

**LAWRENCE COUNTY DEPARTMENT OF JOB  
and FAMILY SERVICES**

**PREVENTION, RETENTION, CONTINGENCY  
BIENNIAL PLAN**

**EFFECTIVE 11/1/2023 – 10/31/2025**

**MISSY EVANS, DIRECTOR**

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## **PREVENTION, RETENTION and CONTINGENCY (PRC) PROGRAM**

### **PURPOSE:**

Lawrence County's Prevention, Retention, and Contingency (PRC) Program is designed to assist low to moderate income families. It is a tool for our community to use to develop programs to encourage families to obtain and retain employment, prevent dependency, promote family stability, and enhance economic self-sufficiency. It is designed to reduce or eliminate an emergent need that if not satisfied, threatens the health and wellbeing of the Assistance Group and to stabilize their situation.

The program is not an entitlement, nor is it intended to be comprehensive but rather as a one-time, short-term basis of service, which is defined as a 90-day period of service to address the need. It shall be operated in accordance with the non-discriminatory requirements pursuant to Title VI of the Civil Rights Act of 1964, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975 and the Americans with Disabilities Act of 1990.

No person(s) shall on the grounds of race, color, national origin, disability, age or religion, be excluded from participation or be denied the benefits of, or be otherwise subjected to discrimination under any program, service or benefit authorized or provided by the Lawrence County Department of Job and Family Services (LCDJFS).

## ELIGIBILITY AND APPLICATION

A PRC service is not ongoing Ohio Works First (TANF) assistance.

### PRC services are:

- Services that have no direct monetary value to an individual family and that do not involve implicit income support.
- One-time, short-term assistance which is limited to the amount required to meet the presenting need.
- The PRC Assistance Group (PRC AG)'s members must complete the Prevention, Retention, and Contingency Program (PRC) Application to request PRC.
- A total of \$1000 in a 12-month consecutive period will be allowed for PRC services.
- The 12 month period begins with the initial approval month in which a PRC service(s) is obtained. This includes all prevention, retention and contingency components of this plan.
- Any number of individual payments can be made during this period as long as they are distinctive, non-ongoing occurrences and do not exceed the above amounts for the PRC AG over the prescribed periods.
- An eligible family must consist of a minor child who resides with a parent, caretaker relative, legal guardian or legal custodian (or consist of a pregnant individual). No family is eligible for PRC unless the family includes a minor child who resides with the parent, caretaker relative, legal guardian or legal custodian.
- PRC services may also be provided to a pregnant individual with no other minor children.
- PRC Assistance Group is a group of individuals containing at least one minor child up to age 18 or up to age 19 and still attending high school or pregnant individual and treated as a unit for the purpose of determining eligibility for the PRC Program.
- All individuals living in the home will be considered a PRC Assistance Group.

The definition of a “minor child” as defined in 45 CFR 260.30 means an individual whom:

- (1) Has not attained eighteen years of age; or
- (2) Has not attained nineteen years of age and is a full-time student in a secondary school (or the equivalent level of vocational or technical training).

Eligibility for PRC is dependent upon the PRC Assistant Group’s demonstration and verification of the need for financial assistance and/or services, and whether the County determines that provision of PRC will satisfy the need.

In order for the PRC Assistant Group to be found eligible:

- The PRC Assistance Group’s gross income must be at or below 200% of the Federal Poverty Guidelines (FPG) in effect July 01 and updated annually.
- PRC assistance is only available to members who have not received PRC assistance above the monetary cap during the previous 12 consecutive months. For the *Help Me Grow* this 12-month limitation is waived.
- An Assistance Group who has received PRC in another county and falls within both the financial and time limits may have potential eligibility for the difference between their previous county and Lawrence County.
- To receive PRC services a member of the Assistant Group must be a citizen of the United States, or a qualified alien as defined in Section 5101:1-2-30 of the OAC-Ohio Administrative Code.

The County is responsible for using objective criteria when determining eligibility in approving or denying the application. It is the goal of the LCDJFS to approve or deny an application for PRC within five business days after completion of the application process. The application process will be completed in a fair and equitable manner which includes verification of information.

Eligibility will be carefully evaluated on a case-by-case basis. Immediate needs and whether the PRC Program can be of benefit will be determined by the CDJFS. Under this PRC Program:

- An Assistant Group that includes at least one minor child, 18 and under and attending school, and meets the Program's eligibility requirements may receive customized assistance, goods, or services as determined by the local County Department of Job and Family Services.
- This program is designed to help people overcome immediate barriers to achieving or maintaining self-sufficiency and personal responsibility, thereby preventing the need for ongoing public assistance.
- The fact that an ongoing Medicaid or OWF Assistance Group is active is not a determining factor in the consideration of eligibility for the PRC program. In addition, the local CDJFS must inform individuals about other programs (i.e., Medicaid and SNAP) that are available and hearing rights that are applicable.

PRC assistance will be authorized with the expectation that the PRC AG will then be able to function with minimal help from the local CDJFS. A LCDJFS worker shall process PRC applications and his/her supervisor shall approve application for Contingency Assistance.

Approval for Prevention and/or Retention assistance shall require the signature of the Program Administrator or his/her authorized designee. Requests for PRC Program Assistance as it relates to Children Services issues shall be processed by the Children's Services Worker and approved by the Director or his/her authorized designee.

Services are provided to an assistance group to prevent them from reliance on and divert them from ongoing cash assistance and guide them to self-sufficiency by helping them through the presenting crisis. Request for the same service within a twelve (12) month period may be denied as this does not promote self-sufficiency. Services are also provided to a PRC AG to help members retain employment and, thereby, to achieve or continue self-sufficiency. In addition, services are provided to a PRC AG to meet a presenting or

contingent need, which, if not satisfied, threatens the safety, health, or wellbeing of one or more PRC AG members.

