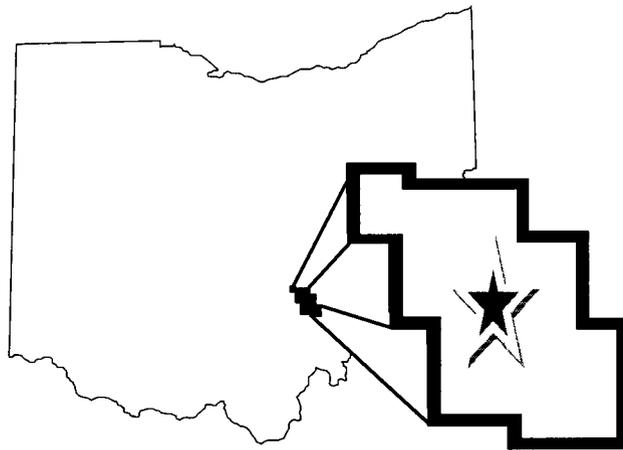


Perry County Job & Family Services



Prevention, Retention and Contingency Plan

Perry County Job & Family Services
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New Lexington, Ohio 43764
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Revised 01/30/2012

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Background

The Prevention, Retention, and Contingency Program (PRC) of Perry County is designed to provide benefits and services to low-income families to overcome immediate barriers that prevent the achievement of self-sufficiency by promoting work and personal responsibility.

The PRC program was created by the Ohio General Assembly, but is governed by federal law and regulation because one of the main sources of funding is the Title IV-A federal block grant, Temporary Assistance for Needy Families (TANF).

Flexibility and local decision-making are key elements to the development of Perry County's PRC program. Federal law, however, requires that the use of TANF funds must be used in any manner reasonably calculated to meet one of the four purposes of the TANF program (45 CFR 260.20), which include:

- 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 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 numerical goals for preventing and reducing the incidence of these pregnancies.
- 4: To encourage the formation and maintenance of two-parent families.

Authority

In Ohio, state law grants to County Department of Job and Family Services the authority and responsibility of administering the PRC program:

“There is hereby established the Prevention, Retention and Contingency program. The Department of Job and Family Services shall administer the program, as long as federal funds for the program, in accordance with Title IV-A, federal regulations, state law, and the State Title IV-A plan submitted to the United States Secretary of Health and Human Services under Section 5101.80, and amendments to this plan” (ORC 5108.02).

“Each county Department of Job and Family Services shall either adopt the model design for the Prevention, Retention, and Contingency program the State Department of Job and Family Services under Section 5108.07 of the revised code, or develop its own policies for the program. To develop its own policies, a

county department shall adopt a written statement of the policies governing the program” (ORC 5108.08).

County Department of Job and Family Services are accountable for funds expended or claimed within their PRC program.

Perry County reserves the right to temporarily suspend PRC program enrollment at any time when, in the sole judgment of the Board of Commissioners, it is no longer fiscally manageable to fund the program.

Purpose of the Perry County PRC Program

The mission of the Perry County Job and Family Services is to build a stronger community by providing an effective support system that empowers children, adults, and families with the resources they need to achieve economic stability and success.

The goal of Perry County’s PRC program is to maximize limited program dollars through community collaboration to increase the value of services delivered to low-income families. A primary objective of Perry County’s PRC program is to remove barriers to employment gain and retention for low-income, working families who are in need of help with essential supports to move out of poverty and become self-sufficient.

This program is available to provide services for Perry County residents only, unless otherwise indicated by project type. For purposes of this plan, an individual is a resident if the individual is not receiving PRC payments through another county or state and the individual attests that they are a resident of Perry County.

Within TANF regulations that govern the PRC program, the Director of Perry County Department of Job and Family Services retains the right to expand PRC eligibility to meet the emergency needs of individuals or a target population.

Approach

Perry County delivers PRC programs and funding through the following approaches (not counting the ability to transfer funds):

1. **TANF/PRC Projects** that provide services having no direct monetary value to an individual or family and do not involve implicit or explicit income support, such as work, education, transportation, and training activities for families and youth. These services are available on an ongoing basis and have no effect on eligibility or financial limitations. TANF/PRC projects can also be direct supplies or supportive services for the purpose of promoting and supporting employment or education. These services may be available on a special project basis only.

Special Projects: The Director of PCDJFS may authorize PRC funding for use in any special project that meets the general PRC program goals. Availability of these projects is contingent upon funding. These projects may provide services up to the limits specified by each such project. Applications for special projects will be designated by the agency director or designee. Examples of special projects include Back to School Bash, Summer Camps, and Employment Fuel program.

Items That Must Be Verified for Contracted TANF/PRC Projects:

In order to participate in a TANF/PRC Project, four items must be verified prior to a PRC request being approved:

1. *Household composition:* An applicant may provide written verification of household composition or household composition may be verified by self-declaration. Applicant must be a resident of Perry County.
2. *Social Security Number:* All PRC AG members must provide a social security number or apply for a social security number.
3. *Citizenship:* A member of the PRC assistance group must be a citizen of the United States or a qualified alien as defined in OAC 5101:1-2-30. Verification of U.S. citizenship and qualified alien status must be provided for all PRC AG members.
4. *Income:* An applicant may provide written verification of income (e.g. a copy of pay stub or an employer statement) or income may be verified by self-declaration. The total gross income, both earned and unearned, of all of the PRC AG members must be included (with exception of income exclusions indicated in OAC 5101:1-24-20). The PRC AG's countable income is then totaled and compared to the Percentage of FPG (Appendix A) amount allowable for the AG size listed for each program. If the total AG's income is equal to or less than the listed amount for the applicable PRCAG size, the PRC AG meets the income guideline

With the exception of income exclusions indicated in OAC 5101:1-24-20, all other income that has been received by any member of the PRC AG during the 30 day budget period, shall be considered when determining financial needs. The 30 day budget period begins 30 days prior to the date of the PRC application and ends on the application date. The countable income received during this period is used in the computation of financial eligibility.

