



Please list all sources of income to include earnings, child support, VA benefits, SSI, SSA, etc. for all household members on Page 1.

- 2) Are you or anyone in your home currently receiving or in the past 12 months received any form of assistance or help from this or any other Job & Family Services or comparable agency in another state?

YES  NO

If yes, please state type and amount of assistance and agency from which it was received:

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- 3) Are you or anyone in your home presently under a sanction or disqualification from any Job & Family Services program?

YES  NO

If yes, state who, type and reason for sanction, and date sanction started: \_\_\_\_\_

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- 4) Do you or any member of your home have any outstanding OWF or PRC fraud overpayment balances?

YES  NO

If yes, state who, amount and explain: \_\_\_\_\_

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Are you currently making payments on that balance now?  YES  NO

- 5) Explain what you need and estimate the amount you are requesting:

Benefit or Service:	Amount needed:	Reason for Need:
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	

List community resources explored to meet this need:

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How will this item/service affect your job? \_\_\_\_\_

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Service Provider	Address	Phone	Who did you talk to?	Price each	Price Delivered
1)					
2)					
3)					
1)					
2)					
3)					
1)					
2)					
3)					

A minimum of THREE reliable quotes must be provided for each request not the sole source

6.) Please provide below a statement indicating what caused this emergency:

I certify that the information that I have provided is true and correct to the best of my knowledge. I also understand that if the county department of job and family services denies my application, I have the right to request a state hearing.

Applicant Signature	Date
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**Ashland County Department of Job and Family Services  
 PRC (Prevention, Retention, & Contingency) Application  
 Family Strength and Stability Program  
 Juvenile Diversion Services (House Bill 57)**

The Ashland County Department of Job and Family Services PRC program is not ongoing OWF assistance. PRC services for the Family Strength and Stability Program are services that have no direct monetary value to an individual family and that do not involve implicit or explicit income support. A PRC Assistance Group (AG) is a group of individuals containing at least one minor child (or a pregnant woman) treated as a unit for the purpose of determining eligibility for the PRC program.

Applicant's Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone number where you can be reached: \_\_\_\_\_

**Please list all persons living in your household:** Today's Date: \_\_\_\_\_

Name	Social Security #	Date of Birth	Relationship to Applicant	Income Source	* Income received in the last month
1.					
2.					
3.					
4.					
5.					
6.					
7.					

\* Gross income for the last 30 days will be used to determine eligibility. The 30 day period begins 30 days prior to the date of application and ends on the application date. Income may be verified with pay stubs, receipts, letters from employers, or self-declaration at the discretion of the service provider. Eligibility may also be determined by enrollment in other means tested programs.

Please answer the following questions:

- 1. Is there at least one minor child living in your household?  Yes  No
- 2. Is anyone in your household a fugitive felon or parole violator?  Yes  No
- 3. Are you an unmarried, non-graduate parent under 18 not attending high school or the equivalent?  Yes  No
- 4. Are you an unmarried parent under 18 not living in an adult supervised setting?  Yes  No
- 5. Do you receive any of the following services (check all that apply):
  - Food Stamps  Yes  No
  - Medicaid  Yes  No
  - Healthy Start/Healthy Families  Yes  No
  - WIC Supplements  Yes  No
  - Subsidized Child Care  Yes  No
- 6. Is anyone in your household under a sanction or disqualification from the Ohio Works First (OWF) program or any human services program? (You may still be eligible for Preservation & Reunification Services)  Yes  No

7. Is anyone in your household ineligible for OWF due to deliberate non-compliance with the terms of their assistance case?  Yes  No

8. Does anyone in your household owe an OWF or PRC fraud overpayment balance?  Yes  No

9. Has anyone in your household ever fraudulently misrepresented their residence in order to obtain assistance in two or more states?  Yes  No

10. Is anyone in your household currently receiving any form of assistance from any Department of Job and Family Services or a comparable agency in another state?  Yes  No

*If Yes, please state type and amount of assistance and agency from which it is received:*

11. Has anyone in your household received any form of assistance from any Department of Job and Family Services or comparable agency in another state in the last 12 months?  Yes  No

*If Yes, please state type and amount of assistance and agency from which it was received:*

**The above information is true and accurate.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you do not agree with the action taken on your application, you have the right to a state hearing. A copy of the *Explanation of State Hearing Procedures* will be provided with this application.**

**PROVIDER USE ONLY:**

**Eligibility for Family Strength & Stability Program to be determined based on (check one)  Income  Means Tested Program**

*If means tested program, list program used that determined eligibility:* \_\_\_\_\_

*If based on income, how was income verified:*  In writing – verification attached

Verbal verification received from \_\_\_\_\_  
name and title of person providing verification

of \_\_\_\_\_ at \_\_\_\_\_  
employer or company telephone number

Self-Declaration of income by applicant.

