

**Hardin County Job and Family Services**  
**Prevention, Retention and Contingency Program**  
**October 1, 2023- September 30, 2025**

ORIGINAL SIGNED

# PREVENTION, RETENTION AND CONTINGENCY PROGRAM FOR HARDIN COUNTY

**EFFECTIVE: October 1, 2022**  
(Pursuant to ORC 5108.01 through 5108.10)

The Hardin County Department of Job and Family Services (HCDJFS) **Prevention, Retention and Contingency (PRC)** Program is designed to help families overcome immediate barriers to achieve or maintain self-sufficiency and personal responsibility. PRC assistance is not an entitlement program. The Hardin County PRC Program is intended to address the needs of the individual and the family, for the purpose of an adult family member obtaining employment while providing a stable home environment. Services are provided to **prevent** a household from reliance on Ohio Works First (OWF) cash assistance. PRC services are also provided to help people **retain** employment. **Contingency** services are provided to meet presenting needs that, if not satisfied, threatens the safety, health, or well-being of one or more minor members of the household. These services are limited to the amount and type of services required, not to exceed the parameters established herein. HCDJFS will inform all applicants of Food Stamps, Medicaid, Child Care, and Early Start availability.

The PRC program provides flexibility for funding programs and services identified as locally needed as long as those benefits and services meet the definition of non-assistance and are directly related to the four purposes of the TANF program which are:

- ❖ Purpose 1: To provide assistance to needy families so that children may be cared for in their own homes or in the homes of a relative.
- ❖ Purpose 2: End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.
- ❖ Purpose 3: Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies.
- ❖ Purpose 4: Encourage the formation and maintenance of two-parent families.

PRC services are not ongoing assistance. PRC services are:

- services that have no direct monetary value to an individual family and that do not involve implicit or explicit income support; or
- one-time, short-term assistance which is limited to the amount required to meet the presenting need.
- not to be viewed or operated as an entitlement program.
- services that are available when there has been a recent specific crisis or episode of need such as a lay-off, illness, or loss of income, through no fault of the applicant. This list is not all inclusive but there must be an event that changes the circumstances of the household which causes them to need services. Living beyond ones means or failing to pay one's bills does not constitute an "event, crisis or episode".

In the event State and Federal funds become unavailable or reduced, Hardin County DJFS will establish a plan to prioritize PRC authorization and expenditures.

### **Assistance Group Composition**

To be eligible for services an individual must be part of an Assistance Group (AG) in which there is at least one minor child who resides with a parent, specified relative, legal guardian or legal custodian; or a pregnant individual, or a non-custodial parent who lives in Hardin County or has a minor child who resides in Hardin County. The AG includes everyone who has lived in the home for the past 30 days.

Minor child is defined as an individual who has not yet attained the age of 18, or who has not attained age 19 and is still a full-time student in secondary education.

In shared parenting situations a copy of the court order granting shared parenting must be provided. If the order grants custody equally (50/50) and does not name a primary custodian, either parent's household may be eligible. If there is no court order or the court order does name a primary custodian, only the primary custodian household may include the child for purposes of PRC eligibility.

A child may be temporarily absent from the home for up to six months and the AG may still qualify for PRC. The child must return to the home by the end of the six-month period to continue to be eligible. In these instances, the AG shall include the temporarily absent child and all others in the home they would live in if they were not temporarily absent.

Only a residential parent would be eligible to apply for special projects, such as "school clothes and "shoe purchase" so that duplicate benefits are not being issued.

### **Eligibility**

Eligibility is dependent upon the AG's demonstration and verification of the need for financial assistance and/or services, and, whether the CJFS determines provision of the service will meet the objective of this plan and meet the needs of the applicant. Services must be for non-recurring short term needs not to extend beyond four months, which address a specific, identified crisis or episode of need. Any benefits or services received because of a misunderstanding on the part of the applicant must be re-paid in full prior to any future consideration for benefits. Any applicant or recipient who knowingly provides false information or withholds information will be subject to provisions of the HCJFS fraud plan. Benefits or services received fraudulently must be re-paid in full; persons involved will not be considered for benefits for at least twelve months from the date the fraudulently received benefits are re-paid in full.

An assistance group may be eligible for no more than one contingency support service in a twelve-month period, based upon application date.

Any applicants that falsify their application or documents related to their eligibility for PRC will be referred to the Fraud Unit of the agency. HCJFS reserves the right to deny PRC services to any applicant who has demonstrated a pattern of PRC actual or attempted misuse or abuse.

In all cases, the amount of the PRC issued must meet the emergent need of the household. The amount needed must be within the plan's appropriate payment cap. If the available amount of PRC assistance cannot prevent the onset or continuation of the emergent situation, there is no eligibility. Example: If the amount available from PRC can meet a major portion of the liability and the applicant and the utility company set up a written agreement for payment of the balance which avoids a utility shut off, PRC can be issued. If, however, the amount available through PRC cannot prevent the shut off, no PRC will be issued.

## **Income**

The income of the AG household must be at or less than 200% of the Federal Poverty Guidelines. The total gross income, both earned and unearned of all adult members of the AG household shall be counted. Income of a minor child will not be included in the eligibility determination. All income received by all adult members of the AG household will be used to determine prospective income. If the AG household's income has ceased, the prospective income or lack thereof for the next 30 days will be considered. Income will be converted to a monthly amount in accordance with OAC rule 5101:1-23-20 (F) (2). In the event verification or documentation appears questionable, the CJFS may request up to six months of income and expenditure verification prior to the application date.

Current child support paid by an AG member for a child who is not an AG member will be deducted from the gross income of the AG.

The following types of income are excluded as income and resources in determining financial eligibility for PRC benefits and services.

- (A) Child support payment distributions made by the Ohio Department of Job and Family Services (ODJFS) pursuant to division (C) of Section 1 of Am. S.B. 170 of the 124th General Assembly (10/25/2001) and rules 5101:1-29-31.1 and 5101:1-29-31.2 of the Administrative Code.
- (B) All income that is federally excluded in the determination of eligibility for federal needs-based programs. Federally excluded income includes the income sources identified in paragraphs (C) and (D) of this rule.
- (C) Drug discounts and transitional assistance received under the Medicare Prescription Drug, Improvement, and Modernization Act, at Section 1860D-31(g)(6) of the Social Security Act (12/08/2003). The language in Section 1860D-31(g)(6) of the Social Security Act, states that the availability of negotiated prices or transitional assistance under this section shall not be treated as benefits or otherwise taken into account in determining an individual's eligibility for, or the number of benefits under any other federal program.
- (D) Monetary allowances paid under Section 401 of the Veteran's Benefits and Health Care Improvement Act of 2000, effective December 1, 2000. Payments authorized and made by the Veteran's Administration (VA) to provide certain benefits, including a monthly monetary allowance for children

with covered birth defects who are the natural children of women veterans who served in the Republic of Vietnam from February 28, 1961 through May 7, 1975.

Written or verbal verification of the income is required. For any verification that is obtained by telephone, there must be clear documentation in the AG record concerning the name and position of the provider of the information, the date the information was provided, and the amount of income verified.

If AG is considered Kinship Care PRC –see services and income definition under Kinship services

### **Ineligible Family AGs**

- Individuals who are not US citizens or qualifying aliens. Any AG members who are US citizens or qualifying aliens may be eligible if the ineligible members are in the US legally.
- Fugitive felons or persons in violation of probation or parole.
- Individuals currently under a penalty of any kind, including Intentional Program Violations.
- Persons under sanction or pending sanction until compliance is met. This will be waived for soft services such as family coach when the service is required by a Children’s Service, IM or other agency sponsored service organization case plan. To qualify for hard services the person must come into compliance and be meeting program requirements for 30 days prior to the PRC application.
- Unmarried non-graduate parent less than 18 not attending high school or equivalent.
- Unmarried parent less than 18 not living in an adult supervised setting.
- Persons found to have fraudulently misrepresented their residence to obtain assistance in two or more states are ineligible for ten years.
- Individuals who have quit a job within sixty (60) days without good cause, or who have caused their discharge from a job.
- Individuals on strike.
- Individuals who do not reside in Hardin County, except for non-custodial parents who have a minor child living in Hardin County and caretakers of children temporarily placed by Children’s Service case plan.
- Failure to follow through on guidance or referral to community services designed to promote self-sufficiency will disqualify an AG for services.
- AGs with income insufficient to meet ongoing shelter and utility costs on a monthly basis. AG must be able to meet recurring obligation(s).
- Any AG with a member who misrepresented information to obtain PRC benefits is ineligible for 24 months from the date of infraction.

### **Standard of Promptness**

The agency will use objective criteria when determining eligibility. The HCJFS will approve or deny the application in a fair and equitable manner within 30 days of receipt of the application.

### **Community Resources**

An applicant AG is required to apply for and utilize any program, benefit or support system that may reduce or eliminate the request for financial assistance and/or services. For example, this may include a requirement to attend budget counseling or make contact and keep appointments with another agency prior to approval of services.

The availability of resources within the community shall be explored prior to authorization. The AG shall apply for and utilize any program, benefit or support system that may reduce or eliminate the presenting need. This includes applying for and cooperating with requirements of public assistance programs and Food Assistance Program.

For the purposes of PRC, community may be defined to include areas beyond the county's borders.

### **Applicant Responsibility**

An applicant must identify the specific, identified crisis or episode of need they have experienced which prompted the PRC request. The agency reserves the right to require verification if the crisis or episode of need is questionable. An applicant is responsible for completing all necessary documents, furnishing all available facts and information, and cooperating in the eligibility determination process. An applicant must utilize available income in meeting the presenting need. This includes ongoing assistance programs such as OWF, DA, SSI, and Food Assistance, as well as unemployment compensation, social security, and the special energy programs. There is no eligibility if the AG fails to make use of available income or fails to exhibit financial responsibility.

### **Application**

1. The HCJFS Service PRC Application Form must be completed by each applicant assistance group or agency representative. A sample application form is attached.
2. Or the HCJFS PCSA PRC application for Child Welfare services or Kinship services must be completed by member of AG or designee of HCDJFS. All applicants will be advised of their hearing rights.

Eligibility factors, time restraints, and availability of the various benefits and services covered under this plan will be explained. In addition, information about, referral to, and access to Medicaid, Food Assistance, childcare assistance and other programs that provide benefits that could help the AG successfully transition to work will be provided. All applicants will be advised of their hearing rights.