COUNTABLE INCOME:

- All income that has been received by any member of the PRC household during a 30-day budget period is considered when determining financial need.
- The 30-day period begins 30 days prior to the date of application and ends on the application date. The income received during this period is used in computation of financial eligibility.
- In the event of job loss beyond the control of the employee, anticipated income for the next 30 days shall be considered. This includes all income which is normally exempt or disregarded when determining eligibility for OWF/TANF per 5101:1-23-20.1(A).
- With the above exceptions the total gross income, both earned and unearned, of all the PRC AG members, must be counted. There are no deductions allowed from any type of countable income and the only exempted income are those listed under OAC rule 5101:1-24-20. Written or verbal verification of income is required.
- The following are examples of unearned income which must be counted. These are examples only and are not meant to be an all-inclusive list:
  - ❖ RSDI benefits
  - ❖ Alimony & child support
  - ❖ Veteran administration benefits
  - ❖ Workers' compensation benefits
  - ❖ Strike benefits
  - ❖ Unemployment benefits
  - ❖ Lump-sum payments received during the application budget period
  - ❖ SSI benefits

For any verification which is obtained by phone, there must be clear documentation in the PRC AG record concerning the name and position of the supplier of the information, the date the verification was obtained, the amount of the verified income, and the name of the individual who obtained the verification.

**Ineligible Applicants:**

- 1) Fugitive felons, probation, and parole violators
- 2) Individuals with any outstanding OWF or PRC IPV overpayment balances
- 3) Individuals who refuse to make repayment agreements and/or fail to abide by repayment agreements for any OWF or PRC overpayment.
- 4) A person found to have fraudulently misrepresented residency by claiming residency in two or more states simultaneously is ineligible for 10 years.
- 5) A person who is found to have made unauthorized use of PRC funds more than \$50.00 will be ineligible for PRC assistance for a period of 12 months from the date of the unauthorized use.
- 6) Individuals whom an overpayment for which payment arrangements have not been made with the local CDJFS, or arrangements have been made but not adhered to.

**RESIDENCE**

A PRC applicant must provide verification to establish he/she is a resident of Lawrence County. Client declaration of residency will be considered as sufficient verification for the *HELP ME GROW* Family Preservation and Diversion.

**COMMUNITY RESOURCES**

Every effort must be made to explore the availability of resources within the local community prior to the authorization of PRC. For the purposes of PRC, the "community" shall be defined to include areas beyond the county's boundaries. A PRC AG is required to apply for and utilize any program, benefit, and/or support system, which may reduce or eliminate the presenting need. County personnel determining



eligibility for PRC should be aware of community resources, which may be contracted for or otherwise utilized to help meet the need. The PRC application provides a section for written documentation of the local CDJFS' attempt to locate and utilize community resources.

### **RESOURCES**

The PRC assistance group will be required to utilize any liquid resources more than \$500.00 toward the presenting need. Individuals applying for the HELP ME GROW are not subject to the resource requirement.

### **AMOUNT AND TYPE OF ASSISTANCE**

PRC payments are limited to the amount required to meet the presenting need, or portion thereof, as prescribed earlier in this plan. Any number of individual payments can be made during this twelve-month period if they are distinctive, non-ongoing occurrences and do not exceed the stated amounts or limits.

### **CONTINGENCY "C" COMPONENT**

The Contingency Component consists of the following:

Shelter expenses may be authorized under the Contingency Component of PRC. Eligibility will be carefully evaluated on a case-by-case basis. Immediate need and the degree of benefit of said services shall be determined by the local CDJFS. Included services:

#### **Rent**

Rental assistance not to exceed \$300 in a 12-month period may be allowed with a Court ordered eviction notice.

## **Emergency Shelter**

Shelter assistance may be allowed with a limit not to exceed \$300 in a 12-month period for a resident of a Domestic Violence Shelter.

## **Deposits**

Deposits may be paid if required for shelter (due to receiving a court ordered eviction) or utilities. A repayment agreement may be required to be signed by the PRC applicant. Deposits are limited to \$200 in a 12-month period.

## **Utilities**

- Disconnect on utility services: electric, gas, water, may be paid if the disconnect is within ten (10) calendar days of the date of application for PRC services. Payment for utility disconnects is limited to \$500 in a twelve (12) month period.
- Utility must be in the applicant's name or name of one of the household members.
- Request for utilities can only be issued one (1) time during a twelve (12) month period for the same utility. If HEAP services are available, at the time of application, to meet the emergent need utility payments are not available to the applicant.
- If the utility has already been "disconnected", there is no eligibility for PRC services. Furthermore, PRC services are not available to connect or activate new utilities.
- Fuel, oil, wood, and coal for heating purposes may be purchased during appropriate seasons (October through April).

### **Home repairs**

- Home repairs may be authorized under the Contingency Component of PRC if an assistance group member is the property owner. Home repairs are limited to the repair/replacement of certain basic structures in the home as an emergent need basis. These repairs may include, but not limited to: plumbing, electrical, heating, and water/sewage system. Each case will be evaluated on an individual basis. Any amount over \$300.00 must be approved by LDCJFS Administration.