Eligibility Determination Process for Contracted TANF/PRC Projects

The county is responsible for using objective criteria when determining eligibility for TANF/PRC Projects, and when approving or denying the application. This will be done in a fair and equitable manner. The project vendor will be responsible for assisting the applicant in completing the application accurately and for screening the application for eligibility. The county will be responsible

for reviewing the application and confirming eligibility. For TANF/PRC Project applications, the steps below will be followed:

- The vendor agency will assist applicants in accurately completing the director designated application depending on the type of TANF/PRC Project.
- The vendor agency will screen the application to determine whether the applicant meets eligibility requirements.
- The vendor agency will forward the application to the assigned PCJFS project manager no more than 15 days after the close of the month in which application for services is made. The vendor will keep all required documentation in a participant file at the agency. This documentation must be available for review at any time by PCJFS monitoring staff for the period of the vendor contract and for a period of 7 years thereafter.

Eligibility will be carefully evaluated on a case by case basis. PCJFS will be the final authority on participant eligibility, including evaluating the applicant's needs and whether or not the TANF/PRC Project can be of benefit to the individual/family.

For TANF/PRC contracted services, the vendor acting as the agent of PCJFS may assess the eligibility of the applicant and provide services based on that judgment. However, payment for services will be contingent on the review and approval of the application by PCJFS. Once eligibility for TANF/PRC Project participation is established, PCJFS staff will authorize and generate payment for the assistance and/or services.

The PCDJFS must ensure that its policies meet all auditing requirements.

The Perry County Department of Job and Family Services will closely monitor the usage of TANF/PRC Project funds, as well as the reasons for denial, and make periodic recommendations for adjustments or modifications of the program to realistically respond to community needs.

TANF/PRC Projects and the FPG: The Federal Poverty Guideline (FPG) (Appendix A) will be the FPG currently in effect and as updated annually.

2. **PRC Disaster Assistance** payments may be made, contingent on funding, in the event that a state of emergency is declared by the Federal Government, Ohio's Governor or the Perry County Board of Commissioners. In the event of a natural disaster, this plan will be amended to meet the presenting need to the extent permissible under federal and/or state law, statutes, and regulations. The PCJFS Director may authorize TANF discretionary funding for disaster relief to eligible families for unplanned expenses related to the natural disaster.

Prior receipt of PRC will not affect the receipt of these specific funds. Future eligibility for PRC will not be affected by receiving disaster funds. Service under disaster related PRC can be provided to individuals regardless of employment status or ability to demonstrate future self-sufficiency.

- 3. PRC One Time or Short Term Assistance** related to employment is limited to payment on one PRC application in a 24 consecutive month period. Perry County's PRC plan requires that a member of the AG must be employed for at least an average of 25 hours per week for short term assistance. Payment is limited to the amount required to meet the presenting need up to \$500 total. The 24 month period is determined by looking at the 24 months prior to the current date of application. Each new application has its own 24-month look back period. The date that the PRC check is issued determines whether PRC assistance was issued in the 24-month look back period. A PRC assistance group that has transferred to Perry County from another county or state and has received PRC during the 24-month look back period from the date of application for PRC is not eligible for PRC. Payments are provided by PCJFS through vendor payment.

These payments are not cash payment or ongoing support, nor are they entitlement benefits. Utilization of the program will be considered on a case-by-case basis under the provisions described in this plan. The personal judgment of the eligibility determiner is a key component to the program's success to impact a family's course toward self-sufficiency.

PRC One Time or Short Term Assistance and Sanction: Families under sanction may receive PRC assistance as long as the assistance provided is not intended to replace the income lost as a result of the sanction. For example, PRC will not be used to pay rent or utilities for an individual under sanction. PRC assistance for sanctioned families may be designed to resolve issues that led to the sanction *or* may be intended to impact emerging problems that would prolong the family's need for assistance.

Items That Must Be Verified for PRC One Time or Short Term Assistance

Four items must be verified prior to a PRC request being approved:

- 1. Household composition:* An applicant may provide written verification of household composition or household composition may be verified by self-declaration. Applicant must be a Perry County resident.
- 2. Social Security Number:* All PRC AG members must provide a social security number or apply for a social security number.
- 3. Citizenship:* A member of the PRC assistance group must be a citizen of the United States or a qualified alien as defined in OAC 5101:1-2-30. Verification of U.S. citizenship or qualified alien status must be provided for all PRC AG members. Primary verification of qualified alien status should be requested from INS for any non-citizens. If primary verification can not be

obtained [using the Systematic Alien Verification for Entitlement (SAVE) program] *and* if the customer presents a valid INS-151 or INS-94 form, approval of the PRC request will not be delayed while we obtain secondary verification. If secondary verification establishes that the applicant is not a legal alien some time after the PRC is paid, the agency will attempt to recover the benefit.

