Perry County Job & Family Services

Prevention, Retention, and Contingency Plan

Perry County Job & Family Services

5250 State Route 37

P.O. Box 311

New Lexington, Ohio 43764

740-342-3551

Effective 1/21/2026

Table of Contents

I. Introduction

The Prevention, Retention, and Contingency Program (PRC) of Perry County is designed to provide benefits and services to Perry County 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 TANF funds to 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.

PRC funds may only provide benefits and services which are not considered "assistance" (45 CFR 260.31). This definition includes non-recurrent, short-term benefits that are designed to deal with a specific crisis or episode of need and are not intended to meet recurrent/ongoing needs and will not extend beyond four (4) consecutive months. Non-recurrent benefits and services may encompass more than one payment per calendar year, so the payment may be provided if it addresses short-term relief and/or a crisis rather than meeting an ongoing or recurrent need and does not exceed the assistance group benefit/cap limit.

The benefit and services provided under the PRC program fall into three categories:

Prevention: Designed to divert families from ongoing cash assistance by providing short term non-assistance to help promote and achieve self-sufficiency by assisting through a presenting crisis.

Retention: Provided to assist an employed member of the family in maintaining employment.

Contingency: Provided to meet an emergent need which, if not met, threatens the safety, health, or well-being of one or more family members.

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.

II. Tangible Amount and Types of Assistance

The PRC program can be used for two kinds of assistance:

1. **One-Time and/or Short-Term Assistance of Tangible Value to Customers**
   This is not a cash payment or ongoing support like TANF/OWF cash assistance. This is not an entitlement payment. Assistance of this type will be considered on a case-by-case basis using eligibility factors outlined in this plan, along with the Perry JFS caseworker's assessment of whether the tangible service will assist the PRC assistance group with self-sufficiency.
2. **Services of No Tangible Value to Customers**
   Service of no tangible value to customers may be provided on an ongoing basis. Receipt of these services does not impact the PRC AGs eligibility for one-time and/or short-term tangible benefits.

III. Assistance Group (AG) Composition

The Assistance Group (AG) is defined as a group of individuals treated as a unit for the purpose of determining eligibility for the PRC program. All gross income, earned and unearned, of all members of the PRC AG (listed below) shall be counted, unless listed as excluded income below. Each service listed in the Scope of Benefits and Services (Appendix G) indicates which AGs are potentially eligible for the service. In Perry County the AGs are defined as follows:

- A minor child (has not attained 18 years of age, or has not attained 19 years of age and is a full-time student in a secondary school meaning high school in grade 12 or below) who resides with a parent/caretaker relative, legal guardian, or custodian; or
    - AG number will include all minor child(ren), biological parent(s)/other type of caretaker
- A minor child (has not attained 18 years of age, or has not attained 19 years of age and is a full-time student in a secondary school meaning high school in grade 12 or below) who resides with a parent, specified relative, legal guardian, or legal custodian, and all other members of the household (who may or may not be related to the minor child) who may significantly enhance the family's ability to achieve economic self-sufficiency.
    - AG number will include all minor child(ren), biological parent(s)/other type of caretaker, and all other individuals living in the household
- A pregnant individual (verification required); or
    - AG number will be determined by including pregnant woman, spouse (if applicable), and unborn child

- A parent with shared custody of a minor child(ren); the parent must have had physical custody within the thirty (30) days prior to the date of application
    - AG number will be determined by including minor child(ren), parent with shared custody, spouse if applicable, and siblings/half-siblings living in the household
- A non-custodial parent of a minor child who does not reside with his/her minor children and is cooperating with child support
    - Services for non-custodial parents without other minor children is limited to those who can show a current payment history of paying child support, or if not paying support has prospective employment, or those who are court ordered to seek work and are participating in work activities through OhioMeansJobs.
- Youth in the custody of Perry County JFS who currently have an open case
    - AG number will include the youth in custody of PCJFS
- Kinship family consisting of youth whose care is provided by individuals related by blood or adoption to the child: grandparents, including grandparents with the prefix "great," "great-great," or "great-great-great"; siblings, aunts, uncles, nephews, and nieces, including such relatives with the prefix "great," "great-great," "grand," or "great-grand"; first cousins and first cousins once removed, step-parents and step-siblings of the child; spouses and former spouses of individuals named in this section; legal guardian of the child; legal custodian of the child; any non-relative 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 responsible for the day-to-day care of a minor child, who is not their biological child, and residing with that kinship caregiver. relative caregivers, legal guardians, or court-ordered legal custodians responsible for the day-to-day care of a minor child who is not their biological child
    - AG number will include kinship child only

IV. Income

All gross earned and unearned income which has been received by any member of the AG during the 30-day budget period is considered when determining financial need. The 30-day period begins 30 days prior to the date of the application, excluding the application date. The income received during this period is used in the computation of financial eligibility. This includes all income which is normally exempt or disregarded when determining eligibility for OWF and SNAP.

a. Included Income

Gross **earned income** examples include but are not limited to:

- Earnings from work as an employee
- Earnings from self-employment, less the cost of doing business or a 50% deduction
- Training allowance
- Commission
- Tips

- Bonuses

Gross **unearned income** examples include but are not limited to:

- Social Security, Retirement, Survivors, and Disability Insurance Benefits
- Alimony and child support
- Veterans Administration Benefits
- Worker's Compensation
- Lump-Sum Benefits (including tax benefits)
- Strike Benefits
- Unemployment Benefits
- Pension and Retirement Benefits
- Investment Income
- OWF or Supplemental Security Income (SSI)
- Disability benefits from an employer (short-term or long-term)

Income of all AG members must be verified.

b. Excluded Income

Only **earned income** of an AG member under the age of 18 will be excluded (unless the child is a parent). See OAC Rule 5101:1-24-20.