### **Notice of Approval /Denial**

If it is determined that an application is approved, the ODJFS 4074, "Notice of Approval of Your Application for Assistance" shall be mailed or otherwise delivered. (While PRC cannot be issued to meet certain unforeseen expenses, such expenses may be responsible for a household not being able to meet obligations covered by the plan.) If it is determined that an application is denied, the ODJFS 7334, "Notice of Denial of Your Application for Assistance" shall be mailed or otherwise delivered.

Denial is appropriate in situations where it can be documented that no attempt has been made to prevent the occurrence of the emergent need and the applicant can show no evidence that the household has experienced any extraordinary circumstances or expenses. Situations include (1) making no payment towards the obligation (2) making only minimal payments with the knowledge that such an amount would not prevent the occurrence.

### **Privacy Laws**

Each person applying for PRC must provide the CDJFS (or contracted agency) a social security number or apply for a social security number. Providing a number is a condition of receipt of assistance. Verification of Social Security numbers through the State system is an acceptable method of provision.

The collection of this information, including the social security number of each household member, is authorized under Section 1137(a) of the Social Security Act.

The social security number will be used to check information provided by the individual against information held by other federal, state, and local governments; computer matching systems; and program reviews or audits to ensure eligibility for PRC or, to the extent permitted by federal law, to assist in determining eligibility for any other state, federal, or federally assisted program that provides cash or in-kind assistance or services directly to individuals based on need or for the purpose of protecting children. This information will also be used to monitor compliance with program regulations and for program management. The social security number will be used when contacting appropriate persons or agencies to determine eligibility and verify information that has been provided for the PRC program, for example, income, financial resources, disability benefits or other similar benefits and programs. Such information may affect household eligibility. The social security number may be used for a felony warrant match; a match of persons in violation of probation or parole by law enforcement agencies; or for purposes of investigations, prosecutions, and criminal or civil proceedings that are within the scope of law enforcement agencies' official duties.

An ODJFS 04059 Explanation of State Hearing Procedures and a summary of PRC applicant rights are attached to each application for PRC services/. PCSA PRC application for Child Welfare services or Kinship services

### **Charitable Choice and Faith-Based Initiatives**

An applicant for or recipient of OWF or PRC may object to the religious nature of an agency serving as a worksite or providing a PRC service. The CDJFS must ensure that an assistance group that objects to a faith-based provider has access to another provider. The assistance group must be provided with an alternative provider of services within a "reasonable period of time" (as defined by the CDJFS). The alternative provider must be reasonably accessible to the assistance group member and have the capacity to provide comparable services to the assistance group member. The alternative provider need not be a secular organization, just one to which the assistance group member has no objection. The CDJFS is not required to have ongoing contracts with alternative providers, but simply locate one if needed.

Applicants or recipients of OWF or PRC who are assigned to a religious agency as a provider of services or as a work site must receive notice of the right to request alternative services. A copy of the "Notice of Right to Request Another Worksite or Provider of Services" is attached.

**VOTER REGISTRATION**

A voter registration application is provided with each PRC application.



PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
<b>Contingency Services: Utility</b> An emergent need that threatens the health, safety, or acceptable living arrangement to the extent that it prohibits children from being cared for in their own home or inhibits job preparation, work, and marriage.	<ul style="list-style-type: none"> <li>Utility payments</li> <li>Utility deposits</li> <li>Bulk fuel (No payment can be made for bulk fuel past due account balances.)</li> </ul>	Benefit up to two (2) months at <b>\$750.00</b> per month, includes connect, reconnect and prevent disconnect.  Based on available funding	200% FPL	<p>Must demonstrate verifiable income to meet recurring living expenses: utility expenses in succeeding months</p> <p>For all contingency services, the applicant AG must show a pattern of good faith effort to maintain payment to the best of their ability.</p> <p>AG must provide a current utility bill with the account number, service address, amount due and account holder's name</p>	YES	<p>AG must have experienced an unforeseen circumstance that places a documented financial hardship on the AG, prompting the request for PRC.</p> <p>Adults in AG must be employed, awaiting UCB, or have other income such as, but not limited to, disability payments. An AG whose only income is that of minor children shall not be eligible for PRC contingency services.</p> <p>Family with minor child(ren)</p> <p>Legal custodian or guardian and minor child(ren)</p> <p>Non-custodial parent and minor child(ren)</p> <p>Absent parent with child support order</p> <p>Specified relatives and minor child(ren)</p> <p>Pregnant woman and fetus(es)</p> <p>Child only minor child temporarily out of the home with 180-day reunification plan</p>	<b>Purpose 1:</b> Give assistance to needy families so that children may be cared for in their own homes or in homes of a relative.

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
<b>Contingency Services:</b> <b>Rent/Mortgage Deposit</b> An emergent need that threatens the health, safety, or acceptable living arrangement to the extent that it prohibits children from being cared for in their own home or inhibits job preparation, work and marriage.	<ul style="list-style-type: none"> <li>Rent</li> <li>Mortgage</li> <li>Deposit</li> </ul>	Benefit up to two (2) months at <b>\$1000.00</b> per month, payment to the landlord or mortgage company. (No payments will be made for pets unless pet is a service animal.)  Based on available funding	200% FPL	Must demonstrate verifiable income to meet recurring living expenses: utility expenses in succeeding months  For all contingency services, the applicant AG must show a pattern of good faith effort to maintain payment to the best of their ability.  Rent: Landlord must complete and return agency rent verification form.  Mortgage: Lien holder may file verification form or applicant may provide current mortgage stmt.	<b>YES</b>	AG must have experienced an unforeseen circumstance that places a documented financial hardship on the AG, prompting the request for PRC.  Adults in AG must be employed, awaiting UCB, or have other income such as, but not limited to, disability payments. An AG whose only income is that of minor children shall not be eligible for PRC contingency services.  Family with minor child(ren)  Legal custodian or guardian and minor child(ren)  Non-custodial parent and minor child(ren)  Absent parent with child support order  Specified relatives and minor child(ren) Pregnant woman and fetus(es)  Child only minor child temporarily out of the home with 180-day reunification plan	<b>Purpose 1:</b> To provide assistance to needy families so that children may be cared for in their own homes or in homes of a relative.

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
<b>Contingency Services: Home Adaption and Repair.</b> An emergent need that threatens the health, safety, or acceptable living arrangement to the extent that it prohibits children from being cared for in their own home or inhibits job preparation, work and marriage.	<ul style="list-style-type: none"> <li>❖ Furnace</li> <li>❖ Windows</li> <li>❖ Plumbing</li> <li>❖ Water Heater</li> </ul> Other repairs as needed etc.....	Benefit up to <b>\$1000.00</b> Based on available funding	200% FPL	<p>Must demonstrate verifiable income to meet recurring living expenses: rent/mortgage in succeeding months</p> <p>For all contingency services, the applicant AG must show a pattern of good faith effort to maintain payment to the best of their ability.</p> <p>Must provide three estimates.</p>	<b>YES</b>	<p>AG must have experienced an unforeseen circumstance that places a documented financial hardship on the AG, prompting the request for PRC.</p> <p>Adults in AG must be employed, awaiting UCB, or have other income such as, but not limited to, disability payments. An AG whose only income is that of minor children shall not be eligible for PRC contingency services.</p> <p>Applicant must own the home, does not include land contract agreements. Adaptation and repair must be necessary to safely maintain children in the home.</p> <p>Family with minor child(ren)</p>	<b>Purpose 1:</b> To give assistance to needy families so that children may be cared for in their own homes or in homes of a relative.

						Legal custodian or guardian and minor child(ren)  Non-custodial parent and minor child(ren)  Absent parent with child support order  Specified relatives and minor child(ren) Pregnant woman and fetus(es)  Child only minor child temporarily out of the home with 180-day reunification plan	
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PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
<b>Employment and Training Service and Benefits</b>	<ul style="list-style-type: none"> <li>❖ Pre-Job training (i.e., resume, interviewing etc...)</li> <li>❖ Job training development placement and coaching</li> <li>❖ Job and education fairs</li> <li>❖ Vocational assessment or testing</li> <li>❖ Assessment with job search activities and contact with employers for job placement</li> <li>❖ Literacy assessment and ASPIRE, ABLE, and GED preparation.</li> <li>❖ Financial Literacy</li> <li>❖ Short term education expenses immediately related to employment or job retention.</li> <li>❖ Must attend and complete job readiness prior to all employment and training request approvals.</li> <li>❖ Background Check Cost</li> </ul>	No cap on services (as needed) Based on available funding	200% FPL	<p>Recently employed individuals</p> <p>Under employed individuals</p> <p>Individual who is in between jobs</p> <p>Individual who is unemployed</p>	<b>NO</b>	<p>Family with minor child(ren)</p> <p>Legal custodian or guardian and minor child(ren)</p> <p>Non-custodial parent and minor child(ren)</p> <p>Absent parent with child support order</p> <p>Specified relatives and minor child(ren)</p> <p>Pregnant woman and fetus(es)</p> <p>Child only minor child temporarily out of the home with 180-day reunification plan</p>	<b>Purpose 2: End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.</b>

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
Employment and Training Benefits:	<ul style="list-style-type: none"> <li>❖ Purchase clothing or uniforms for work</li> <li>❖ Street clothes if verified in writing by employers. that are required for employment</li> <li>❖ Purchase safety equipment</li> <li>❖ Safety shoes</li> <li>❖ Safety glasses</li> <li>❖ Interview Clothing</li> <li>❖ Purchase special tools and or equipment required for employment</li> <li>❖ Testing for state license board certification commercial driver's license incidental expenses relating to job search.</li> </ul>	<p><del>\$500.00</del> for non-recurrent short-term benefits.</p> <p>Based on available funding</p>	200% FPL	<p>Recently employed individuals</p> <p>Under employed individuals</p> <p>Individual between jobs</p> <p>Individual who is unemployed</p>	NO	<p>Family with minor child(ren)</p> <p>Legal custodian or guardian and minor child(ren)</p> <p>Non-custodial parent and minor child(ren)</p> <p>Absent parent with child support order</p> <p>Specified relatives and minor child(ren)</p> <p>Pregnant woman and fetus(es)</p> <p>Child only minor child temporarily out of the home with 180-day reunification plan</p>	<p><b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.</p>

