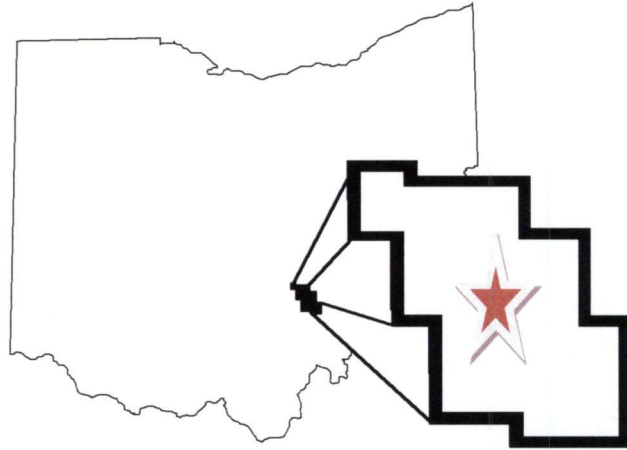


Perry County Job & Family Services



Prevention, Retention and Contingency Plan

Perry County Job & Family Services
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Revised 3/18/2020

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

II. 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 are provided 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 of the Revised Code, and amendments to this plan." (ORC 5108.02).

Each county department of job and family services shall adopt a written statement of policies governing the prevention, retention, and contingency program for the county. The statement of policies shall be adopted not later than October 1, 2003, and shall be updated at least every two years thereafter. A county department may amend its statement of policies to modify, terminate, and establish new policies. A county department also may amend its statement of

policies to suspend operation of its prevention, retention, and contingency program temporarily. The county director of job and family services shall sign and date the statement of policies and any amendment to it. Neither the statement of policies nor any amendment to it may have an effective date that is earlier than the date of the county director's signature.

Each county department of job and family services shall provide the department of job and family services a written copy of the statement of policies and any amendments it adopts to the statement not later than ten calendar days after the statement or amendment's effective date. (ORC 5108.04)

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.

III. 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.

IV. 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, Individualized Training Plan and TANF Summer Youth Employment Program, which will provide employment, training and other supportive services to youth ages 14 and 15.

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 in certain program situations income may be verified by self-declaration as indicated on the program form. In general, PRC Applications are processed utilizing the last 30 days of income. PRC applicants may also allow JFS employees to utilize pay verification received within the last year for auditing self-declaration statements. This assumes that the household has had no changes after prior approval and prior to PRC application. 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 PRC AG 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 may be responsible for assisting the applicant in completing the application accurately and for determining eligibility. The county will be responsible for collecting random samples of completed applications to verify eligibility. If the vendor is responsible the following steps will apply for TANF/PRC Project applications:

- 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.

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

- Youth age 14-18, enrolled in secondary school, as long as the youth is in a needy family and in school.

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

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

Foster Care: Youth in a foster care setting age 14 to 18 years of age if they are a full-time student in a secondary school may be served under the TANF Summer Youth Employment Program. The United States Department of Health and Human Services (HHS), Administration for Children and Families (ACF) has provided guidance respective to the Youth Employment Program. **This guidance is only applicable to the TANF Summer Youth Employment Program and no other TANF or PRC program.**

TANF/PRC Projects and the FPG: The Federal Poverty Guideline (FPG) 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.

Any disaster on a large scale affecting the county's TANF population such as a Federal Government Shutdown, the PCJFS Director may authorize TANF discretionary funding for disaster relief to eligible families for unplanned expenses including food.

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.

Eligibility for COVID-19 Supportive Services is limited to 200% of Federal Poverty Level. The program must serve persons in TANF-eligible family.

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

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 during a 24 consecutive month period up to \$1000 total. There will be no look back period for PRC applications prior to April 1, 2014. (Removed) 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 cannot 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 sometime 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 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 PRC Reporting tool 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 C) 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 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 F) 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 ODJFS 4074 (Appendix G) to the customer and annotate journal notes within the AG’s case. 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.

4. **PRC Kinship Caregiver Program also known as the ASK Program (Advocates Servicing Kinship)** is intended to provide reasonable and necessary relief of child caregiving functions so that kinship caregivers can provide and maintain a home for a child in place of a child’s parents under TANF Purpose 1. The ASK program offers stabilization for new placements (within 4 months) of children in the caregiver’s home. This program will provide supportive services up to four months to offset the cost of childcare.

Each child is a child only assistance group. Child must meet the definition of “child” as defined by 45 CFR 260.30. Is not eighteen years of age; or Who has not turned nineteen years of age and is a full-time student in a secondary school (or the

equivalent level of vocational or technical training. A child under age eighteen (18) **or** age eighteen (18) and still attending high school or its equivalent who is placed with a kinship caregiver as defined in Ohio Revised Code 5101.85. Each child who is under age eighteen (18) **or** age eighteen (18) and still attending high school or its equivalent who is placed with a kinship caregiver is considered his/her own AG (i.e. a child only AG). A child under age eighteen (18) **or** age eighteen (18) and still attending high school or its equivalent who is pregnant; and is placed with a kinship caregiver, each fetus is considered an additional AG member during third trimester of the pregnancy.

