC benefits and services provided to non-custodial parents will be maintained in a separate AG record.

BENEFIT RECOVERY/OVERPAYMENT PROCEDURES

HCJFS will determine PRC overpayments if an assistance group has been found to have received PRC funding in error. The amount of the overpayment shall be limited to no more than the amount of the assistance received. Methods of repayment may include regular payments, community service hours (as determined by dividing the PRC payment by the current federal minimum wage), waiting until the minimum timer period for receipt of that service has expired, ineligibility for 12 months from the time the overpayment is made or until such time as repayment is made in full, whichever is longer, or a combination of any of the above.

INELIGIBILITY FACTORS

Applicants who are ineligible include:

- 1) Fugitive felons and probation and parole violators.
- 2) Individuals with an outstanding Ohio Works First (OWF) or PRC overpayment or Intentional Program Violation overpayment balance are ineligible for 12 months from the time the overpayment is made or until such time as repayment is made in full, whichever is longer.
- 3) A person found to have fraudulently misrepresented residence in order to obtain assistance in two or more states is ineligible for ten years.
- 4) Families refusing to use their own resources that exceed the appropriate limit to help meet their presented need, except as noted in the service summary.
- 5) An AG with a member that is currently on strike.
- 6) A non-U.S. citizen who does not fall within a qualified alien category for the OWF program.
- 7) An AG with a member who intentionally misrepresented information in order to obtain PRC benefits is ineligible for 24 months from the date of the infraction.
- 8) An A.G. with a member who has failed to comply with the terms of a Self Sufficiency Plan within 24 months prior to the current application date will be ineligible for all PRC benefits for one year from the **fail** date. The fail date is not always the same as the sanction begin date.
- 9) An unmarried, non-graduate parent under 18, not attending high school or equivalent.
- 10) An unmarried parent under 18 not living in an adult supervised setting.

WORK SUPPORT SERVICES

The HCJFS may provide an AG with any or all of the Job Preparations Services and Benefits outlined in the Services Summary.

TANF GOAL:

To end dependence of needy parents on government benefits by promoting job preparation, work and marriage.

All Work Support Services and Benefits approved under PRC must be in compliance with an individualized employability plan based on the program they are participating in, developed by mutual agreement between the PRC case manager and the client. The plan may be amended from time to time, depending on the client's progress, or lack thereof, or depending on changing AG or community needs, but only with the mutual consent of both the PRC case manager and the client. The clients are not subject to a sanction penalty or period if they are not in compliance with the plan, but may have their services terminated.

Eligibility is dependent on the AG's income being at or below 200% of the FPL. The PRC case will be open for 12 consecutive months and Work Support Services paid through PRC cannot exceed \$6000.00 over a three year period (see service summary).

AG members receiving Work Support Services need not be unemployed. They may be employed but at risk of job loss due to poor work habits or low skills, or they may be employed at low rates of pay with little chance of advancement without outside intervention. The purpose of Work Support Services is to enhance opportunities

to become self-sufficient through sustained employment.

TYPE OF ASSISTANCE:

Services may include but are not limited to the following:

Transportation Assistance: such assistance may be in the form of gas cards, cabs, or HATS tickets. These services may not extend beyond a three month period. Customers will only be authorized to use a Hancock County Job and Family Services (HCJFS) approved transportation service when referred to the service by HCJFS. Out-of-county employment-related transportation will be provided only upon the approval of the Workforce Development Unit on a case-by-case basis. If the client does not have transportation, but can arrange transportation with another individual, they may be approved for a gas card. The driver providing the transportation will need to provide a copy of their driver license, registration, and proof of insurance.

Transportation may also include Drivers Education classes (limited to one per lifetime). Car seats may also be included to ensure safe transportation of children to daycare providers.

Job Readiness: job readiness services may include a hygiene kits, work search kits (resume paper, stamps, etc.), GED classes, clothing or uniforms for work, special tools required for work, safety equipment for work, suitable attire for interviews, alarm clocks, and other job readiness items or services approved by the workforce unit.

