

Signature of Interviewer _

Prevention Retention and Contingency - Application B

nep for today, hope for tomorrow.						FOR AGENCY USE ONLY			
Name of Applicant	С	urrent Addre	SS		Case N	umber	Application Date		
Social Security Number					□ Wo	ork Supports	Date Returned		
Telephone Number who be reached	ere you can				□ Far	mily Supports	□ COVID		
Email Address □ 3000 □ OJT/Train									
Have you ever received a	any type of Publ	ic Assistanc	e from a Job and	Family Se	rvices De	partment? □Y	es □ No		
If yes, give the County De	epartment of Jo	b & Family S	Services, the type	e of assistar	nce receiv	ved and the date	received:		
Have you ever applied fo	r PRC services	in Licking C	ounty (or comple	ted this app	olication b	efore)? Yes	□ No		
Is anyone in your househ If yes, please explain the									
Is anyone in your ho	usehold pre	gnant? □	Yes □ No □	f so, wha	t is her	due date?			
Complete the chart below for all members of your h	v for anyone livi	Car the chester retains each seem seem seem							
Name	Relationship to Applicant	Pregnant Yes/No	Date of Birth	Social S Nun	Security nber	Source of Income	Monthly Amount of Gross Income (Excluding Child Support)		
1.							\$		
2.							\$		
3.							\$		
4.							\$		
5.							\$		
5.							\$		
7.							\$		
Are you the Non-Custodia	al Parent of a chi	ild? ☐ Yes	□ No If Yes	s, please lis	t child's n	ame:			
What do you need assis	stance with?								
Reason for Need:									
Customer Information Non-discrimination iss	Acknowledge	ment					tomer initials		
Voter Registration offe				g p					
							to the base of the first		
By signing the application, knowledge. Applicant auth pertinent information conce services. Applicant further internally between agency	orizes Licking Co erning the applica authorizes LCJF	ounty Job & F ant and his/h S to review a	Family Services (I er family's eligibil and share the app	_CFJS) to re ity and servi blication, the	elease and ces receiv information	I share this applic red with all providen on it contains, and	ation and other ers necessary for said I eligibility criteria		
OWF/PRC fraud, and over	payment/collecti	ons statuses	•						
Signature of Applicant			D	ate					

FOR LCJFS USE ONLY

☐ PRC Approved	Date notice of Approval sent (mm/dd/yr)						
Item/Service & Amount Approved	Date o		Vendor	's Name & Addre	ss		
	-		-	·			
□ PRC Denied			Date notice	e of Denial sent (mr	n/dd/yr)		
Item/Service Denied	Date o Denial		Reasor	for Denial			
Signature of Caseworker		Date		Signature of Su	pervisor	Date	
PRC Tool Reviewed ☐ Yes ☐ No PRC received prior? ☐ Yes ☐ No MONTHLY HOUSEHOLD INCOME/I (Excluding Child Support			Da WORKS		PRC received?		
Earned		_		Assistance Gro	oup Size		
		_			Work/Family Supports	s/OJT/3000 200% FPG	
Unearned					AG Size	FPG 200%	
					2	\$3052	
					3	\$3839	
TOTAL					4	\$4625	
200% FPG for AG					5	\$5412	
200% FPG for AG					6	\$6199	



