

# Morgan County Prevention, Retention and Contingency (PRC) Plan

Morgan County's Prevention, Retention and Contingency (herein after referred to as PRC) program is designed to assist families in becoming self-supporting by promoting work and personal responsibility. This program is funded by Federal TANF funding, and the funds must be available to the agency for distribution for PRC Services. The PRC program is designed to meet the four purposes of the Federal TANF Program.

1. *To provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.*
2. *To end the dependence of needy parents on government benefits by promoting job preparation, work and marriage.*
3. *To prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies.*
4. *To encourage the formation and maintenance of two-parent families.*

PRC services are not ongoing TANF assistance. PRC services are one-time, short-term non-recurrent "non-assistance" benefits and services.

## **Assistance Group Composition**

At a minimum, an eligible family must consist of a minor child who resides with a parent, caretaker relative, legal guardian or legal custodian. In addition, the family could contain a pregnant individual in their sixth month of pregnancy. 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.

Non-custodial parents are defined as a parent of a minor child responsible for paying their child support obligation to the Child Support Enforcement Agency who resides in the state of Ohio. These non-custodial parents may also be eligible for PRC services however, they must list the minor child that they are responsible for on the application.

For Developmental services, when an assistance group (AG) consists of a relative caretaker(s), the income of the relative caretaker(s) shall not be taken into consideration.

## **Eligibility**

Eligibility for PRC is dependent on the PRC AG's demonstration and verification of the need for financial assistance and/or services, and whether the county agency determines the provision of PRC will satisfy the presenting need. In addition, in order to be eligible for PRC services, the PRC AG must be able to continue to meet the need on an on-going basis. In order for the PRC AG to be found eligible, the AG's income must be at or below the specified guidelines, as listed in each of the program definitions section and the List of Services and Benefits section of this plan. When approving a PRC AG, the benefit may not be issued to an AG's relative/family member.

### **Economic Need:**

Economic need may be established if each AG member, at the date of applications, is in receipt of OWF and/or SNAP benefits and is verified to be below the 200 percent of the FPL, unless otherwise defined for specific category of service. If OWF and/or SNAP cannot be used to verify economic need, the eligibility determination will need to be completed to calculate income level and compare to relevant federal poverty level when demonstration of economic need is required. If necessary, monthly gross income, earned and unearned, which was received by any member of the Assistance Group (AG) during the 30 day budget period, is considered when determining financial eligibility. The following exceptions apply:

- The gross income of a minor child, as defined in rule 5101: 1-23-20 (A) (2) of the Ohio Administrative Code (OAC)
- All income that is federally excluded in determination of eligibility for federal needs-based programs, is excluded.
- All income excluded by OAC 5101:1-24-20 (which includes SSI)

When receipt of OWF and/or SNAP assistance is used for economic need determination, the CDJFS will document the case number and receipt of assistance and no further documentation will be required from the assistance group unless the CDJFS needs documentation to resolve a question or discrepancy.

The county agency, in accordance with Section 329.051 Revised Code, must make a voter registration application available to persons applying for or participating in the PRC program. This section applies to both county agencies and those entities with whom the county agency contracts. Third party providing agencies can provide the completed voter registration forms to the county agency who in turn should provide them to the Board of Elections.

### **Ineligible Assistance Groups**

Applicants who are ineligible include:

1. Individuals with any outstanding OWF fraud or PRC fraud overpayment balance.
2. Individuals found to have attempted PRC fraud shall be ineligible for a period of two years and/or until repayment, whichever is longer.
3. AG's who have an individual who has an IPV in any program.
4. A person found to have fraudulently misrepresented their residence in order to obtain assistance in two or more states is ineligible for ten years.
5. AG's who do not currently reside in Morgan County as of the date of their application.
6. AG's containing an individual who is under a sanction for OWF and/or FS benefits.
7. AG's who have an individual who has quit a job within the previous 90 days
8. An AG who has not made a payment towards their rent, utilities in the last 4 months. Payments made by another organization does not meet this requirement.