An undocumented alien may make an application for PRC on behalf of the household group. The income that is received by the undocumented alien is included in the countable income of the PRC assistance group; however, the undocumented alien is not included in the PRC assistance group size that the income is being compared to in the determination of PRC eligibility. Eligible members of the household group can receive PRC services and benefits as long as they benefit the household group (e.g. PRC for utility bills, rent payments, etc.). PRC services and benefits that only benefit the undocumented alien are not permissible.

4. *Income:* The total gross income, both earned and unearned, of all of the PRC AG members must be included (with exception of income exclusions indicated in OAC 5101:1-24-20). Written (e.g. a copy of pay stub or an employer statement) or verbal verification of income is required. For any verification that 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 information.

When looking at income, an income/financial eligibility determination must be completed. The process for the income/financial eligibility determination is described below.

Income/Financial Eligibility Determination: The 30-day budget period begins 30 days prior to the date of the PRC application and ends on the day prior to the application date. The total countable income received during this period is used in the computations of income/financial eligibility. If the total monthly income of the PRC AG is equal to or less than 200% of the FPG amount (Appendix A) for the applicable PRC AG size, the PRC AG meets the income requirement.

Eligibility Determination Process for PRC One Time or Short Term Assistance: The county is responsible for using objective criteria when determining eligibility for PRC and when approving or denying the PRC application. This will be done in a fair and equitable manner. The PCDJFS shall enter the PRC AG into CRIS-E for statewide clearance, tracking, and PRC authorization. The following steps should be followed once PCDJFS receives a routine PRC application:

- Upon receipt of the PRC application (as determined from the agency stamp in date), the case manager will send to the PRC applicant:
 - A request for verification (ODJFS 7105/Appendix B), if verification is required.

- A signed “Applicant/Recipient Authorization for Release of Information (ODJFS 7341/Appendix H) should be obtained from the applicant for inquiry when income cannot be accurately obtained. Once the release is received, verification must contain clean documentation of the supplier of the information, date of the verification, the amount of income verified, and the name of the person obtaining the verification.
 - A JFS 4059, “ODJFS Explanation of State Hearing Procedures” (Appendix C), shall be mailed or otherwise delivered to the assistance group to inform them of their hearing rights.
- The PRC applicant has ten (10) business days from the date that the verification request (ODJFS 7105/Appendix B) was sent to provide the required verification.
- PCDJFS staff will process the PRC application (Appendix D).
 - If it is determined that the application for PRC is denied, the ODJFS 7334, “Notice of Denial of Your Application for Assistance” (Appendix E) shall be mailed or otherwise delivered to the customer.
 - If it is determined that an application for PRC is approved, the case manager shall prepare the PRC package. The case manager shall mail or otherwise deliver the notice of approval (Appendix F) to the customer and annotate CLRC in CRIS-E. The PRC package is subsequently sent to Fiscal.
- A supervisor’s approval/signature is required for all PRC payment requests
- Approval of a confidential PRC request shall be managed by the unit supervisor and approved by the PCJFS Director.

Once eligibility for PRC is established, payment will be authorized and payment generated for the assistance, goods, and/or services.

Eligibility will be carefully evaluated on a case by case basis. Immediate needs and whether or not the PRC program can be of benefit will be determined by the PCDJFS.

As long as payment is authorized within the appropriate period, actual payment may be made to vendors according to the procedures in place in this county.

Assistance Group Composition

PRC benefits and services for the first two purposes of TANF are available to a family assistance group (herein after referred to as AG) which includes a minor child or a pregnant individual as defined in Sections 5108.01 and 5108.06 of the Ohio Revised Code.

PRC benefits and services are also available to the non-custodial parent of a minor child if they meet the following criteria:

- 1) Resident of the State of Ohio
- 2) Has a child who is a resident of Perry County
- 3) Has a child support case that is compliant with Perry County CSEA and administered by Perry County CSEA.

Otherwise, an eligible family must consist of a minor child who resides with a parent, caretaker relative, legal guardian, or legal custodian. PRC benefits and services may also be provided for a pregnant individual with no other minor children.

A child may be considered “temporarily absent” from the home in accordance with the timeframes established in rule 5101:1-3-04 of the Ohio Administrative Code 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 and other members of the household (who may or may not be related to the child) who may significantly enhance the family’s ability to achieve economic self-sufficiency.

The exception to the above assistance group composition requirement is that for the third purpose of TANF, pregnancy prevention services may be available to families with or without children.

The specific AG composition for each PRC benefit and service is listed in Appendix G of this plan.

Eligibility

Eligibility for PRC requires that a member of the AG must be a citizen of the United States or be a qualified alien as defined in Section 5506 (d) of Public Law 105-33 (the Balanced Budget Act of 1997). A member of the AG must be employed for at least an average of 25 hours per week to be eligible for PRC short term assistance.

Eligibility for purposes 1 and 2 of TANF is dependent upon the AG’s demonstration and verification of need for financial assistance and/or benefits. For eligibility to be determined, the income of the AG must be compared to the economic need standard established for the assistance and benefits requested. The economic need standards are based upon the FPIG which shall be updated annually (Appendix C). When determining eligibility, the AG income must be equal or less than the economic need standard.

Eligibility for assistance and benefits directly related to purpose 3 and 4 of TANF is available without regard to need.

