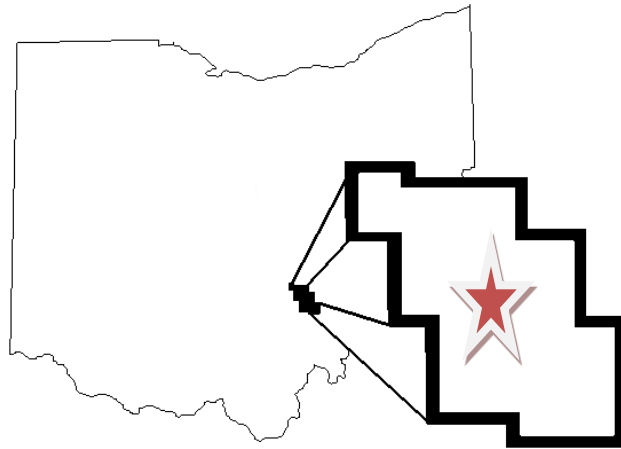


# **Perry County Job & Family Services**



## Prevention, Retention and Contingency Plan

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Effective 10/1/2023

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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, Camps, Individualized Training Plan, Year-Round Employment Program and TANF Year-Round Youth Employment Program, which will provide employment, training and other supportive services to youth ages 14 and up.

*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.

**Year-Round Employment Program**

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

- Youth ages 14-24 as long as the youth is a minor child in a needy family and is in school
- Individuals ages 14 and up that have a minor child and are considered needy
- a pregnant individual with no other children
- a non-custodial parent who lives in the state, but does not reside with his/her minor child(ren)
- a youth in foster care if they are a full-time student in secondary school

Individuals 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).

Applicants who are Ineligible for PRC are:

- Fugitive felon, probation or parole violator
- Fraudulently obtained assistance in two or more states
- Individuals with outstanding OWF or PRC fraud (IPV) overpayment balance

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

### **Special TANF Summer Youth Employment Program**

*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 aged 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.**

Applicants who are Ineligible for PRC are:

- Fugitive felon, probation or parole violator
- Fraudulently obtained assistance in two or more states
- Individuals with outstanding OWF or PRC fraud (IPV) overpayment balance

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.

Income eligibility will be determined based on the last 30 days of income. However, if a household's circumstances or emergency conditions dictate, current income may be used to determine eligibility.

*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).

Applicants who are Ineligible for PRC are:

- Fugitive felon, probation or parole violator
- Fraudulently obtained assistance in two or more states
- Individuals with outstanding OWF or PRC fraud (IPV) overpayment balance

- 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 OR have 4 months of uninterrupted employment history OR returning to the workforce following a layoff to be eligible for short term assistance. Payment is limited to the amount required to meet the presenting need during a 24 consecutive month period up to \$2000 total. 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 D), 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 E).
  - 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.

Applicants who are Ineligible for PRC are:

- Fugitive felon, probation or parole violator
- Fraudulently obtained assistance in two or more states
- Individuals with outstanding OWF or PRC fraud (IPV) overpayment balance

**4. PRC One Time or Short-Term Assistance Related to Household Stabilization is** for no more than for a 4 months' time period to meet the emergent need on one PRC application. 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 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, unless the conditions listed under PRC disaster are met (see Section 3 under Approach). 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 PCDJFS 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.

Applicants who are Ineligible for PRC are:

- Fugitive felon, probation or parole violator
- Fraudulently obtained assistance in two or more states
- Individuals with outstanding OWF or PRC fraud (IPV) overpayment balance

- 5. 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). Past 30 days of all earned and unearned income of the child only will be counted as income not to exceed 200% of the FPL.

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

Applicants who are Ineligible for PRC are:

- Fugitive felon, probation or parole violator
- Fraudulently obtained assistance in two or more states
- Individuals with outstanding OWF or PRC fraud (IPV) overpayment balance

**6. PRC Assistance Related to Employment Incentive Program** is limited to payment on one PRC application in an 18 consecutive month period. Perry County's PRC plan requires that a member of the AG must be employed or newly employed for at least an average of 32 hours per week. Participants must be currently enrolled or have stopped participating, in the last 90 days, in SNAP, Medicaid, or TANF. Income eligibility of 200% of the FPL is required.

Participants will be required to complete financial literacy education and submit a household budget to their case manager and update their budget at least every three months. Payment is limited to the amount required to meet the presenting need during an 18 consecutive month period up to \$3000 total. Payments are provided by PCJFS through a cash payment.

These payments are not 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.

Applicants who are Ineligible for PRC are:

- Fugitive felon, probation or parole violator
- Fraudulently obtained assistance in two or more states
- Individuals with outstanding OWF or PRC fraud (IPV) overpayment balance

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 D), 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 E).

- 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 individuals according to the procedures in place in this county.

## **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 as included in 42 CFR 608:

- 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.
- Fugitive felon, probation or parole violator
- Fraudulently obtained assistance in two or more states
- Individuals with outstanding OWF or PRC fraud (IPV) overpayment balance

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.

PRC applications will be available and accepted electronically via website or email, by fax, or hard copy at PCJFS.

**XV. Notice of Approval/Denial**

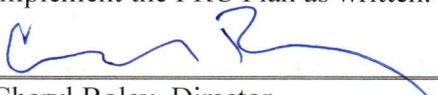
If it is determined that an application for PRC is approved, an applicant will be mailed or otherwise given a “Notice of Approval of Your Application for Assistance.”

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.

**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*

10-18-23  
Date

This is to certify that amendments to this policy were reviewed and approved by the Perry County Family Services Planning Council on May 4, 2023.

\_\_\_\_\_  
Cheryl Boley, Chair  
*Perry County Family Services Planning Council*

\_\_\_\_\_  
Date

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**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

10-18-23  
Date

## Appendix A

### MONTHLY FEERAL PROVERTY GUIDELINES EFFECTIVE

The Monthly Federal Poverty Guideline amount is 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. The monthly current poverty level can be found on the SNAP, CASH, AND CHILD CARE



#### SNAP, CASH AND CHILD CARE PROGRAM STANDARDS

Cash				PRC		SNAP Assistance						Child Care			
AG Size	OWF Initial Elig. Test 7/1/23	OWF PMT STD 1/1/23	OWF Alloc. Allow. 100% 7/1/97	PRC FPG 100% 1/12/23	PRC FPG 200% 1/12/23	SNAP Allot 10/1/23	130% Gross Std. 10/1/23	Net Std. 10/1/23	165% Gross 10/1/23	200% Gross 10/1/23	Std. Ded. 10/1/23	Fam Size	Max Inc. Init. 145% 10/1/23	Max Inc. Trans. 150% 10/1/23 (Special Needs)	Max Inc. Ongoi 300% 10/1/23
1	608	352	583	1215	2430	291	1580	1215	2005	2430	198	1	1762	1823	3645
2	822	480	802	1644	3287	535	2137	1644	2712	3287	198	2	2384	2466	4932
3	1036	589	980	2072	4144	766	2694	2072	3419	4144	198	3	3005	3108	6216
4	1250	726	1210	2500	5000	973	3250	2500	4215	5000	208	4	3625	3750	7500
5	1465	850	1417	2929	5857	1155	3807	2929	4832	5857	244	5	4248	4394	8787
6	1679	946	1578	3357	6714	1386	4364	3357	5539	6714	279	6	4868	5036	10071
7	1893	1057	1761	3785	7570	1532	4921	3785	6246	7570	279	7	5489	5678	11355
8	2107	1172	1954	4214	8427	1751	5478	4214	6952	8427	279	8	6111	6321	12642
9	2321	1288	2149	4642	9284	1970	6035	4643	7659	9284	279	9	6731	6963	13926
10	2535	1404	2345	5070	10,140	2189	6592	5072	8366	10140	279	10	7352	7605	15210
11	2750	1517	2532	5499	10,997	2408	7149	5501	9073	10997	279	11	7974	8249	16497
12	2964	1635	2727	5927	11,854	2627	7706	5930	9780	11854	279	12	8595	8891	17781

