

**Warren County
Job and Family Services
Division of Human Services
Prevention, Retention, Contingency Plan (PRC)
01/11/2022**

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Division of Human Services
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SECTION I INTRODUCTION

The federal TANF program is established under 42 U.S.C. 601 et seq. and 45 C.F.R. Parts 260-265. The PRC program is funded by the federal Title IV-A TANF block grant. Ohio Department of Job and Family Services (ODJFS) administers the program in accordance with Title IV-A of the Social Security Act, 42 USC 601, Ohio's Title IV-A State Plan and state law. The PRC program was created by the Ohio General Assembly and is governed by Section 5108 Revised Code, Ohio Administrative Code and federal law and regulations. One of the main sources of funding is the federal Title IV-A TANF block grant issued to states to tailor their welfare programs to meet individual states' needs. As a result, there are federal laws and regulations governing TANF that relate to the PRC program.

The Prevention, Retention and Contingency Program, better known as PRC, is designed to assist families in overcoming immediate barriers to achieving or maintaining self-sufficiency and personal responsibility. This is accomplished by providing necessary benefits and services that will enable individuals to obtain employment, keep employment, and improve their overall economic circumstances and stability.

The PRC program provides for nonrecurring, short-term, crisis-oriented benefits and ongoing services that are directly related to one of the four purposes of the Temporary Assistance for Needy Families (TANF) Program. To ensure fair and equitable treatment of the families applying for PRC, the program shall be continuously in operation according to the standards and procedures as set forth within this document. The services and benefits provided under the PRC program fall into three categories:

- PREVENTION:** Designed to divert families from ongoing cash assistance by providing short term non-assistance.
- RETENTION:** Provided to assist an employed member of the family maintaining employment.
- CONTINGENCY:** Provided to meet an emergent need which, if not met, threatens the safety, health, or well-being of one or more family member.

A program or service provided through the PRC program must accomplish one of the four purposes of TANF which include:

- 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.
- TANF Purpose 2:** To end the dependence of needy parents on government benefits by promoting job preparation, work and marriage.
- TANF 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.
- TANF Purpose 4:** To encourage the formation and maintenance of two-parent families.

PRC funds may only provide benefits and services which are not considered “assistance” (45 C.F.R. 260.31). This definition includes non-recurrent, short-term benefits that are designated to deal with specific crisis or episode of need, are not intended to meet recurrent/ongoing needs, and will not extend beyond four (4) consecutive months. Non-recurrent benefits and services may encompass more than one payment per calendar year, if the payment provides short-term relief and addresses a crisis rather than meeting an ongoing or recurrent need and does not exceed the assistance group benefit/cap limit.

SECTION II EMERGENT NEED AND EXPLORING COMMUNITY RESOURCES

Every reasonable effort must be made to explore the availability of resources within the county prior to the authorization of PRC. County staff determining eligibility for PRC should be aware of community resources which may be utilized to help meet the need. Failure on behalf of the applicant to accept or utilize available community resources maybe grounds for denial of a PRC application. The PRC Program is designed to provide **temporary** assistance to families with a demonstrated emergent need. In all cases, the amount of the PRC benefit issued must meet, but may not exceed the emergent need of the AG and fall within the established caps of the program. If the amount of PRC available cannot prevent the onset or continuation of the emergent situation, there is no eligibility for payment. In addition, multiple requests (more than one) for PRC services will be evaluated on a case-by-case basis. Services may not be provided if an abusive pattern of usage is established

SECTION III ELIGIBILITY

A. Economic Need

Economic eligibility includes the combination of income eligibility and evaluation of family needs. Income eligibility for PRC Services is based upon the Federal Poverty Guidelines (FPG) and varies per service category. Specific FPG guidelines have been established per service category and are listed per service are in sections IV, V, VI and VII.