For AGs receiving Kinship Services, all caretaker and additional household member income is excluded. Kinship child's income is the only included income (TANF, SSI, etc).

c. Computation of Income for PRC

Gross monthly AG income must be projected using last thirty (30) days of earned and unearned income. Pay verifications that are received weekly will be averaged and then multiplied by 4.3 to obtain average monthly income, pay verifications that are received bi-weekly will be averaged and then multiplied by 2.15 to obtain average monthly income, pay verifications that are received twice per month on same monthly dates only will be averaged and multiplied by 2 to obtain average monthly income, pay verifications that are received monthly will be used as-is. Total calculated monthly gross income will be compared to the appropriate federal poverty guideline.

- For cases in which paystubs have not been received yet, applicant must obtain an employer statement that states: the employer, the applicant's name, the place of employment, the start date, hours estimated to work per week, and pay per hour.
- When an AG reports that no income is received, a statement indicating how daily living expenses are being met must be provided.
- Open and active SNAP benefits can be used to verify income eligibility for PRC Application 2 services.

V. Ineligibles

Ineligible Assistance Group (AG) Members:

- Members of an AG with outstanding unpaid TANF/OWF or PRC fraud overpayment balance
- Individuals ineligible for other programs due to deliberate non-compliance with the terms of their assistance
- AGs who are under sanction on the OWF program
- An unmarried parent less than 18 years old not living in an adult supervised setting
- Aliens not lawfully admitted for permanent residence
- Fugitive felons, parole, and probation violators
- Individuals not cooperating with establishing paternity and securing child support
- Individuals who have fraudulently misrepresented their residence to obtain benefits in two or more states within the last ten years (from date of conviction)
- Adult or minor caretakers of children are ineligible for tangible PRC assistance if they have received it (as an adult or minor caretaker of an AG) in a four-month period that began within the last 24 months – per PRC program as outlined in Scope of Benefits and Services (Appendix G)
- AG in which application for PRC was knowingly and willfully falsified, AG shall be ineligible for program applied for 12 months
- Families who do not use their own liquid assets/resources in excess of $2,000 to help meet their need
- Individuals who have quit or refused a job within the last 90 days without good case as determined by the Perry JFS caseworker

VI. Administrative Requirements

a. Applicant Responsibilities

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 all available income and assets/resources in meeting the presenting need. This includes ongoing assistance programs such as TANF, SSI, SNAP, as well as Unemployment Compensation, Social Security, special energy programs, child support, and OhioMeansJobs. There is no PRC eligibility if the AG fails to make use of available income or assets/resources that are in an amount sufficient to meet a portion of, or the entire amount of, the emergent need.

b. Community Resources/Available Assets

PRC applicants are expected to make reasonable efforts to explore available community resources first to resolve their emergency need before pursuing PRC. A PRC AG is required to apply for and utilize any program, benefit, or support system which may reduce or eliminate the

presenting need. If PCJFS is already aware that no resources exist in the community to assist a specific need, the agency may waive this requirement.

A general principle of the PRC program is any asset/resource which an AG member currently has available must be applied toward the emergent need. Liquid assets/resources are those which are in cash or payable in cash upon demand. Most common types being, but not limited to: cash, checking accounts, savings accounts, stock, bonds, mutual funds, or promissory notes. All available liquid assets/resources in excess of $2,000 must be utilized to meet the emergent need prior to, or in combination with, the issuance of PRC funds.

Resources and income of any ineligible assistance group member will be included as income for the AG.

c. Citizenship

In order to receive PRC benefits and services a member of the AG must be a citizen of the United States or a qualified alien with a valid social security number. Applicant must verify citizenship using birth certificate, passport, or hospital record of birth **and** social security card.

d. Residency

The PRC benefits and services outlined in this plan are available to Perry County residents. Residency is established by living in the county voluntarily with the intent to remain permanently or for an indefinite period. AG must not be receiving assistance or hold an assistance case in another county or state.

Perry County residents who demonstrate moving out of county as being beneficial to making them self-sufficient in that they will move closer to employment may receive PRC to pay for first month's rent in another county.

Applicant must verify residency by providing piece of mail or legal document, both within the last thirty (30) days, displaying current address.

e. Voter Registration

The county agency, in accordance with Section 329.051 of Ohio Revised Code, must make a voter registration application available to persons applying for or participating in the PRC program.

VII. Application Process

PRC JFS 1-8 and GRF JFS 9 applications are available upon request. The applicant may pick up the designated application at the agency or request one be mailed or emailed to them.

Individuals wanting to apply for PRC (excluding programs that fall under PRC JFS applications 2 and 3) must complete and return the corresponding application, along with (but not limited to):

- Citizenship Verification (birth certificate, passport, hospital record of birth)

- Social Security Card
- Driver's License or State ID
- Verification of Residency
- Verification of PRC AG's gross monthly income
- Verification of less than $2,000 in liquid assets/resources
- A confidentiality release
- Verification of child support compliance (for non-custodial parents)
- Verification of blood line relationship, court ordered custody, or PCJFS case worker verification letter of placement (for Kinship PRC services)

a. Invalid Applications

Any PRC applications received that are not signed and dated by the applicant or authorized representative are not valid applications. Invalid applications will be returned to the individual by mail.

b. Processing Timeframe

PRC applications must be processed with a determination within ten (10) business days of date received with all required verifications by agency. PRC applications in which applicant does not turn in necessary verifications will be held by agency for thirty (30) days, determination being made on the thirtieth (30^{th}) day from date application was received by agency.

c. Written Notification of Approval or Denial

All PRC applicants will receive either a JFS 4074 Notice of Approval of Your Application for Assistance or JFS 7334 Notice of Denial of Your Application for Assistance.

d. Authorization Period

The authorization period begins with the month the PRC is approved. Unless otherwise specified in Scope of Benefits and Services (Appendix G) the authorization period is a four-month period, after which and up to twelve (12) months after date of application, approved PRC AGs may request additional PRC assistance within the applied-for program if they have not received the maximum cap amount of PRC available.