#### MEDICARE PREMIUM (1/1/23)

\$ 164.90

#### SSI PAYMENT (1/1/23)

Single \$ 914  
Couple \$1371

Program Policy & Systems Revised 9/15/2023

#### SNAP ASSISTANCE 10/1/23

Standard Shelter Estimate Homeless	\$179
Earned Income Deduction	20%
Excess Medical Deduction	\$ 35
Dependent Care Deduction	No Limit
Minimum Monthly Allotment	\$ 23
Standard Utility Allowance	\$724
Limited Utility Allowance	\$453
Single Utility Allowance	\$102
Standard Telephone Allowance	\$ 45
Limit on Shelter Deduction	\$672
Resource Limit	\$2750
Resource Limit for Elderly/Disabled AG	\$4250

PROGRAM STANDARDS document provided by ODJFS. Below is the current document as an example.

## VERIFICATION REQUEST CHECKLIST

SNAP/Cash Assistance Group Name or Child Care Primary Caretaker Name	Date of Application/Recertification/Renewal/Reported Change	Case Number	Date
--	---	-------------	------

Additional information is needed before the county Job and Family Services (JFS) office can determine your initial or ongoing eligibility for Supplemental Nutrition Assistance Program (SNAP), Cash, Medical, and/or Child Care Assistance. If you are associated with cases other than the one listed on this notice, any verification(s) provided may affect your benefits across all cases.

If you need help providing the requested information or completing the actions necessary to verify your household's circumstances, we may be able to help you. Please contact your county JFS office for assistance.

**Please complete the necessary actions listed below on or before \_\_\_\_\_.** If you do not give us the requested information, this may cause your application to be denied or your benefits may be stopped.

### BELOW ARE THE DOCUMENTS YOU NEED TO GIVE US:

Verifications Needed:	Time Period:
<input type="checkbox"/> Bank account (ex: checking/savings account statements)	
<input type="checkbox"/> Birth certificate/birth verification/citizenship verification (ex: birth certificate, passport, or similar document)	
<input type="checkbox"/> Child/dependent care costs	
<input type="checkbox"/> Child support paid for children not living with you	
<input type="checkbox"/> Health insurance card (copy of front and back)	
<input type="checkbox"/> Identity (ex: driver's license, state ID, passport)	
<input type="checkbox"/> Income verification (ex: pay stubs, tax records, award letters, child support, unemployment compensation, worker's compensation, veterans' benefits, etc.)	
<input type="checkbox"/> Marriage certificate	
<input type="checkbox"/> Medical costs for people with disabilities or for people who are age 60 and over (including prescriptions)	
<input type="checkbox"/> Medical form completed by medical professional	
<input type="checkbox"/> Motor vehicles (ex: automobile, boat, RV)	
<input type="checkbox"/> Name and address of a child care provider	

Verifications Needed:	Time Period:
<input type="checkbox"/> Pregnancy verification (including number of fetuses)	
<input type="checkbox"/> Proof 2nd caretaker cannot care for child(ren)	
<input type="checkbox"/> Proof of enrollment in education/training	
<input type="checkbox"/> Rent/mortgage (ex: receipt, lease agreement)	
<input type="checkbox"/> Rights and responsibilities	
<input type="checkbox"/> Social security cards (or proof of application) for the following individuals:	
<input type="checkbox"/> Value of stocks/bonds, certificates of deposit, life insurance policies, trusts, annuities	
<input type="checkbox"/> Other, specify: <hr/> <hr/>	

### Ways to Submit These Documents to Your County JFS Office:

- **Online:** If you have an online account, go to [ssp.benefits.ohio.gov](https://ssp.benefits.ohio.gov), log on, and click "View/Upload My Documents"
- **Mail:** Mail the requested information to your county JFS office
- **In-person:** Visit your county JFS office
- **Fax:** Your local county JFS office fax number


**Note:** If you do not understand this notice, or have questions, please contact your county JFS office.

### Return this to your local county JFS office

To search for your local county JFS office contact information, go to [jfs.ohio.gov/County/](https://jfs.ohio.gov/County/)

# USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g., Braille, large print, audiotape, American Sign Language), 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**. 

**To file a program discrimination complaint**, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/ad-3027.pdf>, from any USDA office, by calling **833-620-1071**, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. **The completed AD-3027 form or letter must be submitted to:**



**Mail:**

Food and Nutrition Service, USDA  
1320 Braddock Place, Room 334  
Alexandria, VA 22314; or



**Fax:**

833-256-1665 or 202-690-7442; or



**Email:**

[FNSCivilRightsComplaints@usda.gov](mailto:FNSCivilRightsComplaints@usda.gov)

This institution is an equal opportunity provider.

Please do not send information, such as applications or verifications, to the United States Department of Agriculture (USDA) address listed above. This address is for civil rights complaints only. Please send application materials or verifications to your local county JFS office.

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 Supplemental Nutrition Assistance Program (SNAP) 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 SNAP 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 SNAP 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

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) Registration

Name of Registrant	Present Address	<b>FOR AGENCY USE ONLY</b>	
SSN:		<b>Case Number</b>	
		<b>Date Sent</b>	<b>Date Rec'd.</b>
Phone # Where you can be reached!		<b>Perry</b>	<b>Caseworker</b>

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

☐ Yes, I want register to vote. ☐ No, I don't 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.

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 Registrant	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 Registration**

**Date**

# Prevention, Retention and Contingency Program (PRC) Registration 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.

Registrant's Name	Social Security Number
Address	Job and Family Services Case Number
City, State, Zip	Phone Number(s) where you can be reached
For up-to-date information regarding JFS services and events, please provide your email address:	

**Please check the program for which you are applying:**

- |  |   |
|--|---|
| <input type="checkbox"/> Car Seat                  | <input type="checkbox"/> Youth Opportunities              |
| <input type="checkbox"/> Help Me Grow              | <input type="checkbox"/> Camp                             |
| <input type="checkbox"/> Emergency Shelter         | <input type="checkbox"/> Academy for Leadership Abilities |
| <input type="checkbox"/> Basic Need Transportation | <input type="checkbox"/> Mentoring                        |
| <input type="checkbox"/> Insects Removal           | <input type="checkbox"/> Tutoring                         |
| <input type="checkbox"/> Clothing                  | <input type="checkbox"/> School Fees                      |
| <input type="checkbox"/> Hygiene                   | <input type="checkbox"/> Driver's Education               |

**Complete the chart below for EVERYONE living in your home, including YOURSELF.**

(Use back of paper if more spaces are needed.)