Job Retention: a job retention bonus of \$250 after three consecutive months of continuous employment and \$250 after six consecutive months of continuous employment. For the retention bonus the application must be filed within 30 days of the 1st date of work and will be based on the income in the 30 day period prior to the start of the job. Clients are only eligible for this bonus for new employment, not currently existing employment. The employee must be employed 30 hours or more per week to be eligible.

Utility assistance: assistance with utility bills will not exceed the amount of the presenting need, up to a maximum of \$600 per consecutive 12 month period of eligibility. There is no limit on the number of individual payments that can be made, but each payment must be distinctive and non-ongoing. A customer could receive utility assistance for gas, electric, propane, and water/sewer. The utility must be in a disconnect status.

Duration of Project:

Until funding is no longer available.

FAMILY PRESERVATION AND REUNIFICATION

Hancock County Job & Family Services may provide the following family preservation and reunification services to a child and his/her parent, guardian or custodian as the agency determines necessary and subject to the availability of funds.

TANF GOAL:

To provide assistance to needy families so that children may be cared for in their own homes or the homes of relatives. The services will also be aimed at ending the dependence of needy parents on governmental benefits by promoting job preparation, and marriage. Diagnostic Services (limited to non-medical services).

Emergency Shelter (limited to 30 days)

- Respite Care (limited to day care only to alleviate family crisis)
- Therapeutic Counseling (limited to non-medical services).
- Parent Education
- Other services which in the judgment of HCJFS staff will prevent the need to permanently remove a child from his or her home or to facilitate reunification of a child to his or her home (i.e. Clothing including coats, hats, boots, shoes, car seats, diapers and formula, beds including mattress/cribs, bedding, high chairs, schools supplies) not to exceed \$1,000 per child. Home safety items and baby proofing items, which are not permanently attached to real property may also be purchased (i.e. Fire extinguishers, smoke alarms, door alarms and locks, alarm clocks, baby gates, electric outlet plugs, cabinet door latches) not to exceed \$1,000 per child.
- Education Intervention(s) which would include, but not necessarily be limited to, one-on-one tutoring for the student. The TANF goal for this service would be to prevent and/or reduce the number of out of wedlock births and encourage the formation and maintenance of two parent families. Improved academic progress (maintaining age-appropriate grade levels and attainment of a High School Diploma) expand opportunity and promote positive life choices.

Application for Family Preservation and Reunification services may be made by an adult family member, his designee or a Public Children Service Agency representative applying on behalf of a child in or being placed in an emergency shelter/foster care setting.

The PRC Program may be used to provide assistance to a family involved with the child protective services system to alleviate a family crisis that could lead to the removal of children from their home, or to help a family so that the children can be safely returned to their family. Eligibility for Family Preservation and Reunification Services exists for any child who meets PRC citizenship requirements provided gross monthly household income does not exceed 200% of the FPL.

Payments can be authorized to provide assistance to a family involved with the child protective services system in cases where it is determined that such payment could lead to the safe return of children to the home or alleviate a family crisis that could lead to the removal of the children from their home. Such services are considered as separate from the specialized Family Preservation and Reunification category. On-going foster or residential care services are specifically excluded.

Duration of Project:

Until funding is no longer available

DISASTER ASSISTANCE

TANF GOAL:

To provide assistance to needy families so that children may be cared for in their own homes or the homes of relatives.

Disaster Assistance will be available to eligible assistance groups only when a disaster has been declared by the governor which includes Hancock County and funds have been allocated by the state for assistance. Eligibility is limited to Hancock County residents who have a dependent minor child at home or are pregnant.

All PRC eligibility requirements apply to applications for Disaster Assistance with the following exceptions:

- PRC payments will not exceed the amount of the presenting need, up to the maximum of \$1500.00 per household for any one disaster declared by the governor.
- Disaster Assistance benefits will not be considered as part of the annual limitation for any other PRC category.
- Gross household income cannot exceed 200% of the FPL.
- Failure to comply with the terms of a self-sufficiency contract/employability plan will not result in ineligibility for Disaster Assistance.
- Resource limitations do not apply.