### **Exploring Community Resources**

County personnel determining eligibility for PRC should be aware of community resources, which may be contracted for or otherwise utilized to help meet the need.

### **Amount and Types of Assistance**

PRC payments are limited to the amount actually required to meet the presenting need, without going over the specified amounts. Some examples of assistance, goods, and services that qualify for PRC are attached in the PRC Matrix. No medical expenses, except for pre-pregnancy family planning shall be issued under PRC.

Eligibility for PRC for benefits and services to meet purpose 3 and purpose 4 of TANF is available without regard to income. The application requirement will be waived in the event that the provider gives a participant listing, since these services are without regard to income.

Once eligibility for PRC is established, the CDJFS director or his designee will authorize and generate payment for the assistance, goods, and/or services. Authorization may occur at any time during a period beginning on the date that PRC is approved. All PRC payments are made by CDJFS to the vendor. The county must ensure that its policies meet all auditing requirements.

If it is determined that an application for PRC is approved, the CDJFS shall mail or otherwise deliver the ODHS 4074, "Notice of Approval of Your Application for Assistance." If it is determined that an application for PRC is denied, the CDJFS shall mail or otherwise deliver the ODHS 7334, "Notice of Denial of Your Application for Assistance." These notices include the appropriate hearing requirements.

### **Prevention and Retention Assistance**

An application and interview (either face to face or phone) is necessary for this portion of PRC Services.

Prevention and Retention assistance will be authorized provided that all eligibility requirements have been met. Services are provided to an AG to guide them to self-sufficiency by helping them through the presenting crises. Services that assist members in retaining their paid employment and thereby assisting them to achieve self-sufficiency are also categorized as Prevention or Retention services.

For anything transportation-related, there must be a verified valid driver's license, proof of current auto insurance and documentation of a qualifying activity (i.e., Employment, post-secondary schooling or school sponsored activities).

Drug Screening will only be completed if it meets the 3-prong test: (1) there must be an offer for employment; (2) the employer requires drug testing of all applicants, not just OWF recipients; (3) the employer requires all applicants to pay for their own drug testing out of pocket.

### **Contingent Assistance**

An application is necessary for this portion of PRC Services.

PRC services under Contingency services will be authorized to an AG provided that all eligibility requirements have been met. Services are provided to an AG to meet a presenting or emergent need, which if not satisfied, threatens the safety, health, well-being or decent living arrangement of one or more members to the extent that it prohibits children from being cared for in their own home or inhibits job preparation, work and/or marriage.

For Home Repairs the assistance group must own their home or have a land contract in place and be abiding by the terms of the land contract.

### **Diversions Benefits**

Diversions benefits can assist with basic needs such as rent, utilities, and incidentals. Diversions services are limited to up to 4 months and do not count towards contingency or prevention/retention timelines or usage. Services are provided to an assistance group to prevent them from reliance on and divert them from ongoing cash assistance and guide them to self-sufficiency by helping through the presenting economic need in order to achieve family preservation and reunification. Services are also provided to a PRC AG to help members retain employment and, thereby, to achieve or continue self-sufficiency. In addition, services are provided to a PRC AG to overcome a presenting emergent economic need which, if not satisfied, threatens the safety, health, or decent living arrangement of one or more PRC AG members. In order to be eligible for Diversions benefits, the household must apply for Food Stamps, Medicaid and Child Care while being involved in a job preparation service through Ohio Means Jobs. This portion of the PRC is set at 100% of the FPG.

### **Developmental Assistance**

Income is to be self-declared for certain Developmental Services, at the appropriate specified guidelines of the Federal Poverty Level, as listed in the PRC Matrix section of this plan. If the total PRC AG income is equal to or less than the specified poverty guidelines, as listed in the PRC Matrix section of this plan, then the AG is eligible. Once determined eligible, the agency will provide an approval notice. If ineligible, the agency will provide a denial notice.

PRC assistance under Developmental Assistance will be authorized to an AG provided all other eligibility requirements have been met. Services are provided to an AG to meet a need to assist families in meeting one of the four purposes of the Federal TANF Program. Such services shall be designated on the attached PRC Matrix.