### **Household & Clothing Expenses**

- Verification of a natural disaster, which would include the loss of Contents due to a fire, flood or declared as a disaster area by the Governor of Ohio or Red Cross must be present to obtain household or clothing services. These PRC services are not to be a part of Disaster Relief Plan funds. Payment can be up to the total amount the AG is eligible for under this PRC plan but cannot exceed this amount. This includes all prevention, retention and contingency components of this plan. Once an AG reaches the maximum amount of \$500.00, they will not be eligible for 12 months. Purchase of clothing lost due to fire, flood, etc. will be evaluated on a case-by-case basis and covered under the Contingency component of the PRC Plan.

The following are items allowed under this service:

Clothing, outerwear, footwear

Dishes, cooking pots & pan, cutlery & drinking cups/glasses

Sheets, blankets, pillows, towels & washcloths

**NOTE:** all contingency component costs are held to the limits as indicated unless they are authorized as TANF E&T expenditures.

### **PREVENTION, RETENTION “PR” COMPONENT**

The Prevention, Retention Program provides applicants with employment information, skill training, uniforms, counseling, case management, peer support, childcare information and referral, transitional services, job retention, and other employment related services to obtain self-sufficiency and/or prevent receipt of OWF cash assistance. Such services will be provided on a case-by-case basis through a joint effort of the County Department of Job & Family Services, IL-CAO Ohio Means Jobs, IL-CAO Family Guidance and Shawnee Mental Health.

**“TWO ESTIMATES MAY BE REQUIRED FOR ANY PRC REQUESTED SERVICE”**

### **CLOTHING EXPENSES**

- Clothing and/or uniforms, shoes or boots needed to start new employment of a minimum of 25 hours per week, if not provided by the employer or school, may be covered under the “PR” part of PRC not to exceed \$300 in a 12-month period. Verification from employer or school is required.

### **VEHICLE MAINTENANCE**

Eligibility for vehicle maintenance through the LCDJFS shall meet all criteria established and, additionally, not exceed those stipulations as provided within the LCDJFS PRC Plan and is based on availability of funds.

## **ELIGIBILITY**

- The client/applicant must provide evidence that the vehicle is the only source of transportation within the “Assistance Group”. PRC vehicle assistance will only cover maintenance for one vehicle used by the AG for a 12-month period. This vehicle is to be titled to an assistance group member.
- Total cost of repair cannot exceed \$500 and not be more than the NADA value of the vehicle.
- To meet eligibility requirements the client/applicant must also provide evidence of employment or that he/she is about to receive gainful employment of at least 25 hours per week or earning weekly income equal to minimum wage times 25 hours.

## **COVERED ITEMS** *(not all inclusive)*

- Battery – the battery shall be replaced if it is determined it is no longer functional.
- Tires – a tire(s) may be replaced if it is determined the tire(s) pose a serious risk to the driver.
- Broken belts, windshield wipers, windshield wiper arms, headlights, brakes.
- Muffler & tail pipe
- Electric or electronic controls (side view mirrors) needed for “essential” operation of the vehicle.

## **ITEMS NOT COVERED**

- Elective or non-essential items such as: radios, speakers, upholstery, paint or rust repair, etc.
- Gasoline
- Air conditioning system
- Engine, transmission, alternators

*Maintenance shall only be made for “same value replacement” and such maintenance shall not serve as an enhancement to the vehicle’s original equipment.*

### **PAYMENT FOR VEHICLE REPAIR**

- Payments for vehicle maintenance items/parts shall be made to an Agency authorized vendor via Agency authorization form. Payments will not be paid to the client.
- Payments for any purchased vehicle items/parts “prior” to the initial client request shall not be approved.
- Although the Agency may authorize the maintenance items/parts on the client’s vehicle, it shall still require the Vendor to verify the need for the requested item/parts.
- The authorized vendor shall make an appropriate assessment of the client’s vehicle and accept Agency authorization as payment.

### **GAS CARDS FOR OWF APPLICANTS**

Gas cards will be available for OWF/TANF cash recipients assigned to Job Search for initial month when work allowance cannot be issued through the OB system. An applicant will be given one \$10 card if they live within 12 miles from IL-CAO Ohio Means Jobs or two \$10 cards if they live over 12 miles from IL-CAO Ohio Means Jobs. A PRC application is not required. Gas cards will only be available once every six months for an OWF/TANF applicant assigned to Job Search.

### **CHILD PROTECTIVE SERVICES**

PRC funds may be used for Child Protective Services (CPS) to aid a family involved with the Child Protective Services system. We have designed our program to help alleviate a family crisis that could lead to the removal of child(ren) from their home, or to help a family so that the children can be safely returned to their family, including respite care of an adoptive parent, up to the \$1000 per family limit. The CPS component shall not cover any service that may be provided by child welfare funds.

Legal fees associated with helping maintain abused & neglected children with family members.

Reimbursement for all attorney and legal services due to PRC related court contracts will be paid by the LCDJFS upon disposition of the case, but no later than two years from initial application.

### **PRC CONTINGENCY**

PRC funds may be used to assist caregivers who incur expenses related to juvenile development and growth such as clothing, educational, independent living, and graduation expenses. These amounts will not exceed \$500 per family.

### **HELP ME GROW PROGRAM**

In an effort to enhance and expand services for families with young children, former Ohio Governor Taft instituted the (HMG) Help Me Grow Program to become the umbrella for services to families with children birth to three years. This program integrates Early Start, Early Start Expansion, Early Intervention, and Welcome Home into a single program so that services can be better coordinated, expanded, and enhanced. The goal of HMG is to enable families to create an environment conducive to the growth and development of young children. The target population for HMG includes pregnant women and families with children under age three. The Help Me Grow Program consist of four components:

- Coordination
- Provision of Services
- Expansion of Birth to Three Services to Under-Served populations
- Family Support and Participation

#### **Coordination**

A Central Intake and Referral site shall be located at the Lawrence County Early Childhood Center. This site will coordinate intake, information, referral, and data collection. HMG will be publicized through the Early Childhood Center newsletter, through the Internet, through media releases in local newspapers and radio stations, and through public awareness displays and activities including fairs, festivals, exhibits and other community events.