The Poverty Level is adjusted annually by the Ohio Department of Job and Family Services and takes effect on the date posted by that department. The Monthly Federal Poverty Guideline amount is used to determine income eligibility for PRC. Unless specified otherwise, the total countable income of all members of the PRC assistance group must be equal to or less than the 200% Federal Poverty guidelines based upon family services.

Medical expenses are not eligible for PRC funding with the exception of pre-pregnancy family planning services.

Appendix G lists the eligibility requirements for each service and benefit offered through the PRC program of Perry County.

Ineligible Family AGs

Below is a list of Federal and State prohibitions that would make a family AG ineligible for PRC assistance:

- No assistance for families without a minor child (except in relation to purposes 3 and 4 of TANF)
- No assistance to a single individual, unless such individual is pregnant (with above exception)
- No benefits or services to an individual who is not a citizen of the United States or a qualified alien.
- No assistance for families that fraudulently receive assistance under the OWF and PRC programs until repayment occurs.
- No assistance to families who are ineligible for other programs due to deliberate non-compliance with the terms of those programs' assistance.

Applicants who have an established pattern of quitting jobs and/or job losses in the past could be denied PRC.

Program Operation

To ensure fair and equitable treatment of families applying for PRC, the program shall be continuously in operation according to the standards of policy and procedure as set forth within this document. The benefits and services listed in Appendix G may not be reduced, limited, or restricted unless the program is amended.

Scope of Benefits/Services

Appendix G contains the scope of the benefits and services offered through the PRC Program in Perry County. The chart contains the TANF purpose the service meets, the economic need standards, caps, and the targeted groups. The targeted groups are used to customize service delivery specific to the family's circumstances.

Repayment Agreement

The PRC applicant will be required to sign a repayment agreement each time they receive PRC assistance of tangible value. Failure to retain employment through quitting a job or willful action on the part of the applicant in the six months following the issuance of PRC will allow PCJFS to pursue collection of the PRC assistance through legal action. (Appendix I)

Program Integrity and Control

PCJFS reserves the right to deny PRC benefits or services (or condition its approval) to any applicant who has demonstrated a pattern of PRC misuse or abuse (actual or attempted). Any erroneous payments issued under the PRC program due to customer or vendor error, misrepresentation, intentional program violation, fraud or agency error constitute an overpayment. All PRC overpayments are subject to the same rules and regulations as TANF overpayments outlined in OAC 5101:1-23-70 regarding OWF erroneous payments and will be subject to the PCJFS overpayment collection process.

Standard of Promptness

The focus of the PRC program is to provide and authorize assistance within five days of the receipt of a signed application. In some instances, this time frame will not be met due to unavoidable delays on the part of the applicant of the agency.

The five day standard of promptness is a suggested time frame that is intended to stress the importance of dealing with PRC applications in an appropriately efficient manner. Applications will not be denied simply because the five day standard of promptness has expired. The AG file should contain sufficient documentation of the case activity on the PRC application including an explanation of unexpected or unavoidable delays in processing the application.

Community Resources

The availability of resources within Perry County shall be explored prior to the authorization of PRC assistance. An AG shall apply for and utilize any program, benefit, or support system which may reduce or eliminate the presenting need.

PRC personnel will be aware of any community resources that could assist a family in need of immediate services. The knowledge of those resources that are available is necessary to determine if any other means within the community may meet or help meet the presenting needs. Local contracts with other entities may be initiated to provide services which may meet or help meet requested needs. The PRC application (Appendix A) provides a section for written documentation of agency attempts to locate and utilize resources within the community.

Applicant Responsibility

An applicant for PRC is responsible for completing all necessary documents, furnishing all available facts and information, and cooperating in the eligibility determination process. An applicant must utilize available income and resources in meeting the presenting need. This includes ongoing assistance programs such as OWF, DA, SSI, food assistance, unemployment compensation, social security, and special energy programs. There is no PRC eligibility if the AG fails to make use of available income or resources that in an amount sufficient to meet a portion of the presenting need or the entire amount. The PRC applicant is required to sign a repayment agreement each time they receive PRC payments. Failure to retain employment through quitting or willful action on the part of the recipient in the six months following the issuance of PRC

payments will allow Perry County Job and Family Services to pursue collection of any PRC payments through legal action.

Application

The PRC application (Appendix A) was developed for use when a family is applying for short term PRC benefits and services. The application and any other information gathered during the eligibility determination process should be kept in the ongoing OWF, Medicaid, and/or Food Stamp AG file. If the AG is not receiving any of the previously mentioned assistance, a separate file shall be maintained specifically for the PRC application and verification documentation. Also, any PRC benefits or services provided to a non-custodial parent shall be maintained in a separate AG file.

Eligibility factors, time restraints, and amounts available to pay for various benefits and services covered under PRC will be explained. In addition, anyone applying for PRC services will be given information regarding other Perry County Job and Family Services assistance programs and community resources that could help the applicant meet basic needs and transition to work. All PRC applicants will be advised of their hearing rights and will be provided with a copy of the “Explanation of State Hearing Procedures” (Appendix E). Also PRC applicants will be presented the opportunity to register to vote.

PRC assistance will be authorized with the exception that the AG will be able to function without additional agency help.

Notice of Approval/Denial

If it is determined that an application for PRC is approved, an applicant will be mailed or otherwise given a “Notice of Approval of Your Application for Assistance” (see Appendix F).

If it is determined that an application for PRC is denied, an applicant will be mailed or otherwise given a “Notice of Denial of Your Application for Assistance” (see Appendix B).