Application is made by the kinship caregiver for each eligible child that resides in Perry County. Kinship Caregiver is defined in the Ohio Revised Code 5101.85. As used in the sections 5101.851 to 5101.853 of the Revised Code, "kinship caregiver" means any of the following who is eighteen years of age or older and is caring for a child in place of the child's parents:

(A) The following individuals related by blood or adoption to the child:

(1) Grandparents, including grandparents with the prefix "great," "great-great," or "great-great-great";

(2) Siblings;

(3) Aunts, uncles, nephews, and nieces, including such relatives with the prefix "great," "great-great," "grand," or "great-grand";

(4) First cousins and first cousins once removed.

(B) Stepparents and stepsiblings of the child;

(C) Spouses and former spouses of individuals named in divisions (A) and (B) of this section;

(D) A legal guardian of the child;

(E) A legal custodian of the child.

The AG will consist of each single qualifying child (AG of 1).

In order to participate in the ASK Program (PRC Kinship Caregiver Program), the applicant must verify the relationship to the child by providing a birth certificate to verify family relationship or court documents of guardianship.

The Federal Poverty Guideline (FPG) will be the FPG currently in effect and as updated annually. AG is at or below 200% FPG

PCJFS and PCSA will accept applications. PCJFS will determine the eligibility and direct PCSA on issuing expenditures. PCSA will issue direct expenditures and invoice PCJFS for reimbursement for the allowable expenditures.

The Kinship Caregiver Program is contingent upon specific funding from the Ohio Department of Job and Family Services for such services and is limited to the amount of funding provided. Therefore, services at the county level will be limited by the amount of funding available for this program.

V. 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 Scope of Benefits (Appendix H) of this plan.

VI. 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. 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 may be available without regard to income.

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

VII. 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.

VII. 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 H may not be reduced, limited, or restricted unless the program is amended.

VIII. Scope of Benefits/Services

Appendix H 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.

IX. 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)

X. 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.

XI. 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.

XII. 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 provides a section for written documentation of agency attempts to locate and utilize resources within the community.

XIII. 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, 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.

XIV. Application

The PRC application 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." (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.

XV. 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."


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."

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.

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Signature page to follow.*

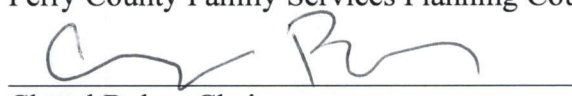
Perry County Department of Job and Family Services

The Perry County Department of Job and Family Services agree to approve and implement the PRC Plan as written.


Cheryl Boley, Director
Perry County Job and Family Services

3-26-20
Date

This is to certify that amendments to this policy were reviewed and approved by the Perry County Family Services Planning Council by **2/19/2020**.


Cheryl Boley, Chair
Perry County Family Services Planning Council

3-26-20
Date

Perry County Board of Commissioners

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.


President
Board of Perry County Commissioners

3-26-20
Date

MONTHLY FEERAL PROVERTY GUIDELINES
EFFECTIVE 1/15/2020

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
1	\$2,127
2	\$2,874
3	\$3,620
4	\$4,367
5	\$5,114
6	\$5,860
7	\$6,607
8	\$7,354

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
-----------------------	------------------	-------------	--

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:	Time period:
<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 age 60 and over (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
--------------------	------	----------	------------------

Your Civil Rights:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion or political beliefs.

The U.S. Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992.

Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: program.intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm.

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.

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.

Signature/Title of Person Supplying Information	Telephone Number	Date
---	------------------	------

JFS 07341 (04/2004)

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 the action 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, you will receive a state hearing request form. Fill out the request 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 assistance, you may request a hearing on the amount of your food assistance 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 of your hearing 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, you must request a state hearing within 15 days of receiving that notice in order to continue receiving your benefits until your hearing decision is issued.

In the food assistance program, your benefits will not continue if you were denied or if the certification period has expired. After the certification period, 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 county 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 will also 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 that is 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 in 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 assistance 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 do not come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing along with any verification. Verifications are documents or papers that prove why you missed your scheduled hearing. Once you have submitted your good cause verification, the hearing authority will decide if the documentation you provide is sufficient. If you do not call within 10 days and show good cause or proof for missing the hearing, it 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 do not know how to reach your local aid office, call 866-529-6446 (866-LAW-OHIO), toll-free, for the local number or search the Legal Aid directory at <http://www.ohiolegalservices.org/programs>. If you want notice of the hearing sent to your lawyer, you must give the Bureau of State Hearings 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 receiving 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 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 to subpoena.

At the Hearing

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 Bureau of State Hearings 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 assistance, 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 assistance, you should get the increase about 10 days from the decision date. If the decision orders a decrease in your food assistance, you should get the new, smaller amount the next time you regularly get food assistance.

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 hearing decision, you must ask for another hearing if you disagree with the new action. A separate hearing will be conducted on the new notice.

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. Is anyone in your household eligible for, but not receiving court ordered child support? ☐ Yes ☐ No If yes, list the name(s) of individuals not receiving court-ordered child support _____

8. Are you currently paying court ordered child support? ☐ Yes ☐ No

9. Does anyone in your household own a car or have access to a car? ☐ Yes ☐ No If yes, list the name(s) of individuals and the means of transportation. _____

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				\$

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

Signature of Applicant

Date

Prevention, Retention and Contingency Program (PRC) Application Self Declaration

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

☐ Yes, I want to register to vote. ☐ No, I do not want to register to vote.

If you do not check either box, you will be considered to have decided NOT to register to vote at this time.