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
<b>Employment and Training Benefits:</b>	<p><b>On-The-Job Training (OJT):</b> Subsidized employment program that offsets employer training costs for hiring TANF eligible job seekers. Employers will be reimbursed up to 50% of eligible trainee's wage during the established training period.</p> <ul style="list-style-type: none"> <li>❖ Training, education, and tuition assistance including education materials such</li> <li>❖ as books, laptops etc....if required.</li> <li>❖ Fees for GED/ASPIRE testing</li> </ul>	<b>\$6000.00</b> Based on available funding	200% FPL	Recently employed individuals  Under employed individuals  Individual who is between jobs  Individual who is unemployed	<b>NO</b>	Individuals who are obtaining Degree/Certificates that are tied to In Demand Jobs. Individuals who have gained employment with an employer has an active OJT contract with OMJ or willing to establish a contract with the OMJ office Family with minor child(ren)  Legal custodian or guardian and minor child(ren)  Non-custodial parent and minor child(ren)  Absent parent with child support order  Specified relatives and minor child(ren) Pregnant woman and fetus(es)  Child only minor child temporarily out of the home with 180-day reunification plan	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
Employment and Training Benefits:	Adult Employment Work Experience	NO CAPS ON SERVICES  Based on available funding  Hourly wage is based on entry level pay at assignment not to exceed four (4) months.	200% FPL		NO	Family with minor child(ren)  Legal custodian or guardian and minor child(ren)  Non-custodial parent and minor child(ren)  Absent parent with child support order  Specified relatives and minor child(ren)  Pregnant woman and fetus(es)  Child only minor child temporarily out of the home with 180-day reunification plan  Age 18 and older Recently employed individuals under employed individuals, individual between jobs and or individual who is unemployed.	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.



PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
Transportation Services and Benefits	<ul style="list-style-type: none"> <li>❖ Drivers Education</li> <li>❖ Insurance (up to but not to exceed 4 months)</li> <li>❖ Expenses related to securing a valid Ohio driver's license provided that necessary to maintain employment</li> <li>❖ Driver's license fee</li> <li>❖ License reinstatement fees</li> <li>❖ License plate fees</li> <li>❖ No reinstatement fees for any DUI conviction or for licenses appropriately revoked by CSEA</li> <li>❖ State I.D. fees</li> <li>❖ Birth Certificate fees</li> </ul>	<p>Not to exceed \$500 during 12-month period</p> <p>Based on available funding</p>	200% FPL	<p>Must submit Verification of the reason license was revoked.</p> <p>Documentation Of the cost of Drivers Education.</p> <p>Documentation that Insurance and vehicle Is in applicant's name.</p>	NO	<p>Family with minor child(ren)</p> <p>Legal custodian or guardian and minor child(ren)</p> <p>Non-custodial parent and minor child(ren)</p> <p>Absent parent with child support order</p> <p>Specified relatives and minor child(ren)</p> <p>Pregnant woman and fetus(es)</p> <p>Child only minor child temporarily out of the home with 180-day reunification plan</p> <p>Individuals with no outstanding motor vehicle violations or criminal warrants and Employed or Unemployed Individuals seeking to become employed.</p>	<p><b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.</p>

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
Transportation Services and Benefits	<ul style="list-style-type: none"> <li>❖ Gas Voucher for work related travel until first paycheck.</li> <li>❖ Transportation to and from training ETC....</li> </ul>	<p><b>\$20.00</b> per Week. <b>OR</b> until the first (1<sup>st</sup>) paycheck is received <b>OR</b> until training is complete.</p> <p>Based on available funding</p>	200% FPL	<p>Must submit Verification of Employment or Training.</p> <p>Must provide Proof of insurance And vehicle is Registered in Their name.</p> <p>Verification of Valid Drivers License</p>	NO	<p>Family with minor child(ren)</p> <p>Legal custodian or guardian and minor child(ren)</p> <p>Non-custodial parent and minor child(ren)</p> <p>Absent parent with child support order</p> <p>Specified relatives and minor child(ren)</p> <p>Pregnant woman and fetus(es)</p> <p>Child only minor child temporarily out of the home with 180-day reunification plan</p> <p>Individuals with no outstanding motor vehicle violations or criminal warrants and Employed or Unemployed Individuals seeking to become employed. Those attending training.</p>	<p><b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.</p>

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
Transportation Services and Benefits	Car repairs/Tires Must submit 3 estimates.	Not to exceed \$1000.00 once every 24 months  Based on available funding	200% FPL	Must submit Verification of Employment or Training.  Must provide Proof of insurance And vehicle is Registered in Their name.  Client must provide 3 Estimates.	NO	Family with minor child(ren)  Legal custodian or guardian and minor child(ren)  Non-custodial parent and minor child(ren)  Absent parent with child support order  Specified relatives and minor child(ren)  Pregnant woman and fetus(es) Child only minor child temporarily out of the home with 180-day reunification plan Individuals with no outstanding motor vehicle violations or criminal warrants and Employed or Unemployed Individuals seeking to become employed. Those attending training.	Purpose 2: End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
Head Start Transportation Services and Benefits	❖ Transportation to and or from head start	<p>\$11.25 per diem per HS school day for up to 4 consecutive months.</p> <p>Based on available funding</p>	200% FPL	HHWP CAC Will provide Verification of The transportation	NO	<p>Family with minor child(ren)</p> <p>Legal custodian or guardian and minor child(ren)</p> <p>Non-custodial parent and minor child(ren)</p> <p>Absent parent with child support order</p> <p>Specified relatives and minor child(ren)</p> <p>Pregnant woman and fetus(es)</p> <p>Child only minor child temporarily out of the home with 180-day reunification plan</p> <p>Individuals with no outstanding motor vehicle violations or criminal warrants and</p> <p>Employed or Unemployed</p> <p>Individuals seeking to become employed.</p> <p>Those attending training.</p> <p>Youth up to age 5 with Head Start eligibility.</p>	<p><b>Purpose 1:</b> To give assistance to needy families so that children may be cared for in their own homes or in homes of a relative.</p>

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
<b>Disaster Services</b>	<p>Declared by Federal Government, State Government, or County Commissioners Non-declared (may be defined / approved by Hardin County PRC Committee)</p> <p>Shelter Assistance</p> <ul style="list-style-type: none"> <li>- Rent</li> <li>- Rent deposits</li> <li>- Mortgage payments</li> <li>- Payment of interest on mortgage</li> <li>- Payment of property taxes</li> <li>- Emergency shelter / temporary shelter</li> <li>- Payment of moving expenses</li> </ul> <p>Utility Assistance</p> <ul style="list-style-type: none"> <li>- Payments to prevent shut off</li> <li>- Payments for initial hook up</li> <li>- Purchase bulk fuel</li> <li>- Installation or repair of telephone</li> </ul> <p>Home repair or replacements affecting basic structure (provided to the homeowner only)</p> <p>Appliances or fixture repairs or replacements</p> <p>Repair or purchase of furnace, air conditioning, or water heater</p> <p>Purchase or replace essential household contents</p> <p>Personal items</p> <ul style="list-style-type: none"> <li>❖ Essential clothing for members of the Assistant Group</li> <li>❖ Essential non-consumable products, excluding tobacco products and alcohol</li> </ul>	NO CAP Based on available funding	200% FPL	<p>Determined by State Declaration-Families sustaining disaster related damage or loss upon disaster</p> <p>Misrepresentation of information will be prosecuted for fraud.</p>	NO	<p>Family with minor child(ren)</p> <p>Legal custodian or guardian and minor child(ren)</p> <p>Non-custodial parent and minor child(ren)</p> <p>Absent parent with child support order</p> <p>Specified relatives and minor child(ren)</p> <p>Pregnant woman and fetus(es)</p> <p>Child only minor child temporarily out of the home with 180-day reunification plan</p>	<b>Purpose 1:</b> To give assistance to needy families so that children may be cared for in their own homes or in homes of a relative.

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
Juvenile Court Mediation	visitation, tax deductions, etc. to prompt engagement of both parents in children's lives	No cap on services Based on available funding  Service provided through agency contract	200% FPL	Referred by court, CSEA, or self-referred to contract provider	NO	Unmarried couples with children	<p><b>Purpose 1:</b> To give assistance to needy families so that children may be cared for in their own homes or in homes of a relative.</p> <p><b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.</p> <p><b>Purpose 4:</b> Encourage the formation and maintenance of two-parent families.</p>

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
<b>CHILD WELFARE SERVICES</b>	<p>Potential services designed to strengthen the family unit, prevent the removal of a child from his or her home, or to make reunification possible. Services include but not limited to :</p> <ul style="list-style-type: none"> <li>○ Family Coach Services</li> <li>○ Respite</li> <li>○ Home Health Aide services</li> <li>○ Homemaker Services</li> <li>○ Parent and child Tutoring</li> <li>○ Mentoring</li> <li>○ Transitioning services</li> <li>○ Food **</li> <li>○ Lice prevention and eradication</li> <li>○ Pest eradication and prevention***</li> <li>○ Enrichment and support programs</li> <li>○ Mediation services</li> <li>○ Parenting services</li> <li>○ Initial assessment for drug &amp; alcohol services</li> <li>○ Legal Services</li> <li>○ ABC –non-behavioral case mgmt.</li> <li>○ Services exempt from one-time per year cap.</li> <li>○ Child Vehicle restraints</li> <li>○ Post finalization services (adoption)</li> <li>○ Case Management (this is an administrative addition to allow for RMS hits)</li> <li>○ Bedding, Furniture, Childrens' Clothing, Appliances, ETC...</li> <li>○ Hygiene and Related items.</li> <li>○ Family Preservation Services and Supports</li> <li>○ Family Reunification Services and Supports</li> </ul>	<p>NO CAP Based on available funding</p> <p><b>**Families Not eligible for food assistance.</b></p> <p><b>***Client-owned home. \$2500.00 based on available funding.</b></p>	200% FPL	<p>Family must complete the application process and provide all necessary documentation. PSW or IM worker may assist in process including completing application and providing documents.</p> <p>Services may be approved as indicated by Children's Services. Family must be cooperating with Children Services and be satisfactorily meeting the goals and objectives set. for the family.</p>	<b>NO</b>	Any family Indicated through the Children Services case plan.	<p><b>Purpose 1:</b> To give assistance to needy families so that children may be cared for in their own homes or in homes of a relative.</p> <p><b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting. job preparation work and marriage.</p> <p><b>Purpose 3:</b> Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual. numerical goals for preventing and reducing the incidence of these pregnancies.</p> <p><b>Purpose 4:</b> Encourage the formation and maintenance of two-parent families.</p>

