

**SUMMIT COUNTY**  
**DEPARTMENT OF JOB AND FAMILY SERVICES**

**Prevention, Retention, and Contingency (PRC) PLAN**

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## **PURPOSE**

The Prevention, Retention, and Contingency (PRC) program is designed to help families residing in Summit County overcome immediate barriers to achieving or maintaining self-sufficiency. The PRC program has become a critical tool for Ohio counties to help families become and stay self-supporting. The PRC program is a non-assistance program that provides nonrecurring, short-term, crisis-oriented benefits or services that are directly related to the following four purposes of the TANF program (reference 45 CFR 260.20), which do not meet the federal definition of assistance.

## **SUMMIT COUNTY RENDERS BENEFITS UNDER THE PRC PROGRAM THROUGH THE FOLLOWING.\***

Nonrecurring, short-term (hard) benefits: This is not a client-direct cash payment or ongoing support, such as that afforded by Ohio Works First (OWF). PRC may provide short-term benefits limited to the amount actually required to meet the need provided that funding is available. Individual service categories may have caps that cannot be exceeded (e.g., \$2500 total for car repairs). Individual service caps are included for each service category in Appendix A.

Assistance may be provided by services that cannot exceed four (4) months for a specific crisis or episode of need. The PRC benefits are not intended to meet recurrent or ongoing needs. Such services may include, but are not limited to, third-party vendor payment assistance as an aid in maintaining employment or preventing a family crisis. Any number of individual payments can be made on behalf of a family for up to a four (4)-month limit (as long as funding is available).

Support (soft) services: Services to the recipient may be provided on an ongoing basis. The receipt of these services will not impact in any way the recipient's eligibility for tangible one-time benefits and are therefore not tracked. These services and/or programs are administered via purchase-of-service agreements. Services are considered non-assistance and may extend beyond four months.

Subsidized employment assistance: Work subsidies (cash payments) are paid to an employer in order to help eligible individuals obtain or maintain employment.

Work Support Services: Supportive services such as childcare and transportation provided to families who are employed.

Services are considered non-assistance and may extend beyond four months as long as employment is maintained.

Disaster assistance: These benefits assist with damage or loss sustained in a disaster or state of emergency declared by the governor of Ohio.

## **ACCESS TO PRC SERVICES**

PRC benefits and services can only be accessed by one of the following methods:

1. Certification
2. Non-administrative program operational activities; and
3. Application

## **CERTIFICATION**

Pursuant to Section 5108.10 of the Revised Code, an application is not required if the benefit or service does not have a financial need eligibility requirement. Only benefits and services that are provided under TANF purposes 3 or 4 may have eligibility certified.

- A. SCDJFS will identify and document any service types defined in Appendix A of this plan that will be accessed by certification including TANF purpose and activity

- B. SCDJFS and/or the provider for the service will document certification information sufficient to establish the eligibility of service using a SCDJFS PRC Certification Screening Tool (SCDJFS 7161)
- C. The SCDJFS PRC Certification Screening Tool will capture the following information (this is not intended to be an all-inclusive list)
  - a. Assistance Group Composition
  - b. Citizenship Requirement
  - c. Residency Requirement
  - d. Public Assistance benefit case status information
- D. SCDJFS and/or the provider will retain the SCDJFS PRC Certification Screening Tool, and all documentation related to the services provided
- E. If additional services are needed that require an application, SCDJFS and/or provider will proceed with the defined application process the applicable service

## **NON-ADMINISTRATIVE PROGRAM OPERATION ACTIVITIES**

Certain benefits and services do not require an application or certification for PRC benefits and/or services as they do not provide a direct service linked to an individual family. Such activities could include employer recruitment, outreach, information and referral, websites, billboards, and public service announcements which are considered non-administrative program operation costs to promote local programs and services.

- A. SCDJFS will identify any service types defined in Appendix A of this plan that will be categorized as non-administrative program operation activities and indicate the target population
- B. SCDJFS and/or the provider for the service maintain documentation to support the operation costs provided under non-administrative program activities.
- C. If additional services are needed that require an application, SCDJFS and/or provider will proceed with the defined application process the applicable service

## **APPLICATION**

- A. The SCDJFS 7158 application has been developed for use when a family is applying for PRC benefits and services. The application and any other information gathered during the eligibility determination process shall be maintained in the applicant's electronic eligibility file. In addition, PRC benefits and services provided to noncustodial parents shall also be kept in a separate assistance-group record.
  - 1. SCDJFS may develop and use other forms to provide access to PRC services provided it satisfies the requirements of Ohio Revised Code 5108.10 and captures the information needed to accurately determine eligibility for the program.
- A. Applicants must be at least 18 years of age (or legally emancipated) and complete the respective application for service.
- B. Eligibility factors, time restraints, and amounts available to pay for various benefits and services covered must be explained. Anyone applying for PRC services must receive appropriate information about referrals to and access to Medicaid, SNAP, childcare assistance, and other programs that provide benefits that could help the assistance group (AG) successfully transition to work. As prescribed by the Secretary of State under section 3503.10 of the ORC, it is important to make the voter registration application available to persons who are applying for, receiving assistance from, or participating in the PRC program. Reference Section 329.051 of the ORC. PRC will be authorized with the expectation that the PRC AG will work with SCDJFS to become self-sufficient and to prevent them from the reliance of ongoing cash assistance.

C. Services and benefits shall be provided that directly lead to or can be expected to lead to the family becoming self-sufficient by accomplishing one of the four purposes of TANF:

**Purpose 1: To provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.**

**Purpose 2: To end the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.**

**Purpose 3: To prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies.**

**Purpose 4: To encourage the formation and maintenance of two-parent families.**

D. Benefits and services provided under TANF purposes 1 or 2 require a financial need as part of the eligibility requirement, so there must always be an application to provide benefits or services under TANF purposes 1 or 2.

E. Applicant Responsibility

2. Applicants for PRC are responsible for completing all necessary forms, furnishing all available documents and information, and cooperating in the eligibility-determination process. In meeting the presented need, an applicant must utilize available income, which includes ongoing assistance programs such as OWF and SNAP, as well as unemployment compensation, Social Security and special energy programs. The applicant's signature on the PRC application will serve to authorize the exchange of information between SCDJFS and the designated provider.
3. Documentation provided to SCDJFS (e.g., birth certificates and pay stubs) to determine current eligibility for OWF and/or food assistance and/or Medicaid may be used to document identify, economic need, Social Security number, citizenship, and residence. Designated ODJFS system screens will be used in these situations.
4. Applicants for whom verification cannot be accurately obtained may complete a JFS 07341 Applicant/ Recipient Authorization of Release of Information. Once the release is received, the county agency or third-party provider shall assist in collecting the verification.
5. When "victims of violence" services are provided after regular business hours, a community vendor will accept a statement of self-declaration on a signed PRC application (SCDJFS 7158) to verify income and that no assistance has been received fraudulently.

F. Exploring County Resources

2. SCDJFS will use a portion of its PRC dollars to educate Summit County residents regarding program parameters through community awareness campaigns, training, and interagency collaborations.
3. PRC will not be authorized to prevent or restore the shut-off of utility service when the Home Energy Assistance Program (HEAP) is available, unless there is a specified emergent need (e.g., domestic violence or divorce) referred by various community partners or the applicant is not eligible for HEAP. In the event that disconnection of service is imminent, a statement of approval/denial will be required from the HEAP administering agency prior to approval of utility expenses.

4. The "local community," as it relates to PRC, may include areas beyond the county's boundaries. A PRC applicant is required to apply for and utilize any program, benefit, or support system that may reduce or eliminate the presenting need. SCDJFS may request verification of community resources received within six (6) months from the date of the PRC application when the applicant is applying for nonrecurring short- term benefits. SCDJFS reserves the right to deny applicants who received community resources for a similar need and/or when the request can be met through another resource.
5. The PRC program will be utilized to assist the client after all other community resources have been explored by the client and the agency. The SCDJFS will be the payer of last resort.