Applicant's Name	Social Security Number
Address	Job and Family Services Case Number
City, State, Zip	Phone Number(s) where you can be reached

Please check the program for which you are applying:

☐ Car Seat ☐ Youth Opportunities ☐ After School ☐ Help Me Grow ☐ ALA ☐ Shelter ☐ Basic Need Trans.

Complete the chart below for EVERYONE living in your home, including YOURSELF. (Use back of paper if more spaces are needed.)

Name	Relationship to Applicant	Birth Date	Age	Social Security Number	Current Grade in School	Employer's Name Or Name of Child's School
1						
2						
3						
4						
5						
6						

Please check the appropriate Family Size below and fill in your Family's Gross Monthly Income:

Family Size	Family's Gross Monthly Income	200% Federal Poverty Level	Family Size	Family's Gross Monthly Income	200% Federal Poverty Level
1		2127	5		5114
2		2874	6		5860
3		3620	7		6607
4		4367	8		7354

Please read this statement carefully and respond below:

I reside in Perry County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job and Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation /parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states. I understand that this is a special program based on available funding, and an eligible determination does not guarantee that I will receive the services/product. I agree to allow JFS employees to utilize pay verifications received within the last year for auditing this self-declaration statement.

☐ I agree with the above statement (it is correct/true for me).

☐ I disagree with the above statement (it is **not** correct/true for me).

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Office Staff Only

☐ Assistance Group is PRC-ELIGIBLE.

☐ Assistance Group is INELIGIBLE for PRC.

Eligibility Determiner: _____ Date: _____

Perry County Self Declaration Application for PRC School Readiness Program

This application must be received by Perry County Job and Family Services
by **June 5, 2020** to be considered for eligibility.

If you are not registered to vote where you live now, would you like to apply to register to vote here today? <input type="checkbox"/> Yes, I want to register to vote. <input type="checkbox"/> No, I do not want to register to vote. If you do not check either box, you will be considered to have decided not to register to vote at this time.	
Applicant's Name	Social Security Number
Address	Job and Family Services Case Number
City, State, Zip	Phone Number(s) where you can be reached

Complete the chart below for EVERYONE living in your home, including YOURSELF. (Use an additional piece of paper if necessary.)
You may be required to submit the following information: ID of parent/guardian and last 4 weeks proof of income for everyone in the household.

Name	Relationship to Applicant	Age	Grade in School 2018-2019	Social Security Number	Family Size	Family's Gross Monthly Income	200% Federal Poverty Level
1							\$ 2,127
2							\$ 2,874
3							\$ 3,620
4							\$ 4,367
5							\$ 5,114
6							\$ 5,860

Please read this statement carefully and respond below:

I reside in Perry County and have at least one child that has not reached the age of 19 and is attending school full-time. All members of my household are citizens or qualified aliens. I am not in debt to the Department of JFS for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation /parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states. I understand that this is a special program based on available funding, and an eligible determination does not guarantee that I will receive the product. I understand that it may be necessary for me to submit proof of income and social security numbers for everyone in my household in order to be eligible for this program.

- ☐ I agree with the above statement (it is correct/true for me).
☐ I disagree with the above statement (it is **not** correct/true for me).

The information provided above is complete and correct to the best of my knowledge. I grant permission for the PCJFS to gather and report information as needed.

Signature of Applicant: _____ Date: _____

I also give my permission for my household members to be part of promotional photographs, videos and social media.

Signature of Applicant: _____ Date: _____

Perry County Job and Family Services Use Only

- ☐ Assistance Group is PRC-eligible (income is within the need standard and they "agree" with statement).
☐ Assistance Group is ineligible for PRC funding.

Eligibility Determiner: _____ Date: _____

**This application must be received by Perry County Job and Family Services
by **June 5, 2020** to be considered for eligibility.**

PERRY COUNTY JOB & FAMILY SERVICES
2020 TANF Summer Youth Employment Program Application

*****This application does not guarantee Summer Employment*****

Please print. All questions must be answered completely in order to be considered. We **MUST have a telephone number where you can be reached.**

Applicant Name: _____

Address: _____

Phone Number: _____ Social Security Number: _____

Age: _____ Birth Date: _____ Male _____ Female: _____

**If you are 18 or older, Voter Registration will be explained at the time of interview*

Are you currently enrolled in Middle School or High School? Yes _____ No _____ If yes, what grade: _____

Name of School: _____

Are you a U.S. citizen? Yes _____ No _____ Do you have reliable transportation? Yes _____ No _____

Have you ever been arrested or convicted of a misdemeanor or felony? Yes _____ No _____

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

<u>Name/Social Security #</u>	<u>Relationship to Applicant</u>	<u>Age</u>	<u>Source of Income</u>	<u>Amount of last 30 days income</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

*****MUST SHOW PROOF OF INCOME FOR THE LAST 30 DAYS*****

- This application must be signed by the applicant AND a parent or guardian.
- I certify that the information provided is accurate to the best of my knowledge and is being submitted in good faith.
- Your application will be reviewed by Perry JFS and you will be notified of the acceptance/denial outcome.
- We understand and provide consent that our application will be shared with Hocking-Athens-Perry Community Action and that the participant will be registered on ohiomeansjobs.com, and hereby release this information to them.

APPLICANT'S SIGNATURE _____

DATE _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____

Prevention, Retention and Contingency Program (PRC) Application

When are you available to start summer employment? _____

Are there any dates you would be required to miss? _____

What type of work interests you?