PRC is not an entitlement program and requests for additional PRC assistance is not guaranteed.

e. Period of Ineligibility

Once PRC of a specific tangible benefit or service is approved for an emergent need, and the four-month authorization period has expired, the PRC AG is ineligible for that specific benefit or service for a twenty-four (24) month period following the PRC approval date, unless they are requesting work supports. Employment Incentive Program (EIP) after 18-month incentive program is completed and Insect Removal ineligibility is lifetime.

f. 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.

g. Reasons for PRC Denials

PRC may be denied when the AG does not meet eligibility factors described in Sections III-VI, and/or when the AG has a pattern of failing to use their own income/resources to meet their needs, and/or applicant quits employment without good cause. If the PRC assistance along with other resources is not enough to resolve the emergent need, PRC will be denied.

PRC may be denied if the PRC AG demonstrates a pattern of requesting PRC assistance for an emergent need in two or more years in a row, or immediately when the twenty-four (24) month period of ineligibility is up. Verification of substantial change in household circumstance may warrant requesting PRC immediately when twenty-four (24) month period of ineligibility is up. Dependency on PRC assistance does not lead to self-sufficiency.

PRC may be denied when the PRC AG does not have regular, predictable income to cover monthly household expenses.

PRC for work supports may be denied when the AG demonstrates a pattern of short-term employment where they begin and end one job after another.

h. Right to a State Hearing

At the time of application, individuals will be informed in writing of their right to request a state hearing. The agency will provide a copy of the JFS 04059: Explanation of State Hearing Procedures. PRC hearing decisions are based on the PRC program plan in effect in Perry County at the time of the adverse action.

VIII. TANF Child Welfare Services (TANF purpose 1, 2)

PRC Child Welfare Services will be administered through the Protective Services division of Perry County JFS. The goal of this PRC spending is family preservation and reunification through assistance to needy families so that children may be cared for in their own homes or in the homes of kinship caregivers. Families receiving Child Welfare services must have income at or below the 200% FPL guidelines for their family size, a minor child in the home, and an open case with PCJFS Child Protective Services. Perry JFS PRC Plan, Sections IV-VII will be followed to obtain application and verifications to determine eligibility for services. Families served by PCJFS work together with caseworkers to keep children safe in the least restrictive environment while reducing the need for out-of-home care.

PRC funds under Child Welfare Services can be provided to prevent the imminent removal of children from their homes or to allow for reunification with their family. Additional services

provided under this umbrella include, but are not limited to: respite care, day treatment, diagnostic services (but not medical treatment), emergency caretaker services, homemaker services, bed bug or other infestation home treatments, parent education, in-home services, special services for drug and/or alcohol abuse, transportation, unmarried parent services, post-finalization services, placement prevention services, legal services, and family reunification services.

IX. Kinship Services (TANF purpose 1)

PRC Kinship Services will be administered through the Protective Services division of Perry County JFS. Kinship care is care provided by individuals related by blood or adoption to the child: grandparents, including grandparents with the prefix "great," "great-great," or "great-great-great"; siblings, aunts, uncles, nephews, and nieces, including such relatives with the prefix "great," "great-great," "grand," or "great-grand"; first cousins and first cousins once removed, step-parents and step-siblings of the child; spouses and former spouses of individuals named in this section; legal guardian of the child; legal custodian of the child; any non-relative 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 responsible for the day-to-day care of a minor child, who is not their biological child, and residing with that kinship caregiver. Household receiving Kinship Services must have a minor kinship child in the home, kinship child(ren)'s income at or below the 200% FPL guidelines for the family size of one (1), and verification of blood line relationship, court ordered custody, or PCJFS case worker verification letter of placement. Perry JFS PRC Plan, Sections IV-VII will be followed to obtain application and verifications to determine eligibility for services. Each kinship child may have their own application for services if need, household FPL will be determined based on kinship child's income. Placement of kinship child must have happened within 12 months of date of application.

Specified kinship caregivers caring for children in the custody of PCJFS Child Protective Services and working with a PCJFS Protective Services caseworker may be eligible for assistance as a one-time emergent need. The assistance may be utilized to assist kinship caregivers who are determined to have significant unexpected needs as the result of caring for children in their home. Examples of PRC allowable services may include but are not limited to: rent/mortgage payment; utility bill payment; school fees; provided major appliances, beds, and/or dressers; HVAC services; and car repairs.

X. Signature

Perry County Job and Family Services

Perry County Job and Family Services agree to approve and implement the PRC Plan as written. By signing below, this certifies that the Perry County PRC plan complies with Chapter 5108 of the Ohio Revised Code.

Amy L. Frame — 1/16/26

Amy Frame, Director — Date

Perry County Job and Family Services

Chelsie Ault-Lail — 9/24/25

Perry County PRC Planning Committee — Date

Perry County Board of Commissioners

This is to certify that Perry County Job and Family Services has complied with Chapter 5108 of the Ohio Revised Code in adopting this policy.