The actual eligibility determination will be made at HCJFS. Benefits authorized under this project will not count in any annual benefit limit.

SUMMER YOUTH EMPLOYMENT PROGRAM

The objective of the project is to provide eligible Ohio youth to gain valuable work experience while earning a paycheck to help meet basic needs. It also offers the opportunity for youth to develop a work history and have a current reference from an employer.

TANF GOAL:

To provide assistance to needy families so that the children may be cared for in their homes or the homes of relatives.

To end dependence of needy parents on governmental benefits by promoting job preparation, work and marriage.

ELIGIBILITY:

The Summer Youth Employment program funded through PRC shall only serve persons from a TANF-eligible family. The types of persons that may be served are:

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

The youth served may be non-custodial parents as long as they are considered "needy" and have a minor child. "Needy" is not specifically defined by state or federal regulation but may be no greater than income at 200% of the federal poverty level.

Minor Child and Families are defined in Federal and State regulations. Minor child means an individual who: (1) Has not attained 18 years of age; or (2) Has not attained 19 years of age and is a full-time student in a secondary school (or in the equivalent level of vocational or technical training). Families are defined by federal

regulation and state law as follows: a minor child who resides with a parent, specified relative, legal guardian or legal custodian (a child may be temporarily absent from the home provided certain requirements are met); a pregnant individual with no other children; or a non-custodial parent who lives in the state, but does not reside with his/her minor child(ren).

Serving youth in foster care: Youth in the temporary or permanent custody of a Public Children's Services Agency (PCSA) who are placed in a licensed foster care setting, that are between the ages of 14 to 17 or 18 years of age if they are a full-time student in a secondary school may be serviced under the TANF Summer Youth Employment Program.

Duration of Projects: May 2016 – October 2016

HEAD START TRANSPORTATION

The objective of the project is to provide eligible Ohio youth up to age 5 with transportation services to and from Head Start classes. The services will only be provided on school days for up to four consecutive months.

TANF GOAL:

To provide assistance to needy families so that the children may be cared for in their homes or the homes of relatives.

To end dependence of needy parents on governmental benefits by promoting job preparation, work and marriage.

ELIGIBILITY:

The Head Start Transportation program funded through PRC shall only serve youth through age 5 from a TANF-eligible family. The cap is \$11.00 per diem per Head Start school day for up to 4 consecutive months. The eligible youth's family income shall not exceed 200% of the FPL.

Duration of Project:

Until funding is no longer available.

HELP ME GROW SERVICES

TANF GOAL:

To provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

Help Me Grow Program is administered through the Family and Children First Council, through which services are provided to children who are at risk for developmental delays and provided to families with children birth to three years of age, and pregnant women. OWF children in Hancock County may be eligible for services through Help Me Grow, the cost of which is reimbursable through the TANF program.

Help Me Grow benefits are subject to the 300% FPL income standard. PRC ineligibility factors, the \$600.00 annual benefits maximum and the resource limitations do not apply to participants in the Help Me Grow Program.

The 300% FPL is used for Help Me Grow Services because the use of a more restrictive standard would decrease the number of eligible children being served by excluding many children who have limited support and educational services, who rely on Help Me Grow for referrals based on family needs. These are children that have four or more risk factors and/or a developmental delay or disability. These families are usually "working poor" families, earning just enough to pay their bills, but not enough to provide the needed services for their special needs children. A more restrictive standard would deny vital services to some of the most vulnerable children in our county. Early Intervention works. Requiring children with developmental delays and other special needs to wait until preschool or kindergarten to get needed services, dramatically limits their potential.

ON THE JOB TRAINING PROGRAM

On The Job Training (OJT) is a subsidized employment program that offsets employer training costs for hiring TANF eligible job seekers. Employers who participate in the program will be reimbursed up to 50% of the eligible trainee's wage during the established training period, not to exceed \$8,000 per eligible participant.

