Tuscarawas County Job and Family Services
PREVENTION, RETENTION AND CONTINGENCY (PRC)
PROGRAM APPLICATION

VOTER REGISTRATION APPLICATION – ASSISTANCE AVAILABLE

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

☐ **YES**, I want to register to vote. ☐ **NO**, I do not want to register to vote.

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

Clients must always be given the JFS 07217 (Notice of Rights and Declination) form.

Name of Applicant	Current Street Address	FOR AGENCY USE ONLY Case Number	
Social Security Number	City	Determination	
Telephone Number Where You Can Be Reached	Zip Code	County	Worker

1. Have you ever received any type of public assistance from a human services department? ☐ YES ☐ NO
   If yes, give the name of the county Job & Family Services and the type of assistance received.

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

3. Did you contact any other agencies for help with this need? If yes, list names of agencies. ☐ YES ☐ NO

4. Have any other agencies helped you with this urgent need? ☐ YES ☐ NO
   If yes, name the agency and tell how you were helped. If no, tell why you were not helped.

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

Name	Relationship	SSN	DOB	Education (last grade completed)	Source of Income (Earnings, Child Support, VA Benefits, SSA, SSI, etc.)	Amount of Income	How Often Received
	Self					$	
						$	
						$	
						$	
						$	

Name	Checking	Balance	Savings	Balance
	☐ YES ☐ NO	$	☐ YES ☐ NO	$
	☐ YES ☐ NO	$	☐ YES ☐ NO	$
	☐ YES ☐ NO	$	☐ YES ☐ NO	$

6. Do you have the responsibility to support any minor children who are not residing with you? ☐ YES ☐ NO
   If yes, please complete the following:

Child's Name	Relationship	DOB	SSN	Address/Phone #	Name of Head of HH

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

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

IF YOU ARE ELIGIBLE, THE AGENCY WILL LIMIT ASSISTANCE TO THE ACTUAL DOCUMENTED AMOUNT OF NEED.

I understand and agree to allow TCJFS to make any contacts necessary to verify my eligibility.

Signature of Applicant	Date

This Page for Agency Use Only

Date Application Received: (mm/dd/yy) | 30 Day Budget Period: (mm/dd/yy) | To (mm/dd/yy)

REQUEST

Benefit/Service	Amount Needed		
1.	$	Total Need:	$
2.	$	Community Resources Used:	$
3.	$	Net Need:	$
4.	$		

Reason for Need:

RESOURCES

	Source	Balance	Verification
1.		$	
2.		$	
3.		$	

INCOME

Source of Income	Amount Available in Budget Period	Verification
	$	
	$	
	$	
Total Income Available	$	
PRC Eligibility Standard	$	
PRC Max. for this Service	$	
Past PRC used for this Service	$	
Present PRC Balance for this Service	$	
AG Contribution	$	

CHECKLIST Attach verifications:

☐ Estimates ☐ Resources ☐ CSEA
☐ BV (including TANF Fraud) ☐ Sanction

☐ Prevention ____ ☐ Retention ____ ☐ Contingency ____

☐ PRC APPROVED. ____ ADULTS ____ CHILDREN

Item/Service Provided	Date of Approval	Amount Paid	Vendor's Name
1.		$	
2.		$	

☐ PRC DENIED ____ Date of Denial (mm/dd/yy)
____ Date Notice of Denial of Application sent (mm/dd/yy)

Reason for Denial:

Signature of Caseworker	Date	Signature of Supervisor	Date

Below is recommended language to inform PRC applicants of their rights:

NON-DISCRIMINATION

Federal laws require that any agency administering federally funded programs and activities, cannot discriminate against you based on race, color, national origin, sex, religion, political beliefs, disability, and age.

AMERICAN WITH DISABILITIES ACT

If you have a physical or mental condition that substantially limits one or more major life activities, you may have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. Physical or mental conditions include, for example, a learning disability, mental retardation, a history of drug or alcohol addiction, depression, mobility impairment, or a hearing or vision impairment.

You can let us know if you have a disability. If you cannot do something we ask you to do, we can help you do it or we can change what you have to do.

Here are some of the ways we can help:

- We can call or visit if you are not able to come to our office.
- We can tell you what this letter means.
- If you are hearing impaired, we can provide a sign language interpreter when you come to the office.
- We can help you appeal any decision that you do not agree with.

If you need some other kind of help, ask us. Call your caseworker.