Once eligibility for PRC is established, authorization shall occur and a payment for the benefits or services will be generated. Authorization may occur at any time during a period beginning on the date that PRC is approved. As long as payment is authorized within thirty days, actual payment may be made to vendors according to the procedures set in place. All payments shall be made to the vendor or AG. Policy has been written to ensure all auditing requirements are maintained.

Perry County Department of Job and Family Services agrees to implement the PRC Plan as written above.

Cheryl Presley Boley
Perry County Job and Family Services

1/13/2011
Date

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

Cheryl Boley

9-23-11

Cheryl Boley, Director

Date

Perry County Department of Job and Family Services

This is to certify that amendments to this policy were reviewed and approved by the Perry County Family Services Planning Council at its meeting on 9/16/2011.

Cheryl Boley

9-23-11

Cheryl Boley, Chair

Date

Perry County Family Services Planning Council

This is to certify that the Perry County Department of Job and Family Services has complied with ORC Chapter 5108 in adopting and amending this policy.

Lonnie Wood

9-23-11

Lonnie Wood, President

Date

Board of Perry County Commissioners

**MONTHLY FEERAL PROVERTY GUIDELINES
EFFECTIVE 1/26/2012**

The Monthly Federal Poverty Guideline amount if used to determine income eligibility for the Prevention, Retention, and Contingency (PRC) Program. The total gross countable income for all members of PRC assistance (AG) must be equal to or less than the Monthly Federal Poverty Guideline amount for the appropriate AG size. See chart below for monthly and annual amounts:

Assistance Group Size	200% of Monthly Federal Poverty Guideline
2	\$2,522
3	\$3,182
4	\$3,842
5	\$4,502
6	\$5,162
7	\$5,822
8	\$6,482
9	\$7,142
10	\$7,802
11	\$8,462
12	\$9,122

**Ohio Department of Job and Family Services
APPLICATION / REAPPLICATION VERIFICATION REQUEST CHECKLIST**

Assistance Group Name	Application Date	Case Number	Interview Date/2 nd Notice Date
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Certain eligibility factors must be verified before the county department of job and family services can determine your eligibility for _____. Checked below are the documents you still need to provide:

Verifications still needed:	Document Needed (if applicable):
<input type="checkbox"/> Birth certificate/Birth verification/Citizenship verification (Birth certificate, passport or similar document)	_____
<input type="checkbox"/> Health insurance card (copy of front and back)	_____
<input type="checkbox"/> Income verification (pay stubs, tax records, award letters, child support)	_____
<input type="checkbox"/> Marriage certificate	_____
<input type="checkbox"/> Medical form completed by doctor	_____
<input type="checkbox"/> Pregnancy verification (including number of fetuses)	_____
<input type="checkbox"/> Proof of any child/dependent care costs	_____
<input type="checkbox"/> Proof of any child support paid for children not living with you	_____
<input type="checkbox"/> Proof of any medical costs for people with disabilities or for people who are over age 60 (including prescriptions)	_____
<input type="checkbox"/> Proof of identity (driver's license, state ID, passport)	_____
<input type="checkbox"/> Proof of current value of stocks/bonds, certificates of deposit, life insurance, trusts, annuities	_____
<input type="checkbox"/> Recent statements for any bank accounts (checking, credit union, savings)	_____
<input type="checkbox"/> Rent/Mortgage receipt	_____
<input type="checkbox"/> Rights and Responsibilities	_____
<input type="checkbox"/> School attendance verification	_____
<input type="checkbox"/> Social security cards (or proof you have applied) for:	_____
<input type="checkbox"/> Title to motor vehicles	_____
<input type="checkbox"/> Unemployment compensation/Worker's compensation verification	_____
<input type="checkbox"/> Utility receipts or copy of bills	_____
<input type="checkbox"/> Other, specify:	_____

If you are unable to get any of the above verifications, we may be able to help you. Please contact me immediately if you cannot get the verifications.

We must have the verifications listed above by _____. If we do not have the required information or verifications by this date, your application may be denied or your current benefits stopped.

Return all verifications to:

Address		
City	State	Zip Code
E-Mail	Fax Number	

Name of Caseworker	Date	District	Telephone Number
---------------------------	-------------	-----------------	-------------------------

Ohio Department of Job and Family Services
EXPLANATION OF STATE HEARING PROCEDURES

What is a State hearing?

If you think there has been a mistake or delay on your case, you may want to ask for a state hearing. You can ask for a hearing about actions by either the state department of job and family services or the local agency. Local agencies include the county department of job and family services (CDJFS), the county child support enforcement agency (CSEA), and agencies under contract with them.

A state hearing is a meeting with you, someone from the local agency, and a hearing officer from the Ohio Department of Job and Family Services (ODJFS). The person from the local agency will explain the action it has taken or wants to take on your case. Then, you will have a chance to tell why you think it is wrong. The hearing officer will listen to you and to the local agency, and may ask questions to help bring out all the facts. The hearing officer will review the facts presented at the hearing and recommend a decision based on whether or not the rules were correctly applied in your case.

How to ask for a Hearing

To ask for a hearing, call or write your local agency or write to the Ohio Department of Job and Family Services, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your assistance or services, fill out that form and mail it to State Hearings. You may also fax your hearing request to State Hearings at (614) 728-9574.

We must receive your hearing request within 90 days of the mailing date of the notice of action. However, if you receive food stamps, you may request a hearing on the amount of your food stamps at any time during your certification period.