____ Maintenance
____ Computers
____ Government
____ Arts

____ Library
____ Cooking
____ Construction
____ Working with Children

____ Office
____ Landscaping
____ Schools

____ Laborer
____ Gardening
____ Animals

I prefer: ____ **Outdoor Work** ____ **Indoor Work**

Previous Job History (if any):

Employer	Job Duties	How Long

List all of your job skills including equipment you can operate (ex. computers, gardening, lawnmower)

The following information helps to determine job duties, job placement, and does not disqualify a person from participation in the program. It allows us to make sure the participant is a match with the employer they will be working with and that any special needs are met.

Please list any special needs that you may require:

Some of our employers require background investigations in such areas as criminal records, driver's license suspension or pending legal actions. Please list all past, current and/or pending legal actions against you.

Other, Specify: _____

Prevention, Retention and Contingency Program (PRC) Application

Disaster Application: Supportive Services for Disaster Relief

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

☐ Yes, I want to register to vote. ☐ No, I do not want to register to vote.

If you do not check either box, you will be considered to have decided NOT to register to vote at this time.

Applicant's Name	Social Security Number
Address	Job and Family Services Case Number
City, State, Zip	Phone Number(s) where you can be reached

Complete the chart below for **EVERYONE** living in your home, including **YOURSELF**. (Use back of paper if more spaces are needed.)

Name	Relationship to Applicant	Birth Date	Age	Social Security Number	Current Grade in School	Employer's Name Or Name of Child's School
1						
2						
3						
4						
5						
6						

Please check the appropriate Family Size below and fill in your Family's Gross Monthly Income:

Family Size	Family's Gross Monthly Income	200% Federal Poverty Level	Family Size	Family's Gross Monthly Income	200% Federal Poverty Level
1		2,127	5		5,114
2		2,874	6		5,860
3		3,620	7		6,607
4		4,367	8		7,354

Please read this statement carefully and respond below:

I reside in Perry County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job and Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation/parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states. I understand that this is a special program based on available funding, and an eligible determination does not guarantee that I will receive the services/product. I agree to allow JFS employees to utilize pay verifications received within the last year for auditing this self-declaration statement.

☐ I agree with the above statement (it is correct/true for me).

☐ I disagree with the above statement (it is **not** correct/true for me).

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Office Staff Only

☐ Assistance Group is PRC-ELIGIBLE.

☐ Assistance Group is INELIGIBLE for PRC.

Eligibility Determiner: _____ Date: _____

Prevention, Retention and Contingency Program (PRC) Application for the ASK Caregiver Program

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

☐ Yes, I want to register to vote. ☐ No, I do not want to register to vote.

If you do not check either box, you will be considered to have decided NOT to register to vote at this time.

Applicant's Name	Social Security Number
Address	Job and Family Services Case Number
City, State, Zip	Phone Number(s) where you can be reached

Please check the services for which you are applying:

- ☐ **Mortgage/Rent** – Up to \$1,500 per household.
☐ **Utilities** – Up to 4 Months of each utility with guarantee of restoration or continuation of service per household.
☐ **Major Appliance** – Up to \$1,500 per household.
☐ **HVAC** – Up to \$2,000 per household.
☐ **Bed** – Up to \$1,000 per child.
☐ **School Fees** – Grades 9-12 actual cost per child.

Complete the chart below for **EVERYONE** living in your home, including **YOURSELF**. (Use back of paper if more spaces are needed.)

Name	Relationship to Applicant	Birth Date	Age	Social Security Number	Current Grade in School	Employer's Name Or Name of Child's School
1						
2						
3						
4						
5						
6						

Please list the child's income: _____

Date Child was placed in the home: _____

Please read this statement carefully and respond below:

I reside in Perry County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job and Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation /parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states. I understand that this is a special program based on available funding, and an eligible determination does not guarantee that I will receive the services/product. I agree to allow JFS employees to utilize pay verifications received within the last year for auditing this self-declaration statement.

- ☐ I agree with the above statement (it is correct/true for me).
☐ I disagree with the above statement (it is **not** correct/true for me).

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Kinship Caregiver: _____ Date: _____

Customer Acknowledgment: Please initial below

Non-discrimination issued _____ State Hearing Procedures _____

**Prevention, Retention and Contingency Program (PRC) Application
for the ASK Caregiver Program**

For PCJFS Internal Use ONLY

Did Child meet the definition of CHILD defined 45 CFR 260.30 _____

"Minor child" as defined in 45 C.F.R. 260.30 means an individual who:

- (1) *Is not eighteen years of age; or*
(2) *Who has not turned nineteen years of age and is a full-time student in a secondary school (or the equivalent level of vocational or technical training)*
Who has not turned nineteen years of age and is a full-time student in a secondary school (or the equivalent level of vocational or technical training. A child under age eighteen (18) or age eighteen (18) and still attending high school or its equivalent who is placed with a kinship caregiver as defined in Ohio Revised Code 5101.85. Each child who is under age eighteen (18) or age eighteen (18) and still attending high school or its equivalent who is placed with a kinship caregiver is considered his/her own AG (i.e. a child only AG). A child under age eighteen (18) or age eighteen (18) and still attending high school or its equivalent who is pregnant; and is placed with a kinship caregiver, each fetus is considered an additional AG member during third trimester of the pregnancy