### **Kinship Caregiver Program**

The Kinship Caregiver Program will assist Kinship caregivers with providing and maintaining a home for a child in place of a child's parents by providing reasonable and necessary relief of child caring functions thru TANF funding for Family Stabilization and/or Caregiver Services. Supportive services may be provided to kinship caregivers which are reasonable and necessary to maintain the kinship placement. Services that may be provided, but are not limited to, are the following:

Reimbursement for in-home and out-of-home respite services expenses, household items, safety needs, daily living needs, personal needs, clothing, baby supplies and related items, school expenses, rent and security deposit, utility costs/deposits, furniture needed for kinship placement such as beds, mattresses, dressers, etc.

### **COVID-19**

Please note these are unprecedented times, so we may learn downstream impacts after we institute. But know we are all making these decisions with our best knowledge and intentions, as everyone is.

### **PATTERN OF USAGE**

Recurring requests for PRC services will be evaluated on a case-by-case basis. An application will be subject to denial if an abusive pattern of usage is established. An abusive pattern of usage is established when the following occurs: PRC requests occur routinely, around the same times of year; or PRC requests coincide with the availability of PRC funds.

### **MISUSE OF PRC FUNDS**

Any PRC funds issued inappropriately or incorrectly, based on misrepresentation of facts or a situation by the applicant will be considered an overpayment of funds and will be referred to the Benefit Recovery Unit for recoupment. Additionally, any misuse of PRC funds by the client may also be referred for recoupment.

## **Monthly Federal Poverty Guideline (FPG) Measure**

**Effective January 12, 2022**

<b>Assistance Group</b>	<b>200% Monthly FPG</b>	<b>100% Monthly FPG</b>	<b>Assistance Group</b>	<b>200% Monthly FPG</b>	<b>100% Monthly FPG</b>
1	2265	1133	6	6199	3100
2	3052	1526	7	6985	3493
3	3839	1920	8	7772	3886
4	4625	2313	9	8559	4280
5	5412	2706	10	9345	4673

## PRC Matrix

Service or Benefit	CAP	Assistance Group	Economic Need Standard (FPG)	Targeted Group	Code	TANF Purpose
<b><u>Utility Service, Except Telephone</u></b> Purchase of bulk fuel or wood for heating, security deposits for housing, past due rent, emergency shelter or temporary housing, and/or house payment to prevent foreclosure.	Payment for actual need up to \$1000	Parents, specified relatives, or non-custodial parents with minor children and all other household members	200%	Unemployed Individuals, Families with children at risk of abuse and neglect, Victims of Domestic Violence	C	1
<b><u>Repair or purchase of appliance</u></b> Appliance purchase/repair only if/which threaten the safety of a child and may disrupt the ability for the child to remain in the home.	Once in a lifetime up to \$3000	Parents, specified relatives, or non-custodial parents with minor children and all other household members	200%	Unemployed Individuals, Families with children at risk of abuse and neglect, Victims of Domestic Violence	C	1
<b><u>Home repairs</u></b> Emergency repairs that directly affect the health and safety of the family. May include electrical, plumbing, septic, heat, and accessibility problems.	Not to exceed \$5000 in 12 month rolling period	Parents, specified relatives, or non-custodial parents with minor children and all other household members	200%	Unemployed Individuals, Families with children at risk of abuse and neglect, Victims of Domestic Violence	C	1
<b>**Anything related to auto shall provide Driver's License, Proof of Insurance, and documentation of a qualifying activity**</b>						
<b><u>Auto Repairs</u></b> – Must have 2 estimates, when possible, from local certified mechanic <b><u>Auto Insurance</u></b> <b><u>Job Related Expenses</u></b> – tools for paid employment, uniforms, pre-employment assessments as required by an employer such as background checks *Drug screening – only if it passes the 3-prong test <b><u>Gas Money</u></b> – employed – fill tank up to \$150 per voucher (not to exceed 4 times in a 12-month rolling period if unemployed)	Payment for actual need up to \$5000	Parents, specified relatives, or non-custodial parents with minor children and all other household members	200%	Recently employed individuals  Unemployed individuals  Victims of Domestic Violence	P/R	1 & 2
<b><u>Drivers Education Classes</u></b>	Actual cost up to \$750	Parents, specified relatives, or non-custodial parents with minor children and all other household members	200%	Children age 15-18	P/R	1 & 2
<b><u>Education, Training &amp; Certifications</u></b> – that leads to employment.	Up to \$5000 in a 12-mo. rolling period	Parents, specified relatives, or non-custodial parents with minor children	200%	Recently employed individuals, Unemployed individuals, Victims of Domestic Violence	P/R	1 & 2