## ELIBILITY REQUIREMENTS

### A. Assistance Group (AG) Composition

1. Each category of assistance offered through this plan may have different requirements for who shall be included as part of the PRC AG. For example, one PRC service may require everyone who resides in the household to be included; another service may require only those household members who are part of the OFW AG to be included. The AG is defined as a group of individuals treated as a unit for the purpose of determining eligibility for the PRC program. All gross income, earned and unearned, of all members of the PRC AG (including ineligible members) shall be counted, unless listed as excluded income below and compared to the applicable federal poverty level. Each service listed in Appendix A indicates which AGs are potentially eligible for the service. In Summit County, the AGs are defined as follows:
  - a. A minor child residing with a parent, specified relative, legal guardian, or legal custodian.
    - i. AG should be determined by including the minor child, parent(s), specified relative(s), legal guardian (s), or legal custodian(s), and siblings or half-siblings living in the household.
  - b. A minor child residing with a parent, specified relative, legal guardian, or legal custodian, and all other members of the household (who may or may not be related to the minor child) who may significantly enhance the family's ability to achieve economic self-sufficiency.
    - i. AG should be determined by including the minor child, parent(s), specified relative(s), legal guardian (s), or legal custodian(s), and siblings or half-siblings and all other individuals living in the household.
  - c. A pregnant woman and who has no other minor children.
    - i. AG should be determined by including pregnant woman and spouse (if applicable).
  - d. A parent with shared custody of a minor child or minor children; the parent must have had physical custody within the thirty (30) days prior the date of the application.
    - i. AG should be determined by including the minor child, parent with shared custody, and siblings or half-siblings living in the household.
  - e. A noncustodial parent of a minor child or minor children. The children must live in State of Ohio. The noncustodial parent cannot reside with his/her child(ren). Paternity must be established.
    - i. AG should be determined by including non-custodial parent and the minor child(ren) being used to achieve the status of non-custodial parent status. If the non-custodial parent has a spouse in the household, but no children, the spouse should be included in the AG.
  - f. Youth in the custody of Summit County Children Services (SCCS) who are currently residing within the geographical limits of Summit County.
    - i. AG should be determined by including the youth in custody of SCCS

- g. Youth in the custody of interstate children service agencies that are located within the geographical limits of Summit County.
      - i. AG should be determined by including the youth in custody of the interstate child service agency
2. PRC benefits and services are available to an AG that includes a minor child or pregnant individual. A minor child is defined as a child under the age of 18 or who has not attained the age of 19 and is a full-time student in a secondary school or the equivalent level of vocational or technical training (GED classes do not qualify)
3. PRC benefits are available to a minor child residing with a kinship caregiver defined in ORC 5101.85 as any of the following who is 18 years of age or older and is caring for a child in place of a child's parents
  - a. The following individuals related by blood or adoption to the child;
    - i. Grandparents, including grandparents with the prefix "great", "great-great", or "great-great-great"
    - ii. Siblings
    - iii. Aunts, uncles, nephews and nieces, including such relative with the prefix "great", "great-great", "grand", or "great-grand"
    - iv. First cousins and first cousins once removed
  - b. Stepparents and stepsiblings of the child
  - c. Spouses and former spouses of individuals named in divisions (a) and (b) of this section
  - d. A legal guardian of the child
  - e. A legal custodian of the child
4. PRC benefits and services are also available to the noncustodial parent that
  - a. Lives in Summit County; and
  - b. Has an independent living arrangement; and
  - c. Is not incarcerated; and
  - d. Has a minor child residing in State of Ohio; and
  - e. Does not live in the same household as the minor child; and
  - f. Whose paternity is established for the minor child who is being used for noncustodial parent status.
5. An AG member may be "temporarily absent," yet the individual and his/her family may still qualify for PRC benefits and services. Pursuant to rule OAC 5101:1-3-04, the absence of a member in the AG is temporary when the following criteria are met:
  - a. The AG member has been absent for no longer than forty-five (45) consecutive days.
  - b. The location of the absent individual is known.
  - c. There is a definite plan for the return of the absent individual to the home.
  - d. The absent individual shared the home with the AG prior to the onset of the absence.
6. Rule OAC 5101:1-3-04 also sets forth exceptions to the requirement that the AG member be absent for no longer than forty-five (45) consecutive days. When the temporary absence is due to the removal of a child by the local public children-services agency (PCSA), a reunification plan to return the child to the home within six (6) months from the date of removal is required. SCDJFS and the local public children-services agency will work closely together to coordinate and develop appropriate strategies that will assist families in meeting their needs and assist with the safe return of children to the home.

B. Citizenship Requirement

1. In order to qualify for PRC, AG members must be United States citizens, noncitizen nationals, or qualified aliens as defined in OAC 5101:1-2-30(A). In order to issue PRC benefits or services, at least one adult and one minor child must meet the above citizenship requirements. A valid Social Security number must be provided for each person applying for PRC as a condition of the receipt of assistance.

C. Social Security Number Requirement

1. Each person applying for PRC must provide the county agency (or third party providing agency) with a social security number, or apply for a social security number.

D. Resident Requirement

1. Residence in Summit County is a requirement of the Summit County PRC program. Summit County residency will be established by living in Summit County voluntarily with the intent to remain permanently or for an indefinite period of time. An applicant who is not receiving assistance in another state or county and who has entered the county with a job commitment, whether or not currently employed, may also establish residency.

E. Economic Need

1. Eligibility for PRC benefits and services intended to meet purposes 1 and 2 of TANF is dependent upon the AG's demonstration and verification of need.
2. Eligibility for PRC benefits and services intended to meet purposes 3 and 4 of TANF may be determined without regard to economic need; however, the SCDJFS PRC plan may establish a need standard for these benefits as a way to target specific populations.
3. The income need standard of any category of assistance will not exceed 200 percent of the federal poverty level (FPL). The income need standard may be less than 200% if determined necessary by SCDJFS and specific FPL will be listed in the category of assistance. If no specific FPL is listed, then the economic need will be determined at 200% FPL.
4. Economic need for may be established if each AG member, at the date of application, is in receipt of OWF and/or SNAP benefits and is verified to be below the 200 percent of the FPL, unless otherwise defined for specific category of service. If OWF and/or SNAP cannot be used to verify economic need, the eligibility determination will need to be completed to calculate income level and compare to relevant federal poverty level when demonstration of economic need is required.
5. All gross income, earned and unearned, of all members of the PRC AG (including ineligible members) shall be counted, unless listed as excluded income below and compared to the applicable federal poverty level.
6. Earned income is income for which some type of labor or service is performed. The following are examples of earned income in Summit County (this is not intended to be an all-inclusive list):
  - a. Earnings from work as an employee
  - b. Earnings from self-employment
  - c. Strike benefits (if striker is required to perform services in order to receive them)
  - d. Training allowances

7. Unearned Income is income that is not gross earned income. The following are examples of unearned income that must be counted (these are examples and are not meant to be an all-inclusive list):
  - a. Retirement, Survivors, Disability Insurance (RSDI) benefits
  - b. OWF
  - c. Alimony
  - d. Veteran Administration benefits
  - e. Worker's Compensation benefits
  - f. Lump-sum payments
  - g. Unemployment benefits
  - h. Pension and retirement benefits
  - i. Strike benefits
  - j. Investment Income
  - k. Rental Income
  - l. Trust disbursements paid directly to PRC AG member
8. Excluded income is income that shall NOT be counted in the gross income calculation for PRC:
  - a. Supplemental Security Income (SSI) benefits
  - b. Child support received by a custodial parent that is disbursed by the Ohio Child Support Enforcement Agency
  - c. The gross earned income of a minor child in the AG
  - d. Income of a specified relative in a payee/kinship case (in coordination with PCSA)
  - e. Income and benefits federally required to be excluded; OAC 5101:1-24-20
9. Monthly income may be computed in one of two ways for all PRC services:
  - a. Gross AG income for the previous 30 days from date of PRC application can be totaled and compared to the appropriate poverty guideline, or
  - b. Gross AG income can be projected with at least two pay verifications from the previous 30 days and compared to the appropriate poverty guideline (e.g., a client paid every week provides his or her two most recent pay stubs; these two pays would be averaged and then be multiplied by 4.3 to obtain average monthly income.)
10. For cases in which the income cannot be accurately obtained, a signed "release of information" will be obtained from the applicant for an inquiry. Once the release is received, verification that is obtained by phone must contain clear documentation in the PRC AG record conveying 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.
11. In cases where income cannot be determined by numbers 8 or 10 of this section, SCDJFS may accept a self-attestation in the form a signed and dated statement from the applicant.
12. When an AG reports that no income is received, a statement indicating how daily living expenses are being met may be required.
13. The Summit County PRC plan will NOT require resources of an AG to be counted or verified to establish economic need.