Job Seekers must be determined eligible prior to being hired by the employer. The employer is expected to hire the job seeker for full time, non-seasonal, employment. The trainee's skill level and aptitude and the skills required for the position will be determined by the employer. Employers are required to offer the OJT participant the same compensation and benefits as workers in similar positions.

Qualifying OJT activities may also include pre-employment assessments as required by the employer; recruitment and development of employers for the program; supervision of the OJT program; and case management activities related to the program. PRC funding cannot be used to reimburse employers for medical benefits.

There will be a rolling twelve (12) month period cap on the program. Caps are negotiated through contractual agreements between Hancock County Job and Family Services and participating OJT employers based upon the PRC participant's knowledge level, training needs wages and benefits.

TANF GOAL:

To provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.

To end dependence of needy parents on governmental benefits by promoting job preparation, work and marriage.

ELIGIBILITY:

The participant/employee must be PRC eligible at or below 200% FPL income standard guidelines prior to entering into an OJT agreement with the employer.

Duration of Project:

Until funding is no longer available.

Effective Date:

This plan is effective 10/1/2016 and will remain in effect until such time as revisions are required. Plan changes can be implemented by 1) re-writing and submitting the entire plan, or 2) submitting addendums to the current plan explaining the changes and effective date. Hancock County Job and Family Services agrees to implement this plan as written. Should allocations no longer support this plan as written, action will be taken to prioritize and otherwise limit expenditures.

The Hancock County Prevention, Retention and Contingency Policy is hereby approved by:



Diana Hoover, Director
Hancock County Job and Family Services



Date

FEDERAL POVERTY GUIDELINE TABLE

Effective 3/2016

FAMILY SIZE	100%	200%	300%
1	\$990	\$1980	\$2970
2	\$1335	\$2670	\$4005
3	\$1680	\$3360	\$5040
4	\$2025	\$4050	\$6075
5	\$2370	\$4740	\$7110
6	\$2715	\$5430	\$8145
7	\$3061	\$6122	\$9183
8	\$3408	\$7509	\$10223

CHILDREN'S PROTECTIVE SERVICES PRC APPLICATION

Date _____

Completion of this application will assist in providing you the services on your case plan or parent education. This application will not affect your eligibility for other PRC services.

The following household is receiving **Parent Education or Children's Protective Services**:

Household name: _____

Household address: _____

Phone Number: _____

Message Phone: _____

SSN	Last Name	First Name	Middle Initial	DOB

Check each benefit that is currently being received by the household member(s):

WIC **OWF (ADC)(66%)** **SSI** **Food Assistance (133%)**
 Medicaid (156%-206%) **Free/Reduced School Lunches** **Enrolled in Head Start**

Who receives it? _____

Number of family members in your household _____

Family Member Weekly pay x 4.3 or bi-weekly pay x 2.15. Total gross monthly income _____

Family Member Weekly pay x 4.3 or bi-weekly pay x 2.15. Total gross monthly income _____

Unearned income (please indicate income source, i.e. Child Support) _____

TOTAL GROSS MONTHLY INCOME _____

I declare that I have provided to the best of my knowledge, a true and accurate statement of monthly income.

I understand that the funding for **Children's Protective Services** may be from State or Federal sources and that any information regarding my eligibility and participation is subject to verification reviews, quality control reviews, programmatic reviews and audits. I further agree to participate in the collection of any required information and by my signature; I hereby authorized appropriate agency and/or agencies to release and to share this information.

 Signature of Parent/Legal Guardian

 Signature of Agency Staff

<u>Family Size</u>	<u>200% FPL</u>
1	\$1980
2	\$2670
3	\$3360
4	\$4050
5	\$4740

**HANCOCK COUNTY JOB & FAMILY SERVICES
PREVENTION, RETENTION, AND CONTINGENCY PROGRAM APPLICATION**

NAME _____
 ADDRESS _____
 CITY/STATE/ZIP _____
 PHONE # _____
 SSN _____

List everyone who lives in your home

NAME	AGE	RELATIONSHIP	SOCIAL SECURITY NUMBER	INCOME SOURCE	GROSS MONTHLY INCOME

Indicate if any of the following statements apply to anyone in your household:

- Is under a current Ohio child support order for the support of children not living in your home. **Yes or No**
- A fugitive felon and/or in violation of probation/parole. **Yes or No**
- Has an unpaid OWF/PRC fraud or intentional Program Violation Overpayment. **Yes or No**
- Currently on strike. **Yes or No**
- Is not a citizen of the United States. **Yes or No**
- If you own a vehicle, please indicate how many vehicles are owned _____.
- Received public assistance and/or PRC from this or any other county. If yes, please provide the following information: County, type of assistance, and date last received _____

What is your immediate need?