#### **Provision of Services**

At-risk expectant families will be offered a home visit that will include health and prenatal education, materials on maternal/child health and development, safety, and literacy. The family will be assisted in making application for Ohio Medicaid and will also be provided information

about all available community resources. In addition, referrals will be made to other programs, including CHIP, WIC, DJFS, and others.

Families with newborns will receive a home visit by a registered nurse. This visit will include health and physical assessment of baby and mother, education and materials on maternal and child health/development (including lead screenings and child immunizations), safety and literacy, and information on available community resources.

Families requiring ongoing services under HMG will receive home visits as determined by family needs.

A multi-disciplinary evaluation team will be coordinated to determine eligibility for Part C-Early Intervention services. An (IFSP) Individualized Family Service Plan will be developed, implemented, monitored, and reviewed under the HMG program.

If special needs are determined in the development of the IFSP, specialized service providers shall be identified so the family may select a provider best suited to meet their needs.

Appropriate referrals will be made to providers of services and the family will also be provided information about advocacy services.

#### **EXPANSION of BIRTH to THREE Services to UNDER-SERVED Populations**

Four specific underserved populations have been recognized for extra efforts for outreach:

- ❖ Remote/rural poor
- ❖ Working poor
- ❖ Pregnant teens/teen parents
- ❖ All women who have not sought prenatal care in their first trimester

These special groups will be targeted through the formation of a multi-disciplinary outreach team. The multi-disciplinary outreach team will develop a culturally sensitive approach to provide information about HMG to the targeted groups. This will include development of a schedule of events to include screenings, information exhibits, and distribution of HMG materials.



### **FAMILY SUPPORT and PARTICIPATION**

Mentoring and parent-to-parent support will be provided during home visits to HMG families. A transition from hospital to home will be provided through home visits and other activities for newborns and mothers.

Families will also be provided information about playgroups, support groups, community resources, transportation reimbursements for meetings and appointments, and meeting stipends. Additionally, the parent will be assisted in skill building related to parent-child interactions and developmental expectations.

### **KINSHIP CAREGIVER PROGRAM**

#### **Purpose:**

The (KCP) Kinship Caregiver Program assists “kinship caregivers” with providing and maintaining a home for a child in place of a child’s parents by providing reasonable and necessary relief of child caring functions through family stabilization and caregiving services.

KCP is designed to assist needy families so that children may be cared for in their own homes or in the homes of relatives. An application and determination of TANF eligibility is required for every (AG) Assistance Group.

#### **Who Administers KCP:**

KCP is part of Lawrence Counties PRC Plan and administered by the Lawrence County PCSA- Public Children’s Service Agency being consistent with ORC 307.100 Chapter 5108.

#### **Who is a Kinship Caregiver:**

“Kinship Caregiver” means any of the following who is eighteen years of age or older and is caring for a child in place of the child’s parents:

- (1) The following individuals related by blood or adoption of the child:
  - (a) Grandparents, including grandparents with the prefix “great”, “great-great”, or “great-great-great
  - (b) Siblings

- (c) Aunts, uncles, nephews, and nieces, including such relatives with the prefix "great", "great-great", "great-great-great"
- (d) First cousins and first cousins once removed
- (2) Stepparents and stepsiblings of the child
- (3) Spouses and former spouses of individuals name in (1) or (2) above
- (4) A legal guardian of the child
- (5) A legal custodian of the child

#### **TANF Eligibility Requirements for KCP**

- (1) For the stabilization service, the (AG) assistance group shall include only a minor child residing with a kinship caregiver.
- (2) For the caregiving service, the assistance group shall include at least a minor child residing with a kinship caregiver and the "kinship caregiver".
- (3) Each member of the AG shall:
  - o Have or have applied for a social security number
  - o Be a United States citizen or non-citizen national or qualified alien as those terms
  - o Are defined in rule 5101:1-2-30 of the OAC
  - o Not owe any of the cost of fraudulent TANF assistance paid to the individual
  - o Have been afforded the opportunity to register to vote (when applicable)
- (4) The AG shall have gross income of less than 200% of the Federal Poverty level.

Income received during the past 30 days shall be used as an indicator of the income that is and will be available to the AG. However, the county agency shall not use past income as an indicator of income anticipated for the certification period if changes in income have occurred or can be anticipated. If income fluctuates to the extend that a 30-day period along cannot provide an accurate indication of anticipated income, the Lawrence County DJFS may use an average of income over the last 90-days utilizing the date of application back 90 days if this will provide a more accurate indication of anticipated future income when there is fluctuation.

- (5) A redetermination of TANF eligibility for KCP shall be required at least every 12-months.