#### F. Ineligible Assistance Groups

1. There are certain AGs who are ineligible to receive PRC benefits and services. If any one member of the PRC AG meets one of the following disqualifications, the entire AG is ineligible to receive PRC:
  - a. Fugitive felons
  - b. AGs who have received more or equal to the limit of PRC assistance as set forth in this plan and/or that of another Ohio county in the past 12 months
  - c. AGs who fail to utilize other community resources or available income
  - d. AGs that cannot show the ability to meet the ongoing expense related to their request (e.g., pay next month's rent or utility bill)
    - i. AG must be able to document the ability to pay the ongoing expense with income verification or other SCDJFS-approved documentation. Self-attestation will not be accepted as a means of verification for sustainability to meet ongoing need. SCDJFS reserves the right to determine if the AG can achieve sustainability for the ongoing need
  - e. AGs whose request does not eliminate the immediate problem (cost of help exceeds PRC limit and family is unable to come up with the difference)
    - i. Applicants requesting assistance that either exceeds the individual cap for that service or the overall PRC maximum benefit available will be responsible for paying overages. Documentation that the applicant has paid his/her portion of the requested service will be required before PRC payments can be approved.
  - f. AGs who falsify a PRC application
  - g. AGs who are under an intentional program violation for OWF and/or PRC benefit until a member of the AG repays the cost of the fraudulent assistance, pursuant to ORC 5101.83 and OAC 5101:1-23-75

## VERIFICATION REQUIREMENTS

### **Assistance Group, Social Security Number, Citizenship and Residency Requirement**

The applicant must supply all the requested information on the application and must attest to the validity of the information.

If each AG member, at the date of application, is in receipt of OWF and/or SNAP benefits and all information has been supplied, no further documentation will be required to verify these elements of eligibility unless SCDJFS and or provider needs the documentation to resolve a question or discrepancy.

If there are AG members, at the date of application, that are not in receipt of OWF and/or SNAP benefits, SCDJFS and/or provider may request documentation to verify information provided on the application.

### **Economic Need**

When receipt of OWF and/or SNAP assistance is used for economic need determination, SCDJFS/Provider will document the case number and receipt of assistance and no further documentation will be requested from assistance group unless SCDJFS/provider needs documentation to resolve a question or discrepancy.

If not each AG member, at the date of application, is in receipt of OWF and/or SNAP benefits and all information has been supplied, no further documentation will be required to verify economic need unless SCDJFS and or provider needs the documentation to resolve a question or discrepancy. The agency will accept self-declaration of income.

## PROGRAM OPERATIONS

- A. Summit County will continuously provide fair and equitable treatment to families applying for PRC in accordance with the policies outlined in this document. Procedural guidelines detailing the application of these policies are available through SCDJFS. The scope of services outlined in PRC services/benefits cannot be reduced, limited, or restricted unless the plan is amended. All of SCDJFS's PRC services are temporary in nature and based on the availability of funds to cover the requested services.
- B. Summit County reserves the right to temporarily suspend PRC program enrollment when it is no longer fiscally prudent to fund the program. If, at any time, Summit County determines it is necessary to change the terms and criteria involved in operating the PRC program, SCDJFS will not engage in any reconsideration of eligibility determinations made prior to the effective date of the change.
- C. PRC does not cover the following:
  1. Taxes and/or fees related to services provided by a third-party vendor payment.
  2. Medical services, except for pre-pregnancy family-planning services
- D. Supportive (soft) services.
  1. Applicants will be given the opportunity, when possible, to select providers and/or vendors. Vendors must be willing to accept SCDJFS payment. Benefits and services under TANF purposes 3 and 4 (above) do not require an application for assistance, as they do not provide direct services linked to an individual family. Activities relating to TANF purpose 3 and 4 (above) could include employer recruitment, outreach, information and referral, and websites, billboards, and public service announcements that are considered non-administrative program-operation costs.
  2. PRC-supportive services (non-cash related) shall consist of up to twelve (12) months of eligibility but shall not exceed the contract period (if applicable)

- E. Subsidized employment program (SEP) assistance:
  - 1. SEP participants will be approved for 12 months from the date of application. The applicant will NOT have economic need redetermined for the (12) month certification period. All other eligibility factors must be maintained during the duration of the program for the applicant to remain eligible.
  - 2. Economic need for may be established if each AG member, at the date of application, is in receipt of OWF and/or SNAP benefits and is verified to be below the 200 percent of the FPL.
  - 3. If OWF and/or SNAP cannot be used to verify economic need, gross AG income for the previous 30 days from date of PRC application can be totaled and compared to the 200% FPL need standard.
- F. Under no circumstances will an employee of the SCDJFS be an approved vendor/provider (e.g., landlord).
- G. An AG that objects to a faith-based provider must be provided with an alternative provider of services within a reasonable period of time. The alternative provider must be reasonably accessible and be able to provide comparable services. The AG shall receive a Notice of Right to Request another Worksite or Provider of Services.

## **INTERFACES WITH CHILD WELFARE**

- A. There are situations when a family being served by SCDJFS intersects with the local public child-services agency (e.g., coordination of the self-sufficiency plan with the PCSA case plan). SCDJFS believes coordination with the local public children-services agency is essential for supporting a family's success. As a result of SCDJFS's commitment to family preservation, the PRC services/benefits include, but are not limited to, a limited supply of youth beds, youth car seats, and transitional kits when a family meets PRC eligibility. A parent must apply for services (when available). The child's absence must meet the description of temporary absence as defined as in Ohio Administrative Code 5101:1-3-04 (cash assistance manual). Items received via the PRC services/benefits must follow the child

## **STANDARD OF PROMPTNESS**

- A. The intent of this plan is to determine eligibility within thirty (30) calendar days or earlier from the receipt of a signed application for any PRC services.
- B. Applicant must provide verification within ten (10) days of request. For contingency services, due to urgent nature of the request, the agency will attempt to complete the determination no later than ten (10) days from the date of receipt of requested verifications. However, the determination shall be completed within thirty (30) calendar days from the date of signed application.
- C. SCDJFS reserves the right to deny PRC services to any applicant who has demonstrated a pattern of PRC misuse or abuse (actual or attempted). An application for PRC can also be denied for failure to meet the application or eligibility requirements defined in the Summit County PRC plan and/or failure to return requested verifications to the agency by the requested due date(s).
- D. Final approval of the PRC request is based on established guidelines as included in the PRC plan and availability of PRC funds, and it is subject to the approval of the director/designee.

## **NOTICE OF ACTION**

- A. If it is determined that a PRC application is approved, the (JFS 04074) Notice of Approval of Your Application for Assistance is required to be mailed or delivered to the applicant.
- B. If it is determined that a PRC application is denied, the (JFS 07334) Notice of Denial of Your Application for Assistance is required to be mailed or delivered to the applicant. The applicant's hearing rights will be included on or with the referenced notice. When the applicant is not in receipt of ongoing assistance, a separate file will be maintained for the PRC application and related documentation. PRC hearing decisions are based on the PRC program plan in effect in Summit County at the time of the adverse action.
- C. If it is determined that an approved PRC service is to be discontinued, the (JFS 4065) Prior Notice of Right to a State Hearing is required to be mailed or delivered to the applicant. The applicant's hearing rights are included on the referenced notice. PRC hearing decisions are based on the PRC program plan in effect in Summit County at the time of the adverse action.

## **OVERPAYMENT PROCEDURE**

- A. PRC applicants discovered to have fraudulently received or improperly disposed of services and/or benefits will be required to reimburse the SCDJFS for the full amount of the services and/or benefits and may be subject to prosecution. All PRC overpayments shall be subject to the same rules and regulations as TANF overpayments as outlined in OAC 5101:1-23-70.

## **VOTER REGISTRATION**

- A. A Voter Registration application will be made available to every person applying for or participating in Summit County PRC program in accordance with Section ORC 329.051. This section applies to all entities with whom Summit County contracts. Third-party providing agencies must deliver completed voter registration forms to the Summit County Board of Elections within five (5) days of receipt and provide SCDJFS a copy of the completed ODJFS transmittal form monthly.

## **SCOPE OF SERVICES**

The PRC service/benefits listed in Appendix A contain the scope of services provided under the PRC Program in Summit County. The tables also contain the AGs, caps placed on the services, additional eligibility requirements, the target AGs, and the economic need standards. The identification of the targeted AGs is essential in customizing service delivery specific to the family's circumstances.