Assistance group size: \_\_\_\_\_ 200% monthly Federal Poverty Guideline for assistance group size: \$ \_\_\_\_\_

Total countable **gross income** received by all members of the assistance group in the last 30 days: \$ \_\_\_\_\_

Above income is less than or equal to the 200% monthly Federal Poverty Guideline for the AG?  Yes  No

**Case is:**  Approved  Denied **Approval or Denial Date:** \_\_\_\_\_

**Date Approval/Denial Letter Mailed:** \_\_\_\_\_

**Agency/Provider processing this application:** \_\_\_\_\_

**Signature of employee determining eligibility:** \_\_\_\_\_

2012 /13 EMPOWERMENT GROUPS  
by Ashland Parenting Plus  
PARTICIPANT PERMISSION AND REGISTRATION FORM

I give permission for (participant name) \_\_\_\_\_ my  
child / ward to participate in the Empowerment Program as explained in the enclosed  
letter sponsored by Ashland Parenting Plus.

AGE: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_ SCHOOL DISTRICT: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ PARENT CELL: \_\_\_\_\_ YOUTH CELL: \_\_\_\_\_

Please read and check those that apply

I give permission for the following to be contacted to alert him/her regarding my  
child's participation in the program:

- School Guidance Counselor
- School Attendance Officer
- School Liaison
- Probation officer \_\_\_\_\_
- Juvenile Court / Prosecutor's Office
- Counselor \_\_\_\_\_
- Other \_\_\_\_\_



Group Leader

Date

Appendix C

**Ashland County Department of Job and Family Services  
 PRC (Prevention, Retention, & Contingency) Application  
 Family Strength and Stability Program  
 Family Preservation and Reunification Services**

The Ashland County Department of Job and Family Services PRC program is not ongoing OWF assistance. PRC services for the Family Strength and Stability Program are services that have no direct monetary value to an individual family and that do not involve implicit or explicit income support. A PRC Assistance Group (AG) is a group of individuals containing at least one minor child (or a pregnant woman) treated as a unit for the purpose of determining eligibility for the PRC program.

Applicant's Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone number where you can be reached: \_\_\_\_\_

**Please list all persons living in your household:** Today's Date: \_\_\_\_\_

Name	Social Security #	Date of Birth	Relationship to Applicant	Income Source	* Income received in the last month
1.					
2.					
3.					
4.					
5.					
6.					
7.					

\* Gross income for the last 30 days will be used to determine eligibility. The 30 day period begins 30 days prior to the date of application and ends on the application date. Income may be verified with pay stubs, receipts, letters from employers, or self-declaration at the discretion of the service provider. Eligibility may also be determined by enrollment in other means tested programs.

Please answer the following questions:

- 1. Is there at least one minor child living in your household?  Yes  No
- 2. Is anyone in your household a fugitive felon or parole violator?  Yes  No
- 3. Are you an unmarried, non-graduate parent under 18 not attending high school or the equivalent?  Yes  No
- 4. Are you an unmarried parent under 18 not living in an adult supervised setting?  Yes  No
- 5. Do you receive any of the following services (check all that apply):
  - Food Stamps  Yes  No
  - Medicaid  Yes  No
  - Healthy Start/Healthy Families  Yes  No
  - WIC Supplements  Yes  No
  - Subsidized Child Care  Yes  No
- 6. Is anyone in your household under a sanction or disqualification from the Ohio Works First (OWF) program or any human services program? (You may still be eligible for Preservation & Reunification Services)  Yes  No

7. Is anyone in your household ineligible for OWF due to deliberate non-compliance with the terms of their assistance case?  Yes  No

8. Does anyone in your household owe an OWF or PRC fraud overpayment balance?  Yes  No

9. Has anyone in your household ever fraudulently misrepresented their residence in order to obtain assistance in two or more states?  Yes  No

10. Is anyone in your household currently receiving any form of assistance from any Department of Job and Family Services or a comparable agency in another state?  Yes  No

*If Yes, please state type and amount of assistance and agency from which it is received:*

11. Has anyone in your household received any form of assistance from any Department of Job and Family Services or comparable agency in another state in the last 12 months?  Yes  No

*If Yes, please state type and amount of assistance and agency from which it was received:*

**The above information is true and accurate.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you do not agree with the action taken on your application, you have the right to a state hearing. A copy of the *Explanation of State Hearing Procedures* will be provided with this application.**

**PROVIDER USE ONLY:**

**Eligibility for Family Strength & Stability Program to be determined based on (check one)  Income  Means Tested Program**

*If means tested program, list program used that determined eligibility:* \_\_\_\_\_

*If based on income, how was income verified:*  In writing – verification attached

Verbal verification received from \_\_\_\_\_  
name and title of person providing verification

of \_\_\_\_\_ at \_\_\_\_\_  
employer or company telephone number

Self-Declaration of income by applicant.