Verification received for Child _____

Did the Kinship Caregiver meet the definition of KINSHIP CAREGIVER defined ORC 5101.85 _____

As used in sections 5101.851 to 5101.853 of the Revised Code, "kinship caregiver" means any of the following who is eighteen years of age or older and is caring for a child in place of the child's parents:

(A) The following individuals related by blood or adoption to the child:

- (1) *Grandparents, including grandparents with the prefix "great," "great-great," or "great-great-great";*
(2) *Siblings;*
(3) *Aunts, uncles, nephews, and nieces, including such relatives with the prefix "great," "great-great," "grand," or "great-grand";*
(4) *First cousins and first cousins once removed.*

(B) Stepparents and stepsiblings of the child;

(C) Spouses and former spouses of individuals named in divisions (A) and (B) of this section;

(D) A legal guardian of the child;

(E) A legal custodian of the child.

Effective Date: 06-06-2001.

Verification received for Kinship Caregiver _____

IPV, Fraudulent OWF/PRC Assistance & Fiscal Collections reviewed? ☐ Yes ☐ No Claims? ☐ Yes ☐ No

PRC Tool Reviewed ☐ Yes ☐ No

PRC Kinship received prior? ☐ Yes ☐ No If yes, Date & Amount of PRC received? _____

Does child have income listed _____ If yes, it is less than 200% of the FPG AG (1) \$2,802 _____

Office Staff Only

☐ Assistance Group is PRC-ELIGIBLE.

☐ Assistance Group is INELIGIBLE for PRC.

Eligibility Determiner: _____ Date: _____

Supervisor Approval: _____

Director Approval: _____

(Director approval needed if a child applicant lives with an immediate family member of an employee.)



Perry County Job and Family Services

COVID-19 PANDEMIC Disaster Relief

Perry County has been impacted by the COVID-19 Pandemic. Perry County's PRC plan allows a special program to be developed to meet the presenting need to the extent permissible under federal/state law, statutes, and regulations. The Perry County Family Services Planning Committee met on February 19, 2020 to review the PRC plan that included a disaster plan. Based on previous disaster experience, the following plan would best meet the needs of those affected.

This plan is implemented and amends the current PRC plan for PCJFS, specifically for this incidence, as approved by the Perry County Board of Commissioners on March 18, 2020.

Category

Disaster Assistance TANF PRC

Category Limit

\$500 Per Household for up to 4 months

Financial Eligibility is capped at 200% of the Federal Poverty level for TANF Disaster Services.

Reasons for Disaster Relief

Below are reasons disaster relief is necessary for households.

- | | |
|---|--------------------------------------|
| Job Loss | I have no childcare |
| Reduction in Working Hours | My childcare expenses have increased |
| Only Income Social Security/SSI with children in the home | |
| Only Income Social Security/SSI with Grandchildren living in the home | |

Purpose for Disaster Relief

- | | |
|---------------|----------------------|
| Rent/Mortgage | Car Payment |
| Utilities | Educational Supplies |
| Childcare | Household Supplies |

The PCJFS application for Disaster Relief shall serve as the application for the program.

Applications received by the PCJFS will be processed as quickly as possible, but normally within five (5) working days with the required approval or denial letters (ODJFS 04074, ODJFS 07334, or county equivalents) being issued to the customer.

Applications are available at www.perryjfs.org OR PerryJFS Facebook Page. If neither of those options will not work for you, please call 740-342-3551 option 4 and one will be mailed to you.

Completed applications may be emailed to perry64@jfs.ohio.gov, faxed to 740-342-5491 OR mailed to P.O. Box 311, New Lexington. If no other option will work for you, your application may be dropped off at PCJFS in the drop box at either entrance of the building located on 212 S. Main Street in New Lexington.

PCJFS reserves the right to limit benefits in the event that federal/state funding is reduced or unavailable. The PCJFS Director or authorized designee reserves the right to waive maximum benefit levels in specific cases.


Cheryl Boley, Director PCDJFS


Ben Carpenter, President of Perry County Commissioner



Perry County Job and Family Services

Thursday, March 19, 2020

Name of Customer
Address
Address

To our valued community,

On behalf of the Perry County Job and Family Services team and the Perry County Commissioners, we want to assure you that we are doing our part to help contain the pandemic while continuing to serve you. The health and well-being of our employees, customers and partners is our top priority, now and always.

Many families continue to struggle as day care and schools close and businesses are closing their doors. This is an unprecedented situation, but we are poised to leverage our newly awarded Federal funds to distribute \$500 to eligible families to help offset costs and loss of household income.

If you have been financially affected by the current COVID-19 pandemic, please take a moment to review the attached application and send to our office as soon as possible. If you know someone, such as food service employees, hair stylist, or other individuals that may have lost wages due to the pandemic, please share this information with them.

We are asking you to mail, e-mail or fax your application. A self-addressed stamped envelope has been included for your convenience. Please do not come into our office to apply. The application is also on our website, <https://www.perryjfs.org>, and Facebook page at Perry JFS. Please share this information with anyone you think may be eligible.

We are hopeful that this program will be helpful to many families during this challenging time.

Sincerely,


Cheryl Boley
Director

If you have any questions or concerns, please call 740-342-3551 option 4.

For the latest updates, please follow us on Facebook (Perry JFS), Twitter (PerryJFS) or go to our website www.perryjfs.org.