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
<b>Kinship Services</b>	<p><b>Potential services</b> designed to strengthen the family unit, prevent the removal of a child from his or her home, or to make reunification possible including:</p> <ul style="list-style-type: none"> <li>○ Home Based Services</li> <li>○ Family Coach Services</li> <li>○ Respite</li> <li>○ Home Health Aide services</li> <li>○ Homemaker Services</li> <li>○ Recreation</li> <li>○ Clothing</li> <li>○ Parent and child Education Services</li> <li>○ Tutoring</li> <li>○ Mentoring</li> <li>○ Transitioning services</li> <li>○ Food **</li> <li>○ Lice prevention and eradication</li> <li>○ Bed Bug eradication and prevention</li> <li>○ Enrichment and support programs</li> <li>○ Mediation services</li> <li>○ Parenting services</li> <li>○ Initial assessment for drug &amp; alcohol services</li> <li>○ Legal Services</li> <li>○ ABC –non-behavioral case mgmt.</li> <li>○ Transportation</li> <li>○ Kinship meetings and supplies</li> </ul>	<p>NO CAP Based on available funding</p> <p><b>**Families Not eligible for food assistance.</b></p>	<p>200% FPL Kinship assistance eligibility will be determined by OWF AG composition.</p>	<p>Family must complete the application process and provide all necessary documentation. PSW or IM worker may assist in process including completing application and providing documents. Kinship provider's income will not be considered when determining FPL. A kinship AG is defined as any household that has a minor child who is not residing in the same household as their parent(s) and who resides with a specified relative, legal guardian or legal custodian.</p> <p>Kinship Services: Services may be approved as indicated by Children's Services. Family must cooperate with Children Services and satisfactorily meeting the goals and objectives set for the family.</p>	<b>NO</b>	<p>Family with minor child(ren)</p> <p>Legal custodian or guardian and minor child(ren)</p> <p>Non-custodial parent and minor child(ren)</p> <p>Absent parent with child support order</p> <p>Specified relatives and minor child(ren)</p> <p>Pregnant woman and fetus(es)</p> <p>Child only minor child temporarily out of the home with 180-day reunification plan</p> <p>Individuals with no outstanding motor vehicle violations or criminal warrants and Employed or Unemployed Individuals seeking to become employed. Those attending training.</p>	<p><b>Purpose 1:</b> To give assistance to needy families so that children may be cared for, in their own homes or in homes of a relative</p>



PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
<b>Kinship Caregiver Services</b>	<p>Stabilization Services: Stabilization services shall be designed to transition the child into and maintain the child in the home of the kinship caregiver. Including:</p> <ul style="list-style-type: none"> <li>• Child Care Services (not more than 4 months)</li> <li>• Cribs/bed/bedding, etc.</li> <li>• Rent</li> <li>• Utilities</li> <li>• Legal Services</li> <li>• Clothing</li> </ul> <p>Caregiving Services: The benefits or services shall be limited to reimbursement to the kinship caregiver for, or direct payment to a third-party individual or entity to administer to the needs of a minor child. The caregiving service may be provided at a licensed or unlicensed provider or may take place in the home of the kinship caregiver. The care may include care designed to provide temporary relief of child caring functions in crisis nurseries, day treatment, and in the home. Under age thirteen at the time of application and may remain eligible until they turn thirteen; or • Be under age eighteen at the time of application if the child meets the definition of special needs pursuant to paragraph (U) of rule 5101:2-16-01 of the Administrative Code and may remain eligible until they turn eighteen.</p>	<b>\$1000</b> Cap Based on available funding	200% FPL	<p>Family must complete. the application process and provide. all necessary documentation. PSW or IM worker may assist in process. including completing application and providing documents.</p> <p>Services may be approved as indicated by Children's Services. Family must be cooperating with Children Services and be satisfactorily meeting the goals and objectives set for the family.</p>	<b>NO</b>	<p>the assistance group shall include. only a minor child residing with a kinship</p> <p>For the caregiving service, the assistance group shall include. at least a minor child residing with a kinship caregiver and the kinship caregiver</p>	<b>Purpose 1:</b> To provide. assistance to needy families so that children may be cared for in their own homes or in the homes of a relative

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
<b>Non-Administrative Program Operational Activities</b>  Food assistance and Medicaid outreach-to assure awareness of work support services such as Food Assistance, Medicaid, Child Care, and PRC may be used to support the following outreach activities:	<ul style="list-style-type: none"> <li>• Billboards and signs</li> <li>• Radio and TV public service ads</li> <li>• Presentations at workplaces or community events</li> <li>• Promotional Items</li> <li>• Recruitment activities</li> <li>• Educational programs and activities</li> <li>• Information referral</li> <li>• Call Center</li> <li>• Food and clothing provided to TANF eligible families through agency contract with non-profit organization.</li> <li>• Job Fairs</li> </ul>	No Cap Based on available funding	No Financial need eligibility Requirement.	NO Verification needed	NO		<b>Purpose 3:</b> Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies.  <b>Purpose 4:</b> Encourage the formation and maintenance of two-parent families.

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
<b>TANF YOUTH EMPLOYMENT PROGRAM</b>	Hourly wage established under contract for services. Contracted services not to exceed agency grant.	NO CAP Based on available funding	200% FPL	Families are defined by federal regulation and state law as follows: a minor child who resides with a parent, specified relative, legal guardian or legal custodian (a child may be temporarily absent from the home provided certain requirements are met) ; a pregnant individual with no other children. or a non-custodial parent who lives in the state, but does not reside with his/her minor child(ren).	<b>NO</b>	Youth ages 14–18 year-old still enrolled in school, or Youth 18-24 that have a minor child and considered needy.	<b>Purpose 1:</b> To give assistance to needy families so that children may be cared for in their own homes or in homes of a relative.  <b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
Shoe Purchase	Purchase through voucher for return to school shoes with agency established-announced application period.	Up to \$50.00 per eligible child. One-time, short term assistance limited to 30-day project timeframe as set by Hardin JFS. A one-time voucher up to max of \$50.00 Services not to exceed agency grant.  Based on available funding	200% FPL	Must demonstrate verifiable income for past 30 days. All income must be verified within the timeframe of the special shoe project.	NO	School age children K-12 grade.	Purpose 1: To give assistance to needy families so that children may be cared for in their own homes or in homes of a relative.

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
School Clothes Purchase	Purchase through voucher for return to school clothes with agency established-announced application period.	Up to \$300.00 per eligible child. One-time, short term assistance limited to 30-day project timeframe as set by Hardin JFS. A one-time voucher up to max of \$300.00 Services not to exceed agency grant.  Based on available funding	200% FPL	Must demonstrate verifiable income for past 30 days. All income must be verified within the timeframe of the special shoe project.	NO	School age children PreK-12 grade.	Purpose 1: To give assistance to needy families so that children may be cared for in their own homes or in homes of a relative.

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
<b>COVID-19 DISASTER BENEFIT</b>	<p>Two months' rent/mortgage (escrow amount included—if no escrow account then can prorate insurance amount)</p> <hr/> <p>Two months' utilities including bulk fuel and phone bill -- Any prior amount due from two months will need to be paid by applicant and verification of such payment shall be required.</p> <hr/> <p>Check per household to meet emergent needs that have arose from COVID-19</p>	<p>Normal Caps on payment apply— Based on available funding Up to <b>\$750</b> per month total of <b>\$1500</b></p> <hr/> <p>Amount due for past two months up to <b>\$500 per month x 2= \$1,000</b></p> <hr/> <p><b>\$500.00</b></p>	200% FPL	<p>COVID-19 PRC Application completed and necessary documentation. Landlord must complete and return to Agency the Rent Verification Form. Mortgage: Lien holder may file verification form or applicant may provide current mortgage statement If verification cannot be obtained you can use client self-attestation</p> <hr/> <p>AG must provide a current utility bill with the account number, service address, amount due and account holder name If verification cannot be obtained you can use self-attestation</p> <hr/> <p>AG must provide verification of loss of income due to COVID-19 emergency</p>	<b>NO</b>	Households that have been affected by COVID-19	<p><b>Purpose 1:</b> To give assistance to needy families so that children may be cared for in their own homes or in homes of a relative.</p> <p><b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.</p>

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
HEARTBEAT OF HARDIN COUNTY	Teen pregnancy prevention	NO CAP  Based on available funding	200% FPL		NO	Out of wedlock teen pregnancy prevention	<p><b>Purpose 3:</b> Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies.</p> <p><b>Purpose 4:</b> Encourage the formation and maintenance of two-parent families.</p>

**Hardin County PRC Addendum**  
**Hardin County Employment Incentive Program**  
**Effective May 1, 2022**

The Hardin County Employment Incentive Program is to help emphasize the importance of employment, and responsibility and support for the family unit. This program will provide support for the Hardin County residents to become self-sufficient.

The Hardin County Employment Incentive Program aligns with the Prevention, Retention, and Contingency (PRC) Program to provide benefits and services to the clients of Hardin County low-income families. This program will help the residents decrease public assistance benefits and become self-sufficient while offering support and stability for the entire family.

These supports are limited non-recurring, short-term, crisis-oriented benefits, and ongoing services that are directly related to the four purposes of the Temporary Assistance for the Needy Families (TANF) program which do not meet the federal definition of assistance.

1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.
2. End dependency of needy parents on government benefits by promoting job preparation, work, and marriage.
3. Prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numeric goal for preventing and reducing the incidence of these pregnancies; and
4. Encourage the formation and maintenance of two-parent families.

The Hardin County Employment Incentive Program shall serve Hardin County residents that are at or below the 200% TANF of the federal poverty level:

- A TANF eligible individual who is 18 years of age or older and has a minor child in the household.
- A non-custodial parent as long as they considered “needy” (at or below the 200% FPL), have a minor child who resides in Ohio, has an active child support order, and are actively participating in the OhioMeansJobs- Hardin County program.