Assistance group size: \_\_\_\_\_ 200% monthly Federal Poverty Guideline for assistance group size: \$ \_\_\_\_\_

Total countable **gross income** received by all members of the assistance group in the last 30 days: \$ \_\_\_\_\_

Above income is less than or equal to the 200% monthly Federal Poverty Guideline for the AG?  Yes  No

**Case is:**  Approved  Denied **Approval or Denial Date:** \_\_\_\_\_

**Date Approval/Denial Letter Mailed:** \_\_\_\_\_

**Agency/Provider processing this application:** \_\_\_\_\_

**Signature of employee determining eligibility:** \_\_\_\_\_

**Ashland County Department of Job and Family Services  
 PRC (Prevention, Retention, & Contingency) Application  
 Family Strength and Stability Program  
 Child Welfare Prevention Services**

The Ashland County Department of Job and Family Services PRC program is not ongoing OWF assistance. PRC services for the Family Strength and Stability Program are services that have no direct monetary value to an individual family and that do not involve implicit or explicit income support. A PRC Assistance Group (AG) is a group of individuals containing at least one minor child (or a pregnant woman) treated as a unit for the purpose of determining eligibility for the PRC program.

Applicant's Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone number where you can be reached: \_\_\_\_\_

**Please list all persons living in your household:** Today's Date: \_\_\_\_\_

Name	Social Security #	Date of Birth	Relationship to Applicant	Income Source	* Income received in the last month
1.					
2.					
3.					
4.					
5.					
6.					
7.					

\* Gross income for the last 30 days will be used to determine eligibility. The 30 day period begins 30 days prior to the date of application and ends on the application date. Income may be verified with pay stubs, receipts, letters from employers, or self-declaration at the discretion of the service provider. Eligibility may also be determined by enrollment in other means tested programs.

Please answer the following questions:

1. Is there at least one minor child living in your household?  Yes  No
2. Is anyone in your household a fugitive felon or parole violator?  Yes  No
3. Are you an unmarried, non-graduate parent under 18 not attending high school or the equivalent?  Yes  No
4. Are you an unmarried parent under 18 not living in an adult supervised setting?  Yes  No
5. Do you receive any of the following services (check all that apply):
 

Food Stamps	<input type="checkbox"/> Yes <input type="checkbox"/> No
Medicaid	<input type="checkbox"/> Yes <input type="checkbox"/> No
Healthy Start/Healthy Families	<input type="checkbox"/> Yes <input type="checkbox"/> No
WIC Supplements	<input type="checkbox"/> Yes <input type="checkbox"/> No
Subsidized Child Care	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is anyone in your household under a sanction or disqualification from the Ohio Works First (OWF) program or any human services program? (You may still be eligible for Child Welfare Prevention Services)  Yes  No

7. Is anyone in your household ineligible for OWF due to deliberate non-compliance with the terms of their assistance case?  Yes  No

8. Does anyone in your household owe an OWF or PRC fraud overpayment balance?  Yes  No

9. Has anyone in your household ever fraudulently misrepresented their residence in order to obtain assistance in two or more states?  Yes  No

10. Is anyone in your household currently receiving any form of assistance from any Department of Job and Family Services or a comparable agency in another state?  Yes  No

*If Yes, please state type and amount of assistance and agency from which it is received:*

11. Has anyone in your household received any form of assistance from any Department of Job and Family Services or comparable agency in another state in the last 12 months?  Yes  No

*If Yes, please state type and amount of assistance and agency from which it was received:*

**The above information is true and accurate.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you do not agree with the action taken on your application, you have the right to a state hearing. A copy of the *Explanation of State Hearing Procedures* will be provided with this application.**

**PROVIDER USE ONLY:**

**Eligibility for Family Strength & Stability Program to be determined based on (check one)  Income  Means Tested Program**

*If means tested program, list program used that determined eligibility:* \_\_\_\_\_

*If based on income, how was income verified:*  In writing – verification attached

Verbal verification received from \_\_\_\_\_  
name and title of person providing verification

of \_\_\_\_\_ at \_\_\_\_\_  
employer or company telephone number

Self-Declaration of income by applicant.