	Name	Relationship to Registrant	Birth Date	Age	Social Security Number	Current Grade in School	Employer's Name or School	Income Amount
1								
2								
3								
4								
5								
6								

**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 Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Staff Only

☐ Assistance Group is PRC-ELIGIBLE. ☐ Assistance Group is INELIGIBLE for PRC.  
Eligibility Determiner: \_\_\_\_\_ Date: \_\_\_\_\_

## Prevention, Retention and Contingency Program (PRC) Registration

### Perry County Self Declaration Registration for PRC School Readiness Program

**This registration must be received by Perry County Job and Family Services by June 7, 2024**

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

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

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

Applicant's Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_

JFS Case Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone # where you can be reached: \_\_\_\_\_

For up-to-date information regarding JFS services and events, please provide your email address below: \_\_\_\_\_

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 income for everyone in the household.

Name	Relationship to Registrant	DOB	Social Security Number	Gross Monthly Income

Do you have a computer in your home that can be used for online learning? ☐ Yes ☐ No

Do you have access to the internet at your home? ☐ Yes ☐ No

Do you have reliable transportation to pick up your items on August 7<sup>th</sup> at the Perry County Fairgrounds? ☐ Yes ☐ No

**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 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 PCJFS to gather and report information as needed.

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: \_\_\_\_\_

# Prevention, Retention and Contingency Program (PRC) Registration

## Hoodie/T-Shirt and Shoe Sizes for Children entering K-12 Grades

Both sides of this form must be completely filled out in order to receive back to school supplies for you child(ren).

*Please consider that your child is going to grow and adjust the size appropriately.*

**School Codes: NLex- New Lexington, S- Sheridan, M- Miller, CV- Crooksville, O- Other (please fill in)**

**Registrations are due by June 7, 2024**

2024-2025 School Year															
Child's Name _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Child's Age: _____ Next Year Grade _____															
Please allow room for your child to grow before marking the size. School Code: NLex S M CV O: _____															
T-Shirt Sizes						Shoe Sizes (please write 1/2 in block if your child needs a half size or a W if your child needs a wide size)									
Child		Adult				Child		Youth		Adult					
Small		Small		XLarge		8	11		1	4		7	10		13
Medium		Medium		XXLarge		9	12		2	5		8	11		14
Large		Large		XXXLarge		10	13		3	6		9	12		15
2024-2025 School Year															
Child's Name _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Child's Age: _____ Next Year Grade _____															
Please allow room for your child to grow before marking the size. School Code: NLex S M CV O: _____															
T-Shirt Sizes						Shoe Sizes (please write 1/2 in block if your child needs a half size or a W if your child needs a wide size)									
Child		Adult				Child		Youth		Adult					
Small		Small		XLarge		8	11		1	4		7	10		13
Medium		Medium		XXLarge		9	12		2	5		8	11		14
Large		Large		XXXLarge		10	13		3	6		9	12		15
2024-2025 School Year															
Child's Name _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Child's Age: _____ Next Year Grade _____															
Please allow room for your child to grow before marking the size. School Code: NLex S M CV O: _____															
T-Shirt Sizes						Shoe Sizes (please write 1/2 in block if your child needs a half size or a W if your child needs a wide size)									
Child		Adult				Child		Youth		Adult					
Small		Small		XLarge		8	11		1	4		7	10		13
Medium		Medium		XXLarge		9	12		2	5		8	11		14
Large		Large		XXXLarge		10	13		3	6		9	12		15
2024-2025 School Year															
Child's Name _____ <input type="checkbox"/> Boy <input type="checkbox"/> Girl Child's Age: _____ Next Year Grade _____															
Please allow room for your child to grow before marking the size. School Code: NLex S M CV O: _____															
T-Shirt Sizes						Shoe Sizes (please write 1/2 in block if your child needs a half size or a W if your child needs a wide size)									
Child		Adult				Child		Youth		Adult					
Small		Small		XLarge		8	11		1	4		7	10		13
Medium		Medium		XXLarge		9	12		2	5		8	11		14
Large		Large		XXXLarge		10	13		3	6		9	12		15

**Please tell us where you obtained this form.**

School ☐ Job and Family Services ☐ JFS website ☐ Community Agency ☐ Other \_\_\_\_\_

# PERRY COUNTY JOB AND FAMILY SERVICES

## Employment Program Registration

**Please complete all questions so your registration will be complete. In order to move forward with registration process, we *MUST* have a telephone number where you can be reached. If you need help completing this form, we are happy to help. Please call 740-721-0674.**

Registrant's Name: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Parent/Guardian Phone Number: \_\_\_\_\_

Name of School: \_\_\_\_\_ Current Grade in School: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ \*Age: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Gender: \_\_\_\_\_ U.S. citizen? Yes\_\_\_\_ No\_\_\_\_

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

Plans for after graduating: \_\_\_\_\_

**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 &amp; Social Security #</u>	<u>Relationship to Applicant</u>	<u>Age</u>	<u>Source of Income</u>	<u>Last 30 Days of Income</u>
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____
5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

When you and your parent/guardian (if you are under 18 years old) sign below, you are agreeing that:

- Providing information regarding your family's income is needed in order to complete the registration process.
- The information provided in this registration is accurate to the best of your knowledge.
- You understand that your registration will be reviewed by PCJFS who will make the final determination of your eligibility.
- You permit your registration to be shared with the program administrator, HockingAthensPerry Community Action.
- You will be registered into the State of Ohio's job and career development system, including the OhioMeansJobs.com online job bank.

REGISTRANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Office Use Only

Date: \_\_\_\_\_ Caseworker \_\_\_\_\_

# Prevention, Retention and Contingency Program (PRC) Registration 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.

Registrant'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 Registrant	Birth Date	Age	Social Security Number	Current Grade in School	Employer's Name or School	Income Amount
1								
2								
3								
4								
5								
6								

**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 Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Staff Only

☐ Assistance Group is PRC-ELIGIBLE. ☐ Assistance Group is INELIGIBLE for PRC.

Eligibility Determiner: \_\_\_\_\_ Date: \_\_\_\_\_

# Prevention, Retention and Contingency Program (PRC) Registration 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.

Registrant'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 and/or Dresser** – 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 Registrant	Birth Date	Age	Social Security Number	Current Grade in School	Employer's Name or School	Income Amount
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) Registration 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 5101.85 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.

(F) Any nonrelative adult that has a familiar and long-standing relationship or bond with the child or the family, which relationship or bond will ensure the child's social ties.

Effective Date: June 6, 2001 – House Bill 94 - 124th General Assembly [ [June 6, 2001 Version](#) ]

October 17, 2019 – Amended by House Bill 166 - 133rd General Assembly [ [October 17, 2019 Version](#) ]

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) \_\_\_\_\_

### 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.)

# Prevention, Retention and Contingency Program (PRC) Registration Disaster Registration: 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.

Registrant'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 Registrant	Birth Date	Age	Social Security Number	Current Grade in School	Employer's Name or School	Income Amount
1								
2								
3								
4								
5								
6								

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 Registrant: \_\_\_\_\_ Date: \_\_\_\_\_

## Office Staff Only

☐ Assistance Group is PRC-ELIGIBLE. ☐ Assistance Group is INELIGIBLE for PRC.  
Eligibility Determiner: \_\_\_\_\_ Date: \_\_\_\_\_

## Prevention, Retention and Contingency Program (PRC) Registration

Name of Registrant:	Present Address:
SSN:	City, Zip Code:
Home Phone:	Cell Phone:
Email Address for Communication and Information regarding JFS Programs:	

If you are not registered to vote where you live now, would you like to apply to register to vote?  
☐ **Yes**, I want register to vote. ☐ **No**, I don't 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.