Prevention Retention and Contingency - Application C

	TANF Workforce S	Services	
By signing this Agreements that apply):	ent, I verify the following information	is true and accurate (please cl	neck all
	citizen or legal alien		
	e an outstanding OWF or PRC fraud	l overnavment balance or an ex	ristina
	rogram Violation (IPV)	a overpayment balance of all ex	Johns
□ I am not a fu			
	d, or child age 18 and still attending	high school, is living in the house	sehold
	upport for a minor child, or child age		
	ncome falls within the stated guideli		
My Family S		amily's Gross Monthly Income \$	<u> </u>
		(Excluding Child Support)	
Number of people in your family	PRC Eligibility & Title XX/TANF		T
(include spouse and all	Transfer Services	Name	Date of Birth
children)	Monthly gross income is less than or equal	to 1.	
2	\$3,052	2.	
3	\$3,839		-
4	\$4,625	3.	
5	\$5,412	4.	
6	\$6,199	5.	
7	\$6,985	6.	
8	\$7,772	7.	
	200% FPG as of 1.12.2022		
IPV Fraudulent OWF/PR	C Assistance & Fiscal Collections re	eviewed? □ Yes □ No Claims? □	lVes □ No
PRC Tool Reviewed □ \		Wilding E 100 E 110 Glamic.	1 100 1110
PRC received prior?		count of BBC received?	
rke received prior?	Tes 🗆 No Date & an	nount of PRC received?	
Customer Information A	cknowledgement		
Non-discrimination issued? Cu	stomer initialsSt	ate Hearing procedures issued? Customer	rinitials
Voter Registration offered? Cu	stomer initials		
By signing the application, ar	oplicant agrees that all information provided	on this application is true and complet	e to the best
of his/her knowledge. Applica	ant authorizes Licking County Job & Family	Services (LCFJS) to release and share	e this
	nt information concerning the applicant and		
	iid services. Applicant further authorizes LC ligibility criteria internally between agency d		
	rogram Violation (IPV), OWF/PRC fraud, ar		
0: 1 54	i' (Di Di II)	0 : 10 :: N 1 = D	
Signature of Ap	pplicant Please Print Name	Social Security Number D	ate
Case Worker S	Signature	Application Approved: Yes	□ No□



TANF Child Welfare/ Kinship Navigator/Conditional Services Title XX/TANF Transfer Services Application

Name of Applicant:		Current address:	Current address:				
Social Security #:							
Date of Birth:							
□ I am a U.S. □ I am not a f	citizen or legal alien. ugitive felon ncome falls within the stated gu	y Family's Gross Monthly Income \$					
Number of people in your	PRC Eligibility & Title	200% FPG as of 1.12.2022					
family (include spouse and all children)	XX/TANF Transfer Services Monthly gross income is less than or equal to	Name 1.	Date of Birth				
2	\$3,052	2.					
3	\$3,839	3.					
4	\$4,625	4.					
5	\$5,412						
6	\$6,199	5.					
7	\$6,985	6.					
8	\$7,772	7.					
Customer Information Non-discrimination issue Voter Registration issue	ed? Customer initials		Customer initials				
Signature of Applican	t	Date					
By signing the application, ap Applicant authorizes Licking the applicant and his/her fam review and share the applica	oplicant agrees that all information p County Job & Family Services (LCF illy's eligibility and services received tion, the information it contains, and	provided on this application is true and complete to the bears. TS) to release and share this application and other perting with all providers necessary for said services. Applicant deligibility criteria internally between agency divisions an OWF/PRC fraud, and overpayment/collections statuses.	nent information concerning truther authorizes LCJFS to				
	FOR	AGENCY USE ONLY					
IPV, Fraudulent OWF/P	RC Assistance & Fiscal Coll	ections reviewed? ☐ Yes ☐ No Claims? ☐	Yes □ No				
PRC Tool Reviewed?	☐ Yes ☐ No						
PRC received prior?		ount of PRC received?					
☐ TANF Chil	eceiving: avigator services d Welfare services ANF Transfer Services	PRC Eligible? Yes □ No □ Approval/Denial Letter Issue Dat Caseworker:					



PRC Application E



Participant Name		Participant date of birth			FOR AGENCY USE ONLY				
Parent/guardian of minor app	licant	Present Ad	dress		Case Number				
Social Security Number					Date Sent Date Ret				
Telephone Number where you be reached	u can				C	county	Unique ID		
pes your family have an ope the youth participant a U.S re any members of the hous or any members of the hous complete the chart below for sources for all members of	citizersehold sehold behold h	n or legal al fugitive felo nave an exis	ien? □Yes □ ns or probation sting Intentiona our home, incli	□ No n/parole violato al Program Vio uding yourself.	ors latio	□Yes □ No on □ Yes □ No	y all income and		
Name		ionship to participant	Date of Birth	Social Securi Number	ty	Source of Income/Resource	Monthly Gross Income (Excluding Child Support)		
1.							\$		
2.							\$		
3.							\$		
4.							\$		
5.							\$		
6.							\$		
7.							\$		
8.			10 1000 1000				\$		
signing the application, applicant plicant authorizes Licking County plicant and his/her family's eligibili d share the application, the inform ited to, the review of Intentional P	Job & Fa ity and se nation it c	amily Services ervices receive ontains, and e	(LCFJS) to released with all provider	e and share this a s necessary for sa ernally between a	appli aid s geno	cation and other pertinent in ervices. Applicant further au cy divisions and department	formation concerning the thorizes LCJFS to review		
Signature of Youth Particip	oant			Date					
Signature of Parent/Guard	lian of r	minor youth		Date					
v signing this application, I g hioMeansJobs.com.	give pe	rmission for	the above-na	med minor par	ticiţ	pant to register as a us	er on		
gnature of Interviewer				Agency Nar	ne				