<b><u>Testing for State Licenses, Board certifications and Commercial Driver's License</u></b>	Up to \$1000 in a 12-mo. rolling period	Parents, specified relatives, or non-custodial parents with minor children	200%	Recently employed individuals Unemployed individuals Victims of Domestic Violence	P/R	1 & 2
<b><u>Relocation Assistance</u></b> – moving expenses to relocate out of county or state *Does not count against limit	Once in a lifetime, \$1000 cap	Parents, specified relatives, or non-custodial parents with minor children	200 %	Employed individuals Unemployed individuals Victims of Domestic Violence	P/R	1
<b><u>Summer Work Program</u></b> – May 1 <sup>st</sup> through September 30 <sup>th</sup> each year. Serves youth ages 14-17 from a TANF eligible family (youth may be 18 yrs. old if they are a full-time student in secondary school). Youth wage subsidies (up to \$13/hr.) paid to third parties to provide summer youth programs. Ancillary services such as uniforms, tools, licenses, transportation services, background checks, etc. required by an employer.	TBD each year based on funding	Morgan County Youth as defined by TANF guidelines	200%	Minor Children	P/R	1 & 2
<b><u>H.O.F.N.O.D. (Hooked on Fishing Not on Drugs)</u></b> – Initiatives to provide supervision when school is not in session and support families by promoting responsible fatherhood and increase the capacity of fathers to provide emotional support to their children by purchasing fishing gear/supplies/accessories.	Not to exceed \$20,000	Morgan County Children & Families	Without regard to income	Minor Children	No application necessary	3 & 4
<b><u>Child Welfare Services</u></b> – Family Counseling, vocation & education counseling, respite care, family preservation and reunification classes, domestic violence services, school activities, ombudsman services, life education	Not to exceed \$1500	Parents with minor children, specified relatives with minor children	200 %	Families with Children at risk of abuse or neglect.	E	1,2,3,4
<b><u>Family Disaster Assistance</u></b> – Benefits to assist with damage or loss sustained as a result of a natural disaster/State of Emergency upon declaration by the Governor	Total Cap based on amount allocated by ODJFS	As State by the Governor	As stated by the Governor	Families sustaining disaster-related damage or loss upon disaster declaration by the Governor	E	1
<b><u>Child Welfare Contingency/Reunification Services</u></b> – An emergent need that will help alleviate a family crisis that could lead to the removal of children from their home or help a family so that children can be safely	Not to exceed \$1500	Parents with minor children	200%	Families with children at risk of abuse or neglect	E	1