Prevention, Retention and Contingency Program (PRC) Application Disaster Application: Pandemic Disaster Relief (Contingent upon funding.)

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

☐ Yes, I want to register to vote. ☐ No, I do not want to register to vote.

If you do not check either box, you will be considered to have decided NOT to register to vote at this time.

Applicant's Name	Social Security Number
Address	Job and Family Services Case Number
City, State, Zip	Phone Number(s) where you can be reached

Complete the chart below for **EVERYONE** living in your home, including **YOURSELF**. (Use back of paper if more spaces are needed.)

Name	Relationship to Applicant	Birth Date	Age	Social Security Number	Current Grade in School	Employer's Name Or Name of Child's School
1						
2						
3						
4						
5						
6						

Please check the appropriate Family Size below and list your Family's Gross Monthly Income in the box.

If your family's income is at or below the 200%, you may be eligible for assistance.

Family Size	Family's Gross Monthly Income	200% Federal Poverty Level Per Month	Family Size	Family's Gross Monthly Income	200% Federal Poverty Level Per Month
1		2,127	5		5,114
2		2,874	6		5,860
3		3,620	7		6,607
4		4,367	8		7,354

I have been adversely affected by the emergency condition? Yes ☐ No ☐

Are you the Non-Custodial Parent of a child? Yes ☐ No ☐ If yes, please list the child's name: _____

Please check the reason you are requesting assistance:

- ☐ Job Loss

☐ Reduction in Working Hours

☐ Only Income Social Security/SSI with children in the home

☐ Only Income Social Security/SSI with grandchildren living in the home

☐ I have no childcare

☐ My childcare expenses have increased

What is the most important purpose for which you will be using the funding?

- ☐ Rent/Mortgage

☐ Utilities

☐ Childcare

☐ Car Payment

☐ Educational Supplies

☐ Household Supplies

Have any other Agencies helped you with this need? Yes ☐ No ☐ If yes, name the agency and tell how you were helped. _____
If no, tell why you were not helped. _____

Do you have broadband internet at home: Yes ☐ No ☐

I reside in Perry County and have a child younger than 19 years of age attending school in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job and Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation/parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states.

- ☐ I agree with the above statement (it is correct/true for me).
☐ I disagree with the above statement (it is not correct/true for me).

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

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

Name	Case Name	
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	District	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, YOU CAN ASK FOR A STATE HEARING

Ask for a State Hearing: You can ask for a state hearing, if you disagree with the agency's action or think that the agency 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 the 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.

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. The agency proposing the action will explain its reasons. Then, an ODJFS hearing officer will make a decision after the hearing.

Case Name	Case Number	Mailing Date
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If you disagree with the information on this notice and you wish to request a state hearing, follow these steps:

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.

Signature	Date	Telephone Number
-----------	------	------------------

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

- | | | |
|---|--|--|
| <input type="checkbox"/> OWF (cash assistance) | <input type="checkbox"/> Child Care (Title XX) | <input type="checkbox"/> Provision, Retention, Contingency (PRC) |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Medicaid – Prior Authorization | <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 |

Fill out this information, only if applies to your situation.

- ☐ I want to do my hearing by telephone. The phone number to call is _____.
- ☐ I need an interpreter at my state hearing. The language needed is _____.
- ☐ I am not available for a hearing on _____
(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

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.

Electronically – Submit the hearing request to the Bureau of State Hearings SHARE Portal at <https://hearings.jfs.ohio.gov/SHARE>. Log into the SHARE Portal using your Ohio Benefits ID and password to submit your request. (If you do not have an Ohio Benefits account, sign up at ssp.benefits.ohio.gov); or

Email – Email the ODJFS Bureau of State Hearings at bsh@jfs.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 any additional information below; 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 **both 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.

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 ()
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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 the 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.

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. The agency will explain its reasons. Then, an ODJFS hearing officer will make a decision after the hearing.

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

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

- ☐ I want to do my hearing by telephone. Phone Number _____
- ☐ I need an interpreter at my state hearing. Language _____
- ☐ I am not available for a hearing on: _____
(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. Return both pages of this notice.

Electronically – Submit the hearing request to the Bureau of State Hearings SHARE Portal at <https://hearings.jfs.ohio.gov/SHARE> Log into the SHARE Portal using your Ohio Benefits ID and password to submit your request. (If you do not have an Ohio Benefits account, sign up at ssp.benefits.ohio.gov); or

Email – Email the ODJFS Bureau of State Hearings at bsh@jfs.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.