Assistance group size: \_\_\_\_\_ 200% monthly Federal Poverty Guideline for assistance group size: \$ \_\_\_\_\_

Total countable **gross income** received by all members of the assistance group in the last 30 days: \$ \_\_\_\_\_

Above income is less than or equal to the 200% monthly Federal Poverty Guideline for the AG?  Yes  No

**Case is:**  Approved  Denied **Approval or Denial Date:** \_\_\_\_\_

**Date Approval/Denial Letter Mailed:** \_\_\_\_\_

**Agency/Provider processing this application:** \_\_\_\_\_

**Signature of employee determining eligibility:** \_\_\_\_\_

## PROJECT COMFORT APPLICATION

Name:	Social Security Number:
Address:	Phone Number:
City: <span style="float: right;">OHIO</span>	Zip:

- (1) Including yourself, list names, ages, social security numbers, dates of birth and all gross income (before taxes) received in the past 30 days for everyone in your household. (Use separate sheet if necessary. Include income from work and unearned income, such as social security, Unemployment Compensation, SSI, etc., and provide verification.)

Name(s)	Social Security #	Age	Date of Birth	Gross income in past 30 days
				\$
				\$
				\$
				\$
				\$
				\$

- (2) Is anyone in the household a citizen of a country other than the United States?  No  Yes

If yes, name(s) of individual(s), country of origin, and citizenship status: \_\_\_\_\_

Are you a resident of Ashland County?  No  Yes

Is this individual a permanent U.S. resident? (Provide INS documentation)  No  Yes

If not, does this individual have temporary U.S. resident status?  No  Yes

Is this individual an alien or refugee? If yes, provide date of arrival in the U.S.  No  Yes  
 Date of arrival: \_\_\_\_\_

- (3) Service Address for Project Comfort: \_\_\_\_\_

- (4) What is the main source of heat?  Natural Gas  Bottled Gas or Propane (L.P. Gas)  
 Fuel oil or Kerosene  Coal  Electric  Wood

- (5) Company/Energy provider's Name and Address: \_\_\_\_\_

Your Account Number with this Company: \_\_\_\_\_

I certify that the information that I have provided is true and correct to the best of my knowledge. I also understand that if the county department of job and family services denies my application, I have the right to request a state hearing.

Signature	Date
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**Ashland County Department of Job and Family Services  
 PRC (Prevention, Retention, & Contingency) Application  
 TANF Summer Youth Employment Program**

Applicant's Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone number where you can be reached: \_\_\_\_\_

**Please list all persons living in your household:** Today's Date: \_\_\_\_\_

Name	Social Security #	Date of Birth	Relationship to Applicant	Income Source	* Income received in the last month
1.					
2.					
3.					
4.					
5.					
6.					
7.					

\* Gross income for the last 30 days will be used to determine eligibility. The 30 day period begins 30 days prior to the date of application and ends on the application date. Income may be verified with pay stubs, receipts, letters from employers, or self-declaration at the discretion of the service provider. Eligibility may also be determined by enrollment in other means tested programs.

Please answer the following questions:

- 1. Is there at least one minor child living in your household?  Yes  No
- 2. Is anyone in your household a fugitive felon or parole violator?  Yes  No
- 3. Are you an unmarried, non-graduate parent under 18 not attending high school or the equivalent?  Yes  No
- 4. Are you an unmarried parent under 18 not living in an adult supervised setting?  Yes  No
- 5. Do you receive any of the following services (check all that apply):
  - Food Stamps  Yes  No
  - Medicaid  Yes  No
  - Healthy Start/Healthy Families  Yes  No
  - WIC Supplements  Yes  No
  - Subsidized Child Care  Yes  No
- 6. Is anyone in your household under a sanction or disqualification from the Ohio Works First (OWF) program or any human services program? (You may still be eligible for Child Welfare Prevention Services)  Yes  No

*Application continued (page 1 of 2).*

7. Is anyone in your household ineligible for OWF due to deliberate non-compliance with the terms of their assistance case?  Yes  No

8. Does anyone in your household owe an OWF or PRC fraud overpayment balance?  Yes  No

9. Has anyone in your household ever fraudulently misrepresented their residence in order to obtain assistance in two or more states?  Yes  No

10. Is anyone in your household currently receiving any form of assistance from any Department of Job and Family Services or a comparable agency in another state?  Yes  No

*If Yes, please state type and amount of assistance and agency from which it is received:*