returned to their family and/or to unify children with families. Housing costs, household furnishings, household improvements, transportation (not to exceed 4 months), Car repairs, personal expenses, relocation assistance, clothing assistance, utilities, household expenses, developmental services for youth, school activities, family focused field trips, case management, supervised visits, counseling, respite care, life education				Must be through Children Services  Provide services to reunify children in out of the home placements with their families.		
<b><u>Kinship Services (Navigator)</u></b> – These services provide information referral and supportive services for relative caregivers, legal guardians, or court-ordered legal custodians responsible for the day-to-day care of a minor child (not biological) residing with the caregiver. These may include services such as identification of kinship caregivers, assessing needs, facilitating access to services, info & referral to appropriate providers (e.g., legal services, childcare, respite care, training, support groups and financial assistance). Some programs may include the development of community services to meet the needs of kinship caregivers. May include classes/educational opportunities for those who want to acquire the knowledge & skills to be effective in their parenting role.	TBD each year depending upon funding	Children being cared for by a caretaker or relative	200%	Provide services to assist families who are not being cared for by their immediate family as defined by mother or father	E	1
<b><u>Kinship Caregiver Service (effective 7/1/19)</u></b> – Assist kinship caregivers with providing and maintaining a home for a child in place of a child’s parents by providing reasonable and necessary relief of child caring functions through family stabilization and caregiving services. Per OAC 5101:1-124-30 Does not include a nonrelative adult having a familiar and long-standing relationship with the child.	Total cap based on amount allocated by ODJFS  Individual cap \$3000 annually	Stabilization service: the assistance group shall include only a minor child residing with a kinship caregiver. Caregiving service: the assistance group shall include at least a minor child residing with a kinship caregiver & the kinship caregiver.	200%	Relief of childcare functions is defined as childcare services which provide temporary relief of child caring functions, are reasonable and necessary, and are intended for the kinship family to receive a break.	E	1
<b><u>Teen Pregnancy Prevention Campaign (effective July-June each year)</u></b> – The teen pregnancy prevention campaign is an ongoing service provided with sole designation of reducing teen pregnancies.	No Cap	Morgan County Youth	Without regard to income	To educate youth on preventing and reducing out of wedlock and/or teen pregnancies	No application necessary	3
<b><u>Family Formation Activities</u></b> – Activities to help reduce poor families’ dependency on public assistance and reduce the risk of academic, physical, emotional, and behavioral problems.	No Cap	Morgan County families	Without regard to income	To support the family formation and maintenance of two-parent families	No application necessary	4

<p><b><u>Back to School Clothing Program (applications accepted June 1<sup>st</sup> – June 30<sup>th</sup> of each year)</u></b> – Including transportation. Available funding for this service will be determined on an annual basis. This services, when available, will be available to children aged 5 to less than 18 years of age (or 18 yrs. of age if still enrolled in secondary schooled) enrolled in K-12, public/private schools. Preschool aged and Home-Schooled children are not eligible.</p>	<p>TBD each year based on funding</p>	<p>Parents and Specified relatives with minor children living in their household that are enrolled in school.</p>	<p>200%</p>	<p>Families with minor children living in their household</p>	<p>C</p>	<p>1</p>
<p><b><u>Family Emergency Assistance (FEA)</u></b> – Funds will be utilized for those unavoidable financial crisis or disasters that occur and which the family income cannot be expected to cover, FEA funds can be authorized for necessities that ensure the safety health and well-being of family members. Examples might include, but not limited to housing, utilities, deposits, emergency repairs, replacement of household items, personal need items (i.e., Clothing personal hygiene items, formula/diapers, etc.) lost in a fire and/or weather-related disasters.</p>	<p>Not to exceed \$5000 per emergency</p>	<p>Morgan County Families</p>	<p>200%</p>	<p>Families with minor children living in their household</p>	<p>C</p>	<p>1</p>

Code Definitions: P – Prevention Services, R – Retention Services, C – Contingency Services, D – Regular PRC application, E – Developmental Services, S – Special Program Application. Note: Developmental services do not count against an individual for other PRC Services.

**MORGAN COUNTY  
PREVENTION, RETENTION AND CONTINGENCY PROGRAM (PRC) APPLICATION**

**Applicant Information**

First Name	Last Name
Street Address	City/State/Zip
Mailing Address, if different	Current Telephone Number

1. Are you a resident of Morgan County? YES NO
2. Do you have children in your home under the age of 18? YES NO  
\*If your only child is 18, is he/she attending high school? YES NO
3. Do your children live with you? YES NO If not, do you pay child support? YES NO
4. Is anyone in your household pregnant? YES NO If so, what is her due date? \_\_\_\_\_
5. Is anyone in your household under a sanction or disqualification from any program? YES NO  
\*If yes, who? \_\_\_\_\_
6. Explain why there is a need, what the need is, and the amount of your need: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Complete the entire chart for EVERYONE in your household (including yourself)**

Name	Relationship	Age	Date of Birth	Social Security Number	Source of Income	Monthly Income Amount
1.	SELF					
2.						
3.						
4.						
5.						
6.						