Perry County JFS
PRC Scope of Benefits and Services

March 2020

<u>Service or Benefit</u>	<u>Cap</u>	<u>Economic Need Standard</u>	<u>Targeted Group</u>	<u>TANF Purpose</u>	<u>Approach</u>	<u>Application</u>
<u>Academy for Leadership Abilities</u>	Soft Service	200% FPG	TANF School age youth in need of developing life skills. OR OWF or FA Recipients in need of employment or better employment	Purpose 2 and 3	Approach 1: Contracted TANF PRC project	Application #2
<u>After School Program</u>	Soft Service	School age youth meeting TANF eligibility as stated by applicant on specially designated application form allowing self-declaration of income.	School age youth in need of educational workshops after school	Purpose 1, 2, 3	Approach 1: Contracted TANF/PRC Special Projects based on funding	Application #2
<u>Back to School Special Project</u>	Soft Service No Cap	OWF, Medicaid, Food Assistance or Publicly Funded Child Care, recipients and those at or below 200% of the Federal Poverty Level.	Children entering school grades K-12	Purpose 1	Approach 1: TANF/PRC Special Project	Application #3
<u>Car Seat Special Project</u>	Soft Service No Cap	200% FPG	At-risk children	Purpose 1	Approach 1: TANF/PRC Contracted Special Project with Perry County Health Department	Application #2
<u>Disaster Assistance</u>	Hard Service \$1,000 Cap per Household	200% FPG	TANF eligible families sustaining disaster related damage or loss upon disaster AND Reside in Perry County AND Meets economic need standard	Purpose 1	Approach 2: PRC Disaster Assistance	Application #5
<u>Education and/or Employment Transportation</u>	Soft Service No Cap	200% FPG	Individuals who need reliable transportation to and from education and/or employment	Purpose 2	Approach 3: PRC One-Time or Short Term Assistance	Application #1
<u>Emergency Shelter for Homelessness</u> : The agency will work with the Housing Coalition to meet the need for individuals without shelter.	Soft Service	200% FPG	Parents with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women, Victims of Domestic Violence	Purpose 1 and 2	Approach 1: TANF/PRC Projects	Application #2
<u>Employment and Education Support</u>	Hard Service Cap \$500	200% FPG	Adults with families in need of licensure, fees, GED test or certifications as required by law or the employer to maintain and further employment opportunities and self-sufficiency.	Purpose 2	Approach 3: PRC One-Time or Short Term Assistance	Application #1
<u>Emergency Food Contingency Services</u> : Disaster relief to eligible families from a large scale disaster such as a Federal Government Shutdown.	Hard Service Cap: \$400	200% FPG	Parents with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women, Victims of Domestic Violence	Purpose 1 and 2	Approach 2: PRC Disaster Assistance	Application #5

Perry County JFS
PRC Scope of Benefits and Services

March 2020

Service or Benefit	Cap	Economic Need Standard	Targeted Group	TANF Purpose	Approach	Application
Family Outreach: PCJFS will work with the Perry County Juvenile Court to provide outreach to prevent and reduce the incidence of out of wedlock pregnancies.	Soft Service	N/A	Parents or specified relatives with minor children or with minor children temporarily absent from home. Pregnant woman. Single adults. Non-Custodial Parent	Purpose 3	Approach 1: Contracted TANF PRC project	No Application
HELP Me GROW (HMG)	Soft Service	Families meeting TANF eligibility as stated by applicant on specially designated application form allowing self-declaration of income	Families in need of parenting instruction and children age 0-3 in need of child development screenings	Purpose 1, 2, 3, and 4	Approach 1: Contracted TANF PRC project	Application #2
Housing	Hard Service Cap: \$500	200% FPG	Individuals who must move for employment	Purpose 2	Approach 3: PRC One-Time or Short Term Assistance	Application #1
Individualized Training Plan	Hard Service Cap: \$5000	Youth through age 24 with a diploma or GED as long as they are in a needy family that also has a minor child; Or Youth through age 24 with a Diploma or GED that have a minor child and are considered needy	Youth in need of short term education or trade opportunity that leads to employment and certification	Purpose 1 and 2	Approach 1: TANF/PRC Project	Application #1
Job Growth	Hard Service Cap: \$3,000	200% FPG	TANF eligible individuals who need Full Time or Part Time Permanent Employment	Purpose 2	Approach 3: PRC One-Time or Short Term Assistance	Application #1
Job Related Transportation Expenses: Vehicle Repair and Tires	Hard Service Cap: \$1000	200% FPG	Individuals who need reliable transportation to and from employment	Purpose 2	Approach 3: PRC One-Time or Short Term Assistance	Application #1
Kinship Caregiver Program: PCJFS directs and administers supportive services for ASK Kinship Caregiver Program as dictated by the inner agency MOU with PCSA.	1. Mortgage/Rent up to \$1500 per household. 2. Utilities up to 4 months of each utility with guarantee of restoration or continuation of service per household. 3. Major Appliances up to \$1500 per household. 4. HVAC up to \$2000 per household. 5. Bed up to \$1000 per child. 6. School Fees Grades 9-12 actual cost per child.	200% FPG Child Only AG (1)	Minor child means an individual who: (1) Has not attained 18 years of age; or (2) Has not attained 19 years of age and is a full-time student in a secondary school (or in the equivalent level of vocational or technical training). New Placement (within 4 months)	Purpose 1	Approach 4: Kinship Caregiver Program	Application #6