11. Has anyone in your household received any form of assistance from any Department of Job and Family Services or comparable agency in another state in the last 12 months?  Yes  No

*If Yes, please state type and amount of assistance and agency from which it was received:*

**The above information is true and accurate.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you do not agree with the action taken on your application, you have the right to a state hearing. A copy of the *Explanation of State Hearing Procedures* will be provided with this application.**

**PROVIDER USE ONLY:**

**Eligibility for Family Strength & Stability Program to be determined based on (check one)  Income  Means Tested Program**

*If means tested program, list program used that determined eligibility:* \_\_\_\_\_

*If based on income, how was income verified:*  In writing – verification attached

Verbal verification received from \_\_\_\_\_  
name and title of person providing verification

of \_\_\_\_\_ at \_\_\_\_\_  
employer or company telephone number

Self-Declaration of income by applicant.

Assistance group size: \_\_\_\_\_ 200% monthly Federal Poverty Guideline for assistance group size: \$ \_\_\_\_\_

Total countable **gross income** received by all members of the assistance group in the last 30 days: \$ \_\_\_\_\_

Above income is less than or equal to the 200% monthly Federal Poverty Guideline for the AG?  Yes  No

**Case is:**  Approved  Denied **Approval or Denial Date:** \_\_\_\_\_

**Date Approval/Denial Letter Mailed:** \_\_\_\_\_

**Agency/Provider processing this application:** \_\_\_\_\_

**Signature of employee determining eligibility:** \_\_\_\_\_

# READY, SET, LEARN APPLICATION

Name:	Social Security Number:
Address:	Phone Number:
City: <span style="float: right;">OHIO</span>	Zip:

(1) Including yourself, list names, ages, social security numbers, dates of birth and all gross income (before taxes) received in the past 30 days for everyone in your household. List all children participating in the READY, SET, LEARN PROGRAM in the next section shown. (Use separate sheet if necessary. Include income from work and unearned income, such as social security, Unemployment Compensation, SSI, etc., and provide verification.)

Name(s)	Social Security #	Age	Date of Birth	Gross income in past 30 days
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

NAME OF PARTICIPANT	SEX	NAME OF SCHOOL

(2) Is anyone in the household a citizen of a country other than the United States?  No  Yes  
 If yes, name(s) of individual(s), country of origin, and citizenship status: \_\_\_\_\_

\_\_\_\_\_

Are you a resident of Ashland County?  No  Yes

Is this individual a permanent U.S. resident? (Provide INS documentation)  No  Yes

If not, does this individual have temporary U.S. resident status?  No  Yes

Is this individual an alien or refugee? If yes, provide date of arrival in the U.S.  No  Yes

Date of arrival: \_\_\_\_\_

I certify that the information that I have provided is true and correct to the best of my knowledge. I also understand that if the county department of job and family services denies my application, I have the right to request a state hearing.

Signature	Date
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**Ashland County Department of Job and Family Services  
 PRC (Prevention, Retention, & Contingency) Application  
 Kinship Support Services Program**

The Prevention, Retention, & Contingency (PRC) Assistance Group (AG) shall include at least one minor child (who has not yet attained age eighteen (18), or an individual who has not attained age nineteen (19) and is enrolled and attending an accredited high school/secondary school on a full time basis) who resides with a parent, or specified caretaker. The AG may include other members of the household who may or may not be related to the minor child but who significantly enhance the family’s ability to achieve self-sufficiency. The unborn fetus, for PRC purposes, shall be considered to meet the definition of a minor child. A PRC AG shall include all other residents in the home who will directly benefit from the PRC benefit and/or service. This includes those individuals normally prohibited from inclusion from an OWF (Ohio Works First) assistance group as listed in the Ohio Administrative Code. Approval for this program must be obtained prior to purchase of the item or service. This program is limited to available funds.

Applicant’s Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone number where you can be reached: \_\_\_\_\_

**Please list all persons living in your household:** Today’s Date: \_\_\_\_\_

Name	Social Security #	Date of Birth	Relationship to Applicant	Income Source	* Income received in the last month
1.					
2.					
3.					
4.					
5.					
6.					
7.					

\* Gross income for the last 30 days will be used to determine eligibility. The 30 day period begins 30 days prior to the date of application and ends on the application date. Income may be verified with pay stubs, receipts, letters from employers, or self-declaration at the discretion of the service provider. Eligibility may also be determined by enrollment in other means tested programs. Please list all sources of income including earnings, child support, VA benefits, SSI, SSA, retirement, disability benefits, etc. for all household members.