**Morgan County PRC Fraud Warning**

**FRAUD WARNING – I understand that if I have been found to have lied about any part of my PRC application, that I will not be eligible for ANY PRC services in the future, for a minimum of 2 years. This has been explained to me.**

By my signature below, all information that I have provided is true and accurate. If it has been determined that I have not told the truth, I understand that is fraud and I will be ineligible for PRC services for life. My signature authorizes Morgan Co JFS to correspond with providers, including Morgan County United Ministries (Jesus Loves You thrift store), Washington-Morgan Community Action Agency, etc. to confirm whether services have been provided through those organizations, as necessary.

\_\_\_\_\_  
**Applicant Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Eligibility Worker Signature**

\_\_\_\_\_  
**Date**

**\*\*FOR OFFICE USE ONLY!\*\***

NAME \_\_\_\_\_

CASE NUMBER \_\_\_\_\_

**PRC JUSTIFICATION**

**RENT/SECURITY DEPOSITS**

Landlord Name \_\_\_\_\_

SSN or Federal Tax ID Number \_\_\_\_\_ (required due to getting a 1099 at the end of the year, failure to cooperate will result in no payment issued)

\*Explain that it can be 2 – 4 weeks to get payment but once they receive the Tax-Exempt Relief Order, it is a guarantee for payment, provided they have supplied the SSN or Federal Tax ID Number.

\*\*Get copy of the lease agreement

**TRANSPORTATION**

Vehicle Titled to \_\_\_\_\_

Copy of Driver’s License Obtained \_\_\_\_\_

Check BMV Website for License Validity \_\_\_\_\_

Insurance Verification Provided \_\_\_\_\_

**UTILITY**

Account Name \_\_\_\_\_

Account Number \_\_\_\_\_

Utility Company Name \_\_\_\_\_

Person at Utility Co. \_\_\_\_\_

Amount to Prevent Disconnect and Enroll in PIP (if applicable) \_\_\_\_\_

Ensure that the original utility bill is included

⇒ **REVIEW SSN’S FOR COMPLETE ACCURACY AND CHECK FOR OWF/FA SANCTIONS. IF ANYONE IN THE HOUSEHOLD IS CURRENTLY UNDER A SANCTION YOU MUST DENY THE APPLICATION!**

30 day budget period: \_\_\_\_\_ to \_\_\_\_\_

AG Size: \_\_\_\_\_

Proof of income: \_\_\_\_\_

Need Standard 200%: \_\_\_\_\_

Total Gross Income: \_\_\_\_\_

Sanction? If so who? \_\_\_\_\_

Previous PRC received (review spreadsheet and PRC reporting tool):

\_\_\_\_\_ P R C D Date: \_\_\_\_\_

\_\_\_\_\_ P R C D Date: \_\_\_\_\_

\_\_\_\_\_ P R C D Date: \_\_\_\_\_

Approval/Denial date: \_\_\_\_\_

Eligibility worker signature: \_\_\_\_\_

## Voter Registration Form

Please read instructions carefully. Please type or print clearly with blue or black ink.  
For further information, you may consult the Secretary of State's Web site at: [www.sos.state.oh.us](http://www.sos.state.oh.us) or call 1-877-767-6446.

### Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of the election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

**NOTICE:** This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice prior to Election Day, please contact your county board of elections.

Lines 1 and 2 below are required by law. You must answer both of the questions for your registration to be processed.

### Registering In Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

### Registering by Mail

If you register by mail and do not provide either a current Ohio driver's license number or the last four digits of your Social Security number, please enclose with your application a copy of one of the following forms of identification that shows your name and current address:

Current valid photo identification card, military identification, or current (within one year) utility bill, bank statement, paycheck, government check or government document (except board of elections notifications) showing your name and current address.