9-24-25

President — Date

Board of Perry County Commissioners

XI. Appendices

Appendix A: Monthly Federal Poverty Level Guidelines

The Monthly Federal Poverty Level Guideline amount is used to determine income eligibility for the Prevention, Retention, and Contingency (PRC) Program. The total gross countable monthly income for all members of the PRC Assistance Group (AG) must be equal to or less than the Monthly Federal Poverty Level Guidelines amount for the appropriate AG size.

Department of Job & Family Services

SNAP AND TANF PROGRAM STANDARDS

AG Size	OWF Initial Elig. Test 7/1/25	OWF PMT Std. 1/1/25	OWF Alloc. Allow. 100% 7/1/97	PRC FPG 100% 1/15/25	PRC FPG 200% 1/15/25	SNAP Allot. 10/1/25	SNAP 130% Gross Std. 10/1/25	SNAP Net Std. 10/1/25	SNAP 165% Gross 10/1/25	SNAP 200% Gross 10/1/25	SNAP Std. Ded. 10/1/25
1	653	372	583	1305	2609	298	1696	1305	2152	2609	209
2	882	507	802	1763	3525	546	2292	1763	2909	3525	209
3	1111	623	980	2221	4442	785	2888	2221	3665	4442	209
4	1340	768	1210	2680	5359	994	3483	2680	4421	5359	223
5	1569	899	1417	3138	6275	1183	4079	3138	5177	6275	261
6	1798	1000	1578	3596	7192	1421	4675	3596	5934	7192	299
7	2028	1118	1761	4055	8109	1571	5271	4055	6690	8109	299
8	2257	1240	1954	4513	9025	1789	5867	4513	7446	9025	299
9	2486	1362	2149	4971	9942	2007	6463	4972	8203	9942	299
10	2715	1485	2345	5430	10859	2225	7059	5431	8960	10,859	299
11	2944	1605	2532	5888	11775	2443	7655	5890	9717	11,775	299
12	3173	1729	2727	6346	12692	2661	8251	6349	10,474	12,692	299

MEDICARE PREMIUM (1/1/25)
$ 185.00

SSI Payment (1/1/25)

Single	$ 967
Couple	$ 1450

SNAP ASSISTANCE (10/1/25)

Earned Income Deduction	20%
Excess Medical Deduction	$ 35
Dependent Care Deduction	No Limit
Minimum Monthly Allotment	$ 24
Standard Utility Allowance	$766
Limited Utility Allowance	$479
Single Utility Allowance	$108
Standard Telephone Allowance	$ 46
Limit on Shelter Deduction	$744
Standard Homeless Deduction	$198
Resource Limit	$3000
Resource Limit for Elderly/Disabled AG	$4500

Program Policy & Systems effective October 1, 2025

Program Standards document provided by ODJFS. This is the current document as an example.

Document is updated by ODJFS when new FPL standards are released.

Appendix B: Release of Information

PERRY COUNTY
Job & Family Services

Release of Information

I, _____ authorize Perry County Job & Family Services (PCJFS) to obtain information pertaining to potential employment possibilities, employment and/or barriers to employment, personal medical, work history or case date, school/training enrollment, course work, tuition/fees, and grades: By selecting the following options I authorize PCJFS to release and obtain my information pertaining to my selections.

- ☐ Job Club
- ☐ School/ Training Institutions
- ☐ Prospective Employers
- ☐ Medical
- ☐ Non- PCJFS Caseworker
- ☐ Other:_____

This release of information is valid for one calendar year from the date of the Participant's signature.

_____ _____
Participant/ Guardian Signature Date

_____ _____
Witness's Signature Date

Workforce Specialist_____
Relationship to Participant

Amy L. Frame, Director
5250 State Route 37 East • P.O. Box 311 • New Lexington, Ohio 43764 • Phone:(740) 342-3551 • Fax:(740) 342-5491 • www.PerryJFS.org

Appendix C: Repayment Agreement

PERRY COUNTY
Job & Family Services

REPAYMENT Agreement & Promissory Note
PREVENTION, RETENTION & CONTINGENCY PROGRAM (PRC)

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 (PCJFS) 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 monies will allow PCJFS to purse the collection of PRC monies.

Repayment Option:

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

I agree to repay $_____ in (weekly/bi-weekly/monthly) payments as negotiated with PCJFS.

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, 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 by applicable law.

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

Signature of PRC Recipient	DATE
Signature of PCJFS Witness	DATE

Amy L. Frame, Director
5250 State Route 37 East • P.O. Box 311 • New Lexington, Ohio 43764 • Phone:(740) 342-3551 • Fax:(740) 342-5491 • www.PerryJFS.org

Appendix D: Perry County PRC Applications 1-8, GRF 9

Prevention, Retention and Contingency Program (PRC) Registration

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

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:

- ☐ Car Seat
- ☐ Help Me Grow
- ☐ **Emergency Food**
- ☐ Basic Need Transportation
- ☐ Insect Removal
- ☐ **Clothing**
- ☐ **Hygiene**
- ☐ **Youth Opportunities**
- ☐ **Camp**
- ☐ **Academy for Leadership Abilities**
- ☐ **Mentoring**
- ☐ **Tutoring**
- ☐ **School Fees**
- ☐ **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	Gross Monthly Income
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 May 22, 2026

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 5th 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 and 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: _____

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:

NL: New Lexington School District, S: Sheridan

M: Miller, CV: Crooksville, O: Other (please fill in)