Please answer the following questions:

1. Is there at least one minor child living in your household?  Yes  No
2. Is anyone in your household a fugitive felon or parole violator?  Yes  No
3. Are you an unmarried, non-graduate parent under 18 not attending high school or the equivalent?  Yes  No
4. Are you an unmarried parent under 18 not living in an adult supervised setting?  Yes  No

5. Do you receive any of the following services (check all that apply):

Food Stamps  Yes  No

Medicaid  Yes  No

Healthy Start/Healthy Families  Yes  No

WIC Supplements  Yes  No

Subsidized Child Care  Yes  No

6. Is anyone in your household under a sanction or disqualification from the Ohio Works First (OWF)  Yes  No program or any human services program? (You may still be eligible for Preservation & Reunification Services)

7. Is anyone in your household ineligible for OWF due to deliberate non-compliance with the terms of their assistance case?  Yes  No

8. Does anyone in your household owe an OWF or PRC fraud overpayment balance?  Yes  No

9. Has anyone in your household ever fraudulently misrepresented their residence in order to obtain assistance in two or more states?  Yes  No

10. Is anyone in your household currently receiving any form of assistance from any Department of Job and Family Services or a comparable agency in another state?  Yes  No

*If Yes, please state type and amount of assistance and agency from which it is received:*

\_\_\_\_\_

11. Has anyone in your household received any form of assistance from any Department of Job and Family Services or comparable agency in another state in the last 12 months?  Yes  No

*If Yes, please state type and amount of assistance and agency from which it was received:*

\_\_\_\_\_

12. Is each member of the AG a U.S. citizen or qualified alien?  Yes  No

13. How long have you been caring for the minor child(ren) in your home immediately prior to submitting this application? \_\_\_\_\_

14. Was this care provided exclusively by you? (i.e. were you the one caring for the child)?  Yes  No  
If no, was anyone outside the AG caring for the child in your home? \_\_\_\_\_

15. Were you providing child care or respite care for the parent during the time that the child was in your home?  Yes  No

16. Does at least one parent of the child reside in your home?  Yes  No

17. What is the specific crisis situation or episode of need? \_\_\_\_\_

18. Please describe item or service you are requesting. \_\_\_\_\_

19. Have you explored community resources to meet this need?  Yes  No

20. Are you requesting to purchase a shared household item?     Yes     No  
If yes, please list the following from three sources:

Service Provider Name	Service Provider Address	Service Provider Phone Number	Price of Unit	Total Price with Delivery

**The above information is true and accurate. I authorize the public children’s services agency to conduct a search of any prior child welfare involvement that I or any of the minor child(ren) listed above may have had with this agency or another agency and release any findings to the ACDJFS income maintenance unit.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you do not agree with the action taken on your application, you have the right to a state hearing. A copy of the *Explanation of State Hearing Procedures* will be provided with this application.**

**Ashland County Department of Job and Family Services  
 PRC (Prevention, Retention, & Contingency) Application  
 Kinship Legal Services Program**

The Prevention, Retention, & Contingency (PRC) Assistance Group (AG) shall include at least one minor child (who has not yet attained age eighteen (18), or an individual who has not attained age nineteen (19) and is enrolled and attending an accredited high school/secondary school on a full time basis) who resides with a parent, or specified caretaker. The AG may include other members of the household who may or may not be related to the minor child but who significantly enhance the family’s ability to achieve self-sufficiency. The unborn fetus, for PRC purposes, shall be considered to meet the definition of a minor child. A PRC AG shall include all other residents in the home who will directly benefit from the PRC benefit and/or service. This includes those individuals normally prohibited from inclusion from an OWF (Ohio Works First) assistance group as listed in the Ohio Administrative Code. This program is limited to available funds (up to \$90,000.00).

Applicant’s Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone number where you can be reached: \_\_\_\_\_

**Please list all persons living in your household:** Today’s Date: \_\_\_\_\_

Name	Social Security #	Date of Birth	Relationship to Applicant	Income Source	* Income received in the last month
1.					
2.					
3.					
4.					
5.					
6.					
7.					

\* Gross income for the last 30 days will be used to determine eligibility. The 30 day period begins 30 days prior to the date of application and ends on the application date. Income may be verified with pay stubs, receipts, letters from employers, or self-declaration at the discretion of the service provider. Eligibility may also be determined by enrollment in other means tested programs. Please list all sources of income including earnings, child support, VA benefits, SSI, SSA, retirement, disability benefits, etc. for all household members.