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□ PRC Approve	ed	☐ PRC Denied				
Date & reason of	Denial (mm/dd/yy)_	[Date Notice	of Approval/Denial of	Application So	ent (mm/dd/yr)
Signature of 0	Caseworker	Date		Signature of Supe	rvisor	Date
IPV, Fraudulent	t OWF/PRC Assi	stance & Fiscal Colle	ections re	/iewed? □ Ye	s □ No Cl a	aims? □ Yes □ No
PRC Tool Revie	ewed 🗆 Yes 🗆 1	No				
PRC received p	orior? □ Yes □ N	No	Date	& amount of PRC	received? _	
		w	ORKSHE	ET		
	JSEHOLD INCOM	//IE/RESOURCES* rt Income)				
Earned			,	Assistance Group Siz	ze	-
			*	Attach Ohio Benefits	screen prints f	or presumptive income
	eligibility					
Unearned			Assi	stance Group Size		200% FPG
				1		\$2,265
				2		\$3,052
				3		\$3,839
				4		\$4,625
TOTAL 200% FPG for AG	•			5		\$5,412
200 /6 FF G 101 AG				6		\$6,199
				7		\$6,985
				8		\$7,772



Prevention Retention and Contingency - Application F

Number of people in

your family

PRC Eligibility Monthly

gross income is less than

PRC School Clothes Program

By signing this Agreement, I verify the following information is true and accurate:

- I am a U.S. citizen or legal alien
- · I am not a fugitive felon
- · A minor child, or child age 18 and still attending high school, is living in the household
- My family's income falls within the stated guidelines below
- My family does not have an OWF/PRC intentional program violation or outstanding fraud overpayment balance
- I have received information on my rights regarding non-discrimination
- I have received state hearing procedure information
- I have received voter registration information

My Family Size Is			(include spouse and all children)	or equal to
My Family's Gross Mo (Excluding Child Supp			2	\$3,052
			3	\$3,839
I am requesting school			4	\$4,625
child(ren),			5	\$5,412
Please list all househo	old members nar	me and date of birth in	6	\$6,199
			7	\$6,985
Name	Date of Birth		8	\$7,772
1.			200% F	FPG as of 1.12.2022
2.				
3.			usly received PRC?	
	-	If yes, pl	ease list the date(s) & amount of
4.	-	PRC rec	eived	
5.				
6.		Print Applicant Name:		
7.		Applicant Social Secu		
Signature of Applica	ınt	Date		
knowledge. Applicant authoriz information concerning the applicant further authorizes LC	es Licking County Job & plicant and his/her family CJFS to review and shar ents, including, but not li	ormation provided on this application Family Services (LCFJS) to release y's eligibility and services received we the application, the information it committed to, the review of Intentional Provided to	e and share this application a with all providers necessary f contains, and eligibility criter	and other pertinent or said services. ia internally between
School District Author	ized Signature	Applica	tion Approved: Yes	s 🗌 No 🗌



Prevention Retention and Contingency - Application G

Name of Applic		er Literacy Eni		nt address:	
Social Security			Guiron	it dadroos.	
	#. 				
Date of Birth:					1
 I am a A mir My fa I have I have My Family Size Is 	a U.S. citizen or legal a nor child, or child age 1 imily's income falls with e received information e received state hearin e received voter registi	My Family's ((Excludir cy enrichment prograi	tive felor h school s below non-disc n Gross M ng Child Su	n, lives in the household rimination lonthly Income \$ pport) ces for the following of	
L	Number of people in your family (include spouse and all children)	PR Monthly gross inco	C Eligibilit ome is less		
	2		\$3,052		
	3		\$3,839		
	4		\$4,625		
	5		\$5,412		
	6		\$6,199		
	7		\$6,985		
	8		\$7,772		
IPV, Fraudulent OWF		Collections reviewed? ☐ Y	es □ No C	200% FPG as of 1 Claims? ☐ Yes ☐ No	1.12.2022
PRC received prior?	□ Yes □ No	Date & amount of PRC re-	ceived? _		
By signing the applicate knowledge. Applicant information concerning Applicant further author	authorizes Licking County J g the applicant and his/her for prizes LCJFS to review and departments, including, but i	Il information provided on this ob & Family Services (LCFJS amily's eligibility and services share the application, the infonot limited to, the review of Int) to release received w rmation it o	e and share this application a vith all providers necessary f contains, and eligibility criter	and other pertinent for said services. ia internally between
Summer Literacy	Enrichment Program A	Authorized Signature	A	pplication Approved: \	YES NO