Registrations for the 2026-2027 School Year are due by May 22, 2026

1. Child's Name: _____ ☐ Boy ☐ Girl Child's Age: _____ Next Year Grade: _____

School Code (circle one): NL S M CV Other: _____

T-Shirt Sizes				Shoe Sizes (please write ½ in block for half size, or W for wide size)											
Youth Size		Adult Size		Child				Youth				Adult			
Youth Small		Adult Small		8C		11C		1		4		7		10	13
Youth Medium		Adult Medium		9C		12C		2		5		8		11	14
Youth Large		Adult Large		10C		13C		3		6		9		12	15

2. Child's Name: _____ ☐ Boy ☐ Girl Child's Age: _____ Next Year Grade: _____

School Code (circle one): NL S M CV Other: _____

T-Shirt Sizes				Shoe Sizes (please write ½ in block for half size, or W for wide size)											
Youth Size		Adult Size		Child				Youth				Adult			
Youth Small		Adult Small		8C		11C		1		4		7		10	13
Youth Medium		Adult Medium		9C		12C		2		5		8		11	14
Youth Large		Adult Large		10C		13C		3		6		9		12	15

3. Child's Name: _____ ☐ Boy ☐ Girl Child's Age: _____ Next Year Grade: _____

School Code (circle one): NL S M CV Other: _____

T-Shirt Sizes				Shoe Sizes (please write ½ in block for half size, or W for wide size)											
Youth Size		Adult Size		Child				Youth				Adult			
Youth Small		Adult Small		8C		11C		1		4		7		10	13
Youth Medium		Adult Medium		9C		12C		2		5		8		11	14
Youth Large		Adult Large		10C		13C		3		6		9		12	15

4. Child's Name: _____ ☐ Boy ☐ Girl Child's Age: _____ Next Year Grade: _____

School Code (circle one): NL S M CV Other: _____

T-Shirt Sizes				Shoe Sizes (please write ½ in block for half size, or W for wide size)											
Youth Size		Adult Size		Child				Youth				Adult			
Youth Small		Adult Small		8C		11C		1		4		7		10	13
Youth Medium		Adult Medium		9C		12C		2		5		8		11	14
Youth Large		Adult Large		10C		13C		3		6		9		12	15

Please tell us where you obtained this form

☐ School ☐ PCJFS ☐ 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, <u>including yourself</u>. You are required to verify income for all members of your household.

Name & Social Security #	Relationship to Applicant	Age	Source of Income	Last 30 Days of Income
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

Office Use Only

Approved _____ *Denied*_____ *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
Present Address	Job and Family Services Case Number
Email Address	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	Gross Monthly Income
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 Kinship Services

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 $1,500 per child.
- ☐ **School Fees**- Grades 9-12 actual cost per child.
- **Car Repairs** - Up to $2,000 per household.

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

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

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** _____

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

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.

_____

_____

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.

_____

_____

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

PRC Benefit Bridge Application

Applicant Information

Full Name: _____ Date: _____

Address: _____

_____

Phone #: _____ Email: _____

Social Security #: _____ Are you a Veteran? YES or NO

Complete the chart below for everyone in your household, including yourself:

Name	Relationship	Date of Birth	Source of Income	Monthly Income

Please attached proof of last 30 days of income for all household members to this application

Are you currently receiving SNAP, OWF, or Medicaid? YES or NO

Is anyone in your household currently under sanction from any JFS program? YES or NO

Do you have access to transportation? YES or NO

Is your housing subsidized? YES or NO How much do you pay for housing per month? _____

Are you receiving child care assistance? YES or NO

Have you experienced a decrease in your SNAP benefits in the last 60 days due to an increase in income? YES or NO

Are you seeking additional certification/training to gain employment or secure a higher paying job? YES or NO

What kind of training or career are you interested in pursuing? _____

Education

High School:_____ Address:_____

Did you graduate? YES or NO Diploma Type: _____

Date of Graduation: _____

College:_____ Address:_____

Did you graduate? YES or NO Degree:_____

Date of Graduation:_____

Other:_____ Address:_____

Did you graduate? YES or NO Diploma/Certification/Degree:_____

Date of Completion:_____

Employment

Company:_____ Job Title: _____

Address:_____

Start Date:_____ Starting Salary: $_____

End Date:_____ Ending Salary: $_____

Responsibilities:_____

Reason For Leaving:_____

Company:_____ Job Title: _____

Address:_____

Start Date:_____ Starting Salary: $_____

End Date:_____ Ending Salary: $_____

Responsibilities:_____

Reason For Leaving:_____

Company:_____ Job Title: _____

Address:_____

Start Date:_____ Starting Salary: $_____

End Date:_____ Ending Salary: $_____

Responsibilities:_____

Reason For Leaving:_____

Disclosure Questionnaire

Serving Immediate Family Members, Close Acquaintances, and Other Stakeholders

Purpose: To ensure that all individuals applying for Perry JFS funded services are serviced in an ethical manner that is free from any real or perceived conflicts of interest.

Please indicate if you have a close family member, **or an immediate family member**, employed by, or part of:

- County Job and Family Services, OhioMeansJobs Center, Area 14 Workforce Investment Act Board Members, Local elected officials, or WIOA Stakeholder

Close Family Member	Includes grandparents, aunts, uncles, cousins, and any close family by marriage (an "in-law"). (As defined by the State of Ohio Governor's Executive Order 2007-O1S)
Immediate Family Member	Consists of the individual's parents (including step-parents), spouse, domestic partner, children (including step-children), foster children, sibling, grandchildren, and any relatives by marriage (an "in-law").
Stakeholders	Individuals not related to WIOA agency staff or management, that have direct or indirect management or responsibility for managing the WIOA workforce system, including managers, supervisors, local elected officials, contractors, Workforce Policy Board, Youth Council Members, WIOA employees, and OhioMeansJobs partners

☐ No, I do not have a close or immediate family relationship with any of the groups of people listed above
☐ Yes, I do have a close or immediate family relationship with one or more people belonging to a group listed above (if more than one, please list every person)

Name of person that I have a close or immediate relationship with: _____

Employer/Position/Agency of this person: _____

My relationship to this person (spouse, sibling, aunt, etc.): _____

Signature

I certify that my answers are true and complete to the best of my knowledge:

Signature: _____ Date: _____

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.