1. Are you currently receiving 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.

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2. Are you or anyone in your household currently employed? ☐ Yes ☐ No  
If yes, please complete the information below:

Name of Individual working:			
Employer Name:		Number of Hours Working:	
Employer Address:		Hourly Rate:	
Name of Individual Working:			
Employer Name:		Number of Hours Working:	
Employer Address:		Hourly Rate:	

3. Highest level of academics completed: ☐ High School Diploma ☐ GED or Adult Diploma ☐ Bachelor  
☐ Other including certifications: \_\_\_\_\_
4. Do you have reliable transportation to and from your place of employment? ☐ Yes ☐ No
5. 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. \_\_\_\_\_
- 

6. 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.

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## Prevention, Retention and Contingency Program (PRC) Registration

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. Additional space and questions on next page.**

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

8. 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: \_\_\_\_\_

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

**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 with the above statements (it is correct/true for me).

☐ I disagree with the above statements (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 Registration**

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

FOR AGENCY USE ONLY			
<b>Case Number:</b>			
<b>Date Sent</b>		<b>Date Rec'd.</b>	
<b>Perry</b>		<b>Caseworker</b>	
<b>Approved</b>		<b>Denied</b>	

## Employment Incentive Program (GRF) Registration

Name of Registration:	Present Address:
SSN:	City, Zip Code:
Home Phone:	Cell Phone:
Email Address for Communication and Information regarding JFS Programs:	

If you are not registered to vote where you live now, would you like to apply to register to vote?  
☐ Yes, I want register to vote. ☐ No, I don't 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.

1. Are you currently receiving 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.

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2. Are you or anyone in your household currently employed? ☐ Yes ☐ No  
If yes, please complete the information below:

Name of Individual working:			
Employer Name:		Number of Hours Working:	
Employer Address:		Hourly Rate:	
Name of Individual Working:			
Employer Name:		Number of Hours Working:	
Employer Address:		Hourly Rate:	

3. Highest level of academics completed: ☐ High School Diploma ☐ GED or Adult Diploma ☐ Bachelor  
☐ Other including certifications: \_\_\_\_\_

4. Do you have reliable transportation to and from your place of employment? ☐ Yes ☐ No

5. 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. \_\_\_\_\_

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6. 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.

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## Employment Incentive Program (GRF) Registration

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				\$

8. 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: \_\_\_\_\_

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

**Please read this statement carefully and respond below:**

- ✓ 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.
- ✓ 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 with the above statements (it is correct/true for me).

☐ I disagree with the above statements (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 Registration**

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

### FOR AGENCY USE ONLY

Case Number:			
Date Sent		Date Rec'd.	
Perry		Caseworker	
Approved		Denied	

**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 90<sup>th</sup> 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
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**Step 1:** Read, sign, date, and fill in your telephone number. Another person may sign this for you, if they send us your signed “authorized representative” notice.

Sign Here	Date	Telephone Number
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**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"/> Prevention, Retention, and 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](https://ssp.benefits.ohio.gov)); or

**Email** - Email the ODJFS Bureau of State Hearings at [bsh@jfs.ohio.gov](mailto: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.

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
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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, 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 90<sup>th</sup> 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
-----------	-------------	--------------

**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"/> Prevention, Retention, and 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.ifs.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](http://ssp.benefits.ohio.gov)); or

**Email** - Email the ODJFS Bureau of State Hearings at [bsh@ifs.ohio.gov](mailto:bsh@ifs.ohio.gov). In the subject, put "State Hearing Request". In the message, put all of the information from the boxes at the top of this page and 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.

**Perry JFS**  
**PRC Scope of Benefits and Services**

Service or Benefit	Cap	Economic Need Standard	Targeted Group	TANF Purpose	Approach	Application
<u>Academy for Leadership Abilities</u>	Soft Service	200% FPG	TANF School age youth in need of developing life skills. <b>OR</b> 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>Benefit Bridge:</u> To help families who experience a reduction or loss of benefits due to wage increases continue their path to self-sufficiency.	Soft Service: No Cap	200% FPG	Families with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women,	Purpose 1	Approach 1: TANF/PRC Special Project	Application #10
<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>Clothing</u>	Soft Service	200% FPL	Families with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women	Purpose 1	Approach 1: Contracted TANF/PRC Special Project	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 <b>AND</b> Reside in Perry County <b>AND</b> Meets economic need standard	Purpose 1	Approach 2: PRC Disaster Assistance	Application #5
<u>Driver's Education:</u> Assistance for drivers education to promote independence	Hard Service; \$500	200% of FPG	Individuals in need of Driver's Education to obtain their permit and/or license	Purpose 2	Approach 1: TANF/PRC Projects	Application #2
<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>Emergency Shelter for Homelessness:</u> Provide emergency shelter assistance for unsheltered families.	Soft Service	200% FPG	Parents with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women	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	Purpose 1 and 2	Approach 2: PRC Disaster Assistance	Application #5
<u>Emergency Food Contingency Services:</u> Provide food to families in emergent need.	Hard Service Cap: \$25 per family member, 4 month time limit.	200% FPG	Parents with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women	Purpose 1 and 2	Approach 2: PRC Disaster Assistance	Application #5

**Perry JFS**  
**PRC Scope of Benefits and Services**

Service or Benefit	Cap	Economic Need Standard	Targeted Group	TANF Purpose	Approach	Application
<b><u>Employment Incentive Program:</u></b> Providing benefits and services to low-income families, helping them move out of poverty and becoming self-sufficient while promoting family stability	Hard Service Cap: \$3000	200% FPG	Parents with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women	Purpose 1,2,3 & 4	Approach 6: One Time Assistance Related to Employment	Application #8
<b><u>Family Outreach:</u></b> 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
<b><u>Family Outreach:</u></b> PCJFS will work with agencies 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
<b><u>HELP Me GROW (HMG)</u></b>	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
<b><u>Housing</u></b>	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
<b><u>Household Stabilization Program Rent/Mortgage:</u></b> Assistance for rent or mortgage in order to stabilize household	Hard Service: Services available for up to 4 months in 24 month period Cap: \$2000	200% FPG	Families with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women, Victims of Domestic Violence	Purpose 1	Approach 3: PRC One-Time or Short Term Assistance	Application #1
<b><u>Household Stabilization Program Utilities:</u></b> Assistance for utilities in order to prevent shutof and/or restore services	Hard Service: Services available for up to 4 months Cap: \$2000	200% FPG	Families with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women, Victims of Domestic Violence	Purpose 1	Approach 4: Household Stabilization	Application #2
<b><u>Hygiene</u></b>	Soft Service	200% FPL	Families with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women, Victims of Domestic Violence	Purpose 1	Approach 1: Contracted TANF/PRC Special Project	Application #2
<b><u>Individualized Training Plan:</u></b> Training and supportive services needed to gain or enhance employment opportunities	Hard Service Cap: \$10,000		Individuals in need of short term education, training or trade opportunity as well as supportive services for the training/education that leads to employment and certification	Purpose 1 and 2	Approach 1: TANF/PRC Project	Application #1
<b><u>Insect Removal:</u></b> Agency will work with provider to remove insect so families can stay in their homes	Soft Service No Cap	200% FPG	Parents with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women,	Purpose 1	Approach 1: TANF/PRC Special Projects	Application #
<b><u>Job Growth</u></b>	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
<b><u>Job Related Transportation Expenses: Vehicle Repair and Tires</u></b>	Hard Service Cap: \$2000	200% FPG	Individuals who need reliable transportation to and from employment	Purpose 2	Approach 3: PRC One-Time or Short Term Assistance	Application #1