The Summit County Department of Job and Family Services reserves the right to amend this plan as needed. The Summit County Department of Job and Family Services agrees to implement the PRC program as described above, effective October 1, 2023.



### **Summit County Executive Certification of PRC Plan**

The revised and updated PRC plan had all eligibility criteria, services and benefits reviewed. The public notice announcing the public comment period was published 08/15/2023. The PRC plan was made available for public comment from 08/15/2023 through 09/18/2023. All public comments were reviewed and considered prior to the finalizing and certifying the plan.

The Summit County Prevention, Retention, and Contingency Policy is hereby approved:

This is to certify that the Summit County Department of Job and Family Services has complied with ORC Chapter 5108 in adopting and amending this policy.

## APPENDIX A: PRC Services/Benefits Table

### Glossary:

Prevention/retention service or benefit: Identifies the benefit and/or service

TANF purpose: Identifies which TANF purpose the benefit and/or service fulfills

Cap: Identifies any limits that apply to the specific PRC benefit and/or service listed

Eligibility criteria: Identifies any additional eligibility requirements for the specific benefit and/or service, in addition to the general PRC eligibility criteria identified with the PRC plan

Assistance group: Identifies the number of eligible and ineligible individuals in a household. The Assistance Group Key contains the assistance group types, which can be found on page 5 of this PRC plan.

Economic need standard: The income limit for the assistance group for the benefit and/or service

Targeted group: The population the county is aiming to serve by offering the benefit and/or service

### Assistance Group Key

1. A minor child residing with a parent, specified relative, legal guardian, or legal custodian.
2. A minor child residing with a parent, specified relative, legal guardian, or legal custodian, and all other members of the household (who may or may not be related to the minor child) who may significantly enhance the family's ability to achieve economic self-sufficiency.
3. A pregnant individual with no other minor children.
4. A parent with shared custody of a minor child or minor children; the parent must have had physical custody within the thirty (30) days prior the date of the application.
5. A noncustodial parent of a minor child or minor children. The children must live in State of Ohio. The noncustodial parent cannot reside with his/her child(ren) and paternity must be established for the child(ren) being used for TANF eligibility.
6. Youth in the custody of Summit County Children Services (SCCS) who are currently residing within the geographical limits of Summit County.
7. Youth in the custody of interstate children service agencies that reside within the geographical limits of Summit County

## Nonrecurring, short term (hard) benefits

### Contingency Services

#### Nonrecurring, short term (hard) benefits

Service ID  Amended Date:

Prevention/Retention Service or Benefit (SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	TANF Purpose	CAP	Eligibility Criteria	Assistance Group	Economic Need Standard	Targeted Group
Housing expenses:payment of delinquent monthly rent, security deposit for new secured housing, and/or first month's rent may be made for the following: *Homeless applicants *Applicants who are residing in a domestic violence shelter *Applicants who have a court-ordered eviction or three(3) day eviction notice *Applicants not less than thirty (30) days delinquent on rent -PRC will not pay for damage or repayment for damage to dwelling *Applicants whose residence is uninhabitable due to natural, chemical or any other type of condition as declared by a city, county, township, or state agency.*Verification of circumstance (within the last three (3) months) is required. *Applicants whose residence is unsafe due to criminal activity.*Verification of circumstances (within the past three (3) months) is required. *Applicants seeking residence to reduce household expenses (expenses > income).  The amount is limited to 3 months total (any combination of security deposit and rent)  Rent does NOT include mortgage payments	Purpose 1	\$5000 cap for housing expenses  Persons moving into housing may be eligible for new home transitional kits not to exceed \$200 in value.	Must be referred by a community partner unless authorized by SCDJFS self-submit process  Persons enrolled in a program with a contract provider must complete provider's requirements prior to payment approval	2, 3, 4, 5	200% FPL	Unemployed or currently employed, victims of domestic violence, families in crisis

## Contingency Services (Continued)

Nonrecurring, short term (hard) benefits		Service ID	32	Amended Date:	10/1/2023	
Prevention/Retention Service or Benefit	TANF Purpose	CAP	Eligibility Criteria Group	Assistance Group	Economic Need Standard	Targeted Group
(SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	Purpose 1	\$2500 cap for utility services \$5000 cap for property taxes	Must be referred by a community partner unless authorized by SCDJFS self-submit process	2, 3, 4, 5	200% FPL	Unemployed or currently employed, AMHA referred
Utility service thirty (30) days delinquent or Prevent shut-off or restore service or Transfer service to applicant to secure new housing or Regain PIPP Eligibility	Limited to heating expense, electric, water and sewer utility bills * Sanitation and applicable fees may be paid when included with water and/or sewer bills and are not billed separately Appliance purchases for those at risk of losing AMHA eligibility	Persons moving into housing may be eligible for new home transitional kits not to exceed \$200 in value. Not to exceed once in a twelve (12) month period	Utilities will not be paid when HEAP is available to applicants. If applicant is not eligible for HEAP, PRC eligibility can be explored.	Persons enrolled in a program with a contract provider must complete provider's requirements prior to payment approval	Persons enrolled in a program with a contract provider must complete provider's requirements prior to payment approval	Housing Choice Voucher residents, victims of domestic violence, families in crisis
	Property taxes- delinquent					
	* Must be able to get property taxes current with payment or in conjunction with payment and payment plan to be eligible					
	Storage unit rental-limited to 4 months					
	* Intent for those going into temporary housing to retain items for when they find permanent shelter					
	Transitional Kits					

## Contingency Services (Continued.)

Service ID

58 Amended Date:

4/10/2020

### ***Nonrecurring, short term (hard) benefits***

Prevention/Retention Service or Benefit (SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	TANF Purpose	CAP	Eligibility Criteria	Assistance Group	Economic Need Standard	Targeted Group
Services for the entire family when crisis occurs that threaten the safety, health, or well-being of one or more family members. -Youth car seats -Food assistance -One-day or monthly family bus passes and bus tickets -Taxi service -Home Packages -Locks, keys and installation	Purpose 1	Persons moving into housing may be eligible for new home transitional kits not to exceed \$200 in value.	Must be referred by a community partner unless authorized by SCDJFS self-submit process	2, 3, 4, 5	200 FPL	Unemployed or currently employed, AMHA referred Housing Choice Voucher residents, victims of domestic violence, families in crisis

## Health & Safety

### **Nonrecurring, short term (hard) benefits**

<b>Prevention/Retention Service or Benefit</b> (SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	<b>TANF Purpose</b>	<b>CAP</b>	<b>Eligibility Criteria</b>	<b>Assistance Group</b>	<b>Economic Need Standard</b>	<b>Targeted Group</b>
Household, clothing and safety items and supplies needed to ensure safety needs of child(ren)	Purpose 1	Contractual limits may apply per the deliverables of contract provider (if applicable)		1, 3, 4, 6, 7	200% FPL	At-risk children

### **Job Preparation & Barrier Removal-Hard Service**

<b>Prevention/Retention Service or Benefit</b> (SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	<b>TANF Purpose</b>	<b>CAP</b>	<b>Eligibility Criteria</b>	<b>Assistance Group</b>	<b>Economic Need Standard</b>	<b>Targeted Group</b>
Fees for certification to eliminate/lessen legal barriers to employment Certification provided by local courts	Purpose 2, Purpose 4	Fees limited to one-time payment paid directly to the Summit County Clerk of Courts. Fee not to exceed \$100	Contractual deliverables may determine additional eligibility criteria	1, 3, 5	200% FPL	Job seekers

## Nutritional Support- Hard Services

Service ID  Amended Date:

### Nonrecurring, short term (hard) benefits

<b>Prevention/Retention Service or Benefit</b> (SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	<b>TANF Purpose</b>	<b>CAP</b>	<b>Eligibility Criteria</b>	<b>Assistance Group</b>	<b>Economic Need Standard</b>	<b>Targeted Group</b>
Food distribution	Purpose 1	Contractual limits apply TANF eligible determined by SCDJFS Contract provider must adhere to guidelines established in the program plan and ODJFS guidance	1, 3	200% FPL	Families with minors, pregnant individuals	

## **Shelter Services**

Service ID  Amended Date:

### Nonrecurring, short term (hard) benefits

<b>Prevention/Retention Service or Benefit</b> (SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	<b>TANF Purpose</b>	<b>CAP</b>	<b>Eligibility Criteria</b>	<b>Assistance Group</b>	<b>Economic Need Standard</b>	<b>Targeted Group</b>
Shelter costs (for applicants experiencing homelessness)  Other emergency shelter costs (i.e. motel) when homeless shelter is unavailable	Purpose 1	Contractual limits may apply per the deliverables of contract provider (if applicable)	Must be referred by a community partner unless authorized by SCDJFS self-submit process	1, 3, 4	200% FPL	Unemployed or currently employed, victims of domestic violence, families in crisis

**Technology Support****Nonrecurring, short term (hard) benefits**

Service ID

74

Amended Date:

7/1/2021

<b>Prevention/Retention Service or Benefit</b> (SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	<b>TANF Purpose</b>	<b>CAP</b>	<b>Eligibility Criteria</b>	<b>Assistance Group</b>	<b>Economic Need Standard</b>	<b>Targeted Group</b>
Internet, hot spots, computers and/or required equipment in order to support continued education to the household or to assist with job search efforts	Purpose 1, Purpose 2	Contractual limits may apply per the deliverables of the contract provider (if applicable)	TANF eligible determined by SCDJFS. Technology support must be needed to complete mandatory work assignments, complete job search and job readiness activities, or continue education or be used for activities for the building of self sufficiency, stability and safety of household.	1, 3, 5	200% FPL	job seekers, students

Verification may be requested by contract provider or SCDJFS

**Transportation*****Nonrecurring, short term (hard) benefits***

Prevention/Retention Service or Benefit (SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	TANF Purpose	CAP	Eligibility Criteria	Assistance Group	Economic Need Standard	Targeted Group
Payment for temporary ride services (bus pass, ride share, taxi, etc), to maintain employment, to apply for housing or to locate child care services. The use must help the individual achieve self-sufficiency and become self-sustainable.	Purpose 1, Purpose 2	Contractual limits may apply per the deliverables of the contract provider (if applicable)		1, 3, 5	200% FPL	

Service ID  Amended Date:

**Support (soft) services****Case Management****Support (soft) services**

<b>Prevention/Retention Service or Benefit</b> (SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	<b>TANF Purpose</b>	<b>CAP</b>	<b>Eligibility Criteria</b>	<b>Assistance Group</b>	<b>Economic Need Standard</b>	<b>Targeted Group</b>
Case management services may include (but not limited to) -housing stability -financial budgeting -linkages to resources -accessing employment -outreach to ensure families are receiving needed resources -advocacy for children -parenting education -child development education -interpersonal relationship building -behavioral intervention -crisis intervention -nutritional awareness, healthy living supports and preparedness	Purpose 1  Contractual limits may apply per the deliverables of the contract provider (if applicable)			1, 3, 5	200% FPL	

Service ID:  Amended Date:

**Job Preparation & Barrier Removal- Soft Service**

Service ID

80

Amended Date:

10/1/2021

**Support (soft) services**

<b>Prevention/Retention Service or Benefit</b> (SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	<b>TANF Purpose</b>	<b>CAP</b>	<b>Eligibility Criteria</b>	<b>Assistance Group</b>	<b>Economic Need Standard</b>	<b>Targeted Group</b>
Job readiness services, training and assessments	Purpose 1, Purpose 2		Contractual limits may apply per deliverables of contract provider (if applicable)	Contractual deliverables may determine additional criteria	1, 3, 5	200% FPL

Organized short-term education programs directly related to the preparation of employment in current/ emerging occupations requiring training other than a baccalaureate of advanced degree; this includes course work in instructional certificate programs, industry skill certifications, non-credit courses, all designed to obtain a specific job skill.

## Summer Youth Employment Program

Service ID  Amended Date:

### **Support (soft) services**

Prevention/Retention Service or Benefit	TANF Purpose	CAP	Eligibility Criteria	Assistance Group	Economic Need Standard	Targeted Group
(SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	Purpose 1, Determining program eligibility for youth for SYEP Conduct work readiness instruction for youth employed for SYEP Payment of third party vendor to issue payroll services for SYEP Payment of program monitoring & maintenance for SYEP  Work subsidies shall consist of payments to employers or third parties to help cover the cost of employee wages, benefits, supervision and training. Services shall be in compliance with the Ohio Minor Labor Law as defined in ORC Chapter 4109. Work subsidy program services shall be funded with TANF Funds	Purpose 1, Purpose 2	Contractual limits apply Youth ages 14-17, youth must be a minor child residing with a parent, specified relative, legal guardian, or legal custodian (minor child may be 18 if they are a full time student in a secondary school or equivalent)	Youth ages 14-17, youth must be a minor child residing with a parent, specified relative, legal guardian, or legal custodian (minor child may be 18 if they are a full time student in a secondary school or equivalent)	1, 3, 4, 5, 6, 7 200% FPL	TANF eligible families with youth between the ages of fourteen (14) and twenty-four (24)

## Youth Education

Service ID

81

Amended Date:

10/1/2021

### **Support (soft) services**

<b>Prevention/Retention Service or Benefit</b> (SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	<b>TANF Purpose</b>	<b>CAP</b>	<b>Eligibility Criteria</b>	<b>Assistance Group</b>	<b>Economic Need Standard</b>	<b>Targeted Group</b>
Home based, early education initiative for children 3 years and older including intensive home visitation session, resources, referrals, small group sessions, outreach and customized parent-child programs.	Purpose 1, Purpose 2	Contractual limits may apply per the deliverables of the contract provider (if applicable)	Criteria based on contract 1, 3, 4, 5, 6, 7 200% FPL			

Educational camps for youth to maintain educational level, promote social learning, career learning and exploration and help maintain self sufficiency for both youth and family

Services include:

- Recruitment of youth
- Determining program eligibility
- Develop and conduct work readiness instruction and curriculum
- Explore career readiness
- Payment of third party vendor to issue incentives for program participants
- Payment of monitoring participants and maintaining the education program

## **Subsidized Employment Program (SEP)**

### **Subsidized Employment Program**

Service ID:  Amended Date:

### **Subsidized Employment Program (SEP)**

<b>Prevention/Retention Service or Benefit</b> (SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	<b>TANF Purpose</b>	<b>CAP</b>	<b>Eligibility Criteria</b>	<b>Assistance Group</b>	<b>Economic Need Standard</b>	<b>Targeted Group</b>
Reimbursement of wages and ancillaries to various local employers participate in the SEP program for hiring individuals to their companies	Purpose 2	Contractual limits apply Reimbursement percentages per SEP agreement		1, 3, 5	200% FPL	OWF individuals, individuals seeking employment

## Work Supportive Services

### Work Support Services

Service ID  Amended Date:

#### Work Supportive Services

<b>Prevention/Retention Service or Benefit</b> (SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	<b>TANF Purpose</b>	<b>CAP</b>	<b>Eligibility Criteria</b>	<b>Assistance Group</b>	<b>Economic Need Standard</b>	<b>Targeted Group</b>
Support items to assist in maintaining employment and reduce risk of job loss Services/items can include (but are not limited to) -Clothing, uniforms, shoes, safety items, tools, Cleaning products to maintain clothing and tools -Automobile license and/or license plate fees -Car insurance -Drivers license fees -State ID fees -Birth Certificate fees -Testing fees -Background check fees -Hygiene kits -Childcare costs (enrollment fees, co-pays, fees )	Purpose 2	Contractual limits may apply per the deliverables of contract provider (if applicable)	Must be employed at least twenty (20) hours per week minimum wage or equivalent	1, 3, 5	200% FPL	Employed

## Disaster Assistance

### Family Disaster Assistance

Service ID

12

Amended Date:

#### Disaster Assistance

Prevention/Retention Service or Benefit (SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	TANF Purpose	CAP	Eligibility Criteria Group	Assistance Group	Economic Need Standard	Targeted Group
Benefits to assist with damage or loss sustained as a direct result of natural disaster: 1.Upon declaration by governor 2.Due to personal disaster (fire, flood, storms, etc.) documentation must be provided from Fire Chief, Law Enforcement, American Red Cross, Utility companies, etc.  *Emergency shelter or temporary housing (includes payment of rent, mortgage, security deposit, etc.) *Personal expenses (includes purchase of necessary clothing for work) *Home repairs (includes payment for repair of items affecting basic home structure, including but not limited to: walls, roofing, plumbing, furnace, water supply, etc. *Appliance purchase/repair. Limited to stove or refrigerator	Purpose 1  Cap based on totality of disaster in collaboration with assistance from other agencies, State or Federal Assistance Program not to exceed \$1500 per household or as limited by State	Cap based on totality of disaster in collaboration with assistance from other agencies, State or Federal Assistance Program not to exceed \$1500 per household or as limited by State	1, 3	200% FPL	Individuals sustaining disaster related damage or loss upon declaration by Governor	