What family resources do you have? List checking/savings accounts, and any other resources which can be converted into cash such as savings bonds, stocks, C.D.s, IRAs etc.

Account Type	Location & Account Number	Amount in Account

List the last 2 employers of each household member. (Show at least the **last 6 months** of employment)

Name	Employer	Employment dates	Gross Monthly Pay

I certify the information contained herein is true and accurate to the best of my knowledge. Documentation will be provided to support the information provided. I authorize the department to contact any individual's employers, or agencies listed to support the information provided. If I withhold information or report false information, any benefit I receive may be subject to collection and I may become ineligible for future PRC benefits.

I understand that failure to complete the activities agreed to in my self-sufficiency plan for O.W.F. may result in ineligibility for future P.R.C. benefits.

 APPLICANT SIGNATURE

 DATE

 CASEMANAGER SIGNATURE

 DATE

**Application to Determine TANF Eligibility for Head Start Transportation
Authorized by Hancock County PRC Plan**

1. List all members in the household:

SSN	Last Name	First Name	Middle Initial	DOB

2. Address of family including phone number:

Street	
City, State, Zip	
Phone	

3. Total number of household members:

--	--

4. Combined Family Income: Mark the line next to the range of family's gross monthly income.

Total earned income per month:		
<input type="checkbox"/> less than \$1980 (1)	<input type="checkbox"/> less than \$2670 (2)	<input type="checkbox"/> less than \$3360 (3)
<input type="checkbox"/> less than \$4050 (4)	<input type="checkbox"/> less than \$4740 (5)	<input type="checkbox"/> less than \$5430 (6) Application to Determine TANF Eligibility for Head Start Transportation
<input type="checkbox"/> less than \$6122 (7)	<input type="checkbox"/> less than \$6815 (8)	<input type="checkbox"/> less than \$7509 (9)

Release of Information

I understand that the statements made on this application are for funding purposes only. I further understand that eligibility for Head Start transportation does not automatically qualify us for public assistance or PRC funds. **I declare that I have provided all earned and unearned income into my household on a monthly basis.** If any monthly income is listed, documentation must be provided with the application. I understand that this form may be used to allow for billing to the appropriate fund for services used. **I understand that a copy of approval or denial notice will be provided to Hancock Hardin Wyandot Putnam CAC.** I state that all information provided is true and accurate.

Signature of Adult

Date

Signature of Witness/ Hancock Hardin Wyandot Putnam Community
Action Commission Staff

Date

HELP ME GROW - PRC REFERRAL/APPLICATION

Date _____

The following household has requested referral to/has received **Help Me Grow** services:

Household Name: _____

Address: _____

SSN	Last Name	First Name	Middle Initial	DOB

Phone Number: _____ Message Phone: _____

Check each benefit that is currently being received by the household member(s):

OWF (ADC)
 SSI
 FOOD STAMPS
 MEDICAID

Who receives it? _____

Number of family members in your household _____

Family Member Weekly pay x 4.3 or bi-weekly pay x 2.15. Total gross monthly income _____

Family Member Weekly pay x 4.3 or bi-weekly pay x 2.15. Total gross monthly income _____

Unearned income (please indicate income source, i.e. Child Support) _____

TOTAL GROSS MONTHLY INCOME _____

I declare that I have provided to the best of my knowledge, a true and accurate statement of monthly income. If any monthly income is listed, documentation must be provided with the application.