_____

_____

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.

_____

_____

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**	

Appendix E: JFS 4074 Notice of Approval of Your Application for Assistance

Reset Form

Ohio Department of Job and Family Services

NOTICE OF APPROVAL OF YOUR APPLICATION FOR ASSISTANCE

(Do not use to approve food assistance benefits)

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

We approved your _____ application dated _____.

Starting _____ you will get _____.

The people affected by this action are _____.

The reason for this action is _____.

The rules that require this action are _____.

Caseworker	District.	Telephone Number

Your Right to a State Hearing

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

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

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

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

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

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

Case Name	Case Number	Mailing Date

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.)*

- ☐ OWF (cash assistance)
- ☐ Medicaid
- ☐ Medicaid Waiver Services
- ☐ Child Care (Title XX)
- ☐ Medicaid - Prior Authorization
- ☐ Medicaid - Disability Determination
- ☐ Prevention, Retention, and Contingency (PRC)
- ☐ Child Support (Title IV-D)
- ☐ Medicaid - Managed Care

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

- ☐ I want to do my hearing by telephone. The phone number to call is _____.
- ☐ I need an interpreter at my state hearing. The language needed is _____.
- ☐ I am not available for a hearing on _____.
  (Please note: ODJFS may not be able to give you the preferred date.)
- ☐ I want a County Conference. (This is a meeting to discuss your case with your local agency.)
- ☐ This person has agreed to help me with my state hearing (my "authorized representative")

Name	Telephone Number
Address	Fax
City, State, Zip	Email

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

Please only submit your hearing request one time.

Electronically - Submit the hearing request to the Bureau of State Hearings SHARE Portal at https://hearings.jfs.ohio.gov/SHARE Log into the SHARE Portal using your Ohio Benefits ID and password to submit your request. (If you do not have an Ohio Benefits account, sign up at ssp.benefits.ohio.gov); or
Email - Email the ODJFS Bureau of State Hearings at bsh@jfs.ohio.gov. In the subject, put "State Hearing Request". In the message, put all of the information from the boxes at the top of this page and any additional information below; or
Phone - Phone the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or
Fax - Fax **both pages** of this notice to the ODJFS Bureau of State Hearings at (614) 728-9574; or
Mail - Mail **both pages** of this notice to ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.
Contact your caseworker - It is better to send this request using one of the other methods above. But, you may give this page (completed and signed) to your caseworker. Or, you may phone your caseworker. Mention this notice.

Appendix F: JFS 7334 Notice of Denial of Your Application for Assistance

Reset Form

Ohio Department of Job and Family Services

NOTICE OF DENIAL OF YOUR APPLICATION FOR ASSISTANCE

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

We denied your _____ application dated _____

The people affected by this action are _____

The reason for this action is _____

The rules that require this action are _____

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

Your Right to a State Hearing

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

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

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

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

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

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

AG Name	Case Number	Mailing Date

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

Sign Here	Date	Telephone Number *(###) ### ####*

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

- ☐ OWF (cash assistance)
- ☐ SNAP (food assistance)
- ☐ Medicaid
- ☐ Medicaid Waiver Services
- ☐ Child Care (Title XX)
- ☐ Medicaid - Disability Determination
- ☐ Medicaid - Prior Authorization
- ☐ Prevention, Retention, and Contingency (PRC)
- ☐ Child Support (Title IV-D)
- ☐ Medicaid - Managed Care

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

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

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

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

Please only submit your hearing request one time. Return both pages of this notice.

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

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

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

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

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

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

Appendix G: Explanation of State Hearing Procedures

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.

Perry JFS

PRC Scope of Benefits and Services

Service or Benefit	Cap	Economic Need Standard	Targeted Group	TANF Purpose	Approach	Application
Academy for Leadership Abilities	Soft Service	200% FPL	TANF school-age youth in need of developing life skills OR OWF/SNAP recipients in need of employment or better employment	Purpose 2 and 3	Approach 1: Contracted TANF PRC project	#2
After School Program and Summer Camps	Soft Service	200% FPL	School-age youth in need of educational workshops after school and/or during the summer	Purpose 1, 2, 3	Approach 1: Contracted TANF/PRC Special Projects based on funding	#2
Back to School Special Project	Soft Service No Cap	200% FPL	Children entering school grades K-12	Purpose 1	Approach 1: TANF/PRC Special Project	#3
Basic Needs Transportation: transportation to food bank and/or shelter	Soft Service Once per month, up to four months	200% FPL	Families 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	#2
Benefit Bridge: to help families who experience a reduction or loss of benefits due to wage increases continue their path to self-sufficiency	Soft Service Incentive cap $8,000 Supportive Services individualized	200% FPL	Families with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women	Purpose 1	Approach 3: PRC One-Time or Short-Term Assistance	#8
Car Repairs and Tires: car repairs and tires for employment related transportation, must be working at least 25 hours per week, requires applicant to obtain 3 estimates for same services	Hard Service $2,000	200% FPL	TANF eligible individuals who need reliable transportation to and from employment	Purpose 2	Approach 3: PRC One-Time or Short-Term Assistance	#1
Car Seat Special Project	Soft Service No Cap	200% FPL	At-Risk Children	Purpose 1	Approach 1: TANF/PRC Contracted Special Project with Perry County Health Department	#2