**Eligibility and application:**

- Eligibility requirements as defined in the regular PRC plan, unless otherwise amended or clarified below.
- Eligibility will be determined using the income received in the last 30 days.
- A single pregnant woman, with no other individuals in the assistance group will be considered a household of two.
- Assistance Group must have a combined gross income at or below 200% TANF funded.
- Approved participants under this addendum are **NOT** to be counted as services which would cause the participant to be in eligible for further services through Hardin County’s regular PRC plan.
- Those participants that are already in receipt of the TANF and or Snap assistance will be considered automatically income eligible for the Employment Incentive Program.

**Applicants who are ineligible for the Employment Incentive Program are:**

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



**Employment Incentive Program Duration:**

- Participants entering the Employment Incentive Program on and or before the 15<sup>th</sup> of the month will start earning the employment incentives the same month, if all incentive criteria are met.
- Participants entering the Employment Incentive Program after the 15<sup>th</sup> will start earning the employment incentives the next month after the application, if all incentive criteria are met.
- TANF eligibility will be determined during the initial month and the program will be approved for the 12-month period. After the 12-months have been completed a renewal will need to be completed for the participant to take advantage of the full 18-month program.
- All eligibility requirements are required. If there is a change in the household with members and or income that makes the participant ineligible the program will be terminated. The participant will receive all money that remains in the portfolio when the program is terminated.
- All participants are required to complete a financial literacy and budget training during the Employment Incentive Program.
- If participants default in EIP program portfolio will NOT be paid out.

**Type of assistance and participant requirements:**

- HCDJFS and the OMJ of Hardin County will generate an intake and internally manage a tier-incentive performance portfolio per participant that will be active for up to 18-month period. Participant must remain TANF eligible for the duration of the program.
- One-time tiered financial incentive will be awarded to each participant's portfolio based on work performance benchmarks such as maintaining full time work for defined targeted intervals. These incentives will help aide the participant in becoming self-sufficient as they have a reduction in the public assistance benefits.
- For every calendar month, up to 18 consecutive calendar months, the participant successfully maintains full-time, uninterrupted employment, a one-time predetermined financial incentive will be added to the participant's performance portfolio. This will be determined by the OMJ Career Coach and approved by the Workforce Development Supervisor monthly. Full time employment is uninterrupted employment, participant working at least 25 hours per week each calendar month or equivalent to 100 hours a month. Normal payouts will be completed by June 30<sup>th</sup> of each year and at the end of each 18-month program.
- Lapse in employment for at-fault termination will terminate the participation in the Employment Incentive Program. If a change of employment occurs during the program this new employment will need to be verified and as to the reason for the change, If this new employment is not deemed as financially beneficial based on wages and or total compensation package the Employment Incentive Program will discontinue.
- The financial portfolio balance will be distributed to the participant once the participant reaches the work performance goals. If the participant loses employment or stops participating prior to the 18<sup>th</sup> month, the participant will receive their earned share for the incentives earned according to the scheduled minus any of the monetary payouts.
- Participants can request funds be paid out to assist with emergent needs throughout the 18-month program. Emergent need is an episode of need that affects the participant's employment retention whereas the issued benefits will not be intended to meet recurrent/ongoing needs.
  1. Must be verified and documented.
  2. Only one payout is allowed per month
  3. Not to exceed \$300.00 per payout within 30 days.
  4. Payouts for the participant cannot exceed two consecutive months.
  5. Maximum monthly payouts for participant is six Occurrences.
- Participants enrolled in the Employment Incentive Program will be able to utilize services listed in the PRC amendment for the Employment Incentive Program. These services will assist the participants to become self-sufficient and accomplish TANF Purpose #2
- Payments can be made to third parties to operate the program for development, recruiting participants, and payments to providers for services that are rendered for the participants.
  1. Uniforms, tools, license and or certifications.
  2. Direct supervision and training cost.
  3. Case management activities related to the Employment Incentive Program.
  4. Transportation.

## PRC Employment Incentive Program Incentives

- 18 months of portfolio equaling \$3000.00
- \$200.00 per month for four months for top off funding for loss or decrease in the snap benefits.
- \$50.00 given when a savings account has been opened
- \$500.00 given when savings account balance is at least \$500.00
- \$500.00 given when savings account balance is at least \$1500.00
- \$100.00 give when 2/3 goals have been met.
- \$100.00 given when 3 in person classes have bee completed
- \$75.00 given when 3 trainings have been completed online
- \$100.00 given when attending 5 in house agency meeting with the Career Coach
- \$150.00 given when working 30 days with at least 25 hours per week
- \$200.00 given when working 60 days with at least 25 hours per week
- \$225.00 given when working 90 days with at least 25 hours per week.
- \$250.00 given when working 6 months with at least 25 hours per week.
- \$500.00 given when working 1 year with at least 25 hours per week.
- \$100.00 given when participant receives a wage increase based on work performance
- \$250.00 when participant increases work hours by at least 10 hours per week for at least 30 days

- **Monthly Consecutive Payouts.**

Month 1	\$300.00
Month 2	\$300.00
Month 3	\$300.00
Month 4	\$300.00
Month 5	\$200.00
Month 6	\$ 200.00
Month 7	\$150.00
Month 8	\$150.00
Month 9	\$150.00
Month 10	\$150.00
Month 11	\$100.00
Month 12	\$100.00
Month 13	\$ 100.00
Month 14	\$100.00
Month 15	\$100.00
Month 16	\$100.00
Month 17	\$100.00
Month 18	\$100.00

# APPLICATION TO DETERMINE ELIGIBILITY FOR THE HARDIN COUNTY

## EMPLOYMENT INCENTIVE PROGRAM

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 yes or no, you will be considered to have decided not to register to vote at this time.

**ARE YOU ORDERED TO PAY CHILD SUPPORT FOR A CHILD NOT LIVING IN YOUR HOME?\_**

NAME	DATE
STREET ADDRESS	SOCIAL SECURITY NUMBER
CITY, STATE AND ZIP CODE	PHONE NUMBER

### LIST EVERYONE WHO LIVES AT THIS ADDRESS INCLUDING YOURSELF

NAME	RELATIONSHIP TO YOU	AGE	SOCIAL SECURITY NUMBER	GROSS MONTHL Y INCOME

**YOU MUST LIST THE SOCIAL SECURITY NUMBER FOR EVERYONE**

**PLEASE USE THE BACK OF THIS FORM TO LIST ADDITIONAL HOUSEHOLD MEMBERS**

EXPLAIN WHAT YOU NEED:

**YOU WILL BE SEEN ON A FIRST COME, FIRST SERVE BASIS.**

**YOU MUST WAIT TO BE SEEN TO DETERMINE YOUR ELIGIBILITY.**

SIGNATURE	DATE
CASE NUMBER	

Prevention & Retention: EIP Short-Term Services

- All General Eligibility & Application Requirements apply.
- \$5,000 per consecutive 12-month period not to exceed the amount required to meet the presenting need or the amount listed below for that service.
- If the application is approved, the consecutive 12-month period shall begin the day the application was signed.
- Contracts between HCDJFS and service providers may exceed caps.
- A budget and the financial literacy program **must be completed** with an HCDJFS worker to document ability to make ongoing payments.

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
EMPLOYMENT INCENTIVE PROGRAM SHORT TERM SERVICES	<b>Job related expenses:</b> uniforms not to exceed \$100/rolling calendar year and tools and safety equipment (i.e., safety glasses, steel toed work boots, hard hats) not to exceed \$500/rolling calendar year	<b>\$100/</b> rolling calendar year for uniforms <b>\$500/</b> rolling calendar year for tools and safety Equipment	Income must be at or below 200% FPL	N/A	NO	E.I.P PARTICIPANTS	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.
	<b>Identification materials:</b> i.e., driver's license, state identification, birth certificates; <b>EXCLUDES FINES, COURT COSTS, LATE FEES</b>	No overall spending Cap currently.  Based on available funding	Income must be at or below 200% FPL	N/A	NO	E.I.P PARTICIPANTS	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.

	<b>Automobile repairs:</b> Not to exceed the presenting need. Repairs covered are those only vital to the functionality of the vehicle. General maintenance is <b>NOT</b> covered. [Tires (if deemed necessary in all three estimates), brakes and rotors are allowable.]	<b>\$900</b> payable one time in 12 months	Income must be at or below 200% FPL	1. Employed the last 30 days 2. Valid driver's license 3. Proof of insurance 4. Current vehicle registration 5. Three estimates on letterhead from repair shop that will take HCDJFS voucher Need to include vehicle make, model and year: and itemized parts list and labor costs. If for tires, need to state old tires are unsafe. 6. Budget must show ability to pay any remaining repair costs	<b>NO</b>	E.I.P PARTICIPANTS	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.
	<b>Car payment:</b> PRC will pay for no more than one month of the actual payment. If applicant is unable to show the ability to pay succeeding months, the application will be denied.	<b>\$600</b> payable twice in 12 months	Income must be at or below 200% FPL	1. Employed the last 30 days 2. Valid driver's license 3. Proof of insurance 4. Current vehicle registration 5. Must show ability to pay later months 6. Statement from creditor with payment amount, amount behind, and if applicant is in danger of repossession.	<b>NO</b>	E.I.P PARTICIPANTS	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.

	<b>Car insurance:</b> If applicant is unable to show the ability to pay succeeding months, the application will be denied. If no lien, only liability will be covered. If loan, will pay what is required from bank up to limit. One-time payment only; payable deposit plus up to 6-month coverage, not to exceed \$1,000.	<b>\$1,000</b> one-time payment in 12 months	Income must be at or below 200% FPL	<ol style="list-style-type: none"> <li>1. Employed the last 30 days</li> <li>2. Valid driver's license</li> <li>3. Current vehicle registration Provide three estimates</li> </ol>	<b>NO</b>	E.I.P PARTICIPANTS	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.
	<b>Down payment for a vehicle:</b> EIP PRC will match 200% of applicant's down payment, not to exceed \$1,500. (Cost of the vehicle not to exceed the value of the car as determined by HCDJFS) If applicant is unable to show the ability to pay succeeding months, the application will be denied.	<b>\$1,500</b> <b>ONCE</b> per lifetime	Income must be at or below 200% FPL	<ol style="list-style-type: none"> <li>1. Employed the last 45 days</li> <li>2. Must show ability to pay later months of car payments and insurance</li> <li>3. Valid driver's license</li> <li>4. Proof of insurance</li> <li>5. Quote from dealer with price of vehicle, make model, year and mileage</li> <li>6. If vehicle is privately owned, a copy of the owner's title</li> </ol>	<b>NO</b>	E.I.P PARTICIPANTS	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.
	<b>Driver's Education:</b> To allow an EIP participant to obtain a Driver's license	No overall spending Cap currently.  Based on available funding	Income must be at or below 200% FPL	N/A	<b>NO</b>	E.I.P PARTICIPANTS	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.

