

NOTICE OF DENIAL OF YOUR APPLICATION FOR ASSISTANCE

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

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

- 9 The following services _____ are denied because: _____
- 9 The following services _____ are denied because: _____
- 9 The following services _____ are denied because: _____

The regulations supporting this decision are: _____

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

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

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

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

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

If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

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

If you want a state hearing, check one of the boxes below, sign and date this form and send it to the Ohio Department of Job and Family Services, Bureau of State Hearings, 30 East Broad Street, 32nd Floor, Columbus, Ohio 43266-0423.

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

I want a hearing.

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

NOTICE OF APPROVAL OF YOUR APPLICATION FOR ASSISTANCE

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

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

Additional information: _____

The reason for this action: _____

The rules that require this action are: _____

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

Caseworker	District/ID	Phone Number
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If you want a state hearing, check the appropriate boxes below, sign and date this form, and sent it to the Ohio Department of Job and Family Services, State Hearings, P. O. Box 182825, Columbus, Ohio 43218-2825.

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

I want a state hearing only.

I want a hearing.

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

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

CCDJFS 6003

PRC Approval Notice

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

SERVICE/BENEFIT	ADDITIONAL REQUIREMENTS/RESTRICTIONS	MAXIMUM CAP \$2000	ECONOMIC NEED STANDARD	TARGETED GROUP	ASSISTANCE GROUP
JOB PREPARATION					
ABLE & GED Preparation		NO CAP on services (as needed)	150 % FPL	Job Seekers	Families with minor children
Drug test pre-employment					
Inoculations	* Related to employment, training				
Job training, development, placement and coaching					
Literacy assessment	* To identify barriers to employment				
Mentoring					
Money Management Classes	* Referrals only (Extension Office)				
Support services, in-home					
Vocational assessments, testing					
Education short term	* Related to employment/job retention	not to exceed \$2000.00 total		Employed	Non-custodial parents and minor children (must actively be cooperating with the Child Support Enforcement Agency) and currently paying support. Pregnant women
Retention services	* After job placement				

APPENDIX E

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

SERVICE/BENEFIT	ADDITIONAL REQUIREMENTS/RESTRICTIONS	MAXIMUM CAP \$2000	ECONOMIC NEED STANDARD	TARGETED GROUP	ASSISTANCE GROUP
JOB PREPARATION					
Clothing/uniforms	<ul style="list-style-type: none"> * Employment related * Suitable attire for job interviews * Street clothes with written verif. from employer of necessity 	\$2000 in 12 mo. (Limited services) CCDHS Discretion	150 % FPL	Job Seekers	Families with minor children
Expenses, transportation	<ul style="list-style-type: none"> * Necessary to support job search, interviewing or training 			Under Employed	Specified relatives and minor children
Equipment/tools	<ul style="list-style-type: none"> * Employment related 			Recently Employed	Legal Custodians or guardians and minor children
Moving allowance	<ul style="list-style-type: none"> * Relocation for employment 			Employed	Non-custodial parents and minor children (must actively be cooperating with the Child Support Enforcement Agency) and currently paying support.
Testing	<ul style="list-style-type: none"> * Employment related * Necessary for state, commercial drivers licenses, board certification 			Pregnant women	
Transportation	<ul style="list-style-type: none"> * Employment related 				
Vehicle repair	<ul style="list-style-type: none"> * 2 Estimates required * Verification of ownership of vehicle, valid drivers license, and appropriate insurance * Reasonable cost of parts and labor 				
Other services targeted toward goals of the Clinton County PRC Plan	<ul style="list-style-type: none"> * Defined or approved by CCDHS Director or Designee 				