Service or Benefit	Cap	Economic Need Standard	Targeted Group	TANF Purpose	Approach	Application
Child Welfare Services: services to provide family preservation and reunification, open case with PCJFS required. Respite care, day treatment, diagnostic services (but not medical treatment), emergency caretaker services, homemaker services, bed bug or other infestation home treatments, parent education, in-home services, special services for drug and/or alcohol abuse, transportation, unmarried parent services, post-finalization services, placement prevention services, legal services, and family reunification services	Hard Service $3,000 cap	200% FPL Not to exceed 4 months assistance	Families with minor children or with minor children temporarily absent from the home who have active case plan with PCJFS Child Protective Services	Purpose 1	Approach 6: Child Welfare Services	#1
Clothing: employment related clothing, must be employed at least 25 hours per week	Hard Service $400 cap	200% FPL	Families with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women	Purpose 1 and 2	Approach 3: PRC One-Time or Short-Term Assistance	#2
Disaster Assistance	Hard Service $1,000 cap per household	200% FPL	TANF eligible families sustaining disaster related damage or loss upon disaster, Perry County resident	Purpose 1	Approach 2: PRC Disaster Assistance	#5
Driver's Education: assistance for driver's education to promote independence	Hard Service $500 cap	200% FPL	TANF eligible individuals in need of Driver's Education to obtain their permit and/or driver's license	Purpose 2	Approach 1: TANF/PRC Projects	#2
Emergency Food Contingency Services: must not be receiving SNAP	Hard Service $25 per family member if family has EPPICard, $50 per family member if EPPICard has to be ordered; 4-month time limit	200% FPL	Families with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant Women	Purpose 1 and 2	Approach 3: PRC One-Time or Short-Term Assistance	#2
Emergency Shelter for Homelessness: partnership with community case management agencies to meet the need of individuals without shelter	Soft Service Max 6 weeks	200% FPL	Parents with minor children and/or Pregnant Women	Purpose 1 and 2	Approach 1: TANF/PRC Projects	#1

Service or Benefit	Cap	Economic Need Standard	Targeted Group	TANF Purpose	Approach	Application
Employment and Education Support: must be employed at least 25 hours per week or show opportunity for employment with service support	Hard Service $500 cap	200% FPL	TANF eligible adults 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	#1
Employment Incentive Program: providing incentives to TANF eligible families for maintaining employment of at least 32 hours per week over an 18-month period, one-time lifetime participation	Hard Service $3,000 cap	200% FPL	Families with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant Women	Purpose 1, 2, 3, and 4	Approach 7: Employment Incentive Program	#7
Family Outreach: PCJFS will work with other 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 Women. Single Adults. Non-Custodial Parent	Purpose 3	Approach 1: Contracted TANF PRC Project	No Application
Fueling the Need: Employment transportation fuel vouchers, must be working at least 25 hours per week or has verification of new employment from employer stating they will be working 25 hours or more per week	Hard Service $800 cap for up to 4 months	200% FPL	TANF eligible individuals who need resources to ensure transportation to and from employment	Purpose 2	Approach 3: PRC One-Time or Short-Term Assistance	#7
Help Me Grow (HMG)	Soft Service	200% FPL	Families in need of parent instruction and children aged 0-3 in need of child development screenings	Purpose 1, 2, 3, and 4	Approach 1: Contracted TANF PRC Project	#2
Household Utility Stabilization Program: Utility assistance to prevent shut off and/or restore services, must be working at least 25 hours per week or provide statement of on-going self-sufficiency	Hard Service $2,000 cap for up to 4 months	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 4: Household Stabilization	#1
Housing Stabilization Program: Rent/Mortgage assistance to stabilize household, must be working at least 25 hours per	Hard Service $2,000 cap for up to 4 months	200% FPL	Families with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant	Purpose 1	Approach 4: Household Stabilization	#1

Service or Benefit	Cap	Economic Need Standard	Targeted Group	TANF Purpose	Approach	Application
week or provide statement of on-going self-sufficiency			Women, Victims of Domestic Violence			
Housing: to assist Perry County residents who are employed at least 25 hours per week, move out-of-county and closer to their place of employment	Hard Service $1,000 cap	200% FPL	TANF eligible families who must move for employment	Purpose 2	Approach 3: PRC One-Time or Short-Term Assistance	#1
Hygiene: employment related hygiene needs, must be employed at least 25 hours per week	Hard Service $400 cap	200% FPL	Families with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women	Purpose 1 and 2	Approach 3: PRC One-Time or Short-Term Assistance	#2
Individualized Training Plan: training and supportive services needed to gain or enhance employment opportunities	Hard Service $10,000 cap, can upskill with remaining money within 24 months	200% FPL	TANF eligible 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	#1
Insect Removal: agency will work with provider to remove insect infestation so families can stay in their homes, requires family to obtain 3 estimates for services, must not be living in apartment complex that provides insect removal services, one-time lifetime participation	Hard Service $1,000 Cap	200% FPL	Families with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women	Purpose 1	Approach 1: TANF/PRC Project	#2
Kinship Services: supportive services for families taking kinship placements, must have received placement within last 12 months	1. Mortgage/Rent up to 4 months, $1,500 per household 2. Utilities up to 4 months of each utility with guarantee of restoration or continuation of service per household 3. Major Appliances up to $1,500 per household 4. HVAC up to $2,000 per household 5. Bed and/or Dresser up to $1,500 per child 6. School Fees grades 9-12 actual cost per child 7. Car Repairs up to $2,000 per household ***Total program cap of $3,000***	200% FPL Child Only AG of 1	Kinship placement of minor child in household, minor child meaning: Has not attained 18 years of age or has not attained 19 years of age and is a full-time student in a secondary school (high school/vocational school). Must have been placed in kinship home in last 12 months	Purpose 1	Approach 5: Kinship Caregiver Program	#6