<u>Family Size</u>	<u>300% FPL</u>
1	\$ 2970
2	\$ 4005
3	\$ 5040
4	\$ 6075
5	\$ 7110

I understand that the funding for **Help Me Grow** may be from State or Federal sources and that any information regarding my eligibility and participation is subject to verification reviews, quality control reviews, programmatic reviews and audits. I further agree to participate in the collection of any required information and by my signature, I hereby authorize **Help Me Grow** and the appropriate agency and/or agencies to release and to share this information.

Signature Parent/Legal Guardian

Signature Help Me Grow Staff

WORK SUPPORT/ON THE JOB TRAINING APPLICATION

By signing this Agreement, I verify the following information is true and accurate (please check all statements that apply):

- I am a U. S. citizen or legal alien
- I do not have an outstanding OWF or PRC fraud overpayment balance or an existing Intentional Program Violation (IPV)
- I am not a fugitive felon
- A minor child, or child age 18 and still attending high school, is living in the household
- My family's income falls within the stated guidelines below

My family size is _____ My family's Gross Monthly Income \$ _____

SSN	Last Name	First Name	Middle Initial	DOB

Number of people in your family (include spouse and all children)	200 % FPL
2	\$2670
3	\$3360
4	\$4050
5	\$4740
6	\$5430
7	\$6122
8	\$6815

I understand that the statements made on this application are for funding purposes only. **I declare that I have provided all earned and unearned income into my household on a monthly basis.** If any monthly income is listed, documentation must be provided with the application. I understand that this form may be used to allow for billing to the appropriate fund for services used. I state that all information provided is true and accurate.

Signature of Applicant Date

Applicant Print Name

Signature of Caseworker Date

Application Approved: Yes No

ATTACHMENT TO ALL PRC APPLICATIONS

NOTICE OF RIGHTS **NONDISCRIMINATION**

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

AMERICANS WITH DISABILITIES ACT

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

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

Here are some of the ways we can help:

We can call or visit if you are not able to come to our office.

We can tell you what this letter means.

If you are hearing impaired, we can provide a sign language interpreter when you come to the office.

If you disagree with the determination made of your eligibility for PRC, you may request a state hearing.

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

LIMITED ENGLISH PROFICIENCY

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

Here are some of the ways we can help:

We can provide you with an interpreter who can speak English and your language when you come to the office.

One will be provided at no cost to you.

We may be able to provide you documents in your own language. If we cannot, then we will provide you with

An interpreter who can read the documents to you.

INFORMATION OF CITIZENSHIP AND IMMIGRATION STATUS

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

You may also need to tell us about your family's income and answer other questions we may ask.

INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER

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

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

RIGHT TO REQUEST ANOTHER WORKSITE OR PROVIDER OF SERVICES

The County Department of Job and Family Services have agreements with other agencies to provide services to families who may be receiving Prevention, Retention, and Contingency (PRC) or act as worksites to families receiving Ohio Works First (OWF). Some of the services or worksites may be held at religious agencies, such as churches.

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

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

HOW DO I FILE A DISCRIMINATION COMPLAINT?

Your complaint can be filed with:

Ohio Department of Job and Family Services
Office of Employee and Business Services
Bureau of Civil Rights and Labor Relations
150 E. Gay St., 18th Floor
Columbus, Ohio 43215-3130
(614)664-2703 or toll free 1-866-227-6353
TTY hearing impaired: 1-866-221-6700
Fax: (614)752-6381

I have received a copy of, and I have read, My Notice of Rights, or it has been read to me, and I understand it.

Signature of Applicant or Authorized Representative

Date

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

County Department of Job and Family Services Hancock

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

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

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

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

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

(This portion to be retained by agency)

(This portion to be given to applicant/recipient)

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

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

Ohio Secretary of State
180 E. Broad Street
Columbus, OH 43215
(614) 466-2585
Toll Free: (877) 767-6446

Address of County Prosecutor 201 E. LINCOLN ST. - REAR
City, State and Zip Code of County Prosecutor FINDLAY, OHIO 45840
Phone Number of County Prosecutor (419) 424-7015