	<b>Testing/certification and licensing fees:</b> To allow an EIP participant to obtain the license/certification required for employment: <b>PRC funds CANNOT BE USED FOR FINES</b>	No overall spending Cap currently.  Based on available funding	Income must be at or below 200% FPL	Completion of two successful pre-tests	<b>NO</b>	E.I.P PARTICIPANTS	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.
	License plates for vehicles and Vehicle registration fees	No overall spending Cap currently.  Based on available funding	Income must be at or below 200% FPL	N/A	<b>NO</b>	E.I.P PARTICIPANTS	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.



- All General Eligibility & Application Requirements apply
- \$10,000 per consecutive 12-month period not to exceed the amount required to meet the presenting need. If the application is approved, the consecutive 12-month period shall begin the day the signed application was received by the Agency. No cap on child welfare services. Contracts between HCDJFS and service providers may exceed caps.
- A budget **must be completed** with an HCDJFS worker to document ability to make ongoing payments.
- On-going services are on a rolling calendar year.

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
EMPLOYMENT INCENTIVE PROGRAM ON-GOING SERVICES	Pre-employment preparation, including literacy and HSE/GED programs, job readiness classes, as approved by the Agency.	No overall spending Cap currently.  Based on available funding	Income must be at or below 200% FPL	N/A	NO	E.I.P PARTICIPANTS	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.
	Job search/Job Readiness/Job Retention	No overall spending Cap currently.  Based on available funding	Income must be at or below 200% FPL	N/A	NO	E.I.P PARTICIPANTS	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.

	<b>On-The-Job Training (OJT):</b> Subsidized employment program that offsets employer training costs for hiring TANF eligible job seekers. Employers will be reimbursed up to 50% of eligible trainee's wage during the established training period.	\$5,000/rolling calendar year	Income must be at or below 200% FPL	N/A	NO	E.I.P PARTICIPANTS	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.
	Employment related transportation expenses for 120 days in a rolling calendar year, may include transportation to and from day care. The first date of service is the begin date of the 120 days. An AG that includes more than one employed individual, each individual is eligible for the service. <b>Required to show verification of need for training. For employment, required verifications include schedule, pay, hours of employment, name of employer.</b>	120 days in a rolling calendar year. \$50 per week max for gas vouchers.	Income must be at or below 200% FPL	<b>REQUIREMENTS for Gas Voucher:</b> <ul style="list-style-type: none"> <li>Valid driver's license</li> <li>Current vehicle registration</li> <li>Current Car Insurance</li> </ul>	NO	E.I.P PARTICIPANTS	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.
	Job search, job interview, and job readiness <b>related</b> transportation expenses for 30 days in a rolling calendar year. The first date of service is the begin date of the 30 days.	30 days in a rolling calendar year	Income must be at or below 200% FPL	N/A	NO	E.I.P PARTICIPANTS	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.

	Educational/Training expenses for tuition, lab fees, tools, uniforms, testing fees,certification fees. Participants must be working with the Agency and meet all criteria regarding eligibility and suitability requirements that will ensure a reasonable expectation of employment in the occupation.	Two (2) sessions (quarters, semesters, etc.)	Income must be at or below 200% FPL	N/A	NO	E.I.P PARTICIPANTS	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.
	Transportation to Education/Training for up to 90 days.	90 days in a rolling calendar year	Income must be at or below 200% FPL	N/A	NO	E.I.P PARTICIPANTS	<b>Purpose 2:</b> End the dependents of needy parents on government benefits, by promoting job preparation work and marriage.

#### Eligibility Requirements

- All General Eligibility & Application Requirements
- Client must provide documentation of a crisis that has occurred in the last 60 days
- Payments not to exceed \$2,000 per consecutive 12-month period, but not to exceed the amount required to meet the presenting need. If the application is approved, the consecutive 12-month period shall begin the day the signed application is approved.
- Combined gross income of **all household members** for the month prior to application will be considered with the exception of minor children attending secondary school full time and will be based on all household members excluding the income of minors in secondary school and must be at or below 200% of the FPG.
- May reapply any number of times during the 12-month period as long as maximum dollar amount has not been exceeded.
- Client must complete a budget with HCDJFS workers to document ability to make ongoing payments including:
  - Verify how all income within last 30 days was spent by everyone in home. If a client cannot provide documentation for the 30 days needed, he/she will be required to account for income on a written statement at the time of application.
  - Must be able to maintain future monthly expenses.
- A budget and the financial literacy program **must be completed** with an HCDJFS worker to document ability to make ongoing payments.

**NOTE:** For Contingency services, the applicant must demonstrate a verifiable and documented personal or economic crisis which occurred in the previous 60 days, and which resulted in the need for Contingency services. Eligibility for Contingency services are conditional upon the crisis being outside of reasonably expected expenses, and documented by, at a minimum, receipt for payment toward addressing the stated crisis.

PRC Component Eligibility Requirements	Service Examples	Dollar Cap	Income and Resource Limit	Suggested Verification	Count Toward 1 Time Use in 12 Months	Targeted Group	TANF Purpose
EMPLOYMENT INCINTIVE PROGRAM CONTINGENCY SERVICES.	<b>Utilities:</b> including deposits, disconnects, and reconnect fees.	<b>\$750- Once every 12 months</b>	Income must be At or below 200% FPL	Proof of payment made in last 90 days	NO	E.I.P PARTICIPANTS	<b>Purpose 1:</b> To give assistance to needy families so that children may be cared for in their own homes or in homes of a relative.
	Propane tanks are included when the tank is below 25%	<b>\$300 Once every 12 months</b>	Income must be At or below 200% FPL	<ul style="list-style-type: none"> <li>Documentation that tank is 25% Or Below</li> <li>Funding only available during November-March</li> </ul>	NO	E.I.P PARTICIPANTS	<b>Purpose 1:</b> To give assistance to needy families so that children may be cared for in their own homes or in homes of a relative.
	<b>Rent, Mortgage, Deposit or Down Payment</b> Limited to the amount actually required.	<b>\$1,200 payable one time in 12 months</b>	Income must be At or below 200% FPL	Landlord Verification form must be completed by landlord	NO	E.I.P PARTICIPANTS	<b>Purpose 1:</b> To give assistance to needy families so that children may be cared for in their own homes or in homes of a relative.
	<b>Appliances:</b> Purchase of a stove Or a refrigerator etc...	<b>\$650</b>	Income must be At or below 200% FPL	3 estimates are required	NO	E.I.P PARTICIPANTS	<b>Purpose 1:</b> To give assistance to needy families so that children may be cared for in their own homes or in homes of a relative.

**COVID-19**

HARDIN COUNTY JOB AND FAMILY SERVICES PRC APPLICATION (revised 1-1-10)

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 yes or no, you will be considered to have decided not to register to vote at this time.

ARE YOU ORDERED TO PAY CHILD SUPPORT FOR A CHILD NOT LIVING IN YOUR HOME? \_\_\_\_\_

NAME	DATE
STREET ADDRESS	SOCIAL SECURITY NUMBER
CITY, STATE AND ZIP CODE	PHONE NUMBER

**LIST EVERYONE WHO LIVES AT THIS ADDRESS INCLUDING YOURSELF YOU MUST LIST THE SOCIAL SECURITY NUMBER FOR EVERYONE**

NAME	RELATIONSHIP TO YOU	AGE	SOCIAL SECURITY NUMBER	GROSS MONTHLY INCOME

EXPLAIN WHAT YOU NEED:	
SIGNATURE	DATE

**ADDITIONAL HOUSEHOLD MEMBERS PLEASE USE THE BACK OF THIS FORM TO LIST**

APPLICATION TO DETERMINE TANF ELIGIBILITY  
FOR SPECIAL PROJECT-SCHOOL CLOTHES  
Authorized by Hardin County PRC Plan

NAME	DATE
STREET ADDRESS	SOCIAL SECURITY NUMBER
CITY, STATE AND ZIP CODE	PHONE NUMBER

**LIST EVERYONE WHO LIVES AT THIS ADDRESS INCLUDING YOURSELF, YOU MUST LIST THE SOCIAL SECURITY NUMBER FOR EVERYONE**

NAME	RELATIONSHIP TO YOU	AGE	GRADE	SOCIAL SECURITY NUMBER	GROSS MONTHLY INCOME

**Signature and Release of Information**

I understand the questions on this form and certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information of each household member applying for assistance. I state under penalty of perjury, I have disclosed all annuities and other similar financial devices in which I and/or my spouse have any interest. I understand that in some instances, I may be asked to give consent to the CDJFS to make whatever contacts are necessary to determine my eligibility. I understand that this form may be used to allow for billing to the appropriate fund for services used.

\_\_\_\_\_  
Signature of Adult or Authorized Rep

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Hardin County DJFS Staff

\_\_\_\_\_  
Date

HARDIN COUNTY JOB AND FAMILY SERVICES PRC APPLICATION (revised 1-1-10)

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 yes or no, you will be considered to have decided not to register to vote at this time.

ARE YOU ORDERED TO PAY CHILD SUPPORT FOR A CHILD NOT LIVING IN YOUR HOME? \_\_\_\_\_

NAME	DATE
STREET ADDRESS	SOCIAL SECURITY NUMBER
CITY, STATE AND ZIP CODE	PHONE NUMBER

**LIST EVERYONE WHO LIVES AT THIS ADDRESS INCLUDING YOURSELF YOU MUST LIST THE SOCIAL SECURITY NUMBER FOR EVERYONE, ADDITIONAL HOUSEHOLD MEMBERS PLEASE USE THE BACK OF THIS FORM TO LIST.**

NAME	RELATIONSHIP TO YOU	AGE	SOCIAL SECURITY NUMBER	GROSS MONTHLY INCOME

EXPLAIN WHAT YOU NEED:

**YOU WILL BE SEEN ON A FIRST COME, FIRST SERVE BASIS.  
YOU MUST WAIT TO BE SEEN TO DETERMINE YOUR ELIGIBILITY.**

SIGNATURE	DATE
CASE NUMBER	



**Application to Determine TANF Eligibility for the TANF Youth Program  
Authorized by Hardin County PRC Plan**

**1. List all members in the household:**

SSN	Last Name	First Name	DOB	School	Grade

**2. Address of family including phone number:**

Street	
City, State, Zip	
Phone	

**3. Combined Family Income:**

Total earned income per month:	
--------------------------------	--

\*Earned income is wages before taxes/deductions are withheld.