**Perry JFS**  
**PRC Scope of Benefits and Services**

Service or Benefit	Cap	Economic Need Standard	Targeted Group	TANF Purpose	Approach	Application
<b>Kinship Caregiver Program:</b> PCJFS directs and administers supportive services for ASK Kinship Caregiver Program as dictated by the inner agency MOU with PCSA.	<b>1. Mortgage/Rent</b> up to \$1500 per household. <b>2. Utilities</b> up to 4 months of each utility with guarantee of restoration or continuation of service per household. <b>3. Major Appliances</b> up to \$1500 per household. <b>4. HVAC</b> up to \$2000 per household. <b>5. Bed</b> up to \$1000 per child. <b>6. School Fees</b> Grades 9-12 actual cost per child.	200% FPG Only AG (1) Child	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 5: Kinship Caregiver Program	Application #6
<b>Mentoring</b>	Soft Service	Youth ages 14-24 as long as the youth is a minor child in a needy family and is in school <b>OR</b> Youth ages 14-24 that have a minor child and are considered needy <b>OR</b> a pregnant individual with no other children <b>OR</b> a non-custodial parent who lives in the state, but does not reside with his/her minor child(ren) <b>OR</b> a youth in foster care if they are a full-time student in secondary school.	Youth in need of educational, employment and skills training to enhance future employment and life skills.	Purpose 1 & 2	Approach 1: Contracted TANF/PRC Special Project	Application #2
<b>Ohio Works Incentive Program (OWIP)</b>	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
<b>TANF CCMEP Youth Employment Program:</b> Subsidized employment which includes supportive services for individuals	Soft Service	Youth ages 14-24 as long as the youth is a minor child in a needy family and is in school <b>OR</b> Youth ages 14-15 that have a minor child and are considered needy <b>OR</b> a pregnant individual with no other children <b>OR</b> a non-custodial parent who lives in the state, but does not reside with his/her minor child(ren) <b>OR</b> 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
<b>TANF Summer Youth Employment Program:</b> Subsidized employment which includes supportive services for individuals	Soft Service	Youth ages 14-24 as long as the youth is a minor child in a needy family and is in school <b>OR</b> Youth ages 14-15 that have a minor child and are considered needy <b>OR</b> a pregnant individual with no other children <b>OR</b> a non-custodial parent who lives in the state, but does not reside with his/her minor child(ren) <b>OR</b> 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
<b>Year-Round Employment:</b> Subsidized employment which includes supportive services for individuals	Soft Service	Youth ages 14-24 as long as the youth is a minor child in a needy family and is in school <b>OR</b> Individuals ages 14 and Up that have a minor child and are considered needy <b>OR</b> a pregnant individual with no other children <b>OR</b> a non-custodial parent who lives in the state, but does not reside with his/her minor child(ren) <b>OR</b> a youth in foster care if they are a full-time student in secondary school.	Individuals in need of employment opportunity and experience	Purpose 1 and 2	Approach 1: Contracted TANF/PRC Special Project	Application #4
<b>Reinstatement Fee Amnesty Initiative Expenses Related to Securing a Valid Ohio Driver's License</b> 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

**Perry JFS**  
**PRC Scope of Benefits and Services**

Service or Benefit	Cap	Economic Need Standard	Targeted Group	TANF Purpose	Approach	Application
<b>COVID-19 Supportive Services:</b> 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
<b>School Fees</b>	Soft Service	Youth ages 14-24 as long as the youth is a minor child in a needy family and is in school <b>OR</b> Youth ages 14-24 that have a minor child and are considered needy <b>OR</b> a pregnant individual with no other children <b>OR</b> a non-custodial parent who lives in the state, but does not reside with his/her minor child(ren) <b>OR</b> a youth in foster care if they are a full-time student in secondary school.	Youth in need of meeting school fee requirements to further their educational and employment goals.	Purpose 1 & 2	Approach 1: Contracted TANF/PRC Special Project	Application #2
<b>Transitional Transportation to Potential Employment or Employment</b>	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
<b>Transportation</b>	Soft Service: Available until work requirements met	OWF Cash Recipient	OWF Work Eligible Participants	Purpose 2	Approach 1: TANF/PRC Projects	None
<b>Transportation for Basic Needs:</b> 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
<b>Transportation Expenses: Gas</b>	Hard Service Cap: \$800 by Voucher	200% FPG AND Individuals who need resources to maintain current employment at 25 hours a week or more OR has verification of new employment from employer stating they will be working 25 hours or more	Individuals who need resources to ensure transportation to and from employment	Purpose 2	Approach 4: PRC One-Time or Short Term Assistance	Application #1
<b>Technology for Job Seekers</b>	Direct Supply	200% FPG	Job Seekers	Purpose 2	Approach 1: TANF/PRC Special Projects	
<b>Triggering Future Jobs:</b> Subsidized Employment Program (SEP)	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
<b>Tutoring</b>	Soft Service	Youth ages 14-24 as long as the youth is a minor child in a needy family and is in school <b>OR</b> Youth ages 14-24 that have a minor child and are considered needy <b>OR</b> a pregnant individual with no other children <b>OR</b> a non-custodial parent who lives in the state, but does not reside with his/her minor child(ren) <b>OR</b> a youth in foster care if they are a full-time student in secondary school.	Youth in need of educational assistance and skills trainings throughout the year to improve educational outcomes.	Purpose 1 & 2	Approach 1: Contracted TANF/PRC Special Project	Application #2
<b>Work Allowances</b>	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
<b>Youth Opportunities Project: Investing in our Youth:</b> Available year round for youth in need of education, employment and skills training and workshops	Soft Service	Youth meeting TANF eligibility as stated by applicant on specially designated application form allowing self-declaration of income.	Youth in need of educational, employment and skills training and workshops throughout the year	Purpose 1 and 2	Approach 1: Contracted TANF/PRC Special Projects	Application #2

**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



# Perry County Job and Family Services

212 S. Main St. • P.O. Box 311 New Lexington, Ohio 43764 ♦ Phone: (740) 342-3551 ♦ [www.perryjfs.org](http://www.perryjfs.org)

## Perry County PRC Addendum **Employment Incentive Program** Effective October 1, 2023

Perry Job and Family Services (Perry JFS) strives to administer and create programs that strengthen Perry County, one family at a time whether that family consists of a single individual or a multi-generational unit. The Perry County Employment Incentive Program (EIP) aligns with the mission of Perry JFS by providing benefits and services to low-income families, helping them move out of poverty and becoming self-sufficient while promoting family stability. This program is not an entitlement.

The Perry County Employment Incentive Program shall serve Perry County residents that are currently enrolled or recently stopped participating within the last 90 days in the SNAP, Medicaid, OWF or TANF to maintain employment. The family must have income at or below 200% of the federal poverty level and meet the criteria below:

- A. An eligible individual who is 18 years of age or older; and
- B. A Perry County Resident with a minor child; and
- C. Employed or starting a job.