LIMITED ENGLISH PROFICIENCY

If your primary language (spoken or written) is not English, we can help you. Let us know if your primary language if not English.

Here are some of the ways we can help:

- We can provide you with an interpreter who can speak English and your language when you come to the office. One will be provided at no cost to you.
- We may be able to provide you documents in your own language. If we cannot, then we will provide you with an interpreter who can read the documents to you.

INFORMATION ON CITIZENSHIP AND IMMIGRATION STATUS

If you are applying for PRC benefits, you must tell us about the citizenship and immigration status of only those persons you are seeking the benefits for. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC if they are otherwise eligible.

You may also need to tell us about your family's income and answer other questions we may ask.

INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER

Generally, if you are applying for PRC benefits, you must provide the social security number of only those persons you are seeking the benefits for. However, there may be instances where we need the social security numbers of members of the household to verify income or other eligibility criteria to determine eligibility even though they are not seeking PRC benefits themselves. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC if they are otherwise eligible.

Social Security numbers may be used when contacting appropriate persons or agencies to determine your eligibility and verify information you have given for PRC, for example, income, disability benefits or other similar benefits and programs. Such information may affect your household eligibility for PRC. Your 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.

HOW DO I FILE A DISCRIMINATION COMPLAINT?

Your complaint can be filed with:

The Ohio Department of Job and Family Services
Bureau of Civil Rights
30 East Broad Street, 37th Floor
Columbus, Ohio 43215-3414

Fax to: 614-752-6381

The Bureau of Civil Rights (BCR) staff is available to offer assistance with writing and filing your complaint(s). You can call BCR at 614-644-2703 or Toll Free 1-866-227-6353, TTY 614-995-9961 or Toll Free 1-866-221-6700.

Ohio Department of Job and Family Services

EXPLANATION OF STATE HEARING PROCEDURES

What is a State Hearing?

If you think there has been a mistake or delay on your case, you may want to ask for a state hearing. You can ask for a hearing about actions by either the state department of job and family services or the local agency. Local agencies include the County Department of Job and Family Services (CDJFS), the County Child Support Enforcement Agency (CSEA), and agencies under contract with them.

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

How to Ask for a Hearing

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

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

If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

How to Request a Telephone Hearing

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

Continuing Assistance or Services

If you receive a notice that your assistance or services will be reduced, stopped, or restricted, you must request a state hearing within 15 days of receiving that notice in order to continue receiving your benefits until your hearing decision is issued.

In the food assistance program, your benefits will not continue if you were denied or if the certification period has expired. After the certification period, you must reapply and be found eligible.

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

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

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

County Conference

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

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

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

When Will the Hearing be Held?

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

Where are Hearings Held?

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

Postponement of the Hearing

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

If You Do Not Attend the Hearing

The Bureau of State Hearings will send you a dismissal notice if you do not come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing along with any verification. Verifications are documents or papers that prove why you missed your scheduled hearing. Once you have submitted your good cause verification, the hearing authority will decide if the documentation you provide is sufficient. If you do not call within 10 days and show good cause or proof for missing the hearing, it will be dismissed and you will lose the hearing. The local agency can then go ahead with the action it was planning to take.

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

Before the Hearing

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

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

If you do not know how to reach your local aid office, call 866-529-6446 (866-LAW-OHIO), toll-free, for the local number or search the Legal Aid directory at http://www.ohiolegalservices.org/programs. If you want notice of the hearing sent to your lawyer, you must give the Bureau of State Hearings your lawyer's name and address.

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

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

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

Subpoena

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

At the Hearing

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

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

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

Group Hearings

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

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

After the Hearing

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

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

Compliance with the Hearing Decision

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

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

Another Action Requires Another Hearing

If you receive another prior notice that says the local agency wants to change your assistance or services while you are waiting for a hearing or hearing decision, you must ask for another hearing if you disagree with the new action. A separate hearing will be conducted on the new notice.

HOW TO COMPLETE THIS FORM: You must provide information for anyone residing in your home that is reporting that they have no income. If the person with no income, is an adult, please have them list their name/relationship to you and then have them sign where indicated. If the only individuals in your home without income are children, please list their name/relationship to you and you sign verifying the statement of no income. *****DO NOT COMPLETE THIS FORM FOR ANYONE WITH INCOME.*****

"NO FORM OF INCOME" STATEMENT

For consideration of PRC eligibility, this statement is to verify that the following individuals listed on my PRC application and residing in my household, have **NO FORM OF INCOME** from any source. By indicating NO FORM OF INCOME, this includes any type of monetary income, *including, but not limited to the following examples*: Paid employment, self-employment, Social Security benefits (of any type), Child Support, Veterans Benefits, and any money from a family member or someone else.