**4. Social Security/Pension/Other Income**

Total received per month:	
---------------------------	--

**Income Self-Declaration and Release of Information**

I understand that the statements made on this application for youth program are for funding purposes only. I further understand that eligibility for youth program does not automatically qualify us for public assistance or PRC funds. This self-declaration includes all earned and unearned income into my household on a monthly basis. I understand that this form may be used to allow for billing to the appropriate fund for services used. I understand that this is a self-declaration for summer youth program and information provided is true and accurate.

**Ohio Means Jobs**

Youth under the age of 18 participating in the Youth Program must have permission from parent or guardian to participate. By signing the line below, I am giving permission for the youth to apply, participate in summer employment, and register with Ohio Means Jobs as required by the State of Ohio

\_\_\_\_\_  
Signature of Adult or Authorized Rep

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Hardin County DJFS Staff

\_\_\_\_\_  
Date

**RETURN APPLICATION TO:**

**175 W. Franklin St. Suite 150**

**Kenton, Ohio 43326**

**Application to Determine TANF Eligibility for Head Start Transportation  
Authorized by Hardin County PRC Plan**

**CHILD NAME** \_\_\_\_\_

PROVIDE ALL NECESSARY DOCUMENTS AND PROOF OF INCOME WITH APPLICATION

**1. List all members in the household:**

SSN	Last Name	First Name	DOB	School	Grade

**2. Address of family including phone number:**

Street	
City, State, Zip	
Phone	

**3. Combined Family Income:**

Total earned income per month:	
--------------------------------	--

\*Earned income is wages before taxes/deductions are withheld.

**4. Social Security/Pension/Other Income**

Total received per month:	
---------------------------	--

**Release of Information**

I understand that the statements made on this application are for funding purposes only. I further understand that eligibility for Head Start transportation does not automatically qualify us for public assistance or PRC funds. **I declare that I have provided all earned and unearned income into my household on a monthly basis.** I understand that this form may be used to allow for billing to the appropriate fund for services used. **I understand that a copy of approval or denial notice will be provided to Hancock Hardin Wyandot Putnam CAC.** I state that all information provided is true and accurate.

\_\_\_\_\_  
Signature of Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness/ Hancock Hardin Wyandot Putnam Community  
Action Commission Staff

\_\_\_\_\_  
Date

## **Head Start Eligibility Summary**

### **Age:**

To be eligible for Head Start services, a child must be at least three years old to kindergarten age eligibility by the date used to determine eligibility for public school. We take 5-year-olds only with an IEP (for a disability) written by a school system.

### **Income:**

At least 90 % of the children who are enrolled in each Head Start program must be from families below 100% of the Federal Poverty Guidelines. Up to 10% of the children who are enrolled may be children from families that exceed the low-income guidelines, however, we need to take the eligible children first.

Foster children and children whose families (anyone in the family) receive TANF, SSI, or who are homeless (including living with family/friends due to financial hardship) are all categorically (automatically) eligible. We only verify that they meet one of these conditions, and do not have to verify the rest of their income. At least 10% of the children each year must have disabilities (IEPs).

### **Income Verification:**

We must verify family income through copies of: Individual Income Tax Form 1040, W-2 forms, pay stubs, pay envelopes, written statements from employers, child support or SS print outs, bank/EPPI card statements showing direct deposits, etc.

- Income is counted for any parent who is in the home, based on the Definition of Income (below) which tells us what to count and what is not to be considered income.

- Time periods to for income is** the twelve months immediately preceding the month in which the child's application is made, OR the preceding calendar year (i.e., if they apply 8-1-13, we could verify income for July 2012 through July 2013 or January 1 to December 31, 2012.)

- Income is figured based on **family size, not household size**. (see Definition of Family, below)

- Income and categorically eligible children remain income eligible through that enrollment year and the immediately succeeding enrollment year if they are continuously participating in the program. Over Income children's income is reverified each year. Third year children are also reverified.

**Application to Determine TANF Eligibility for Ohio Youth Works Program**  
**Authorized by Hardin County PRC Plan**

**1. List all members in the household:**

SSN	Last Name	First Name	DOB	School	Grade

**2. Address of family including phone number:**

Street	
City, State, Zip	
Phone	

**3. Combined Family Income:**

Total earned income per month:	
--------------------------------	--

\*Earned income is wages before taxes/deductions are withheld.

**4. Social Security/Pension/Other Income**

Total received per month:	
---------------------------	--

**Income Self-Declaration and Release of Information**

I understand that the statements made on this application for summer youth program are for funding purposes only. I further understand that eligibility for summer youth program does not automatically qualify us for public assistance or PRC funds. This self-declaration includes all earned and unearned income into my household on a monthly basis. I understand that this form may be used to allow for billing to the appropriate fund for services used. I understand that this is a self-declaration for summer youth program and information provided is true and accurate.

**Ohio Means Jobs**

Youth participating in the Youth Program must have permission from parent or guardian to participate. By signing the line below, I am giving permission for the youth to apply, participate in summer employment, and register with Ohio Means Jobs as required by the State of Ohio

\_\_\_\_\_  
Signature of Adult or Authorized Rep

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Hardin County DJFS Staff

\_\_\_\_\_  
Date

**APPLICATION TO DETERMINE TANF ELIGIBILITY FOR SPECIAL PROJECT-SCHOOL SHOES**

**Authorized by Hardin County PRC Plan**

NAME	DATE
STREET ADDRESS	SOCIAL SECURITY NUMBER
CITY, STATE AND ZIP CODE	PHONE NUMBER

**LIST EVERYONE WHO LIVES AT THIS ADDRESS INCLUDING YOURSELF  
YOU MUST LIST THE SOCIAL SECURITY NUMBER FOR EVERYONE**

NAME	RELATIONSHIP TO YOU	AGE	SOCIAL SECURITY NUMBER	GROSS MONTHLY INCOME

**Signature and Release of Information**

I understand the questions on this form and certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information of each household member applying for assistance.

I state under penalty of perjury, I have disclosed all annuities and other similar financial devices in which I and/or my spouse have any interest.

I understand that in some instances, I may be asked to give consent to the CDJFS to make whatever contacts are necessary to determine my eligibility. I understand that this form may be used to allow for billing to the appropriate fund for services used.

\_\_\_\_\_  
Signature of Adult or Authorized Rep

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Hardin County DJFS Staff

\_\_\_\_\_  
Date

HARDIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES  
175 W FRANKLIN ST SUITE 150 KENTON, OHIO 43326  
QUESTIONS? PLEASE CONTACT GEANNA ENGLAND AT 419-675-3511  
**WALK-INS DAILY FROM 8:00 AM TO 4:30 PM Monday thru Thursday and until 2:30 on Friday**  
Application to determine TANF/IV-E eligibility or other services for Social Services  
Authorized by the Hardin County PRC Plan

1. LIST ALL MEMBERS IN THE HOUSEHOLD:

SSN	FIRST AND LAST NAME	RELATIONSHIP TO APPLICANT	MIDDLE INITIAL	DOB	RACE

2. CURRENT ADDRESS AND TELEPHONE NUMBER:

STREET	
CITY, STATE AND ZIP	
PHONE	

3. HOUSEHOLD INCOME:

NAME	EMPLOYER NAME	INCOME	HOW OFTEN PAID	GROSS MONTHLY INCOME

4. OTHER INCOME, BENEFITS OR SUPPORT (CHECK ALL THAT APPLY)

<input type="checkbox"/> MEDICAID	<input type="checkbox"/> OWF CASH	<input type="checkbox"/> SNAP/FOOD ASSISTANCE
<input type="checkbox"/> WIC	<input type="checkbox"/> SSI/SSD	<input type="checkbox"/> OTHER SOURCES

IF YOU CHECK THE OTHER SOURCES BOX, PLEASE SPECIFY WHAT THE INCOME IS HOW OFTEN RECEIVED AND THE GROSS AMOUNT RECEIVED.

INCOME SELF DECLARATION AND RELEASE OF INFORMATION

I understand that the statements made on this application for social services are for funding purposes only. I further understand that eligibility for social services does not automatically qualify us for public assistance or PRC funds. This self-declaration includes all earned and unearned income into my household on a monthly basis. I understand that this form may be used to allow for billing to the appropriate fund for services used.

Customer Information Acknowledgement

**Non-discrimination policy; State Hearing procedures; and Voter Registration offered?** Customer initials \_\_\_\_\_

**Applicant is aware that any changes must be reported to the agency within 10 days?** Customer initials \_\_\_\_\_

**All individuals listed above are U.S. Citizens or legal aliens and are NOT fugitive felons?** Customer initials \_\_\_\_\_

By signing this application, the applicant agrees that all information provided on the application is true and complete to the best of his/her knowledge. Applicant authorizes Hardin County Job and Family Services to release and share this application and other pertinent information concerning the applicant and his/her family's eligibility and services received with all providers necessary for said services. Applicant further authorizes Hardin County Job and Family Services to review eligibility criteria internally between agency divisions and departments, including but not limited to, the review of Intentional Program Violation (IPV), OWF/PRC fraud and overpayment/collections statuses.