### **Eligibility and Application:**

Eligibility Requirements as defined and clarified below, unless otherwise amended:

- Eligibility will be determined using income received in the last 30 days.
- Assistance Group must have a combined gross income at or below 200% of the Federal Poverty Level (FPL).
- Participants must be currently enrolled or have stopped participating, in the last 90 days, in SNAP, Medicaid, or TANF
- Participants must be currently employed or starting a job to be eligible for the incentive.
- 32 Hours of employment required to participate in the program.
- Approved applications under this addendum are NOT to be counted as services which would cause the applicant to be ineligible for further services through the county's regular PRC Plan.

### **Applicants who are Ineligible are:**

- Fugitive felon, probation or parole violator
- Fraudulently obtained assistance in two or more states
- Individuals with outstanding OWF or PRC fraud (IPV) overpayment balance

### **Employment Incentive Program Initiation and Duration:**

- Participants entering the EIP on or before the 10th of the initiation month will start earning employment incentives the same calendar month.
  - Example: EIP eligibility determined on October 8, 2023; participant will earn first month employment incentive to their portfolio in October 2023, as long as all other incentive criteria is met.
- Participants entering the Employment Incentive Program after the 10th of the initiation month will start earning employment Incentive the subsequent calendar months.
  - Example: Employment Incentive Program eligibility determined on October 14, 2023; participant will earn first month employment incentive to their portfolio in November 2023, as long as all other incentive criteria is met.
- Eligibility will be determined during initial application for ongoing EIP participation for 12 months or until program ends or funds are exhausted, whichever is first.



# Perry County Job and Family Services

212 S. Main St. • P.O. Box 311 New Lexington, Ohio 43764 ♦ Phone: (740) 342-3551 ♦ [www.perryjfs.org](http://www.perryjfs.org)

- Eligibility will be redetermined with a reapplication at 12 months for each active participant to determine ongoing participation for the full 18-month program.
- Active participants are required to maintain continued eligibility during program participation. Known information that makes active participants ineligible will be acted upon and program participation will be terminated.
- Participants will be required to do both of the following: (1) complete financial literacy education; and (2) submit a household budget to their caseworker and update their household budget at least every three months after the initial submission while the individual is participating in the employment incentive program.

## Amount and Type of Assistance:

- Perry JFS will generate at intake and internally manage a tier-incentive performance portfolio per participant that will be active for up to 18 months.
  - Participant must maintain eligibility as defined in abovementioned sections. "Eligibility and Application" and "Employment Incentive Program Initiation and Duration"
  - **Individuals will meet with a Perry JFS Case Manager to set an employment goal to meet the need of family within the 18 months**
- Tiered financial incentives will be awarded to each participant's portfolio based on work performance benchmarks such as maintaining employment for defined targeted intervals. These financial Incentive will help aide employed participants in becoming self-sufficient as they experience reductions in their public assistance benefits. Performance benchmarks include:
  - For every one calendar month, up to 18 consecutive calendar months, the participant successfully maintains uninterrupted employment, a predetermined financial incentive will be added to the participant's performance portfolio.
    - Eligibility for participant's monthly employment incentive will be determined by the Social Services Case Manager and approved by the Workforce Supervisor or Administrator the beginning of the subsequent month.
    - Employment is defined as uninterrupted employment, participant working at least 31 hours per week each week, each calendar month.
      - For participants employed in non-traditional work hours (ex: rotating shifts), total monthly hours must be at or above 128 hours. (32 hours per week X 4 weeks per month.)
    - Lapse in employment for at-fault termination terminates participation in the program. Good cause reasons for lapsed employment will be evaluated by PCDJFS Administration to determine continuation of program participation.
    - Participants that change employment during their program participation must be able to verify their new employment is deemed as financially beneficial based on the progressive wage and/or total compensation package (wage, benefits, etc.) in order to continue in Employment Incentive Program.
  - Remaining financial portfolio balance at the end of participant's program participation will be distributed to the participant as a **final incentive once that participant reaches the ultimate work performance goal of maintaining consecutive employment for 18 months.**
  - If the participant loses employment or stops participating prior to the 18th month, the participant will receive their earned share of the performance Incentive according to the Tier schedule minus all participant's monetary portfolio payouts.
  - Performance Tier Schedule is listed on the following page.



# Perry County Job and Family Services

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Performance Tier Schedule							
Month	Incentive	Month	Incentive	Month	Incentive	Month	Incentive
1	\$300	5	\$200	7	\$150	11	\$100
2	\$300	6	\$200	8	\$150	12	\$100
3	\$300	Tier 2	\$400	9	\$150	13	\$100
4	\$300	Tier 2-4 will be paid when the participant has completed all months within the Tier.		10	\$150	14	\$100
Tier 1	\$1,200 Paid Monthly			Tier 3	\$600	15	\$100
Total Earnable Incentive \$3,000						16	\$100
						17	\$100
						18	\$100
						Tier 4	

- Participant will be paid monthly for Tier 1. Tier 2-4 will be paid upon completion of each Tier.
- If Active participants are PRC eligible, they will be able to utilize all PRC services available in the Perry JFS PRC Plan in order to meet documented emergent needs. PRC benefits will assist in participant's employment retention and will accomplish one of the TANF Purposes.
  - All issued PRC services and financial costs for each participant will be tracked and monitored by Perry JFS staff. Tracking will include, but not limited to:
    - Number of times PRC benefits are provided
    - Nature of service/benefits (rent, utilities, car repairs, etc)
    - Costs of each PRC benefit provided
    - PRC benefit assisted in removing emergent need
- Partnerships in collaboration that enhance the success of the individual as it relates to other programs may include but not limited to:
  - Recruitment
  - Work related items such as uniforms, tools, licenses or certifications
  - Direct supervision and training costs
  - Case management activities related to the program
  - Transportation
- Subsidized Employment Program (SEP) contracts funded via PRC will be marketed and issued on participant's behalf to incentivize local employers to hire and retain participants

This plan is in effective beginning October 1, 2023, and shall remain in effect until otherwise modified or terminated.

\_\_\_\_\_  
Cheryl Boley, Director

\_\_\_\_\_  
Date



# Perry County Job and Family Services

212 S. Main St. • P.O. Box 311 New Lexington, Ohio 43764 ♦ Phone: (740) 342-3551 ♦ [www.perryjfs.org](http://www.perryjfs.org)

Perry County PRC Addendum for GRF Funds

## **Employment Incentive Program**

Effective October 1, 2023

Perry Job and Family Services (Perry JFS) strives to administer and create programs that strengthen Perry County, one family at a time whether that family consists of a single individual or a multi-generational unit. The Perry County Employment Incentive Program (EIP) aligns with the mission of Perry JFS by providing benefits and services to low-income families, helping them move out of poverty and becoming self-sufficient while promoting family stability. This program is not an entitlement.

The Perry County Employment Incentive Program shall serve Perry County residents that are currently enrolled or recently stopped participating within the last 90 days in the SNAP, Medicaid, OWF or TANF to maintain employment. The family must have income at or below 200% of the federal poverty level and meet the criteria below:

- A. An eligible individual who is 18 years of age or older
- B. A Perry County Resident
- C. Employed or starting a job

### **Eligibility and Application:**

Eligibility Requirements as defined and clarified below, unless otherwise amended:

- Eligibility will be determined using income received in the last 30 days.
- Assistance Group must have a combined gross income at or below 300% of the Federal Poverty Level (FPL).
- Participants must be currently enrolled or have stopped participating, in the last 90 days, in SNAP, Medicaid, or TANF
- Participants must be currently employed or starting a job to be eligible for the incentive.
- 32 Hours of employment required to participate in the program.
- Approved applications under this addendum are NOT to be counted as services which would cause the applicant to be ineligible for further services through the county's regular PRC Plan.