inship Caregiver Informat			DiN			
irst Name:	Last Nam	ie:	Phone N	umber:		
Address:					To	oday's Date:
City: State:					Zi	p Code:
ervice Requested:				FOR licly Funded Child ant Eligible for Pub		red?
ousehold Information (inc	lude kinship care	egiver and kins	hip children	who reside in the	household	.)
Name (First, Last)	Relationship to You (Spouse, son, etc.)	Kinship Placement Yes/No	US Citizen (Yes/No)	Date of Birth	Check B if Individ Has a Qualifyid Activity	ual Number ng
**Applicant attests/affirms the are attending training/school lease list all income receive come refers to all the money sability, retirement, Workers'	ol, and/or participa d by household the individuals lis	members, included the distribution members, included above received above receive	equirements uding mino ve such as v	r children. vages from employs benefits etc. Chi	sistance or s yment, spou ld support is	SNAP Food Assistance. sal/medical support,
	Type of modifie		ore taxes)	(weekly, bi-w		Date Last Neceived
n-discrimination policy; plicant is aware that any individuals listed above signing the application, applic wledge. Applicant authorizes tinent information concerning vices. Applicant further autho ernally between agency division /F/PRC fraud, and overpayment	State Hearing I changes must are U.S. Citize cant agrees that a Licking County J the applicant and rizes LCJFS to reons and departme	be reported ns or legal al Il information pr ob & Family Se I his/her family's view and share ents, including, t	and Voter Into the ager iens and a ovided on the rvices (LCFJ is eligibility are the application	Registration off ncy within 10 da re not fugitive f is application is tru IS) to release and and services received ion, the information	ays? Cus elons. Cus ue and comp share this aped with all properties.	tomer initials tomer initials plete to the best of his/he pplication and other roviders necessary for sa
,						

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□ KCP-Stabilization Services Appro □ KCP-Caregiving Services Appro		Date notice of Ap	oproval sent (mm/dd/yr)					
Item/Service & Amount Approved	Date of Approval	Stabilization Caregiver	or Vendor's Name & A	Address				
		☐ KCP-Stabilizat	60 March 2000					
		☐ KCP-Stabilizat						
		☐ KCP-Stabilizat	· · · · · · · · · · · · · · · · · · ·					
□ PRC Denied		Date notice of De	enial sent (mm/dd/yr)					
Item/Service Denied	Date of Denial	Reason for D)enial					
Signature of Caseworker	Date	e Sigr	Signature of Supervisor Date					
PV, Fraudulent OWF/PRC Assistance & Fisc PRC Tool Reviewed	nship received p		Date, Amount, & Type of PRO	received?				
arned			Assistance Grou	o Size:				
			Kinship Ca	re 200% FPG				
Unearned			AG Size	FPG 200%				
			1	\$2265				
OTAL			2	\$3052				
00% FPG for AG			4	\$3839 \$4625				
			5	\$5412				
			6	\$6199				



Prevention Retention and Contingency - Application I

TANF/PRC In-School Youth

By signing this Agreement, I verify the following information is true and accurate:

- I am a U.S. citizen or legal alien
- I am not a fugitive felon
- · A minor child, or child age 18 and still attending high school, is living in the household
- My family's income falls within the stated guidelines below
- My family does not have an OWF/PRC intentional program violation or outstanding fraud overpayment balance
- I have received information on my rights regarding non-discrimination
- I have received state hearing procedure information
- I have received voter registration information