APPENDIX E

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

SERVICE/BENEFIT	ADDITIONAL REQUIREMENTS/RESTRICTIONS	MAXIMUM CAP \$2000	ECONOMIC NEED	TARGETED GROUP	ASSISTANCE GROUP
DIVERSION SERVICES					
Air-conditioning	* Repair/replace cost effective * Medical statement & employment related	\$ 2000 in 12 mo. (Limited services) CCDJFS Discretion	150 % FPL	Job Seekers Under Employed Recently Employed Employed	Families with minor children Specified relatives and minor children Legal Custodians or guardians and minor children Non-custodial parents and minor children (must actively be cooperating with the Child Support Enforcement Agency) and currently paying support. Pregnant women
Appliance/fixture	* Repair/replace cost effective				
Food consumable items	* No Food Stamp eligibility				
Household contents	* Purchase/replace cost effective				
Home Repair/Replacement	* Repair/replace cost effective * Must affect basic structure				
Products non-consumable	* Essential				
Interest on principal of Mortgage	* Verify amount and cost * Applying AG responsible				
Rent due to: * Court Ordered Eviction - No legal fees or late charges * Homeless * Uninhabitable by Health Dept.	* Statement from Landlord verifying required rent amount, must include Landlord's ss # or federal tax ID # * Verify eviction or uninhabitable * Applying AG responsible				
Shelter	Homeless or has no shelter				
Utility Assistance bulk fuel * Minimum amount only * Not available during Heap season 11/1 - 03/31	* Statement verifying amount of minimum delivery * Original document * Applying AG responsible				
Utility Assistance - Initial Utility Assistance - Shut off * No reconnect fees or deposits * * Regulated utilities require enrollment in PIP * Not available during Heap season 11/1 - 03/31	* Original document * Applying AG responsible * Proof of payment history * Verify PIP Enrollment, if applicable * Limited to 1 defaulted PIP payment * Verify amount, shut-off notice & that payment will defer shutoff				

Other services targeted toward goals of the Clinton County PRC plan	Defined or approved by CCDHS Director or Designee				
APPENDIX E					
CLINTON COUNTY PREVENTION, RETENTION, CONTINGENCY CHART OF BENEFITS & SERVICES					
SERVICE/BENEFIT	ADDITIONAL REQUIREMENTS/RESTRICTIONS	MAXIMUM CAP \$2000	ECONOMIC NEED STANDARD	TARGETED GROUP	ASSISTANCE GROUP
DIVERSION SERVICES					
Employment subsidy	Offsets work expenses, encourages employment * Consecutive employment of 35 hrs per week or more	After employed: 30 days = \$ 300 90 days = \$ 100	200 % FPL	Under Employed	Families with minor children
Job Retention Bonus	* Must apply for the bonus within 30 days * Must verify employment and hours worked by pay stubs or employment verification * Limit receipt once in a 12 mo. period	After employed: 6 months = \$ 100 1 year = \$ 200	300% FPL 500% FPL	Recently Employed	Legal Custodians or guardians and minor children
Diversion Subsidy	* Verified by Dr./ Employment verification with due date of when to be expected to return back to work.	Maximum of 4 mo. OWF payment based on family size	150% FPL		Non-custodial parents and minor children (must actively be cooperating with the Child Support Enforcement Agency) and currently paying support.
Work support	* Subsidized Employment * On the Job Training	\$ 350 mo. = 4 mo. Once every 3 yrs.	150% FPL	Under Employed Recently Employed Employers	Pregnant women

APPENDIX E

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

SERVICE/BENEFIT	ADDITIONAL REQUIREMENTS/RESTRICTIONS	MAXIMUM CAP \$2000	ECONOMIC NEED STANDARD	TARGETED GROUP	ASSISTANCE GROUP
DISASTER SERVICES					
Air-conditioning	Disaster declared by Federal, State government, County Commissioners, Human Services Director Must file application within 60 days of disaster Must meet requirements as defined in PRC Plan Must meet additional requirements for benefits as listed in Scope of Service for Contingency Benefits	\$ 1500.00 CCDJFS Discretion	500 % FPL	Families sustaining disaster related to damage or loss upon disaster	Families with minor children
Appliance/fixture					Specified relatives and minor children
Clothing Essential					Legal Custodians or guardians and minor children
Food consumable items					Non-custodial parents and minor children (must actively be cooperating with the Child Support Enforcement Agency)
Household contents essential					Pregnant women
Home Repair/Replacement					
Products non-consumable essential					
Mortgage Interest payment					
Mortgage Payments					
Rent					
Rent Deposits					
Shelter emergency/temporary					
Utility Assistance Bulk fuel, initial, shut off					
Other services targeted toward goals of the Clinton County PRC plan					