### Your Signature

Your signature is required for your registration to be processed. In the box next to the arrow by line 14, please affix your signature or mark, taking care that it does not touch surrounding lines or type so it can be effectively used to identify you. If your signature is a mark, include the name and address of the person who witnessed the mark beneath the signature line. If by reason of disability you are unable to physically sign, you may follow specific procedures found in Ohio law (R.C. 3501.382) to appoint an attorney-in-fact who may sign this form on your behalf at your direction and in your presence.

Please see information on back of this form to learn how to obtain an absentee ballot.

FOLD HERE

1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Will you be at least 18 years of age on or before the next general election? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If you answered NO to either of the questions, do not complete this form.	

3. Last Name		First Name		Middle Name or Initial		Jr., II, etc.	
4. House Number and Street (Enter new address if changed)				Apt. or Lot #		5. City or Post Office	
6. ZIP Code						<b>FOR BOARD USE ONLY</b> <b>SEC4010 (Rev. 07/08)</b> City, Village, Twp.  Ward  Precinct  School Dist.  Cong. Dist.  Senate Dist.  House Dist.	
7. Additional Rural or Mailing Address (if necessary)				8. County where you live			
9. Birthdate (MO-DAY-YR) (required)		10. Ohio driver's license No. OR last 4 digits of Social Security No. (one form of ID required to be listed or provided)		11. Phone No. (voluntary)			
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street							
Previous City or Post Office			County		State		
13. CHANGE OF NAME ONLY Former Legal Name				Former Signature			
I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.							
14. Your Signature →							
Date							
MO / DAY / YR							



## MORGAN COUNTY DEVELOPMENTAL FORM

Kinship Services                       Other: \_\_\_\_\_

**Applicant Information**

First Name	Last Name	Social Security Number
Street Address		City/State/Zip
Mailing Address, if different	Current Telephone Number	Alternate Telephone Number

★ Do you reside in Morgan County?                      Yes      No

**Complete the entire chart for EVERYONE in your household (including yourself)**

Name	Relationship to Applicant	Age	Date of Birth	Grade in School & School attending	Social Security Number
1.	SELF				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**HOUSEHOLD'S GROSS MONTHLY INCOME (Please accurately mark the most appropriate line below for your total household gross monthly income)**

\$ 0 - \$3,052 <input type="checkbox"/>	\$4,626 - \$5,412 <input type="checkbox"/>	\$6,986 - \$7,772 <input type="checkbox"/>
\$3,053 - \$3,839 <input type="checkbox"/>	\$5,413 - \$6,199 <input type="checkbox"/>	\$7,773 - \$8,559 <input type="checkbox"/>
\$3,840 - \$4,625 <input type="checkbox"/>	\$6,200 - \$6,985 <input type="checkbox"/>	\$8,560 - \$9,345 <input type="checkbox"/>

By my signature below, I am stating that ALL of the information provided is accurate and truthful as of today's date. In the event that it has been determined that you have given false information, you will be subject to penalty, including prosecution.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Approval/ Denial Date \_\_\_\_\_ Eligibility Worker \_\_\_\_\_

Total Number of Children Approved \_\_\_\_\_

### Notice of Approval of Your Application for Assistance

Name	Case Name	
Street Address	Case Number	Program
City, State, and Zip Code	County <b>Morgan</b>	Mailing Date

Your application for \_\_\_\_\_ dated \_\_\_\_\_, has been approved, effective \_\_\_\_\_.  
 Additional Information: \_\_\_\_\_

The reason for this action is: You have met all eligibility requirements

The rules that require this action are: Morgan County PRC Plan

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

Caseworker	District/ID	Telephone Number
	58	740 962-1406

#### **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 or your attorney can make a request by telephone.

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

If you want a hearing, sign your name, and send this form to the Ohio Department of Job and Family Services, Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

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

#### **I want a hearing.**

Signature	Date	Telephone Number

Distribution: Original to client; one copy to case record

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

### Kinship Caregiver Program

**Adult Applicant Information**

First Name	Last Name	Social Security Number
Street Address		City/State/Zip
Mailing Address, if different	City/State/Zip	Current Telephone Number

**All Household Members**

First Name	Last Name	Date of Birth	SSN
First Name	Last Name	Date of Birth	SSN
First Name	Last Name	Date of Birth	SSN
First Name	Last Name	Date of Birth	SSN
First Name	Last Name	Date of Birth	SSN

My gross income is \_\_\_\_\_.