If someone else makes a written 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.

How to Request a Telephone Hearing

If you cannot attend the hearing at the scheduled location as a result of not having transportation, child care, medical limitations, etc., you can call 1-866-635-3748 and choose to participate by telephone. If you participate by telephone, the hearing officer assigned to your appeal will call you on the day at the scheduled time for your hearing at the telephone number you provide.

Continuing Assistance or Services

If you receive a notice that your assistance or services will be reduced, stopped, or restricted, the action will not be taken until the hearing is decided if we receive your hearing request within the 15 days of the mailing date on the notice.

In the food stamp program, your benefits will continue only until the end of your certification period. After that you must reapply and be found eligible.

If your assistance or services have been changed without written notice, or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings, to inquire if you should receive continuing benefits. Call us, toll free at the following number: 1-866-635-3748, and choose option number one from the automated voice menu.

If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

The continuing assistance provisions described in this section do not apply to the child support program. If you request a hearing about child support services, your hearing request will have no effect on your receipt of services while your hearing is pending.

County Conference

An informal meeting with a person from the local agency may settle the issue without the need for a state hearing.

Often this is the quickest way to solve a problem. At this meeting your case will be reviewed with you. If a mistake has been made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your worker. If you are not satisfied with the results, you can still have a state hearing.

You do not have to have a county conference to have a state hearing. Asking for a county conference will not delay your state hearing.

When will the Hearing be Held?

After your request for a hearing is received, the Bureau of State Hearings will send you a scheduling notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice also will tell you what to do if you cannot come to the hearing as scheduled.

Where are Hearings Held?

Hearings are usually held at the local agency. If you are unable to go there, the hearing may be held some other place convenient to you and to the other people involved. If you want the hearing held somewhere other than the local agency, be sure to tell us that on your hearing request.

Postponement of the hearing

If you cannot come to the hearing as scheduled, or if you need more time to prepare, you can ask the hearings section for a postponement. In the food stamp program postponement is limited to 30 days from the date of the first scheduled hearing. In all other programs, you must have a good reason to postpone the hearing.

If you do not Attend the Hearing

The Bureau of State Hearings will send you a dismissal notice if you don't come to the hearing. If you want a continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing. The hearing authority will decide whether you had a good reason. If you do not call within 10 days and show good cause, the hearing will be dismissed and you will lose the hearing. The local agency can then go ahead with the action it was planning to take.

If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

Before the Hearing

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local legal aid program to see if you qualify for free help.

If you don't know how to reach your local aid office, call 1-800-589-5888, toll-free, for the local number. If you want notice of the hearing sent to your lawyer, you must give the hearings section your lawyer's name and address.

You and your representative have the right to look at your case file and the written rules being applied to your case. If your hearing is about work registration or employment and training, you may also look at your employment and training file. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or getting copies of case record documents.

The local agency does not have to show you confidential records, such as names of people who have given information against you, records of criminal proceedings, and certain medical records.

Confidential records which you could not look at or question cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

Subpoena

You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and that are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want subpoenaed.

At the Hearings

You may bring witnesses, friends, relatives, or your lawyer to help you present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions, and bring papers or other evidence to support your case.

The hearing will be recorded by the hearing officer so that the facts are taken down correctly. After the hearing decision is issued, you can get a free copy of the recording by contacting the Bureau of State Hearings.

The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail, issued by the hearing authority.

Group Hearings

The hearings office may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing.

You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

After the Hearing

You should receive a hearing decision within 60 days of your hearing request if the hearing was only about food stamps, and within 90 days for all other programs.

If you disagree with the hearing decision, your written decision will tell you how to ask for an administrative appeal.

Compliance with the Hearing Decision

If the hearing decision orders an increase in your food stamps, you should get the increase about 10 days of the date decision. If the decision orders a decrease in your food stamps, you should get the new, smaller amount the next time you regularly get food stamps.

In all other programs, the agency must take the action ordered by the decision within 15 days of the date the decision is issued, but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

Another Action Requires Another Hearing

If you receive another prior notice that says the local agency wants to change your assistance or services while you are waiting for a hearing or decision, you must ask for another hearing if you disagree with the new action. Remember, the fact that you are waiting for a hearing or decision will not stop another action from being taken on your case. You must ask for another hearing on the new action.

Prevention, Retention, and Contingency Program (PRC) Application

Name of Applicant	Present Address	For Agency Use Only	
SSN:		Case Number	
Phone # Where you can be reached!		Date Sent	Date Rec'd.
		Perry	Caseworker

1. Have you ever received any type of public assistance from a Job and Family Services Department? Yes No
 If yes, give the County JFS, the type of assistance received and the date received.

2. Explain what you need and estimate the amount you are requesting. _____

3. Give the name of other agencies you have contacted for help. _____

4. Have any other agencies helped you with this need? Yes No
 If yes, give the name and tell how you were helped. If no, tell why you were not helped.

5. Is anyone in your household presently under a sanction or disqualification from any Job and Family Services Program? Yes No If yes, give the name and the date the sanction or disqualification began.

6. Has anyone in your household quit or refused a job in the last 90 days? Yes No
 If yes, give the name, the date of the quit or refusal, and the reason for the quit or refusal.

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

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

If you are eligible, the agency will limit assistance under this program to actual documented amount of need.