Please answer the following questions:

- 1. Is there at least one minor child living in your household?  Yes  No
- 2. Is anyone in your household a fugitive felon or parole violator?  Yes  No
- 3. Are you an unmarried, non-graduate parent under 18 not attending high school or the equivalent?  Yes  No
- 4. Are you an unmarried parent under 18 not living in an adult supervised setting?  Yes  No

5. Do you receive any of the following services (check all that apply):
- |                                |  |
|--------------------------------|--|
| Food Stamps                    | <input type="checkbox"/> Yes <input type="checkbox"/>    |
| Medicaid                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Healthy Start/Healthy Families | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| WIC Supplements                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Subsidized Child Care          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
6. Is anyone in your household under a sanction or disqualification from the Ohio Works First (OWF) program or any human services program? (You may still be eligible for Preservation & Reunification Services)  Yes  No
7. Is anyone in your household ineligible for OWF due to deliberate non-compliance with the terms of their assistance case?  Yes  No
8. Does anyone in your household owe an OWF or PRC fraud overpayment balance?  Yes  No
9. Has anyone in your household ever fraudulently misrepresented their residence in order to obtain assistance in two or more states?  Yes  No
10. Is anyone in your household currently receiving any form of assistance from any Department of Job and Family Services or a comparable agency in another state?  Yes  No  
*If Yes, please state type and amount of assistance and agency from which it is received:*  
 \_\_\_\_\_
11. Has anyone in your household received any form of assistance from any Department of Job and Family Services or comparable agency in another state in the last 12 months?  Yes  No  
*If Yes, please state type and amount of assistance and agency from which it was received:*  
 \_\_\_\_\_
12. Is each member of the AG a U.S. citizen or qualified alien?  Yes  No
13. How long have you been caring for the minor child(ren) in your home? \_\_\_\_\_
14. Was this care provided by you?  Yes  No  
*If no, was anyone outside the AG caring for the child in your home? \_\_\_\_\_*
15. Were you providing child care or respite care for the parent during the time that the child was in your home?  Yes  No
16. Does at least one parent of the child reside in your home?  Yes  No
17. Has the minor child(ren) had any contact with either parent during the ninety (90) consecutive days immediately prior to the date of this application?  Yes  No  
*If yes, please provide dates and nature of the contact: \_\_\_\_\_*  
 \_\_\_\_\_
18. Have you explored community resources to meet this need?  Yes  No

19. Please provide name(s) of minor child(ren) that you are pursuing for legal custody. \_\_\_\_\_

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20. Is this application made to assist in paying the legal fees of an attorney to pursue legal custody of the minor child referenced in question 12?  Yes  No

(a) Attorney's name: \_\_\_\_\_

(b) Attorney's address: \_\_\_\_\_

(c) Attorney's phone: \_\_\_\_\_

21. Is this application made to assist in paying the fees of an attorney court appointed Guardian Ad Litem in proceedings to pursue legal custody of the minor child?  Yes  No

(a) GAL's name: \_\_\_\_\_

(b) GAL's address: \_\_\_\_\_

(c) GAL's phone: \_\_\_\_\_

22. What is the total estimated cost of this legal action including attorney fees and attorney court appointed GAL fees, according to your attorney? \_\_\_\_\_

*Please be advised that your attorney and /or GAL will need to submit a receipt of payment to JFS upon receiving said funds.*

23. If your application is approved, do you have the means to pay the remainder of the legal fees due? (Note: proof of ability to pay legal fees required)  Yes  No

24. Is anyone else in the AG a participant in the Kinship Legal Services Program?  Yes  No

*If yes, who?* \_\_\_\_\_

**The above information is true and accurate. I authorize the public children's services agency to conduct a search of any prior child welfare involvement I or any of the minor child(ren) listed above may have had with this agency or another agency and release any findings to the ACDJFS income maintenance unit. I agree to fully cooperate with the ACDJFS Child Welfare unit in any investigation or evaluation of whether the child's placement with the applicant is in the best interests of the child and whether said unit will approve of custody being legally transferred to applicant. I further agree that following payment to the attorney by the agency, and upon concluding legal representation in the custodial legal action, any remainder of funds that were provided by the agency will be returned to the ACDJFS.**

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**If you do not agree with the action taken on your application, you have the right to a state hearing. A copy of the *Explanation of State Hearing Procedures* will be provided with this application.**

**Ashland County Department of Job and Family Services  
 PRC (Prevention, Retention, & Contingency) Application  
 Employment Incentive Program**

**Employment Incentive Program.** This program is for non-custodial parents who are subject to a court seek-work order because of an outstanding child support obligation. This program provides case management support, consistent contact, and monetary incentives for up to twelve months so that the participant becomes and remains employed and in compliance with the participant’s child support obligation. The Employment Service Specialist will make contact with participants at a minimum of once weekly for follow-up, to discuss progress in and barriers to employment, and future goals.