1. Income

In order for the PRC AG to be found eligible, the PRC AG’s income must be at or below 200% of the Federal Poverty Guidelines (FPG) in effect at the time of application, with the exception of Sub-grant and Contractual PRC Benefits and Services. PRC applicants must provide information regarding income for the last thirty (30) days prior to the date of application, including verification of this income if requested by the Warren County Department of Job and Family Services (WCDJFS). Income and family composition guidelines may vary according to the service/benefit and TANF priority. In order to determine income eligibility, WCDJFS will compare all gross income received within the last thirty (30) days to the FPG standard for the specific service category unless otherwise stated. In most cases, PRC assistance is only available to members who haven’t received PRC assistance above the monetary cap during the previous 12 consecutive months. Families receiving assistance under another program may receive PRC assistance. Some exceptions to this rule exist and can be found within each service category.

All gross earned and unearned income which has been received by any member of the PRC AG during the 30-day budget period is considered when determining financial need. The 30-day period begins 30 days prior to the date of the application and ends on the application date. The income received during this period is used in the computation of financial eligibility. This includes all income which is normally exempt or disregarded when determining eligibility for OWF and FA. Examples of gross earned, and unearned income include;

Gross earned income examples include:

- Earnings from work as an employee
- Earnings from self-employment, less the cost of doing business
- Training allowance
- Commission

Gross unearned income examples include:

- RSDI benefits
- Alimony and child support
- Veterans Administration Benefits
- Worker's Compensation
- Lump-Sum Payments
- Strike Benefits
- Unemployment Benefits
- Pension and retirement benefits
- Investment Income
- Rental Income

Income of all Assistance Group members must be verified. Only **earned** income of an AG member under the age of 18 will be **excluded** (unless child is a parent).

Per OAC 5101:1-24-20, Prevention, retention and contingency program: excluded income and resources. The following income and resources are excluded when determining financial eligibility for PRC Benefits and Services;

- Child Support payment distributions made by Ohio Department of Job and Family Services (ODJFS) pursuant to division (C) of Section 1 of Am. S.B. 170 of the 124th General Assembly (10/25/2001).
- All income that is federally excluded in the determination of eligibility for federal needs-based programs. Federally excluded income includes the income sources identified below;
 - Drug discounts and transitional assistance received under the Medicare Prescription Drug Improvement, and Modernization Act, at Section 1860D-31(g)(6) of the Social Security Act (12/08/2003). The language in Section 1860D-319(g)(6) of the Social Security Act states that the availability of negotiated prices or transitional assistance under this section shall not be treated as benefits or otherwise taken into account in determining an individual's eligibility for, or the amount of benefits under any other federal program.

- Monetary allowances paid under Section 401 of the Veterans Benefits and Health Care Improvement Act of 2000, effective December 1, 2000. Payments authorized and made by the veteran's administration (VA) to provide certain benefits, including a monthly monetary allowance for children with covered birth defects are the natural children of women veterans serviced in the republic of Vietnam from February 28, 1961 through May 7, 1975.

With the above exception, the total gross income, both earned and unearned, of all the PRC AG members, shall be counted. There are no deductions or exclusions allowed from any type of countable income, except for the Kinship Caregiver Program Tier II which provides each applicant a \$500.00 deduction for the cost of Child Care for the child(ren) within their care. Written or verbal verification of income is required. 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 information provider, the date the verification was obtained, the amount of the verified income, and the name of the individual who obtained the verification.

Once the total gross countable income of a PRC AG is determined and verified, the amount is compared to the 200% Federal Poverty Guidelines for the appropriate PRC AG size. If the total PRC AG income is equal to or less than 200% of the FPG amount for the applicable PRC AG size, the PRC AG meets the income requirement.

2. **Resource/Assets**

A general principle of the PRC Program is any resources which an Assistance Group (AG) member currently has available must be applied toward the emergent need. The resources to be considered for PRC are those which are both liquid and available to help the AG meet the emergent need. Liquid resources are those which are in cash or payable in case upon demand-the most common types being;

- Savings accounts, checking account, stocks, bonds, mutual funds and promissory notes. Available liquid resources are those in which any AG member has a legal interest and legal ability to use or dispose of.