## Non-Administrative Operational Activities

### Information and Referral

Service ID

27

Amended Date:

10/1/2018

### Non-Administrative Operational Activities

Prevention/Retention Service or Benefit (SCDJFS HAS FINAL DECISION ON HOW TO DIRECT FUNDS/SERVICES)	TANF Purpose	CAP	Eligibility Criteria	Assistance Group	Economic Need Standard	Targeted Group
Activities that identify and communicate available resources by public and private providers including a brief assessment of customer needs (not including diagnosis and evaluation) to facilitate appropriate referral to community resources  Market/promote services available in Summit County to parents with/without felonies and misdemeanours, who have children living in Summit County including promotional items for community distribution  211 service which helps callers navigate health and social services available in Summit County	Purpose 3, Purpose 4		Services do not require an application for assistance as they do not provide direct services linked to an individual family.	Not Applicable	Parents and specified relatives with minor child(ren), pregnant individuals, parents with convictions	

## APPENDIX B: Federal Definition of Assistance

Section 260.31 of the Federal Regulations published on October 1, 2001, defines "assistance" as follows:

(a) (1) The term "assistance" includes cash, payments, vouchers, and other forms of benefits designed to meet a family's ongoing basic needs (i.e., for food, clothing, shelter, utilities, household goods, personal care items, and general incidental expenses).

(2) It includes such benefits even when they are

- (i) Provided in the form of payments by a TANF agency, or other agency on its behalf, to individual recipients; and
- (ii) Conditioned on participation in work experience or community service (or any other work activity under § 261.30 of this chapter).

(3) Except where excluded under paragraph (b) of this section, it also includes supportive services such as transportation and childcare provided to families who are not employed.

(b) It excludes

(1) Non-recurrent, short-term benefits that

- (i) Are designed to deal with a specific crisis or episode of need;
- (ii) Are not intended to meet recurrent or ongoing needs; and
- (iii) Will not extend beyond four months.

(2) Work subsidies (i.e., payments to employers or third parties to help cover the costs of employee wages, benefits, supervision, and training);

(3) Supportive services such as child care and transportation provided to families who are employed;

(4) Refundable earned-income tax credits;

(5) Contributions to, and distributions from, Individual Development Accounts;

(6) Services such as counseling, case management, peer support, child care information and referral, transitional services, job retention, job advancement, and other employment-related services that do not provide basic income support; and

(7) Transportation benefits provided under a Job Access or Reverse Commute project, pursuant to section 404(k) of the Act, to an individual who is not otherwise receiving assistance.

(c) The definition of the term assistance specified in paragraphs (a) and (b) of this section

(1) Does not apply to the use of the term assistance at part 263, subpart A, or at part 264, subpart B, of this chapter; and

(2) Does not preclude a State from providing other types of benefits and services in support of the TANF goal at § 260.20(a).

**Summit County Department of Job and Family Services  
PRC Plan**

**APPENDIX C: FORMS (10/1/2023)**

PRC Applications

Application for TANF services (SCDJFS 7158 rev 04/23)

Notices:

Applicant/Recipient Authorization for Release of Information (JFS 07341 rev 04/22)

Notice of Approval of Your Application for Assistance" (JFS 04074 rev 08/21)

Notice of Right to Request another Worksite or Provider of Service

Notice of Denial of Your Application for Assistance (JFS 07334 rev 08/21)

Prior Notice of Right to a State Hearing (JFS 4065 rev 11/2019)

**Department of Job and Family Services**

Russell M. Pry Building  
1180 S. Main Street, Suite 102  
Akron, OH 44301-1256

844.640.OHIO (6446)  
866.351.8292 Fax  
SummitDJFS.org

E-mail your documents/verifications  
SummitE-Docs@JFS.Ohio.gov

Temporary Assistance for  
Needy Families (TANF)

**Application for TANF Services**

**Voter Registration Assistance – If you are not registered to vote where you live, would you like to apply to register 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. Applying to register to vote or declining will not affect the amount of your assistance.)

Name (Last)	(First)	(MI)	<b>SCDJFS USE ONLY</b>	
Address		City, State, ZIP code	Type of PRC services	Date received
Telephone (Home)	(Work)	(Message)	<input type="checkbox"/> Soft <input type="checkbox"/> Hard <input type="checkbox"/> NA	
E-mail address			PRC in the last 12 months	Case number
			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
			PRC clearance	Funding source <input type="checkbox"/> PRC <input type="checkbox"/> Title XX/TANF
			Application	Application source <input type="checkbox"/> Approved <input type="checkbox"/> Denied

Complete the section below for everyone living in your home, including yourself. You are required to verify all income for all members of your household. Use the back of this page to list additional household members.

Full name (first and last)	Social Security number	Date of birth	Sex	Relationship to applicant	Source of monthly income (Employment, child support, OWF, VA check, SSI)	Monthly amount of gross income
*				*SELF		

*Include additional household members on back if applicable*

1. Have any household members listed above left the residence in the last 45 days?  Yes  No If yes, who and what is their relationship to the applicant?
2. Are you applying as a non-custodial parent?  Yes  No If yes, list below the non-custodial address of child listed above
3. Are you a U.S. citizen?  Yes  No
4. Are you, or is anyone in your household, pregnant?  Yes  No
5. Is anyone in your household a fugitive felon?  Yes  No
6. Has anyone in your family, including yourself, fraudulently received assistance under the OWF, PRC, and/or TANF programs?  Yes  No
7. What services are you requesting?  

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8. Are you a resident of Summit County, who is currently or was previously out of work, or working less than normal or experienced other financial hardships due to COVID-19?  Yes  No
9. Have you or any member of your household received emergency assistance in the last 12 months?  Yes  No

List the agencies you have contacted for assistance	Did you receive help?	If the agency helped you, please explain how. If the agency did not help you, please explain why not. (Verification required)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Continued >>**

**Additional household members if applicable**

Full name (first and last)	Social Security number	Date of birth	Sex	Relationship to applicant	Source of monthly income (Employment, child support, OWF, VA check, SSI)	Monthly amount of gross income

**RECIPIENT ACKNOWLEDGMENT**

**Recipient hereby acknowledges** that Title VI of the Civil Rights Act of 1964 (Title VI) and its implementing regulations provides that no person shall be subjected to discrimination on the basis of race, color, or national origin under any program or activity that receives federal financial assistance. Thus, any organization or individual that receives federal financial assistance, either directly or indirectly, through a grant, contract, or subcontract, is covered by Title VI, including hospitals, nursing homes, home health agencies, home maintenance organizations, health service providers, and human service organizations.

**Recipient further acknowledges** that Title VI makes it unlawful for an individual or an organization to discriminate against persons with limited English proficiency (LEP). Also, agencies who receive federal funding from the U.S. Department of Health and Human Services (HHS) are required to provide oral and/or written translation services to individuals whose primary language (spoken or written) is not English. Agency warrants that, if an individual or organization is a recipient of federal financial assistance from HHS,

it has an obligation to ensure that LEP persons have meaningful and equal access to benefits and services.

**Recipient agrees** that to comply with all federal laws and regulations pertaining to Title VI of the Civil Rights Act of 1964.

**MY SIGNATURE ACKNOWLEDGES** that final approval of my TANF request is based on established guidelines and availability of TANF funds; it is also subject to the approval of the director. Misuse of TANF assistance is subject to recovery by the Investigations Unit following the procedures listed in the SCDJFS Fraud Plan.

I am authorizing the exchange of information between SCDJFS and any designated provider.

► \_\_\_\_\_ ▶ \_\_\_\_\_  
Applicant signature Date

**PROVIDER USE ONLY**

PRC services provider name	Name of contact person	Telephone number	Date received
Program name(s)			

**SUMMARY OF ELIGIBILITY CRITERIA**

The following summary is a checklist of items that must be verified to determine eligibility.