Print Parent/Guardian Name: _		Mny Fan	nily Size Is
Parent/Guardian Social Securi	ty #:		
My Family's Gross Monthly Inc	ome (Excluding Ch	nild Support) \$	
I am requesting employment s			
student name:			
Please list all household meml			low:
Name	Date of Birth	Number of people in	PRC Eligibility Monthly
1.		your family (include spouse and all children)	gross income is less than or equal to
2.		2	\$3,052
3.		3	\$3,839
4.		4	\$4,625
5.		5	\$5,412
6.		6	\$6,199
7.		7	\$6,985
			200% FPG as of 1.12.2022
Signature of Parent/Guardia	 n	Date	
By signing the application, applicant agree knowledge. Applicant authorizes Licking information concerning the applicant and Applicant further authorizes LCJFS to reagency divisions and departments, inclusive overpayment/collections statuses.	County Job & Family Servic I his/her family's eligibility an view and share the application	es (LCFJS) to release and share t id services received with all provid- on, the information it contains, and	this application and other pertinent ers necessary for said services. I eligibility criteria internally between
JFS Representative Signature		Date	
LCJFS to complete IPV, Fraudulent OWF/PRC Assistan PRC Tool Reviewed □ Yes □ No	ce & Fiscal Collections PRC received prior? [☐ Yes ☐ No	
Date & amount of PRC received?		Appl	ication Approved: ☐ Yes ☐ No





PRC / Employment Retention & Transitional Services & Employment Incentive Program - Application J

								FOR AC	SENC	Y USE ONLY
Name of Applicant		Curre	ent Address	entre en la companya de la companya			Case Nu	ımber		Application Date
Social Security Number										Date Returned
Telephone Number whe be reached	ere you can						□ Emp	oloyment I	ncen	tive Program (GRF)
Email Address:							□ PRO	Employr	nent	Retention Program
Have you ever received a	ny type of Pu	ublic A	ssistance fr	om a Job and I	amily S	Ser	vices De	partment?	□ <i>\</i>	′es □ No
If yes, give the County De Have you ever applied for										
Is anyone in your househ If yes, please explain the Is anyone in your ho	person(s), cir	rcums	tance(s), ar	nd date(s) invol	ved:					s □ No
Complete the chart below for all members of your ho		iving i	n your home	e, including you	rself. Y	ou	are requ	ired to verit	fy all i	ncome and resources
Name	Relationshi Applican		Pregnant Yes/No	Date of Birth			ecurity ber	Source Income	W.282540	Monthly Amount of Gross Income (Excluding Child Support)
1										\$
2										\$
3						cavin a				\$
4										\$
5										\$
6										\$
7										\$
Customer Information Non-discrimination iss Voter Registration offe	ued? Custor	ner ini	tials	State Hea	ring pr	ос	edures i	ssued? C	ustom	er initials
By signing the application, knowledge. Applicant authorized pertinent information conceservices. Applicant further internally between agency OWF/PRC fraud, and over	orizes Licking erning the app authorizes LC divisions and	Count licant JFS to depar	ty Job & Fan and his/her for review and tments, inclu	nily Services (LC amily's eligibility share the applic	FJS) to and ser cation, th	re rvio	lease and ces receiv informatio	share this a ed with all p n it contains	applica rovide s, and	ation and other ers necessary for said eligibility criteria
Signature of Applicant									Date	
Signature of Interviewer										

FOR LCJFS USE ONLY

Last Date Pu	blic Benefits received:								
Date Obtained Employment:			30-day retention date:				90-day retention date:		
Employer Verification ☐ Yes ☐ No			Paystub Verification: Yes			Paystub Verification: ☐ Yes ☐ No			
□ PRC Appro	oved Date		Date notic	ce of App	proval sent (m	m/dd/yr)			
Item/Service Approved			Vendor Name:						
☐ 30-day Retention payment			Mailing Address:						
☐ 90-day Retention payment		City, State, Zip code							
□ PRC Denie	d Date					Г	Date notice of Denial s	sent (mm/dd/yr)	
Item/Service Denied			Reason for Denial						
		_							
☐ 30-day Retention payment				-					
□ 90-day Re	tention payment								
Signature of Caseworker			Date	Signa	Signature of Supervisor			Date	
PRC Tool Rev	ent OWF/PRC Assistativiewed				wed? ount of PRC	□ Yes		」Yes □ No	
	OUSEHOLD INCOME/ (Excluding Child Support		OURCES						
Earned		Assistance Group Size							
		Employment Retention & Transitional Services 200% FPG							
					AG Si	ize	FPG 200%		
Unearned					1		\$2265		
					2		\$3052		
					3		\$3839		
TOTAL					4		\$4625		
ISIAL					5		\$5412		
200% FPG for A			6		\$6199				