Person 1: _____ Relationship to the applicant: _____
(Printed name of the person)

Person 1: _____ Date: _____
(Signature of the person, if adult -or- of the parent, if minor)

Person 2: _____ Relationship to the applicant: _____
(Printed name of the person)

Person 2: _____ Date: _____
(Signature of the person, if adult -or- of the parent, if minor)

Person 3: _____ Relationship to the applicant: _____
(Printed name of the person)

Person 3: _____ Date: _____
(Signature of the person, if adult -or- of the parent, if minor)

Person 4: _____ Relationship to the applicant: _____
(Printed name of the person)

Person 4: _____ Date: _____
(Signature of the person, if adult -or- of the parent, if minor)

I am providing this information for the eligibility determination of my PRC Application. I understand that any inaccurate information provided could result in an overpayment which must be repaid or even denial of my application. If it is found that the inaccurate information was intentionally misleading, I could lose any future PRC eligibility.

Signature of the PRC Applicant: _____

Date of signature: _____

Ohio Department of Job and Family Services

APPLICANT/RECIPIENT AUTHORIZATION FOR RELEASE OF INFORMATION

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

I, _____ (*Name of Individual*), hereby authorize all PRC vendors and CPS (*Name of covered entity, such as CDJFS, employer, etc.*) to disclose the information listed below to Tuscarawas County Job and Family Services (*Who will receive the information?*) for the purpose of determining eligibility for cash assistance, medical assistance and/or Supplemental Nutrition Assistance Program (SNAP) benefits; or for the following reason(s): Application for Prevention, Retention, Contingency Services/Benefits which is known as the PRC program.

Information to be released: Any information pertaining to my potential eligibilty for the PRC program. This may include income verification, employment verification, current/past due amounts, and payment agreement information.

By signing below, I understand that:

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

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

389 Sixteenth Street SW., New Philadelphia, OH 44663 ATTN: PRC

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

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

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

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

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

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

Please reply in the space below, sign and date.

_____

_____

_____

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

TUSCARAWAS COUNTY Job & Family SERVICES
Veronica Spidell, LPC
Director

389 16th Street SW
New Philadelphia, Ohio 44663
Phone: 330-339-7791 or 800-431-2347
Fax: 330-339-6388 TTY/TTD: 1-800-750-0750
www.tcjfs.org

Repayment Agreement

As part of my application for services under the Prevention, Retention and Contingency (PRC) Program with Tuscarawas County Job and Family Services (TCJFS), I acknowledge and agree to the repayment terms listed below:

- Repayment of the entire balance for any education expenses incurred by TCJFS when the applicant or other PRC assistance group recipient fails to successfully engage in or complete the program in which expenses were incurred. Repayment in full will be expected prior to any future PRC eligibility. The education expenses can include, but are not limited to: Tuition, book costs, supplies, tools, transportation assistance, or any other allowable educational expenses, not listed.
- Repayment of the entire balance for any work-related expenses incurred by TCJFS will be made when an applicant or other PRC assistance group member fails to successfully engage in the employment for which the expenses were incurred at the time of application approval. Repayment in full will be expected prior to any future PRC eligibility. The work-related expenses can include, but are not limited to: Uniforms, tools, supplies, work clothing, pre-employment testing fee's, drug screens, transportation expenses, etc.
- Repayment of the entire balance of vehicle repairs incurred by TCJFS will be expected when the vehicle is subsequently sold by the applicant or other PRC assistance group member within a six-month period or when the individual voluntarily leaves the employment within a thirty-day period. Repayment in full will be expected prior to any future PRC eligibility.
- Liability of costs incurred prior to pest removal services being provided when the applicant fails to meet the pre-treatment requirements of the pest removal vendor, and the subsequent services cannot be provided. The applicant will assume all responsibility for any charges when proper preparation instructions are not followed, and the services cannot be performed upon arrival for inspection/service delivery.
- Reimbursement from the application for any summer programs that are not attended when payment in full was issued and the vendor will not return.

PRC program services and benefits are created to help an individual achieve success but require a full commitment in greater part by the applicant. A signature is accepting full responsibility and understanding to these terms prior to any eligibility determination.

Name	Case Number
Services Requested	Application Date
Signature	Date