Perry County JFS
PRC Scope of Benefits and Services

March 2020

Service or Benefit	Cap	Economic Need Standard	Targeted Group	TANF Purpose	Approach	Application
<u>Ohio Works Incentive Program (OWIP)</u>	Hard Service: Placement Incentive: \$500 Track A: 90 day Retention Incentive \$500 Track B: 90 day Retention Incentive \$500 and 180 day Retention Incentive \$500	OWF Recipients	OWF Recipients who obtain employment while on cash assistance.	Purpose 1 and 2	Approach 1: TANF/PRC Projects	Full TANF Application
<u>TANF Summer Youth Employment Program</u>	Soft Service	Youth ages 14-18 as long as the youth is a minor child in a needy family and is in school <u>OR</u> Youth ages 14-15 that have a minor child and are considered needy <u>OR</u> a pregnant individual with no other children <u>OR</u> a non-custodial parent who lives in the state, but does not reside with his/her minor child(ren) <u>OR</u> a youth in foster care if they are a full-time student in secondary school.	Youth in need of employment opportunity and experience	Purpose 1 & 2	Approach 1: Contracted TANF/PRC Special Project	Application #4
<u>Reinstatement Fee Amnesty Initiative Expenses Related to Securing a Valid Ohio Driver's License</u> excluding individuals with DUI convictions	Hard ServiceCap: \$1000	200% FPG	Parents with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women, Victims of Domestic Violence	Purpose 2	Approach 1: TANF/PRC Projects	Application #1
<u>Summer Youth</u>	Soft Service	Youth ages 16-18 as long as the youth is a minor child in a needy family and is in school (youth may be 18 if they are a full-time student in a secondary school) <u>OR</u> Youth ages 18-24 as long as they are in a needy family that also has a minor child, <u>OR</u> Youth ages 18-24 that have a minor child and are considered needy	Youth in need of employment opportunity and experience	Purpose 1 and 2	Approach 1: Contracted TANF/PRC Special Project	Application #4

Perry County JFS
PRC Scope of Benefits and Services

March 2020

Service or Benefit	Cap	Economic Need Standard	Targeted Group	TANF Purpose	Approach	Application
<u>COVID-19 Supportive Services</u> : Disaster relief to eligible families from a large scale disaster such as a Pandemic.	Hard Service: \$500 per family per month for up to 4 months.	200% FPG	Families: a minor child who resides with a parent, specified relative, legal guardian or legal custodian (a child may be temporarily absent from the home provided certain requirements are met); a pregnant individual with no other children; or a non-custodial parent who lives in the state, but does not reside with his/her minor child(ren).	Purpose 1 and 2	Approach 2: PRC Disaster Assistance	Application #7
<u>Transitional Transportation to Potential Employment or Employment</u>	Soft Services: Until Employment is secured plus one month for retention.	200% FPL	Individuals who need reliable transportation to and from employment and interviews	Purpose 2	Approach 3: PRC One-Time or Short Term Assistance	Application #1
<u>Transportation</u>	Soft Service: Available until work requirements met	OWF Cash Recipient	OWF Work Eligible Participants	Purpose 2	Approach 1: TANF/PRC Projects	None
<u>Transportation for Basic Needs</u> : Will work with food banks and shelters to provide needed transportation.	Soft Service	200% FPG	Parents with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women, Victims of Domestic Violence	Purpose 1 and 2	Approach 1: TANF/PRC Projects	Application #2
<u>Technology for Job Seekers</u>	Direct Supply	200% FPG	Job Seekers	Purpose 2	Approach 1: TANF/PRC Special Projects	
<u>Triggering Future Jobs</u>	Hard Service Cap: \$2,500	200% FPG	TANF eligible individuals who need Full Time or Part Time Permanent Employment	Purpose 2	Approach 3: PRC One-Time or Short Term Assistance	Application #1
<u>Work Allowances</u>	Hard Service Cap: \$40/month	OWF Cash Recipient	Individuals who participate in PCJFS work activities	Purpose 2	Approach 1: TANF/PRC Projects	Full TANF Application
<u>Youth Opportunities Summer Project: Investing in our Youth</u>	Soft Service	School age youth meeting TANF eligibility as stated by applicant on specially designated application form allowing self-declaration of income.	School age youth in need of educational workshops in the summer months	Purpose 1 and 2	Approach 1: Contracted TANF/PRC Special Projects	Application #2

Prevention, Retention and Contingency Program (PRC) Repayment Agreement

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

Furthermore, I agree to allow the Job & Family Services to issue a Voluntary Withholding Order to any current or future employers. 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 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 current 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 of PRC Recipient

Board of Perry County Commissioners

121 W. Brown Street, Suite C
New Lexington, Ohio 43764
Phone: 740-342-2045 Fax: 740-342-5505
E-mail: perryco@perrycountyohio.net



March 18, 2020

The Perry County Commissioners met in a regular session on March 18, 2020 and passed the following resolution.

(20-0318-17)

Moved by Mr. O'Brien.


The Perry County Commissioners authorize Benjamin Carpenter, President, Perry County Board of Commissioners to sign and amend the Prevention, Retention and Contingency Plan (PRC) for Perry County Job & Family Services effective March 18, 2020 in compliance with the requirements of Section 5108 of the Ohio Revised Code.

Seconded by Mr. Owen.

With no further discussion, roll call vote taken:

Jim O'Brien	: Yes
Scott Owen	: Yes
Ben Carpenter	: Yes

The undersigned Clerk of the Board of Commissioners of Perry County, Ohio, certifies that the foregoing is a true and correct copy of the agreement that the Perry County Board of Commissioners adopted on March 18, 2020 and appearing upon the official records of the Board.



Carol Middaugh, CLERK
Commissioners Office, Perry County, Ohio

This Institution is an equal opportunity provider and employer



Perry County Family Planning Committee Meeting Sign-In Sheet

[illegible]



Perry County Job and Family Services

Perry County Family Services Planning Committee Agenda

Date	Location	Time
02/19/2020	Perry County Job and Family	2:00 P.M.

1. Program Overview

2. Program Updates

3. Program Opportunities

Next Meeting August 19th