Resources owned by one AG member are considered available to all other AG members. If ownership of a resource is shared by an AG member and a non-AG member, it is considered available if the AG member has access to the entire resources.

All available liquid resources which any AG member has in excess of \$500.00 must be applied toward the emergent need; the exception being contractual agreements or some special programs offered by WCDJFS. Any resources exceeding \$500.00 which was transferred without adequate consideration within the past 30 days prior to the PRC application shall be considered a resource which is available to be applied toward the emergency need.

B. Assistance Group (AG)/Household:

General PRC eligibility requires that a child reside in the household. 45 C.F.R. 260.30 Minor child means an individual who 1) has not attained 18 years of age; or has not attained 19 years of age and is a full-time student in a secondary school. Special consideration has been made to non-

custodial parents, shared parenting, families where children have been temporarily removed, kinship providers, and pregnant women in their third trimester of pregnancy.

An eligible assistance group may consist of a minor child residing with a parent, specified relative, legal guardian or legal custodian and 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.

The method of defining the PRC Assistance Group (AG) varies by service category and is described per service area. AG determination for families where children are temporarily absent from the home or shared parenting situations are described below.

1. **Temporary Absence** (5101:1-3-04)- The absence of a member of the AG is temporary when all of the following conditions are met.
 - a. The location of the absent individual is known;
 - b. There is a definite plan for the return of the absent individual to the home; and
 - c. The absent individual shared the home with the assistance group prior to the onset of the absence. A newborn is considered to be sharing the home with the assistance group at the time of birth.

An AG member may be considered temporarily absent for up to 45 consecutive days. An AG member who is or is expected to be absent from the home without good cause for longer than 45 consecutive days does not meet the temporary absence requirement of PRC/OWF. Good cause reasons can be found in OAC 5101:1-3-04 (C) (1-8).

2. Cases where children are temporarily absent from the home (i.e., taken into legal protective custody by the Warren County JFS, Division of Children Services), remaining household members may be eligible for PRC assistance if the following criteria apply:
 - The child has been out of the home less than a total of six (6) consecutive months,
 - The family has a Children Services reunification plan in place,
 - The family is actively working toward reunification, as verified by the Children Services caseworker. Authorization of PRC services must contribute to the reunification process.

3. **Shared Parenting**

In a situation where two parents claim custody or shared parenting of child(ren) and are claiming the child to be in the home for purposes of PRC eligibility, one of the following three criteria must be verified:

Does the requesting parent receive and/or pay support for the child(ren)? If one parent pays support, the parent in receipt of the support should be considered the custodial parent. If no support order is established, verify

- a. Does the requesting parent or the other custodial parent receive OWF case assistance? If one parent receives cash assistance and the child(ren) are part of the assistance group, the OWF recipient should be considered the custodial parent. If neither household receives cash assistance, verify (b).

- b. The parent requesting PRC services may present one of two documents to verify shared parenting. He/She may bring verification that the child is claimed as a dependent on the most recent Federal tax filing OR may bring in a signed letter from the other parent. Such letter should state that the parenting is shared, that the signer understands the other parent is applying for PRC services, and that any approval of services may affect the signer's future eligibility for PRC services.

C. Application Process

The PRC applicant or an authorized representative must complete the WCDJFS, Prevention, Retention, and Contingency Program (PRC) Application or other required applications to request PRC benefits or services. In accordance with Section 329.051 of the ORC each applicant will be provided with a voter registration form when requesting a PRC application. An applicant is responsible for completing all necessary documents, furnishing all available facts and information, and cooperating in the eligibility determination process.

Eligibility for PRC is dependent upon the PRC Assistance Group's (AG) demonstration and verification of the need for financial assistance and/or services, and whether the county determines that a provision of PRC will satisfy the need.

Samples of all PRC Applications appear in the Exhibits Section of the Plan.

The county is responsible for using objective criteria when determining eligibility and approving or denying the application within 5 days after completion of the application process in a fair and equitable manner, which includes verification of information.