Identity  Citizenship  Residency  SCDJFS IPV checked \_\_\_\_\_ by \_\_\_\_\_ or  N/A  
Date \_\_\_\_\_  
(SCDJFS representative)

**Economic need (check one)**

Services do not require verification of economic need  Federal means-tested program: \_\_\_\_\_  
(Program name)  
 Gross monthly income  No income reported (per client statement of daily living expenses)

Monthly earned income \$	+	Monthly unearned income \$	=	Total gross monthly income \$	Assistance-group size
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**Eligibility status**

Approved  Denied  Notice of action sent by \_\_\_\_\_  
(Provider representative) \_\_\_\_\_  
(Date)

**Services provided by community partners**

Rent \$ \_\_\_\_\_  Security deposit \$ \_\_\_\_\_  Utilities \$ \_\_\_\_\_  
 Other \$ \_\_\_\_\_ Explain \_\_\_\_\_

# 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	Jr., II, 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)	FOR BOARD USE ONLY SEC4010 (rev. 2/7/23)
9. Birthdate (MM/DD/YYYY) (required)	10. Ohio 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)	City, Village, Twp.
12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street				
Previous City or Post Office	Previous County	Previous State	Ward	
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, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.		Your Signature  Date (MM/DD/YYYY)		
				
School Dist.				
Cong. Dist.				
Senate Dist.				
House Dist.				

**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 online at [VoteOhio.gov](http://VoteOhio.gov) or by phone at 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 visit 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.**

Ohio Department of Job and Family Services  
**APPLICANT/RECIPIENT AUTHORIZATION  
FOR RELEASE OF INFORMATION**

<b>Office Use Only</b>	
<b>Applicant/Recipient Name</b>	<b>Case Number</b>
<b>Name of CDJFS Representative/Unique Identifier/Date</b>	

**Information to be released:**

**By signing below, I understand that:**

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

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

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

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

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

I am aware of my responsibilities to report completely and fully all facts that bear upon my eligibility for all cash assistance, medical assistance and/or SNAP benefits. I realize if the requested information reveals I have improperly reported my

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

Signatures of the Project Authorised Representatives, Project Manager, Project Lead and the Project Lead of Project Child

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

**Please reply in the space below, sign and date.**

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**Signature/Title of Person Supplying Information**

### Telephone Number

Date

Ohio Department of Job and Family Services  
**NOTICE OF APPROVAL OF YOUR APPLICATION FOR ASSISTANCE**  
(Do not use to approve food assistance benefits)

Name	Case Name	
Street Address	Case Number	Program
City, State, and Zip Code	County	Mailing Date

We approved your \_\_\_\_\_ application dated \_\_\_\_\_.

Starting \_\_\_\_\_ you will get \_\_\_\_\_.

The people affected by this action are \_\_\_\_\_.

The reason for this action is \_\_\_\_\_.

The rules that require this action are \_\_\_\_\_.

Caseworker	District.	Telephone Number
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### **Your Right to a State Hearing**

This notice tells you what we are doing on your case. Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

### **IF YOU DISAGREE WITH THIS DECISION, YOU CAN ASK FOR A STATE HEARING**

**Ask for a State Hearing:** You can ask for a state hearing, if you disagree with the agency's action or think that the agency may have made a mistake. If you want a hearing, the Ohio Department of Job and Family Services (ODJFS) must receive your request 90 days from the date this notice was mailed to you. If the 90<sup>th</sup> day falls on a holiday or weekend, the deadline will be the next work day.

**You can ask your local Legal Aid program for free help with your case.** Contact your local Legal Aid office by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <http://www.ohiolegalservices.org/programs> on the internet.

If someone is helping you with your case, ODJFS will need a signed "authorized representative" notice from you saying it's okay for that person to represent you for the hearing process.

**On the Day of the State Hearing:** You, or someone else helping you with your case, can explain the reason(s) why you don't think the decision is right. The agency proposing the action will explain its reasons. Then, an ODJFS hearing officer will make a decision after the hearing.

Case Name	Case Number	Mailing Date
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**If you disagree with the information on this notice and you wish to request a state hearing, follow these steps:**

**Step 1:** Read, sign, date, and fill in your telephone number. Another person may sign this for you, if they send us your signed "authorized representative" notice.

Signature	Date	Telephone Number
-----------	------	------------------

**Step 2:** What program(s) is your hearing for? (Check all that apply.)

<input type="checkbox"/> OWF (cash assistance)	<input type="checkbox"/> Child Care (Title XX)	<input type="checkbox"/> Prevention, Retention, and Contingency (PRC)
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicaid - Prior Authorization	<input type="checkbox"/> Child Support (Title IV-D)
<input type="checkbox"/> Medicaid Waiver Services	<input type="checkbox"/> Medicaid - Disability Determination	<input type="checkbox"/> Medicaid - Managed Care

Fill out this information, only if applies to your situation.

- I want to do my hearing by telephone. The phone number to call is \_\_\_\_\_.
- I need an interpreter at my state hearing. The language needed is \_\_\_\_\_.
- I am not available for a hearing on \_\_\_\_\_.  
(Please note: ODJFS may not be able to give you the preferred date.)
- I want a County Conference. (This is a meeting to discuss your case with your local agency.)
- This person has agreed to help me with my state hearing (my "authorized representative")

Name	Telephone Number
Address	Fax
City, State, Zip	Email

ODJFS must receive your request 90 days from the date this notice was mailed to you. You must choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us.

**Please only submit your hearing request one time.**

**Electronically** - Submit the hearing request to the Bureau of State Hearings SHARE Portal at <https://hearings.jfs.ohio.gov/SHARE> Log into the SHARE Portal using your Ohio Benefits ID and password to submit your request. (If you do not have an Ohio Benefits account, sign up at [ssp.benefits.ohio.gov](http://ssp.benefits.ohio.gov)); or

**Email** - Email the ODJFS Bureau of State Hearings at [bsh@jfs.ohio.gov](mailto:bsh@jfs.ohio.gov). In the subject, put "State Hearing Request". In the message, put all of the information from the boxes at the top of this page and any additional information below; or

**Phone** - Phone the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or

**Fax** - Fax **both pages** of this notice to the ODJFS Bureau of State Hearings at (614) 728-9574; or

**Mail** - Mail **both pages** of this notice to ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

**Contact your caseworker** - It is better to send this request using one of the other methods above. But, you may give this page (completed and signed) to your caseworker. Or, you may phone your caseworker. Mention this notice.



## Department of Job and Family Services

### Notice of Right to Request Another Worksite or Provider of Services

Assistance Group Name	Case/Cat./Seq/	Date Notice Given

**Read all of this information before you sign your name. If you do not understand any part of this document, ask for help before signing. A copy of this information will be given to you for your records.**

The County Department of Job and Family Services (CDJFS) has agreements with other agencies to provide services to families who may be receiving Prevention, Retention and Contingency (PRC) or act as worksites to families receiving Ohio Works First (OWF). Some of the services or worksites may be held at religious agencies, such as churches.

If you do not want to go to a religious agency for services or as your worksite, tell your worker at the CDJFS. Your worker must provide you with another agency for your worksite or to provide services. Your caseworker will tell you how long it will take to find another agency.

If you do not understand this notice, contact your caseworker.

I received a copy of, and I have read, my Notice of Right to Request Another Worksite or Provider of Services, or it has been read to me, and I understand it.

Signature of Applicant or Authorized Representative	Date

**NOTICE OF DENIAL OF YOUR APPLICATION FOR ASSISTANCE**

*(Do not use to deny food assistance benefits, or to terminate cash or medical assistance.)*

Name	Assistance Group	
Street Address	Case Number	Program
City, State, and Zip Code	County	Mailing Date

We denied your \_\_\_\_\_ application dated \_\_\_\_\_.

The people affected by this action are \_\_\_\_\_.

The reason for this action is \_\_\_\_\_.

The rules that require this action are \_\_\_\_\_.

Caseworker	Worker I.D.	Telephone Number
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**Your Right to a State Hearing**

This notice tells you what we are doing on your case. Contact your caseworker if you do not understand this notice. We can explain it. We also may be able to change what we are doing.