**Required Elements and Criteria of the Stabilization Service:**

Stabilization services are designed to transition the child into and maintain the child in the home of the kinship caregiver. Examples of stabilization benefits include, but are not limited to:

- (a) Child Care services not to exceed four months
- (b) Incidentals incurred when taking on the responsibility of caring for a child unexpectedly such as but not limited to; cribs/beds/blankets/sheets/highchairs, etc

**Required:**

- (A) The benefits or services shall be limited to reimbursement to the kinship caregiver for or direct payment to a third-party individual or entity to administer the needs of a minor child. The caregiving service may not be provided at a licensed or unlicensed provider or may take place in the home of the kinship caregiver. The care may include care designed to provide temporary relief of child caring functions.
- (B) The minor child for who caregiving services are being provided shall be:
  - (1) Under age thirteen at time of application and may remain eligible until they turn thirteen; or
  - (2) Be under age eighteen at the time of application if the child meets the definition of Special Needs pursuant to rule 5101:2-16-01 of the OAC, and may remain eligible until they turn age nineteen.
- (C) The kinship caregiver or other member of the AG shall be participating in one of the following approved activities:
  - (1) Paid employment on a full-time or part-time basis
  - (2) A training or education activity that prepares the caretaker for paid employment
  - (3) Participating in one or more work activities as a condition of eligibility for either OWF/TANF or SNAP (supplemental nutrition assistance program).
- (D) The AG shall inform the Lawrence County DJFS within 10-days if no member of the AG is participating in an approved activity or if the child is no longer residing with the Kinship caregiver.

**Criteria:**

PRC Application, Funds = to TANF current standard, Voucher system utilized

**Adverse Action against Applicant or Recipient of KCP:**

In accordance with rules 5101:6-2002 and 5101:6-2-04 of the OAC. The Lawrence County DJFS PCSA shall provide an AG written notice of a denial or its intent to withhold reduce, suspend, or terminate KCP services.

**DISASTER RELATED PRC**

In the event that a disaster or state of emergency is declared by the Governor, Lawrence County DJFS may issue PRC assistance and services for the amount as provided by the State. The purpose of this disaster plan is to reduce or eliminate a specific emergent need(s) that threaten the health and/or safety of a family and to stabilize their situation.

In order to qualify for a payment, the following conditions must be met:

- 1) The AG must be a resident(s) of Lawrence County, and
- 2) Must have been adversely affected by the emergency conditions, and
- 3) There must be evidence of economic need, and
- 4) The AG group must include, at a minimum, a pregnant woman or a minor Child living with (except for a "temporary absence") a parent, specified relative, legal guardian, or legal custodian. Beyond the minimum requirements, the CDJFS may determine eligible AG members who reside within the affected household.

### Adult Non-TANF DISASTER RELATED PRC

In the event that a disaster or state of emergency is declared by the Governor, Lawrence County DJFS may issue PRC assistance and services for the amount as provided by the State. The purpose of this disaster plan is to reduce or eliminate a specific emergent need(s) that threaten the health and/or safety of a family and to stabilize their situation.

In order to qualify for a payment, the following conditions must be met:

- 1) The AG must be a resident(s) of Lawrence County, and
- 2) Must have been adversely affected by the emergency conditions, and
- 3) There must be evidence of economic need, and
- 4) Childless individuals aged 55 or older or disabled Individuals in receipt of disability benefit payments such as Supplemental Security Income (SSI), Social Security Disability, Veterans Administration Disability, Public Employees Retirement System (PERS) Disability, Railroad Retirement Disability, Black Lung Benefits, etc.; and
- 5) There can be no other application filed for the same residence.

### ODJFS GOALS:

Notice of Approval/Denial: If it is determined that an application for PRC is approved, the CDJFS shall mail or otherwise deliver the OJFS 4074, "Notice of Approval of Your Application for Assistance". If it is determined that an Application for PRC is denied, the CDJFS shall mail or otherwise deliver the ODJFS 7334, "Notice of Denial of Your Application for Assistance".

## **APPENDIX**

Federal Poverty Guideline Measure

PRC Application Questionnaire

PRC Application (2 pgs)

Emergency Assistance Repayment Agreement for Deposits (JFS 7337)

Voter Registration

PRC Matrix

Signature Page

### 2023/2024 Federal Poverty Level Chart

Household/ Family Size	100%	125%	130%	133%	135%	138%	150%	180%	185%	200%
<b>1</b>	\$1,215	\$1,519	\$1,580	\$1,616	\$1,640	\$1,677	\$1,823	\$2,187	\$2,248	\$2,430
<b>2</b>	\$1,643	\$2,054	\$2,136	\$2,186	\$2,219	\$2,268	\$2,465	\$2,958	\$3,040	\$3,287
<b>3</b>	\$2,072	\$2,590	\$2,693	\$2,755	\$2,797	\$2,859	\$3,108	\$3,729	\$3,833	\$4,143
<b>4</b>	\$2,500	\$3,125	\$3,250	\$3,325	\$3,375	\$3,450	\$3,750	\$4,500	\$4,625	\$5,000
<b>5</b>	\$2,928	\$3,660	\$3,807	\$3,895	\$3,953	\$4,041	\$4,393	\$5,271	\$5,417	\$5,857
<b>6</b>	\$3,357	\$4,196	\$4,364	\$4,464	\$4,532	\$4,632	\$5,035	\$6,042	\$6,210	\$6,713
<b>7</b>	\$3,785	\$4,731	\$4,921	\$5,034	\$5,110	\$5,223	\$5,678	\$6,813	\$7,002	\$7,570
<b>8</b>	\$4,213	\$5,267	\$5,477	\$5,604	\$5,688	\$5,814	\$6,320	\$7,584	\$7,795	\$8,427
<b>9</b>	\$4,642	\$5,802	\$6,034	\$6,173	\$6,266	\$6,406	\$6,963	\$8,355	\$8,587	\$9,283
<b>10</b>	\$5,070	\$6,338	\$6,591	\$6,743	\$6,845	\$6,997	\$7,605	\$9,126	\$9,380	\$10,140
<b>11</b>	\$5,498	\$6,873	\$7,148	\$7,313	\$7,423	\$7,588	\$8,248	\$9,897	\$10,172	\$10,997
<b>12</b>	\$5,927	\$7,408	\$7,705	\$7,882	\$8,001	\$8,179	\$8,890	\$10,668	\$10,964	\$11,853
<b>13</b>	\$6,355	\$7,944	\$8,262	\$8,452	\$8,579	\$8,770	\$9,533	\$11,439	\$11,757	\$12,710
<b>14</b>	\$6,783	\$8,479	\$8,818	\$9,022	\$9,158	\$9,361	\$10,175	\$12,210	\$12,549	\$13,567

The Department of Health & Human Services (HHS) issues poverty guidelines that are often referred to as the "federal poverty level" (FPL).