Eligibility will be carefully evaluated on a case-by-case basis. Immediate needs, whether or not the PRC Program can be of benefit, will be determined by the WCDJFS. WCDJFS has the authority to designate the application process be completed by other entities based upon a contractual agreement.

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. However, the fact that an ongoing Medicaid, OWF, Food Assistance group is active is not necessarily a determining factor in the consideration of eligibility for the PRC Program. In addition, the WCDJFS must inform individuals about other programs (i.e., Medicaid and Food Assistance) that are available and of hearing rights that are applicable.

Once the PRC application is approved, WCDJFS will authorize and generate payment for assistance, goods, or services. Authorization may occur any time after the application is approved.

The applicant shall receive a notice of approval or denial within 5 days of the date of application. The applicant shall receive Notice of Approval of Your Application for Assistance (ODJFS 4074) or Notice of Denial Your Application for Assistance (ODJFS 7334) pursuant to the decision rendered. Applicants shall receive a copy of hearing rights at the time of the decision.

- Applicants have 14 days from the date of application to submit all required payments, in the form of a money order, toward the approved benefit. Failure to comply will result in denial of the approved application on the 15th day.
- Failure to cooperate during the eligibility process which results in a denial for PRC Services and/or Benefits, will result in the inability to re-apply for 30 days after the denial, unless the agency determines otherwise.

Under this Program, an eligible AG may receive customized assistance, goods, or services determined by the WCDJFS. Ongoing receipt of Medicaid, Food Assistance, Ohio Works is not a determining factor in considering an AG's eligibility for PRC services (outside of any income received through said programs). WCDJFS will inform applicants of other programs/services available through the Agency.

Receipt of PRC services in another county or PRC/TANF services provided in another state shall be considered when processing a PRC application. PRC/TANF benefits and amounts received in other counties and/or states shall be considered and included in the caps, except for benefits and services under the Child Welfare and Kinship Services Programs and Contractual Services.

WCDJFS will pursue collection of PRC assistances which has been obtained fraudulently or that has been determined to be an overpayment.

D. PRC Program Modification/Termination

Warren County reserves the right to modify or terminate the PRC program at any time. Modifications may encompass any or all areas of the county PRC Plan. Any modifications of the PRC Plan will be submitted to the Warren County Board of County Commissioners for approval. Upon approval, WCDJFS will submit the modified plan to the Ohio Department of Job and Family Services. Warren County reserves the right to modify or terminate PRC services or eligibility requirements for any reason, including reduction of funds, changes in State or Federal Regulations, and the need to address appropriate emerging needs within the community.

SECTION IV

CHILD WELFARE and KINSHIP SERVICES AND BENEFITS

PRC payments are limited to the amount actually required to meet the presenting need, up to the amounts listed below for each type of assistance received within the timeframes described. Verifications of amounts owed must be original bills, invoices or receipts for reimbursement.

A. Kinship Navigator Outreach meet TANF Purposes 1- Information and referral, website, public service announcements, brochures, billboards, phone banks, and other services,

B. Child Welfare Case Management

TANF Child Welfare Services meet TANF Purpose 1.- Includes Child Welfare Family Reunification Activities, Child Welfare Custody Case Management Activities and Non-Custody Case Management Activities.

Eligibility: At or below 200% FPL

PRC Child Welfare Family Preservation Activities: Includes activities performed on behalf of a child and their family if all of the following apply: there is not an in-home case or a custody case established, the child and family's income meets the income eligibility criteria for the county's PRC plan, and the county has included these service in its PRC plan. Activities include screening and assessment of needed services, providing program information and referral and linking to services such as family preservation services, domestic violence services, parenting training, substance abuse treatment, and counseling.

Child Welfare PRC Custody Case Management: A custody case has been established, a reunification plan is in place and the child is expected to be reunified with the family within six months of placement; the child and family's income meets the income eligibility criteria for the county's PRC plan: and the county has included these child protective services in their PRC Plan. Activities include those related to family preservation to reunite a child with the child's family. If there is a custody case, but any one of the following applies: no reunification plan, placement exceeds six months, if the family's income exceeds the PRC income eligibility limit, or the county agency has not included these services its PRC plan; then use code 769.