Monthly Federal Poverty Guideline (FPG) Measure

Effective February 7, 2003

Assistance Group	50% Month	100% Month	135% Month	150% Month	175% Month	185% Month	200% Month	300% Month	Annual FPG
Size	FPG	FPG	FPG	FPG	FPG	FPG	FPG	FPG	FPG
1	375	749	1011	1123	1310	1385	1497	2245	8980
2	505	1010	1364	1515	1768	1869	2020	3030	12120
3	636	1272	1717	1908	2226	2353	2544	3815	15260
4	767	1534	2070	2300	2684	2837	3067	4600	18400
5	898	1795	2424	2693	3142	3321	3590	5385	21540
6	1029	2057	2777	3085	3600	3805	4114	6170	24680
7	1160	2319	3130	3478	4058	4289	4637	6955	27820
8	1290	2580	3483	3870	4515	4773	5160	7740	30960
9	1421	2842	3837	4263	4973	5258	5684	8525	34100
10	1552	3104	4190	4655	5431	5742	6207	9310	37240
11	1683	3365	4543	5048	5889	6226	6730	10095	40380
12	1814	3627	4897	5440	6347	6710	7254	10880	43520
13	1945	3889	5250	5833	6805	7194	7777	11665	46660
14	2075	4150	5603	6225	7263	7678	8300	12450	49800
15	2206	4412	5956	6618	7721	8162	8824	13235	52940
16	2337	4674	6309	7010	8179	8646	9347	14020	56080
17	2468	4935	6663	7403	8637	9130	9870	14805	59220
18	2599	5197	7016	7795	9095	9614	10394	15590	62360
19	2730	5459	7369	8188	9553	10098	10917	16375	65500
20	2860	5720	7722	8580	10010	10582	11440	17160	68640
21	2991	5982	8076	8973	10468	11067	11964	17945	71780
22	3122	6244	8429	9365	10926	11551	12487	18730	74920
23	3253	6505	8782	9758	11384	12035	13010	19515	78060

* For each additional person, add (3140)

Cash Asst. Policy 2/03

FPG2003chart.wb3

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

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

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

County where you received assistance:	Type of assistance received:	Date and amount received:
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2. Do you currently reside in Clinton County? Yes No If yes, how long have you lived in Clinton County. _____

3. Explain what you need and estimate the amount you are requesting. **(Provide Verification)** _____

4. Explain what caused you to have this problem: _____

5. Explain how the PRC service that you are requesting will help you: _____

6.) Please answer the following questions regarding all members of the household:	YES	NO	If yes who:
6a.) Is anyone failing to cooperate with the Child Support Enforcement Agency in establishing paternity or child support?			
6b.) Does anyone have an outstanding OWF or PRC fraud overpayment?			
6c.) Is anyone a fugitive felon or parole/probation violator?			

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

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

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

IMPORTANT INFORMATION ABOUT YOUR PREVENTION, RETENTION, & CONTINGENCY APPLICATION

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

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

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

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

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

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

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

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

YOUR RIGHTS AND RESPONSIBILITIES

Read all this information before you sign your name.

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

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

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

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

SIGNATURE OF PERSON WHO COMPLETED THIS FORM

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

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

I understand the questions on this application form and the penalty for hiding or giving false information. I certify under the penalty of perjury, that all my answers are correct and complete to the best of my knowledge. I understand and agree to provide documents to prove what I have said.

Signature of Applicant/Authorized Representative	Witness Signature (if signed with an X)	Date

Date Application received (mm/dd/yr) _____ 30 day budget period: From _____ To _____ Case Name/ss #: _____

1. Has the AG received PRC during the last 12 months? **9** Yes **9** No If yes, list date, county and amount received? _____, _____

2. Has the PRC AG been residents of Clinton County for at least 30 days prior to the application? **9** Yes **9** No

3. Request: List the items and/or services requested and the amount needed for each.

Item or Service	Amount Needed	Item or Service	Amount Needed
1.	\$	2.	\$
3.	\$	4.	\$

Reason for Need:

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

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

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

6. Disqualifying Factors

Y	N	Disqualifying Factors	Y	N	Disqualifying Factors	Y	N	Disqualifying Factors
		PRC AG includes a minor child.			PRC AG includes US citizens or qualified aliens			Fugitive felon or parole/probation violator
		PRC AG includes a pregnant woman			Outstanding OWF or PRC fraud overpayment			No medical except unless related to employment, training
		PRC AG is a non-custodial parent			All members are cooperating with the Child Support Enforcement Agency in establishing paternity or child support.			

7. Earned & Unearned Income

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

Federal Poverty for the AG size (PRC Chart of Benefits & Services)	\$	Total Earned & Unearned Income	\$
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9 PRC Approved. Complete chart. Check/Warrant # (Date) (/ /) Check/Warrant Amount \$

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

Reason for Denial: **9** PRC Denied - Date of denial (mm/dd/yr) _____ Date Notice of Denial of Application sent (mm/dd/yr) _____

Signature of Caseworker	Date	Supervisor Signature	Date	Signature of Director/Designee	Date
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