\*Chart is for 48 contiguous states and the District of Columbia; for Hawaii and Alaska please visit the website of the HHS Assistant Secretary for Planning and Evaluation (ASPE): <http://aspe.hhs.gov/poverty/14poverty.dm>.

**LAWRENCE COUNTY DJFS PREVENTION, RETENTION & CONTINGENCY QUESTIONNAIRE**

**What "PRC" program are you applying for today: (fill in)**

Rent/deposits (court order eviction) ☐ utilities ☐ home repairs ☐  
emergency shelter due to resident of a domestic shelter ☐  
household/clothing expense due to disaster ☐ work support for working families( \$50 clothing per child) ☐  
clothing expense for new employment ☐ vehicle maintenance ☐

**1. Please explain what unavoidable expenses or circumstances you and/or your household has experienced during the past 30-60 days which prohibited you from using your own household income to pay for this requested need:**

\_\_\_\_\_  
\_\_\_\_\_

**2. Has any attempt been made in the last 60 days to prevent disconnect of utilities or creation of this hardship?** \_\_\_\_\_

**3. Please list ACUTAL amount(s) you have paid in the last 30 days for the following:**

Rent/Mortgage \_\_\_\_\_ Electric \_\_\_\_\_ Gas/Propane/Fuel Oil \_\_\_\_\_ Telephone \_\_\_\_\_  
Water \_\_\_\_\_ Trash \_\_\_\_\_ Vehicle Payment \_\_\_\_\_ Vehicle Insurance \_\_\_\_\_ Uniforms \_\_\_\_\_

**4. Have you had any vehicle expenses? If so, please list:** \_\_\_\_\_

**5. Have you had to PAY any medical expenses not covered by your medical card? Yes \_\_\_\_\_ No \_\_\_\_\_**

**6. Is there any possible way this need can be deferred? (delayed) Yes \_\_\_\_\_ No \_\_\_\_\_**

**7. Do you have any personal resources, relatives, or friends who could possibly help you with this need? Yes \_\_\_\_\_ No \_\_\_\_\_**

\*\*\*\*\*

- ❖ PRC is designed to assist families to obtain economic independence and self-sufficiency. It shall reduce or eliminate emergency need that if not satisfied threatens the health and well-being of the assistance group.
- ❖ The financial contingency "C" part of "PRC" assistance request for the same service within a 12 month period may be denied, as it does not promote self-sufficiency.
- ❖ I hereby indicate I understand all regulations regarding receipt of financial PRC as explained to me by \_\_\_\_\_ (agency employee)

**CLIENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_



# LAWRENCE COUNTY DJFS PREVENTION, RETENTION & CONTINGENCY APPLICATION

Name of Applicant  Social Security Number  Telephone Number	Present Address    	FOR AGENCY USE ONLY	
		Case Number	
		Date Sent Returned	Date

If you are not registered to vote where you live now, would you 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.

Have you ever received any type of public assistance, including PRC, from a Human Services Department? Yes ☐ No ☐

☐ If yes, please list the county, the type of assistance received, and the date received: \_\_\_\_\_

Explain what you need and estimate the amount you are requesting: \_\_\_\_\_

Give the name of other agencies you have contacted for help: \_\_\_\_\_

Have any other agencies helped you with this need? Yes ☐ No ☐ If yes, name the agency and tell how they helped; if no, tell why you were not helped: \_\_\_\_\_

Is anyone in your household presently under a sanction or disqualification from any human services program? Yes ☐ No ☐

☐ If yes, give the name and the date the sanction or disqualification began: \_\_\_\_\_

Has anyone in your household quit or refused a job in the last 90 days? Yes ☐ No ☐

If yes, give the name, the date of the quit or refusal and the reason for the quit or refusal: \_\_\_\_\_

Complete the following chart for anyone living in your household, including yourself. You are required to verify all income and liquid resources for all members of your household.

Name	Relationship	ID Number	DOB	Income Source/Amount	Resource Source/Amount

Signature of Applicant	Date
------------------------	------

**FOR AGENCY USE ONLY**  
**LAWRENCE COJFS - PREVENTION, RETENTION & CONTINGENCY PROGRAM (PRC)**

DATE APPLICATION RECEIVED (MM/DD/YY) \_\_\_\_\_ 30 DAY BUDGET PERIOD (MM/DD/YY) \_\_\_\_\_ TO \_\_\_\_\_

**LIST THE ITEMS AND/OR SERVICES REQUESTED AND THE AMOUNT NEEDED FOR EACH**

Item or Service	Amount Needed	Item or Service	Amount Needed

**Reason for need** \_\_\_\_\_

**COMMUNITY RESOURCES** LIST THE COMMUNITY RESOURCES EXPLORED TO MEET THIS NEED. IF ANY UTILIZED, COMPLETE BELOW

Agency	Amount	Item/Service

**INCOME**

Source	Amount Available in Budget Period	Verification

Total Income \_\_\_\_\_ (Compared to 200% of Federal Poverty Guidelines)

Total Available Resources \_\_\_\_\_ (Minus the applicable \$500)

PRC APPROVED - Complete Chart Check/Warrant #/Date \_\_\_\_\_ ( / / ) Check/Warrant Amount \_\_\_\_\_

Item/Service Provided	Approval Date	Amount Paid	Vendor's Name and Address

PRC DENIED Date of Denial (mm/dd/yyyy) \_\_\_\_\_ Date Notice of Denial of Application sent (mm/dd/yyyy) \_\_\_\_\_

Reason for denial: \_\_\_\_\_

Signature of Caseworker Date	Date	Signature of Supervisor	
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# EMERGENCY ASSISTANCE REPAYMENT AGREEMENT FOR DEPOSITS

LCDJFS 7337 (10/2004)

Check the box in front of the section(s) used.