Child Welfare Non-Custody Case Management: An in-home case is established; the child and family's income meet's the income eligibility criteria for the county's PRC Plan and the county have included these services in its PRC Plan. Activities include development and implementation of a regiment of reasonable efforts which are undertaken to prevent the removal of the child into placement, and/or activities related to the development and implementation of a regimen of services for an adopted child and/or the child's family which are undertaken to support the maintenance of the adoption and/or

prevent the disruption of the adoption. Such activities include supporting the management of care or services referral to, or arranging for, care services; planning or supervising care or services; supporting access to care or services; assessing results of care or services; and performing a case assessment. If an in-home case is established, but the family’s income exceeds the PRC income eligibility limit, or the county agency has not included these services in its PRC Plan then use code 770.

C. Child Welfare Program Kinship Caregiver Payments TANF Purpose 1.- Kinship Caregiver Payments to assist relative and non-relative kinship caregivers who are determined to have significant unexpected needs because of caring for children in their homes. Payments cannot exceed beyond 4 consecutive months.

Service or Benefit Category	CAP	TANF Purpose	Description	Targeted Group
Per Kinship Placement Family	\$3,000 per 12-month period	TANF 1	May include Rent Assistance/Security Deposits, Utility Assistance, Court Filing Fees, Car Repairs, Furniture for Child(ren), Hygiene, Groceries, Child Care Registration Fees, Home Repairs, Gas Assistance, etc.	Relatives and Non-Relatives caring for minor children.
Per Kinship Placed Child	\$1,000 per 12-month period	TANF 1	May Include Clothing/Shoes, Hope’s Closet, School Fees, Summer Camp, Work Related Needs, etc.	Minor children being cared for by relative or non-relative Kinship Placement.

Application and Eligibility Process:

- At or below 200% FPG- Does not include Resource Limit as part of eligibility.
- Involvement with Children Services including those residing outside of Warren County and completion of Self-Declaration Application located on page 35 of this plan.
- Kinship Caregivers Payments will not count toward the maximum limit for the County PRC Assistance Program.
- Warren County Children Services is responsible for having the Kinship Caregiver complete the Self-Declaration Application for PRC Kinship Caregiver Payments and for acquiring all the necessary forms needed and setting the family up in the Auditor’s system as a vendor to receive reimbursement.

D. Child Welfare Program Services & Benefits TANF Purpose 1- Provided to families at risk of child abuse and or/neglect, as determined by the Children Services Division for the purpose of providing assistance to families so that the child may be cared for in their own home. Payments cannot exceed beyond 4 consecutive months.

Service or Benefit	TANF Purpose	CAP	Description	Economic Need Standard	Targeted Group
Child Welfare Services & Benefits	TANF Purpose 1	\$1,500.00 per 12-month period.	May include; Rent Assistance/Security Deposits, Utility Assistance, Gas Assistance, Court Filing Fees, Car Repairs, Furniture for Child(ren), Hygiene, Groceries, Child Care Registration Fees, Summer Camp, Home Repairs, etc.	200% of the FPL	Minor children being cared for by relative or non-relative placement

Application & Eligibility Process:

- At or below 200% FPG- Does not include Resource Limit as part of eligibility.
- Eligibility is based on the Self-Declaration Application located on page 35 of this plan.
- Involvement with Children Services, including those residing outside of Warren County.
- Children may reside in the home or the child(ren) have been out of the home less than a total of six consecutive months.
- If the children are out of the home, the family must have a Reunification Plan in place, and actively working toward reunification, as verified by Children Services Caseworker.
- Authorization of PRC services must contribute to the reunification process.
- Receipt of assistance will not count toward the maximum limit for the County PRC Assistance Program.
- Warren County Children Services is responsible for having families complete the Self-Declaration Application for Child Welfare Services & Benefits and for acquiring all the necessary forms needed and setting the family up in the Auditor’s system as a vendor to receive reimbursement.