\_\_\_\_\_  
Signature of Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness/Agency Staff

\_\_\_\_\_  
Date

HARDIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES  
175 W FRANKLIN ST SUITE 150 KENTON, OHIO 43326  
QUESTIONS? PLEASE CONTACT GEANNA ENGLAND 419-675-3511  
**WALK-INS DAILY FROM 8:00 AM TO 4:30 PM**  
Application to determine TANF/IV-E eligibility or other services for Mediation.  
Authorized by the Hardin County PRC Plan

1. LIST ALL MEMBERS IN THE HOUSEHOLD:

SSN	LAST NAME	FIRST NAME	MIDDLE INITIAL	DOB	RACE

2. CURRENT ADDRESS AND TELEPHONE NUMBER:

STREET	
CITY, STATE AND ZIP	
PHONE	

3. HOUSEHOLD INCOME:

NAME	EMPLOYER NAME	INCOME	HOW OFTEN PAID	GROSS MONTHLY INCOME

4. OTHER INCOME, BENEFITS OR SUPPORT (CHECK ALL THAT APPLY)

<input type="checkbox"/>	MEDICAID	<input type="checkbox"/>	OWF CASH	<input type="checkbox"/>	SNAP/FOOD ASSISTANCE
<input type="checkbox"/>	WIC	<input type="checkbox"/>	SSI/SSD	<input type="checkbox"/>	OTHER SOURCES

IF YOU CHECK THE OTHER SOURCES BOX PLEASE SPECIFY WHAT THE INCOME IS HOW OFTEN RECEIVED AND THE GROSS AMOUNT RECEIVED.

**INCOME SELF DECLARATION AND RELEASE OF INFORMATION**

I understand that the statements made on this application for social services are for funding purposes only. I further understand that eligibility for social services does not automatically qualify us for public assistance or PRC funds. This self-declaration includes all earned and unearned income into my household monthly. I understand that this form may be used to allow for billing to the appropriate fund for services used.

Customer Information Acknowledgement

**Non-discrimination policy; State Hearing procedures; and Voter Registration offered?** Customer initials\_\_\_\_\_

**Applicant is aware that any changes must be reported to the agency within 10 days?** Customer initials\_\_\_\_\_

**All individuals listed above are U.S. Citizens or legal aliens and are NOT fugitive felons?** Customer initials\_\_\_\_\_

By signing this application, the applicant agrees that all information provided on the application is true and complete to the best of his/her knowledge. Applicant authorizes Hardin County Job and Family Services to release and share this application and other pertinent information concerning the applicant and his/her family's eligibility and services received with all providers necessary for said services. Applicant further authorizes Hardin County Job and Family Services to review eligibility criteria internally between agency divisions and departments, including but not limited to, the review of Intentional Program Violation (IPV), OWF/PRC fraud and overpayment/collections statuses.

\_\_\_\_\_  
Signature of Adult

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness/Hardin County Juvenile Staff

\_\_\_\_\_  
Date

HARDIN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES  
175 W FRANKLIN ST SUITE 150 KENTON OHIO 43326  
QUESTIONS? PLEASE CONTACT GEANNA ENGLAND 419-675-3511  
**WALK-INS DAILY FROM 8:00 AM TO 4:30 PM**  
**KINSHIP CAREGIVER PROGRAM**

1. Kinship Caregiver Information

First name:		Last name:		Phone number:	
Address:				Date:	
City:	State:	County:	Zip Code:		
Service Requested			<b>FOR AGENCY USE</b> Was Publicly funded Child Care Explored? _____ Is Applicant Eligible for Publicly Funded Child Care? _____		

2. **HOUSEHOLD INFORMATION:** (include kinship caregiver and kinship children who reside in the household).

Name (first and last)	Social Security Number	Relationship to applicant	Kinship placement (Y/N)	US Citizen (Y/N)	Date of Birth	Check box if individual has a qualifying Activity**

3. **HOUSEHOLD INCOME:** Please list all income received by household members, including minor children (income refers to all the money the individuals listed above receive such as wages from employment, spousal/medical support, disability, retirement, workers compensation, Social Security, SSI, Veterans benefits etc. Child support is excluded.

NAME	EMPLOYER NAME	INCOME	HOW OFTEN PAID	GROSS MONTHLY INCOME

4. **OTHER INCOME, BENEFITS OR SUPPORT (CHECK ALL THAT APPLY)**

<input type="checkbox"/> MEDICAID	<input type="checkbox"/> OWF CASH	<input type="checkbox"/> SNAP/FOOD ASSISTANCE	
<input type="checkbox"/> WIC	<input type="checkbox"/> SSI/SSD	<input type="checkbox"/> OTHER SOURCES	

IF YOU CHECK THE OTHER SOURCES BOX PLEASE SPECIFY WHAT THE INCOME IS HOW OFTEN RECEIVED AND THE GROSS AMOUNT RECEIVED.

**Customer Information Acknowledgement**

**Non-discrimination policy; State Hearing procedures; and Voter Registration offered?**  
**Applicant is aware that any changes must be reported to the agency within 10 days?**  
**All individuals listed above are U.S. Citizens or legal aliens and are NOT fugitive felons?**

Customer initials\_\_\_\_\_

Customer initials\_\_\_\_\_

Customer initials\_\_\_\_\_

By signing this application, the applicant agrees that all information provided on the application is true and complete to the best of his/her knowledge. Applicant authorizes Hardin County Job and Family Services to release and share this application and other pertinent information concerning the applicant and his/her family's eligibility and services received with all providers necessary for said services. Applicant further authorizes Hardin County Job and Family Services to review eligibility criteria internally between agency divisions and departments, including but not limited to, the review of Intentional Program Violation (IPV), OWF/PRC fraud and overpayment/collections statuses.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date



FOR HARDIN COUNTY JOB AND FAMILY SERVICES USE ONLY

☐KCP-Stabilization Services Approved

Date notice of Approval sent (mm/dd/yyyy) \_\_\_\_\_

☐KCP-Caregiving Services Approved

Items/service & amount approved	Date of approval	Stabilization or caregiver	Vender's name & address
		<input type="checkbox"/> KCP-Stabilization <input type="checkbox"/> KCP-Caregiving	
		<input type="checkbox"/> KCP-Stabilization <input type="checkbox"/> KCP-Caregiving	
		<input type="checkbox"/> KCP-Stabilization <input type="checkbox"/> KCP-Caregiving	

☐PRC DENIED

Date notice of Denial sent (mm/dd/yyyy) \_\_\_\_\_

Item/Service Denied	Date of Denial	Reason for Denial

Signature of Caseworker	Date	Signature of Supervisor	Date

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 LIST DATE, AMOUNT AND TYPE OF PRC RECEIVED \_\_\_\_\_

WORKSHEET

MONTHLY HOUSEHOLD INCOME/RESOURCES (EXCLUDE CHILD SUPPORT)

EARNED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

200% FPG FOR AG \_\_\_\_\_

ASSISTANCE GROUP SIZE \_\_\_\_\_

UNEARNED \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL \_\_\_\_\_

**Application to Determine TANF Eligibility for Ohio Youth Works Program  
(Work Experience)  
Authorized by Hardin County PRC Plan**

**1. List all members in the household:**

SSN	Last Name	First Name	DOB	School	Grade

**2. Address of family including phone number:**

Street	
City, State, Zip	
Phone	

**3. Combined Family Income:**

Total earned income per month:	
--------------------------------	--

\*Earned income is wages before taxes/deductions are withheld.

**4. Social Security/Pension/Other Income**

Total received per month:	
---------------------------	--

**Income Release of Information**

I understand that the statements made on this application for Adult/Youth program are for funding purposes only. I further understand that eligibility for Adult/Youth program does not automatically qualify us for public assistance or PRC funds. This includes all earned and unearned income into my household monthly. I understand that this form may be used to allow for billing to the appropriate fund for services used. I understand that the information provided is true and accurate.

\_\_\_\_\_  
Signature of Adult or Authorized Rep

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Hardin County DJFS Staff

\_\_\_\_\_  
Date

Internal use only: Youth\_\_\_\_\_ Adult\_\_\_\_\_

## Employment Incentive Program

Welcome to the Employment Incentive Program. The goal of the Employment Incentive Program is to provide support to you and your family as you become more self-sufficient and to decrease the need for public assistance. This program emphasizes the importance of employment and responsibility.

The Employment Incentive Program will help support you and your family with life skills, career skills and financial literacy to ensure that you have the support and stability needed to maintain employment, gain skills needed to move into higher paying positions and become self-sufficient.

You will be assigned to work with one of our Career Coaches. These are the items that you must be willing to do:

- You must complete an assessment.
- You are required to have contact with your Career Coach when the Coach reaches out to you. (If you fail to have contact 5 or more times in a 60-day period it will be just cause for the removal from the program.)
- You are required to have at least 1 in person meeting each month with your Career Coach. (The Career Coach can also require more than 1 face to face meeting a month if the Coach feels this is best for you.)
- You must complete all Financial Literacy trainings in Life Skills by the end of the 18-month program.
- You must complete a budget with the Career Coach. You will be asked to provide all bills that your household pays monthly. You will be reviewing and updating your budget monthly with your Career Coach.
- You must set goals with the Career Coach to help make you self-sufficient. As goals are reached, new ones will be made in order to keep you moving along the path to self-sufficiency.

By signing this agreement, you agree that you are enrolling into the Employment Incentive Program with Hardin County Job and Family Services OMJ, and you agree to the above requirements.

\*\*\*\* All of the above items must be completed in order to be eligible to receive the portfolio money at the end of the 18-month program. Failure to follow this agreement will result in removal from the program and the portfolio money will not be paid out. \*\*\*\*

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Participants signature

---

Date

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Career Coach signature

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Peer Mentor

**RETURN APPLICATION TO:**

**HARDIN COUNTY DEPARTMENT OF JOB & FAMILY SERVICES**

**175 W FRANKLIN ST, SUITE 150 KENTON, OH**

**WALK-INS DAILY TILL 4:30 PM Monday thru Thursday and until 2:30 PM on Friday.  
QUESTIONS-CALL Geanna England 419-675-3511**

**HOW DO I FILE A DISCRIMINATION COMPLAINT?**

Your complaint can be filed with:

Ohio Department of Job and Family Services

Office of Employee and Business Services

Bureau of Civil Rights and Labor Relations

150 E. Gay St., 18<sup>th</sup> floor

Columbus, Ohio 43125-3130

(614) 644-2703 or toll free 1- 866- 227-6353

TTY hearing impaired: 1-866-221-6700

Fax: (614) 752-6381

\_\_\_\_\_  
Jodi M. Tudor, HCJFS Director

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Hardin County Commissioner

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Hardin County Commissioner

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date

\_\_\_\_\_  
Hardin County Commissioner

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
Date