CASE NAME	CASE NUMBER
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## ☐ Applicant

The Lawrence County Department of Job & Family Services has found you eligible for an emergency assistance payment.

A deposit payment in the amount of \$ \_\_\_\_\_ is being made in your behalf to ☐ utility company or ☐ landlord

(name of provider) \_\_\_\_\_ for service at \_\_\_\_\_

If you move from this residence, the utility company or landlord has been instructed to return the deposit or any part of it directly to the county department of job & family services. Should the deposit or any part of it be returned to you, you must immediately return it to the county department of job & family services.

I have read this agreement or it has been read to me.

By my signature below, I signify that I understand and agree to the terms of this agreement.

SIGNATURE OF APPLICANT	DATE	SIGNATURE OF SPOUSE	DATE
------------------------	------	---------------------	------

## ☐ Utility Company

The Lawrence County Department of Job & Family Services, 1100 South 7th Street, Ironton, OH 45638, Phone: 1-740-532-3324,

will issue an emergency assistance payment in the amount of \$ \_\_\_\_\_ in behalf of the individual named above for a utility

deposit at (service address) \_\_\_\_\_

In the event the tenant vacates the premises, the utility company is required to return the amount of the deposit or the refunded portion to the county department of job & family services.

By my signature below I, the company representative, signify that I understand and agree to the terms of this agreement.

SIGNATURE OF COMPANY REPRESENTATIVE	TELEPHONE NUMBER	DATE
COMPANY NAME AND ADDRESS		

## ☐ Landlord

The Lawrence County Department of Job & Family Services, 1100 South 7th Street, Ironton, OH 45638, Phone: 1-740-532-3324,

will issue a relief supply order in the amount of \$ \_\_\_\_\_ in behalf of the individual named above for a security deposit

at (service address) \_\_\_\_\_

In the event the tenant vacates the premises, the landlord is required to return any and all monies from this security deposit, excluding any amount retained by the landlord due to property damage by the tenant. The burden of proof of damage lies with the landlord.

The emergency assistance will not be issued for the security deposit unless you sign this repayment agreement and it is returned to the county department of job & family services at the above address (You may want to make a copy of this agreement for your records.)

By my signature below I, the landlord/legal representative, signify that I understand and agree to the terms of this agreement.

SIGNATURE OF LANDLORD OR LEGAL REPRESENTATIVE	TELEPHONE NUMBER	DATE
COMPANY NAME AND ADDRESS		

Distribution: Original to assistance group record, copy to applicant/ recipient.

# Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.  
For further information, you may consult the Secretary of State's website at: [VoteOhio.gov](http://VoteOhio.gov) or call 877-SOS-OHIO (877-767-6446).

## Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

**NOTICE:** This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Please see information on back of this form to learn how to obtain an absentee ballot.

Numbers 1 and 2 below are required by law. You must answer both of the questions for your registration to be processed.

## Identification Requirements

If you have a current Ohio driver's license or state ID card, you must provide that number on line 10. If you do not have an Ohio driver's license or state ID card, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

## Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

## Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE**

I am: ☐ Registering as an Ohio voter ☐ Updating my address ☐ Updating my name

1. Are you a U.S. citizen? ☐ Yes ☐ No

2. Will you be at least 18 years of age on or before the next general election? ☐ Yes ☐ No

If you answered NO to either of the questions, do not complete this form.

3. Last Name		First Name		Middle Name or Initial		Or, if, etc.	
4. House Number and Street (Enter new address if changed)				Apt. or Lot #		5. City or Post Office	
6. ZIP Code				7. Additional Mailing Address (if necessary)			
8. County (where you live)		9. FOR BOARD USE ONLY SEC4010 (rev. 2/11/23) City, Village, Twp. Precinct School Dist. County Dist. Senate Dist. House Dist.					
10. Driver's License Number, State ID Card Number, OR last four digits of Social Security number (one form of ID required to be listed or provided)		11. Phone Number (voluntary)					
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street							
Previous City or Post Office		Previous County		Previous State			
13. CHANGE OF NAME ONLY Former Legal Name				Former Signature			
14. I declare under penalty of election falsification I am a citizen of the United States and will be at least 18 years of age at the time of the general election.		Your Signature		Date (MM/DD/YYYY)			

**TO ENSURE YOUR INFORMATION IS RECEIVED,  
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit [VoteOhio.gov/Boards](http://VoteOhio.gov/Boards)

If you have additional questions, please call the office of the Ohio Secretary of State at 877-SOS-OHIO (877-767-6446).

**HOW TO OBTAIN AN OHIO ABSENTEE BALLOT**

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: [VoteOhio.gov](http://VoteOhio.gov) or by calling 877-SOS-OHIO (877-767-6446).

**OHIO VOTER IDENTIFICATION REQUIREMENTS**

Voters must bring photo identification to the polls in order to verify identity. Voters who do not provide identification will still be able to cast a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: [VoteOhio.gov](http://VoteOhio.gov) or call 877-SOS-OHIO (877-767-6446).