Monetary incentive payments are for compliance with the program and will be paid at specified intervals to individuals actively engaged in the program. This incentive is paid at the following intervals:

- (1) \$250.00 after verified eligibility and acceptance to the program AND upon completion of 30 days of continuous verified employment with one employer;
- (2) \$500.00 after completion of the fourth month of verified continuous employment with one employer;
- (3) \$750.00 after completion of the eighth month of verified continuous employment with one employer;
- (4) \$1,000.00 after completion of the twelfth month of verified continuous employment with one employer.

Participants in the program will be required to attend monthly in -person or online virtual meetings as scheduled by the Employment Service Specialist to receive the incentive payments. Participants are required to be compliant with their child support obligation upon attaining employment to remain in the program. Participants may be terminated from the program for non-compliance, AND for, but not limited to, the following: failure to maintain continuous employment; failure to pay child support obligation upon employed; failure to cooperate or attend meetings with the Employment Service Specialist without good cause; quitting the program; the Employment Service Specialist’s loss of contact with the participant; and upon completion of the program (twelve months and payment of the last incentive). This program, including monetary incentive payments, are limited to available funds. Monetary incentive payments cannot exceed four payments over this program. Participation in the program is limited to only one per AG.

Applicant’s Name: Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Phone number where you can be reached: \_\_\_\_\_

**Please list all persons living in your household:** Today’s Date: \_\_\_\_\_

Name	Social Security #	Date of Birth	Relationship to Applicant	Income Source	* Income received in the last month
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\* Gross income for the last 30 days will be used to determine eligibility. The 30 day period begins 30 days prior to the date of application and ends on the application date. Income may be verified with pay stubs, receipts, letters from employers, or self-declaration at the discretion of the service provider. Eligibility may also be determined by enrollment in other means tested programs.

Please answer the following questions:

1. Is there at least one minor child living in your household?  Yes  No
2. Is anyone in your household a fugitive felon or parole violator?  Yes  No
3. Are you an unmarried, non-graduate parent under 18 not attending high school or the equivalent?  Yes  No
4. Are you an unmarried parent under 18 not living in an adult supervised setting?  Yes  No
5. Do you receive any of the following services (check all that apply):
- |                                |  |
|--------------------------------|--|
| Food Stamps                    | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Medicaid                       | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Healthy Start/Healthy Families | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| WIC Supplements                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Subsidized Child Care          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
6. Is anyone in your household under a sanction or disqualification from the Ohio Works First (OWF) program or any human services program? (You may still be eligible for Preservation & Reunification Services)  Yes  No
7. Is anyone in your household ineligible for OWF due to deliberate non-compliance with the terms of their assistance case?  Yes  No
8. Does anyone in your household owe an OWF or PRC fraud overpayment balance?  Yes  No
9. Has anyone in your household ever fraudulently misrepresented their residence in order to obtain assistance in two or more states?  Yes  No
10. Is anyone in your household currently receiving any form of assistance from any Department of Job and Family Services or a comparable agency in another state?  Yes  No  
*If Yes, please state type and amount of assistance and agency from which it is received:*  
\_\_\_\_\_
11. Has anyone in your household received any form of assistance from any Department of Job and Family Services or comparable agency in another state in the last 12 months?  Yes  No  
*If Yes, please state type and amount of assistance and agency from which it was received*  
\_\_\_\_\_:
12. Is each member of the AG a U.S. citizen or qualified alien?  Yes  No
13. Do you have a child support order being enforced by the Ashland County Child Support Enforcement Agency?  Yes  No
14. Are you the non-custodial parent of the child who is the subject of the child support order?  Yes  No
15. Are you subject to a court seek work order?  Yes  No
16. Are you currently employed?  Yes  No
- (a) Who is you current employer? \_\_\_\_\_
- (b) How long have you been employed with this employer? \_\_\_\_\_
17. Have you voluntarily left employment with an employer in the past three (3) months?  Yes  No

18. Has anyone else in the AG participated in the Employee Incentive?  Yes  No

**The above information is true and accurate. I acknowledge that it is my responsibility to maintain contact with the JFS employee assigned to my case and provide the employee with all required and current information regarding my contact information and employment.**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**If you do not agree with the action taken on your application, you have the right to a state hearing. A copy of the *Explanation of State Hearing Procedures* will be provided with this application.**