Service or Benefit	Cap	Economic Need Standard	Targeted Group	TANF Purpose	Approach	Application
Mentoring and/or Tutoring	Soft Service	200% FPL	TANF eligible individual in need of educational, employment, and skills training to enhance future employment and life skills.	Purpose 1 and 2	Approach 1: Contracted TANF/PRC Special Project	#2
Ohio Driver's License Reinstatement Fee: Amnesty Initiative expenses related to securing a valid Ohio Driver's License, excluding individuals with DUI/OVI convictions	Hard Service $500 cap	200% FPL	Families with minor children or with minor children temporarily absent from the home, Non-Custodial Parent, Pregnant women	Purpose 2	Approach 3: PRC One-Time or Short-Term Assistance	#1
OWF Cash Recipient Transportation	Soft Service Available until work requirements met	OWF Cash Recipient	OWF work assigned participants	Purpose 2	Approach 1: TANF/PRC Projects	None
OWF Work Allowances: gas vouchers for OWF Cash recipients who are work assigned	Hard Service Cap $100 per month	OWF Cash Recipient	OWF work assigned participants	Purpose 2	Approach 1: TANF/PRC Projects	None
School Fees	Hard Service $500 cap	200% FPL Youth ages 14-24 as long as the youth is a minor child and is in school OR youth ages 14-24 that have a minor child OR 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) OR a youth in foster care if they are a full-time student in secondary school.	TANF eligible youth in need of meeting school fee requirements to further their educational and employment goals.	Purpose 1 and 2	Approach 3: PRC One-Time or Short-Term Assistance	#2
Subsidized Employment Program (SEP): providing reimbursement of first 30 days wages to partnering employers	Hard Service $2,500 cap	200% FPL	TANF eligible individuals who need full-time or part-time permanent employment	Purpose 2	Approach 3: PRC One-Time or Short-Term Assistance	#1

Service or Benefit	Cap	Economic Need Standard	Targeted Group	TANF Purpose	Approach	Application
TANF CCMEP Youth Employment Program: Subsidized employment and case management which includes supportive services[1]	Soft Service	200% FPL Youth ages 14-24 as long as the youth is a minor child and is in school OR youth ages 14-24 that have a minor child OR 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) OR a youth in foster care if they are a full-time student in secondary school.	TANF eligible youth in need of educational, employment, and skills training to enhance future employment and life skills.	Purpose 1 and 2	Approach 1: Contracted TANF/PRC Special Project	#4
TANF Summer Youth Employment Program: subsidized employment which includes supportive services for individuals	Soft Service	200% FPL Youth ages 14-24 as long as the youth is a minor child and is in school OR youth ages 14-24 that have a minor child OR 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) OR a youth in foster care if they are a full-time student in secondary school.	TANF eligible youth in need of educational, employment, and skills training to enhance future employment and life skills.	Purpose 1 and 2	Approach 1: Contracted TANF/PRC Special Project	#4
Transportation: Transitional transportation to Potential Employment, Employment, and/or Education. Must be working toward permanent transportation solution.	Soft Service Max 4 Months	200% FPL	TANF eligible individuals who need reliable transportation to and from potential employment, employment, and/or education	Purpose 2	Approach 1: Contracted TANF PRC project	#1

[1] Although reference to the CCMEP Plan is not required to be included in the PRC Plan, it has been included to clearly indicate that TANF funds can be reallocated or adjusted to cover CCMEP services as needed for CCMEP services if funding is determined to be available by the PCDJFS Director and/or designee. CCMEP participants (mandatory and voluntary) are to be served under the CCMEP Plan and not through the PRC Plan.

Service or Benefit	Cap	Economic Need Standard	Targeted Group	TANF Purpose	Approach	Application
Employment must be at least 25 hours per week						
Year-Round Employment: subsidized employment which includes supportive services for individuals	Soft Service	200% FPL Youth ages 14-24 as long as the youth is a minor child and is in school OR youth ages 14-24 that have a minor child OR 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) OR a youth in foster care if they are a full-time student in secondary school.	TANF eligible youth in need of educational, employment, and skills training to enhance future employment and life skills.	Purpose 1 and 2	Approach 1: Contracted TANF/PRC Special Project	#4
Youth Opportunities Project, Investing in our Youth: available year-round for youth in need of education, employment, and skills training and workshops	Soft Service	200% FPL	TANF eligible 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	#2

Approach 1: TANF/PRC Projects: provided services having no direct monetary value to an individual or family
Approach 2: PRC Disaster Assistance: payments may be made, contingent on funding, if a state of emergency is declared by the Federal Government, Ohio's Governor, or the Perry County Board of Commissioners
Approach 3: PRC One-Time or Short-Term Assistance: related to employment, limited to payment on one PRC application in a twenty-four (24) consecutive month period
Approach 4: Household Stabilization: for no more than a 4-month duration to meet the emergent need on one PRC application
Approach 5: Kinship Caregiver Services: provide reasonable and necessary relief for kinship caregivers to maintain a home for a child placed
Approach 6: Child Welfare Services: goal of family preservation and reunification to families with a PCJFS Child Protective Services case plan
Approach 7: Employment Incentive Program: limited to payment on one PRC application in an eighteen (18) consecutive month period