

## **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

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

EXPLAIN WHAT YOU NEED:	
SIGNATURE	DATE

## 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**

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

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

NAME	RELATIONSHIP TO YOU	AGE	SOCIAL SECURITY NUMBER	GROSS MONTHLY INCOME

**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	

**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?**

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 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\_\_\_\_\_