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

Ohio Department of Job and Family Services
NOTICE OF DENIAL OF YOUR APPLICATION FOR ASSISTANCE
(Do not use to deny food assistance benefits, or to terminate cash or medical assistance)

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

We denied your _____ application dated _____

The people affected by this action are _____

The reason for this action is _____

The rules that require this action are _____

Caseworker	Worker I.D.	Telephone Number ()
------------	-------------	----------------------------

Your Right to a State Hearing

This notice tells you what we are doing on your case. Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

IF YOU DISAGREE WITH THIS DECISION, ASK FOR A STATE HEARING

Ask for a State Hearing: You can ask for a state hearing, if you disagree with the County Department of Job and Family Services' (CDJFS) action or think the CDJFS may have made a mistake. If you want a hearing, the Ohio Department of Job and Family Services (ODJFS) must receive your request 90 days from the date this notice was mailed to you. If 90th day falls on a holiday or weekend, the deadline will be the next work day.

You can ask your local Legal Aid program for free help with your case. Contact your local Legal Aid office by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <http://www.ohiolegalservices.org/programs> on the internet.

If someone is helping you with your case, ODJFS will need a signed "authorized representative" notice from you saying it's okay for that person to represent you for the hearing process.

AG Name	Case Number	Mailing Date
---------	-------------	--------------

Step 1: Read, sign, date, and fill in your telephone number. Another person may sign this for you, if they send us your signed "authorized representative" notice.

Sign Here	Date	Telephone Number ()
-----------	------	----------------------------

Step 2: What is your hearing for? (Check all that apply.)

- | | | |
|---|--|--|
| <input type="checkbox"/> OWF (cash assistance) | <input type="checkbox"/> Disability Financial Assistance | <input type="checkbox"/> Provision, Retention, Contingency (PRC) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Child Care (Title XX) | <input type="checkbox"/> Child Support (Title IV-D) |
| <input type="checkbox"/> Medicaid Waiver Services | <input type="checkbox"/> Medicaid – Disability Determination | <input type="checkbox"/> Medicaid – Managed Care |
| <input type="checkbox"/> Medicaid – Prior Authorization | | |

Step 3: Fill out the information, as it applies to your situation.

- I want to do my hearing by telephone.
- I need an interpreter at my state hearing.
- My preferred days/times for a hearing are: _____
(Please note: ODJFS may not be able to give you the preferred date.)
- I want a County Conference. (This is a meeting to discuss your case with your local agency.)
- This person has agreed to help me with my state hearing (my "authorized representative")

Name	Telephone Number ()
Address	Fax ()
City, State, Zip	Email

Step 4: ODJFS must receive your request 90 days from the date this notice was mailed to you. You must choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us.

Please only submit your hearing request one time.

Email – Email the ODJFS Bureau of State Hearings at bsh@ifs.ohio.gov. In the subject, put "State Hearing Request". In the message, put all of the information from the boxes at the top of this page and from Steps 1, 2, and 3; or

Phone – Phone the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or

Fax – Fax both pages of this notice to the ODJFS Bureau of State Hearings at (614) 728-9574; or

Mail – Mail all pages of this notice to ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

Contact your caseworker – It is better to send this request using one of the other methods above. But, you may give this page (completed and signed) to your caseworker. Or, you may phone your caseworker. Mention this notice.

On the Day of the State Hearing: You, or someone else helping you with your case, can explain the reason(s) why you don't think the decision is right. ODJFS will explain its reasons. Then, an ODJFS hearing officer will make a decision after the hearing.

Ohio Department of Job and Family Services
NOTICE OF APPROVAL OF YOUR APPLICATION FOR ASSISTANCE
(Do not use to approve food assistance benefits)

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

We approved your _____ application dated _____

Starting _____ you will get _____

The people affected by this action are _____

The reason for this action is _____

The rules that require this action are _____

Caseworker	Worker ID.	Telephone Number
------------	------------	------------------

Your Right to a State Hearing

This notice tells you what we are doing on your case. Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

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AG Name	Case Number	Mailing Date
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Step 1: Read, sign, date, and fill in your telephone number. Another person may sign this for you, if they send us your signed "authorized representative" notice.

Sign Here	Date	Telephone Number ()
-----------	------	----------------------------

Step 2: What is your hearing for? (Check all that apply.)

- | | | |
|---|--|--|
| <input type="checkbox"/> OWF (cash assistance) | <input type="checkbox"/> Disability Financial Assistance | <input type="checkbox"/> Provision, Retention, Contingency (PRC) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Child Care (Title XX) | <input type="checkbox"/> Child Support (Title IV-D) |
| <input type="checkbox"/> Medicaid Waiver Services | <input type="checkbox"/> Medicaid – Disability Determination | <input type="checkbox"/> Medicaid – Managed Care |
| <input type="checkbox"/> Medicaid – Prior Authorization | | |

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- My preferred days/times for a hearing are: _____
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- This person has agreed to help me with my state hearing (my "authorized representative")

Name	Telephone Number ()
Address	Fax ()
City, State, Zip	Email

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On the Day of the State Hearing: You, or someone else helping you with your case, can explain the reason(s) why you don't think the decision is right. ODJFS will explain its reasons. Then, an ODJFS hearing officer will make a decision after the hearing.