### **Applicants who are Ineligible are:**

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- Fraudulently obtained assistance in two or more states
- Individuals with outstanding OWF or PRC fraud (IPV) overpayment balance

### **Employment Incentive Program Initiation and Duration:**

- Participants entering the EIP on or before the 10th of the initiation month will start earning employment incentives the same calendar month.
  - Example: EIP eligibility determined on October 8, 2023; participant will earn first month employment incentive to their portfolio in October 2023, as long as all other incentive criteria is met.
- Participants entering the Employment Incentive Program after the 10th of the initiation month will start earning employment Incentive the subsequent calendar months.
  - Example: Employment Incentive Program eligibility determined on October 14, 2023; participant will earn first month employment incentive to their portfolio in November 2023, as long as all other incentive criteria is met.
- Eligibility will be determined during initial application for ongoing EIP participation for 12 months or until program ends or funds are exhausted, whichever is first.



# Perry County Job and Family Services

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- Eligibility will be redetermined with a reapplication at 12 months for each active participant to determine ongoing participation for the full 18-month program.
- Active participants are required to maintain continued eligibility during program participation. Known information that makes active participants ineligible will be acted upon and program participation will be terminated.
- Participants will be required to do both of the following: (1) complete financial literacy education; and (2) submit a household budget to their caseworker and update their household budget at least every three months after the initial submission while the individual is participating in the employment incentive program.

## Amount and Type of Assistance:

- Perry JFS will generate at intake and internally manage a tier-incentive performance portfolio per participant that will be active for up to 18 months.
  - Participant must maintain eligibility as defined in abovementioned sections. "Eligibility and Application" and "Employment Incentive Program Initiation and Duration"
  - **Individuals will meet with a Perry JFS Case Manager to set an employment goal to meet the need of family within the 18 months**
- Tiered financial incentives will be awarded to each participant's portfolio based on work performance benchmarks such as maintaining employment for defined targeted intervals. These financial Incentive will help aide employed participants in becoming self-sufficient as they experience reductions in their public assistance benefits. Performance benchmarks include:
  - For every one calendar month, up to 18 consecutive calendar months, the participant successfully maintains uninterrupted employment, a predetermined financial incentive will be added to the participant's performance portfolio.
    - Eligibility for participant's monthly employment incentive will be determined by the Social Services Case Manager and approved by the Workforce Supervisor or Administrator the beginning of the subsequent month.
    - Employment is defined as uninterrupted employment, participant working at least 31 hours per week each week, each calendar month.
      - For participants employed in non-traditional work hours (ex: rotating shifts), total monthly hours must be at or above 128 hours. (32 hours per week X 4 weeks per month.)
    - Lapse in employment for at-fault termination terminates participation in the program. Good cause reasons for lapsed employment will be evaluated by PCDJFS Administration to determine continuation of program participation.
    - Participants that change employment during their program participation must be able to verify their new employment is deemed as financially beneficial based on the progressive wage and/or total compensation package (wage, benefits, etc.) in order to continue in Employment Incentive Program.
  - Remaining financial portfolio balance at the end of participant's program participation will be distributed to the participant as a **final incentive once that participant reaches the ultimate work performance goal of maintaining consecutive employment for 18 months.**
  - If the participant loses employment or stops participating prior to the 18th month, the participant will receive their earned share of the performance Incentive according to the Tier schedule minus all participant's monetary portfolio payouts.
  - Performance Tier Schedule is listed on the following page.



# Perry County Job and Family Services

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Performance Tier Schedule							
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Tier 1	\$1,200 Paid Monthly			Tier 3	\$600	15	\$100
Total Earnable Incentive \$3,000						16	\$100
						17	\$100
						18	\$100
						Tier 4	

- Participant will be paid monthly for Tier 1. Tier 2-4 will be paid upon completion of each Tier.
- If Active participants are PRC eligible, they will be able to utilize all PRC services available in the Perry JFS PRC Plan in order to meet documented emergent needs. PRC benefits will assist in participant's employment retention and will accomplish one of the TANF Purposes.
  - All issued PRC services and financial costs for each participant will be tracked and monitored by Perry JFS staff. Tracking will include, but not limited to:
    - Number of times PRC benefits are provided
    - Nature of service/benefits (rent, utilities, car repairs, etc)
    - Costs of each PRC benefit provided
    - PRC benefit assisted in removing emergent need
- Partnerships in collaboration that enhance the success of the individual as it relates to other programs may include but not limited to:
  - Recruitment
  - Work related items such as uniforms, tools, licenses or certifications
  - Direct supervision and training costs
  - Case management activities related to the program
  - Transportation
- Subsidized Employment Program (SEP) contracts funded via PRC will be marketed and issued on participant's behalf to incentivize local employers to hire and retain participants.

This plan is in effective beginning October 1, 2023, and shall remain in effect until otherwise modified or terminated.

\_\_\_\_\_  
Cheryl Boley, Director

\_\_\_\_\_  
Date



# Perry County Job and Family Services

212 S. Main St. • P.O. Box 311 New Lexington, Ohio 43764 ♦ Phone: (740) 342-3551 ♦ [www.perryjfs.org](http://www.perryjfs.org)

## Perry County PRC Addendum for GRF Funds **Employment Incentive Program Supportive Service Fuel Voucher Program**

Effective March 16, 2022

Amended October 1, 2023

### **Fueling the Need Program**

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. PCJFS is implementing the “Fueling the Need Program” to end dependency of individuals on government benefits by promoting work. One of the hardest barriers for individuals to overcome is transportation to and from employment. Furthermore, 60% of the employed individuals have employment outside the county and are in need of fuel assistance.

#### **Fueling the Need Program Eligibility Requirements**

- Participants must be currently enrolled or have stopped participating, in the last 90 days, in SNAP, Medicaid, or TANF
  - A. Living at or below 300% of the Federal Poverty Level (FPL)
  - B. Resident of Perry County
  - C. U.S. Citizen or Qualified Alien

#### **Customer Responsibility**

In addition to verifying the above eligibility criteria, individuals are required to provide a social security card and proof of identity. Individuals are also responsible for notifying the agency of any changes that may affect their eligibility for this program.

#### **Eligibility Process**

1. Individual applies for fuel assistance at Perry County Job and Family Services
2. Application will be submitted to PCJFS staff
3. Eligible individuals will be issued a monthly allotment of fuel vouchers.
4. Individuals will redeem vouchers at one of four service stations that are under contract with PCJFS
5. Service stations will invoice PCJFS for payment
6. Individual's receiving fuel vouchers will return the following month for issuances depending on available funding.



## Perry County Job and Family Services

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This program is to promote employment and is exempt from the 24 months look back period. Furthermore, this project will not have an effect on future PRC eligibility or financial limitations. Eligible individuals must report employment within 10 days to be eligible for the gas voucher program.

**Monthly gasoline vouchers will be issued for up to 4 months** according to the following guidelines:

- *Up to \$100.00 per month if traveling and meeting employment requirement of 25 hours per week*
- *Up to \$200.00 per month if traveling more than 200 miles per month for employment and working 25 hours per week*

The PCJFS PRC application 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 may be made in-person at the OhioMeansJobs Center located on the first floor of the Perry Campus of Hocking College at 5454 OH 37, New Lexington, Ohio.