**Service(s) Requested**

- Child Care Respite: Cost and services related to care of sick or disabled child
- Child Care Work Training/Job Search: Cost and services related to employment, training, and job search and readiness focused around child care
- Family Support
  - Utilities – please list \_\_\_\_\_
  - Housing Costs – please list \_\_\_\_\_
  - Extermination – please list \_\_\_\_\_
  - Personal Expenses – please list \_\_\_\_\_
  - Household Furnishings – please list \_\_\_\_\_
- Other Services
  - Car Seats – please list \_\_\_\_\_
  - Auto Insurance – please list \_\_\_\_\_
  - Car Repairs – please list \_\_\_\_\_

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

**Office Use Only:**

Check income for the appropriate Assistance Group size \_\_\_\_\_.



**MORGAN COUNTY JOB AND FAMILY SERVICES**

*Family Assistance, Child Support Enforcement,  
Child and Adult Protective Service, Ohio Means Jobs*  
155 E. Main St., Room 009 McConnelsville, OH 43756  
Phone (740) 962-4616 Toll Free (888) 257-9159 Fax (740) 962-5344

## Parental or Legal Guardian Consent

All youth participating in the TANF Summer Youth Employment Program must be registered on the OhioMeansJobs website. If your child is under age 18, Parental or Legal Guardian signature is required for your child to register on OhioMeansJobs.com.

By signing this form, you give your child permission to register on the OhioMeansJobs website.

\_\_\_\_\_  
Parent/guardian signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child's name

## MORGAN COUNTY BACK TO SCHOOL APPLICATION

**Parent/Caretaker Information**

First Name	Last Name	Social Security Number
Street Address		City/State/Zip
Mailing Address, if different	Current Telephone Number	Alternate Telephone Number



**Do you reside in Morgan County? Yes No Do you want a gas voucher (pick station below) or TRANSIT?  
TRANSIT**

*Timmy Vs IGA Express Little Dog Deli Greuey's Marathon Port 37 Glouster EZ Mart Gilchrist Convenience Store*

**PICK ONE SHOPPING PLACE/DAY:**

**Grand Central Mall (Parkersburg): Tues., 7/26/22 or Wed., 7/27/22**

**Colony Square Mall (Zanesville): Tues., 8/2/22 or Wed., 8/3/22**

**Complete the entire chart for EVERYONE in your household (including yourself)**

Name	Relationship to Applicant	Age	Date of Birth	Grade in School & School attending	Social Security Number
1.	SELF				
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					

**HOUSEHOLD'S GROSS MONTHLY INCOME (Please accurately mark the most appropriate line below for your total household gross monthly income)**

\$0 - \$3052	\$3053 - \$3839	\$3840 - \$4625	\$4626 - \$5412	\$5413 - \$6199
\$6200 - \$6985	\$6986 - \$7772	\$7773 - \$8559	\$8560 - \$9345	

By my signature below, I am stating that ALL of the information provided is accurate and truthful as of today's date. In the event that it has been determined that you have given false information, you will be subject to penalty, including prosecution.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

Approval/ Denial Date \_\_\_\_\_

Eligibility Worker \_\_\_\_\_

Total Number of Children Approved \_\_\_\_\_

The Morgan County Department of Job and Family Services agrees to implement the PRC County Plan as written, including all addendums.

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Heidi M. Burns, Morgan CDJFS Director

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Date

The Morgan County Department of Job and Family Services agrees to implement the PRC County Plan as written, including all addendums.