SCOPE OF BENEFITS/SERVICES

Appendix G

<u>Housing</u>	\$500	200% FPG	Individuals who must move for employment	Purpose 2	Approach 3: PRC One-Time or Short Term Assistance
<u>Job Related Transportation Expenses: Vehicle Repair and Tires</u>	\$500	200% FPG	Individuals who need reliable transportation to and from employment	Purpose 2	Approach 3: PRC One-Time or Short Term Assistance
<u>Transportation</u>	Available until work requirements met	OWF Cash Recipient	OWF Work Eligible Participants	Purpose 2	Approach 1: TANF/PRC Projects
<u>Work Allowances</u>	\$40/month	OWF Cash Recipient	Individuals who participate in PCJFS work activities	Purpose 2	Approach 1: TANF/PRC Projects
<u>Life Skills Training</u>	Soft Service	None	Perry County Community	Purpose 1,2,3 and 4	Approach 1: TANF/PRC Contracted Program with OSU Extension Office
<u>Car Seat Special Project</u>	Direct Supply	200% FPG	At-risk children	Purpose 1	Approach 1: TANF/PRC Contracted Special Project with Perry County Health Department

Ohio Department of Job and Family Services
APPLICANT/RECIPIENT
AUTHORIZATION FOR RELEASE OF
INFORMATION

Office Use Only	
Applicant/Recipient Name	Case Number
Name of CDJFS Representative/Unique Identifier/Date	

I, _____, hereby authorize _____ to disclose
 (Name of Individual) (Name of covered entity, such as CDJFS, employer, etc.)
 the information listed below to _____ for the purpose of determining
 (Who will receive the information?)
 eligibility for cash assistance, medical assistance and/or food stamp benefits; or for the following reason(s): _____

Information to be released: _____

By signing below, I understand that:

This authorization shall expire on _____ or until revoked by me in writing, whichever comes first.
 (Date or completion of "event"- reason the signed authorization is needed)

I have the right to revoke or cancel this authorization at any time by providing notice in writing to the following address:

The revoking or canceling of this authorization does not affect the use or disclosure of information that occurred prior to the date that authorization was canceled.

Any information used or disclosed as per this specific authorization may be re-disclosed by the person or entity receiving the information. In such a situation, it may no longer be protected by federal or state law.

This authorization is NOT for the release or use of protected health information (PHI) – please use the appropriate medical release authorization form.

I am aware of my responsibilities to report completely and fully all facts that bear upon my eligibility for all cash assistance, medical assistance and/or food stamp benefits. I realize if the requested information reveals I have improperly reported my situation, the information may be given to the prosecuting attorney for possible civil action or criminal prosecution.

Completion of this form is voluntary, but necessary to determine eligibility for cash assistance, medical assistance and/or food stamp benefits.

Signature of Applicant/Recipient or Authorized Representative	Date	Representative's Legal Authority to Applicant/Recipient (Such as parent, guardian, power of attorney, auth rep, etc.)
---	------	--

Please reply in the space below, sign and date.

Perry County Job and Family Services

212 South Main Street • P.O. Box 311 • New Lexington, Ohio 43764
Phone: (740) 342-3551 • Toll Free 1-800-551-3551 • Fax: (740) 342-5491

Prevention, Retention, & Contingency REPAYMENT AGREEMENT & PROMISSORY NOTE

I _____ understand that with the receipt of PRC Assistance, I am obligated to pay back the monies received by me from the Perry County Job & Family Services for failure to complete the following requirements.

Failure to retain employment through job quit or willful action on the part of the recipient in the six months following the issuance of PRC will allow the Job & Family Services to pursue the collection of PRC.

Repayment Options

Further more I agree to allow the Job & Family Services to issue a Voluntary Withholding Order to any current or future employer. The Job & Family Services will contact the employer and require the employer to deduct \$50.00 dollars per week or 25% of the employee's gross wages for recovery of PRC monies issued.

I agree to repay \$ _____ in (weekly/bi-weekly/monthly) payments as negotiated with the Perry County Job & Family Services.

I agree to volunteer for community service hours at a rate of PRC payment amount divided by current federal minimum wage. \$ _____ (amount of PRC) divided by \$7.30 (current federal minimum wage) equals _____ total hours of community service.

I agree to repay \$ _____ (weekly/bi-weekly/monthly) payments as well as volunteer to do _____ hours per (week/month) at an approved site until the debt is fully paid off. The number of volunteer hours is calculated by dividing the amount of PRC I wish to repay by the federal minimum wage.

When work is done in lieu of cash payments, a schedule will be given to the PRC assistance group and must be completed and signed daily by the individual at the site to verify hours and dates of work. The site must be approved by the Perry County Job & Family Services before the volunteer work is completed.

I AGREE TO REPAY THE PRC AMOUNT OF: \$ _____

All parties to this note, including the makers, endorsers, sureties, and guarantors, and whether bound by this or by separate instrument or agreement, waive presentment for payment, demand, protest, notice of nonpayment, or dishonor and of protest, and any and all other notices and demands whatsoever, and consent that at any time, or from time to time, payment of any sum payable under this note may be extended without notice, whether for a definite or indefinite time.

In the event any such party to this note defaults in the payment of any obligation due any creditor, then, at the option of the holder and with notice, this note, together with accrued interest and all other loan charges, shall become immediately due and payable.

In the event the indebtedness evidenced by this note is collected by or through an attorney, the holder shall be entitled to recover reasonable attorney fees to the extent permitted by applicable law.

This note shall be governed by and construed in accordance with the laws of the State of Ohio.

Signature of PRC Recipient

Date

Address

Witness

Date