This plan addendum is amended to become effective on October 1, 2023 and shall remain in effect until otherwise modified or terminated.. The previous effective date was March 16, 2022.

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Cheryl Boley, Director

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Date

# Board of Perry County Commissioners

212 S. Main St., Lower Level  
New Lexington, Ohio 43764  
Phone: 740-342-2045 Fax: 740-342-5505  
E-mail: [perryco@perrycountyohio.net](mailto:perryco@perrycountyohio.net)



October 18, 2023

The Perry County Commissioners met in a regular session on **October 18, 2023** and passed the following resolution.

**(23-1018-07)**

Moved by Mr. Owen.

The Perry County Commissioners authorize Derek Householder, President, Perry County Board of Commissioners to sign the updated Prevention, Retention and Contingency Plan (PRC) for Perry County Job & Family Services effective October 1, 2023.

Seconded by Mr. Carpenter.

With no further discussion, roll call vote taken:

Derek Householder : 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 **October 18, 2023** and appearing upon the official records of the Board.

A handwritten signature in blue ink, reading "Angela McCord", is written over a horizontal line.

Angela McCord, Clerk  
Commissioners Office, Perry County, Ohio



## Perry County Job and Family Services

### Family Services Planning Committee Meeting

Thursday, May 4, 2023, at 2:00

Attendees: Kelly Hatas, David Couch, Mary Dodd, Kendra Warthman, Cheryl Boley, Mendra Hupp, David Hansen, Tammy Goniea, Brooke Haberkamp, Deb Green

### Introductions

### Presentation

1. Overview of funding and purposes of TANF
2. Reviewed Programming
3. Closing Remarks/Call to Action

### Comments throughout Presentation

1. Transportation: Mary Dodd requested assistance with transportation needs such as gas vouchers and car repairs – Perry JFS offers multiple programming options.
2. Diapers: Mary Dodd suggested we reach out to Bottoms Up – She will follow up with contact information.
3. Emergency Housing: Saint Vincent de Paul can only pay for 2 Nights – Perry JFS has multiple funding streams that can assist with emergency housing and permanent solutions.
4. Call to Action: David Couch asked for bullet points to send a letter to Congress to advocate for TANF funding to continue to be distributed to the counties.
5. Mentoring and Independent Living Skills: Kendra Warthman requested assistance with young people who would be in need of mentoring and skills. Perry JFS offers CCMEP and is working on a mentoring/tutoring program.
6. Grandparent Resources: Kendra Warthman request programming information for resources for grandparents taking care of grandchildren. Perry JFS offers a kinship program and all resources that are available to their household composition.

Meeting Adjourned with the request for any additional comment or question to be emailed in the next week.

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## Prevention Retention and Contingency Plan (PRC)

Perry JFS

### PRC Purposes

The TANF program encompasses a wide variety of services, benefits, programs, and employment and training activities. All programs must be tied to 1 of 4 purposes.

- ✓ Purpose 1: "To provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives"
- ✓ Purpose 2: "To end the dependence of needy parents on government benefits by promoting job preparation, work and marriage"
- ✓ Purpose 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"
- ✓ Purpose 4: "To encourage the formation and maintenance of two-parent families"

Ohio defines a needy family at 200% of the Federal Poverty Level (FPL) for the 1<sup>st</sup> and second 2nd purposes but there is no income eligibility limit for the 3<sup>rd</sup> and 4<sup>th</sup> purposes.



# Perry County Job and Family Services

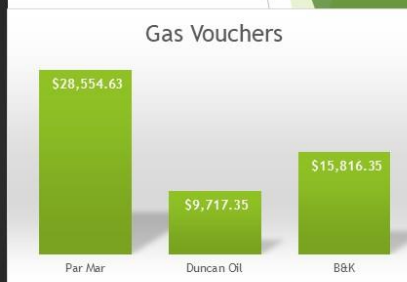
## Partner Programming

The Perry County PRC Plan often provides support when funding is available for partner agencies programs by providing the funding for low income families. This allows the agency to offer additional programming within their departments.

	Total Budget
<b>Family Stability</b>	
Help Me Grow Children's Program	\$ 162,000.00
Family Outreach with the Juvenile Court	\$ -
Health Department Car Seat Program	\$ 740.00
<b>Subtotal</b>	<b>\$ 162,740.00</b>
<b>Lowering Barriers to Employment</b>	<b>Total Budget</b>
Academy for Leadership Abilities	\$ 32,960.00
<b>Subtotal</b>	<b>\$ 32,960.00</b>
<b>Total Budget to Fund Programs</b>	<b>\$ 195,700.00</b>

## Economic Impact of PRC in Perry County

This is just a small view into the economic impact that PRC funds have on Perry County's economy. Not only to business receive funds for services, but also the wages that are paid to individuals receiving work experience through partnering employers.



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# Perry County Job and Family Services

## 2023 Priorities

- ▶ Stabilizing Families
- ▶ Lowering Barriers to Employment
- ▶ Training, Skill Development and Career Opportunities
- ▶ Disaster Recovery

## Stabilizing Families

Families experiencing poverty often don't have the resources to pay for a quality, stable home and must make trade-offs to prioritize their family's education, health, and finances. Children who grow up living in poverty are less likely to succeed economically as adults. The Perry County PRC plan provides the resources families need to have more than just stable housing for their families which in turn allows them to be prepared for any educational and workforce opportunities that would lead to self sufficiency and economic success.

### ★Emergency Food Contingency

Rent/Mortgage

Back to School

Kinship Caregiver ASK

Emergency Shelter

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# Perry County Job and Family Services

## Lowering Barriers to Employment

Lowering barriers to work and lifelong learning so that all current and future workers are able to fully participate in the workforce provides self-sufficiency for families and drives the local economy. Many individuals will need comprehensive support to overcome barriers and reach their full potential. When barriers are eliminated, their families have a future that will be more prosperous.

Fueling the Need Gas Voucher

Transitional Transportation for Employment

★ School Fees

Car Repairs

## Training, Skill Development and Career Opportunities

We believe that a person lives a more prosperous and meaningful life with education, training and skill development that is linked to quality work and career. The PRC Plan for Perry County, provides programming that will make the individual and our community prosperous.

Summer Youth

Year Round Subsidized Employment

Employee Incentive Program

Youth Opportunities/After School & Camp

★ Driver's Education

★ Comprehensive Skill, Training & Career Assessment

★ Mentoring

Job Growth

★ Tutoring

Individualized Training Plan

Triggering Future Jobs Subsidized Employment (SEP)

Employment and Education Support

Employment and Education Transportation

Work Allowance

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# Perry County Job and Family Services

## Disaster Recovery

When a disaster impacts families in Perry County, the PRC plan has programming in place to meet families need. The State provides separate funding for these situations which could lead to additional programming opportunities.

## Programs in Need of Funding

### Family Stability

- Utilities
- ★ Diapers
- Insect Removal
- Transportation for Basic Needs
- Housing Relocation
- ★ Clothing
- ★ Hygiene

### Lowering Barriers to Employment

- Technology for Job Seekers
- Reinstatement Fees
- OWF Transportation

## Closing

- ▶ Provide Feedback
- ▶ Urge your Members of Congress to enact a long-term reauthorization of the Temporary Assistance for Needy Families (TANF) program. Funding should increase annually to align with the rate of inflation to ensure that the program's actual value does not erode over time.

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