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A  
FELONY OF THE FIFTH DEGREE.**

### PRC SERVICE MATRIX

Assistance Groups are subject to a CAP in all categories with a rolling 18-month period. Payment is subject to the maximum amount of each cap or the amount necessary to prevent the crisis, whichever is less. LCDJFS goal is to prevent economic dependency for those seeking employment, provide services that meet the needs of low-income families while designing services for dependent families who will hit the time limits.

Page 1 of 3

SERVICE or BENEFIT	Purpose	CAP	ASSISTANCE GROUP	TIME FRAME	NEED STD.	P/R/C
<u>SHELTER EXPENSES</u> Limited to: ➤ rent: only if court ordered eviction ➤ mortgage: only to prevent foreclosure ➤ emergency shelter: only if resident of domestic shelter  <u>DEPOSITS – only w/rent &amp; court ordered eviction</u>	1 & 2	\$300	Minor child who resides w/parent, caretaker relative, legal guardian or legal custodian or consist of a pregnant individual  <i>Sanction/ineligibility status applicable to service</i>	1 per 12 month period	200%	C
<u>UTILITIES</u> ➤ Electric, gas, water ➤ Heating: electric, gas, coal, wood, propane kerosene  <i>During HEAP season, PRC for heat are subject to suspension</i>	1 & 2	\$500	Minor child who resides w/parent, caretaker relative, legal guardian or legal custodian or consists of a pregnant individual  <i>Sanction/ineligibility status applicable to service</i>	1 per 12 month period	200%	C
<u>HOME REPAIRS</u> ➤ Assistance group must be the property owner ➤ Limited to repair/replacement of certain basic structures on emergent need basis	1 & 2	\$300	Minor child who resides w/parent, caretaker relative, legal guardian or legal custodian or consists of a pregnant individual  <i>Sanction/ineligibility status applicable to service</i>	1 per 12 month period	200%	C

<b>HOUSEHOLD &amp; CLOTHING</b> ➤ Natural disaster; fire, flood as declared by Governor of Ohio or Red Cross  <i>This is not to be part of the Disaster Relief Plan Funds</i>	1 & 2	\$500	Minor child who resides w/parent, caretaker relative, legal guardian or legal custodian or consists of a pregnant individual  <i>Sanction/ineligibility status applicable to service</i>	1 per 12 month period	200%	C
<b>EMPLOYMENT SUPPORT SERVICES</b> ➤ Clothing; specific to job or uniforms, boots or shoes & must be employed minimum 25 weekly hours ➤ Vehicle maintenance; must be employed minimum 25 weekly hours -vehicle owner must be in the Asst.Grp -vehicle must be only source of transp within the Asst.Grp -minor maintenance(not all inclusive) Brakes, tire(s), battery, wipers, etc <i>Contingent upon availability of funds</i>	1-2-4	\$300  \$500	Minor child who resides w/parent, caretaker relative, legal guardian or legal custodian or consists of a pregnant individual  <i>Sanction/ineligibility status applicable to service</i>	1 per 12 month period  1 per 12 month period	200%	PR
<b>GAS CARDS</b> -available to OWF applicants #only when the work allowance can't be issued via the OB system -limited to Job Search only -\$10 if residence is < 12 miles from WDRC -\$20 (2 crds) if residence is >12 miles from WDRC	1-2-4	\$10  \$20	Minor child who resides w/parent, caretaker relative, legal guardian or legal custodian or consists of a pregnant individual  <i>Sanction/ineligibility status applicable to service</i>	1 per 6 month period	200%	PR
<b>CHILD PROTECTIVE SERVICES</b> ➤ Family must be involved w/PCSA ➤ Respite care for adoptive parent Does not cover duplicate services of child welfare	1-3-4	\$1,000	Assistance to help alleviate the family crisis that could possibly lead to removal of children from the family home or help so the children can be returned to the home	Non-Specific	N/A	PR

<b><u>CHILD PROTECTIVE SERVICES con't</u></b> (Help Me Grow)		1-3-4	Availability Of Funds	Assist Families/children to create an environment conducive to growth and development	Non- Specific	N/A	C
<ul style="list-style-type: none"> <li>➤ Children-birth to age 4 or pregnant women</li> <li>➤ Early start, early start expansion</li> </ul>							
<b><u>CHILD PROTECTIVE SERVICES con't</u></b> (PRC Contingency)		1-3-4	\$500	Funds may be used to assist caregivers who incur expenses related to juvenile development and growth	Non- Specific	N/A	C
<ul style="list-style-type: none"> <li>➤ Clothing, educational, independent living, graduation expenses</li> <li>➤ Funds to be utilized after all other sources have been exhausted</li> </ul>							
<b><u>OTHER SUPPORT SERVICES</u></b>		1-2-4	Availability of Funds	Must be in a needy family, full time student and/or in a needy family that also has a minor child or has themselves a minor child	June Thru August	200%	PRC
<ul style="list-style-type: none"> <li>➤ Summer Youth Employment Program</li> <li>➤ In conjunction w/WIA and/or State &amp; Federal funds</li> <li>➤ Youth ages 14-24</li> </ul>							
<b><u>KINSHIP CARE SERVICES</u></b>		PG 17 Thru 20 of PRC Plan	TANF Standard For AG Size	Assist needy families so that children may be cared for in their homes or relatives' homes. Must meet TANF eligibility.		TANF Stand ard	C



The Lawrence County Department of Job and Family Services PRC Plan meets the requirements of Chapter 5108 of the Revised Code