**IF YOU DISAGREE WITH THIS DECISION, ASK FOR A STATE HEARING**

**Ask for a State Hearing:** You can ask for a state hearing, if you disagree with the County Department of Job and Family Services' (CDJFS) action or think the CDJFS may have made a mistake. If you want a hearing, the Ohio Department of Job and Family Services (ODJFS) must receive your request 90 days from the date this notice was mailed to you. If the 90<sup>th</sup> day falls on a holiday or weekend, the deadline will be the next work day.

**You can ask your local Legal Aid program for free help with your case.** Contact your local Legal Aid office by phoning 1-866-LAW-OHIO (1-866-529-6446) or by searching the Legal Aid directory at <http://www.ohiolegalservices.org/programs> on the internet.

If someone is helping you with your case, ODJFS will need a signed "authorized representative" notice from you saying it's okay for that person to represent you for the hearing process.

**On the Day of the State Hearing:** You, or someone else helping you with your case, can explain the reason(s) why you don't think the decision is right. The agency will explain its reasons. Then, an ODJFS hearing officer will make a decision after the hearing.

AG Name	Case Number	Mailing Date
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**Step 1:** Read, sign, date, and fill in your telephone number. Another person may sign this for you, if they send us your signed “authorized representative” notice.

Sign Here	Date	Telephone Number
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**Step 2:** What is your hearing for? (*Check all that apply.*)

<input type="checkbox"/> OWF (cash assistance)	<input type="checkbox"/> Child Care (Title XX)	<input type="checkbox"/> Prevention, Retention, and Contingency (PRC)
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicaid - Disability Determination	<input type="checkbox"/> Child Support (Title IV-D)
<input type="checkbox"/> Medicaid Waiver Services	<input type="checkbox"/> Medicaid – Prior Authorization	<input type="checkbox"/> Medicaid - Managed Care

**Step 3:** Fill out the information, as it applies to your situation.

- I want to do my hearing by telephone. Phone Number \_\_\_\_\_.
- I need an interpreter at my state hearing. Language \_\_\_\_\_.
- I am not available for a hearing on: \_\_\_\_\_.  
(Please note: ODJFS may not be able to give you the preferred date.)
- I want a County Conference. (This is a meeting to discuss your case with your local agency.)
- This person has agreed to help me with my state hearing (my “authorized representative”).

Name	Telephone Number
Address	Fax
City, State, Zip	Email

**Step 4:** ODJFS must receive your request 90 days from the date this notice was mailed to you. You must choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us.

**Please only submit your hearing request one time. Return both pages of this notice.**

**Electronically** - Submit the hearing request to the Bureau of State Hearings SHARE Portal at <https://hearings.jfs.ohio.gov/SHARE>. Log into the SHARE Portal using your Ohio Benefits ID and password to submit your request. (If you do not have an Ohio Benefits account, sign up at [ssp.benefits.ohio.gov](http://ssp.benefits.ohio.gov)); or

**Email** - Email the ODJFS Bureau of State Hearings at [bsh@jfs.ohio.gov](mailto:bsh@jfs.ohio.gov). In the subject, put “State Hearing Request”. In the message, put all of the information from the boxes at the top of this page and from Steps 1, 2, and 3; or

**Phone** - Phone the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or

**Fax** - Fax both pages of this notice to the ODJFS Bureau of State Hearings at (614) 728-9574; or

**Mail** - Mail all pages of this notice to ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

**Contact your caseworker** - It is better to send this request using one of the other methods above. But, you may give this page (completed and signed) to your caseworker. Or, you may phone your caseworker. Mention this notice.

Ohio Department of Job and Family Services  
**PRIOR NOTICE OF RIGHT TO A STATE HEARING**

Name	Case Name	
Street Address	Case Number	Program
City, State, and Zip Code	County	Mailing Date

We are proposing to make the following changes in your assistance. If you do not agree with this proposal and request a hearing by \_\_\_\_\_ this action will not be taken until the state hearing is decided. (For a full explanation of your hearing rights, see the second page of this notice.)

**Termination of Benefits:**

The following benefits will be stopped:  
 Your \_\_\_\_\_ benefit will stop on \_\_\_\_\_.  
 Your SNAP benefit will stop on \_\_\_\_\_.  
 Your Medicaid will stop on \_\_\_\_\_.

The following services will stop on \_\_\_\_\_  
Services: \_\_\_\_\_

**Reduction of Benefits:**

The following benefits will be reduced:  
 Your \_\_\_\_\_ benefit be reduced from \$ \_\_\_\_\_  
to \$ \_\_\_\_\_ on \_\_\_\_\_.  
 Your SNAP benefit will be reduced from  
\$ \_\_\_\_\_ to \$ \_\_\_\_\_ on \_\_\_\_\_.  
 The \_\_\_\_\_ allowance will be reduced from  
\$ \_\_\_\_\_ to \$ \_\_\_\_\_ on \_\_\_\_\_.  
 The following services will be reduced from \$ \_\_\_\_\_  
to \_\_\_\_\_ on \_\_\_\_\_.  
Services: \_\_\_\_\_

**Suspension, Increase or Change in Benefits:**

The following action will be taken:  
 Your \_\_\_\_\_ benefit will be increased from \$ \_\_\_\_\_ to \$ \_\_\_\_\_ on \_\_\_\_\_.  
 Your Medicaid card for the month of \_\_\_\_\_ will be held and not mailed.  
 Your \_\_\_\_\_ benefit will be suspended effective \_\_\_\_\_.  
 Your Medicaid will be suspended effective \_\_\_\_\_.  
 Other (explain): \_\_\_\_\_

The reasons for this proposed action are:

The rules that require this action are:

**If you do not understand this proposed action or you want to talk to your caseworker about it, you may call:**

Caseworker	District/ID	Telephone Number
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Case Name	Case Number	Mail Date
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### Your Right to a State Hearing

If you disagree with this action, you have the right to a state hearing. A state hearing lets you or your representative (lawyer, friend or relative) give your reasons against this action. The agency proposing the action will also attend the hearing to present its reasons. A hearing officer from the Ohio Department of Job and Family Services will decide whether you or the county agency is right. If you win your hearing the action may not be taken or you could get an increase in your benefits. If you lose your hearing, you may have to pay back money or food stamps that you received but were not eligible to receive. **You do not need to return this form if you agree with the proposed action.**

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

If you want information on free legal services, but don't know the number of your local legal aid office, you can contact your local Legal Aid office in Ohio by calling 1-866-529-6446.

### I want a state hearing.

Signature	Date	Telephone Number
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Fill out this information, only if applies to your situation. (*Check all that apply*)

I want to do my hearing by telephone. The phone number to call is \_\_\_\_\_.

I need an interpreter at my state hearing. The language needed is \_\_\_\_\_.

I am not available for a hearing on \_\_\_\_\_  
(Please note: ODJFS may not be able to give you the preferred date.)

I want a County Conference. (This is a meeting to discuss your case with your local agency.)

This person has agreed to help me with my state hearing (my "authorized representative")

Name	Telephone Number (      )
Address	Fax (      )
City, State, Zip	Email

ODJFS must receive your request 90 days from the date this notice was mailed to you. You must choose one of the following ways to send this state hearing request to us. You should keep proof of when and how you sent this hearing request to us.

**Please only submit your hearing request one time and include both pages of this notice.**

**Electronically** - Submit the hearing request to the Bureau of State Hearings SHARE Portal at <https://hearings.ifs.ohio.gov/SHARE>. Log into the SHARE Portal using your Ohio Benefits ID and password to submit your request. (If you do not have an Ohio Benefits account, sign up at [ssp.benefits.ohio.gov](http://ssp.benefits.ohio.gov)); or

**Email** - Email the ODJFS Bureau of State Hearings at [bsh@ifs.ohio.gov](mailto:bsh@ifs.ohio.gov). In the subject, put "State Hearing Request". In the message, put all of the information from the boxes at the top of this page and any additional information below; or

**Phone** - Phone the ODJFS Consumer Access Line at 866-635-3748. Follow the instructions for State Hearings. Mention this notice; or

**Fax** - Fax **both pages** of this notice to the ODJFS Bureau of State Hearings at (614) 728-9574; or

**Mail** - Mail **both pages** of this notice to ODJFS Bureau of State Hearings, P.O. Box 182825, Columbus, Ohio 43218-2825.

**Contact your caseworker** – It is better to send this request using one of the other methods above. But, you may give this page (completed and signed) to your caseworker. Or, you may phone your caseworker. Mention this notice.