SECTION V

WCDJFS SERVICES AND BENEFITS

Ineligible Applicants

The following applicants are ineligible for in-house PRC Assistance and/or Benefits in Warren County if any of the following apply:

- Individuals who are not citizens of the United States and do not meet the definition of qualified aliens;
- Families that have fraudulently received assistance including Food Assistance, Cash Assistance, Medicaid and Child Care, until repayment in full occurs, except overpayments that are determined by WCDJFS to result from an agency error these situations will not restrict eligibility for PRC;
- Individuals who have quit or refused a job without good cause or have significantly reduced their hours of employment without good cause within 60 days prior to the date of the PRC application,
- Individuals serving a sanction

Employment Definition- The assistance group meets the definition of employment if at least one adult member of the Assistance Group (AG) is working a minimum of twenty (20) hours per week or is working fewer than twenty (20) hours per week but receives compensation equal in value to working twenty (20) hours per week at minimum wage. If a member of the Assistance Group has either received a bona-fide offer of employment or is temporarily absent for no more than 90 days (e.g., on short-term medical leave) from the existing/established employment that provides a minimum of 20 hours per week, the AG meets the definition of employment but must provide the following documentation: established start of or return to employment provided by the employer, a verification of hours to be worked, and verification that the employment opportunity is expected to last a minimum of thirty (30) days (e.g, a one week temporary assignment would not qualify) and provide at least twenty (20) hours per week of paid employment (or compensation equal to working twenty (20) hours per week).

Payments- Any benefits paid directly to the Assistance Group in the form of a check must have supporting documentation to verify the payment was made toward the emergent need. Applicants will have 10 days from the date the check is mailed to submit supporting documentation to WCDJFS. Failure to do so may result in a potential overpayment case. If payment is to reimburse the applicant, this requirement is not applicable.

Job Readiness Class Requirement- The following Service and Benefit categories require applicants who do not meet the definition of Employment to attend 2-weeks of Job Readiness Class at Ohio Means Jobs of Warren County.

- Rent payment and security deposit
- Mortgage Assistance
- Contingency Benefits

The Job Readiness Class requirement is for adults or minor heads of household who have applied and been approved for Rental Assistance, Mortgage Assistance, and Contingency Benefits and do not meet the definition of Employed.

Below is the list of exemptions to the Job Readiness Class requirement;

- A minor child who is not the head of household,
- A recipient of supplemental security income (SSI) benefits,
- A recipient of social security disability insurance (SSDI) benefits; or
- A parent providing care for a disable family member,
- Lack of viable transportation (will look to offer virtual classes),
- A parent providing care for children under the age of six years old,
- A parent who is unable to attend due to underlying medical conditions during an active Health Emergency Order

About Job Readiness Classes

- Offered by the Warren County Career Center ASPIRE team (Adult Education),
- Available free of charge,
- Monday-Thursday classes,
- Topics include;
 - Orientation
 - Computer Lab including Intro to Google,
 - Resume Lab- Resume Building, Updating and Editing
 - TABE testing
 - Interview Lab- Interview skills, dress for success, mock interviews
 - Communication Lab- Positive attitude and perseverance in the workplace, self-esteem and stress management, goal setting and overcoming barriers, better communication with co-workers and supervisors, customer service skills, handling criticism/conflict resolution, dealing with frustration at the workplace, professionalism at the workplace.
 - Career Interest, Workplace Values, Matching Jobs to Personality and Soft Skills.

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Contingency Services: An emergent need that threatens the health, safety, or acceptable living arrangement to the extent that it prohibits children from being cared for in their own home or inhibits job preparation/retention, work or marriage.</p> <p>Installation or repair of telephone, Emergency Shelter or Temporary housing, Personal expenses (school clothing, winter coats, child restraint seats), Repair or purchase of furnace or water tank, Home repairs affecting basic structure (roof, plumbing walls), Repair or purchase of appliances (stoves, fans, refrigerators, washers/dryer or air conditioners,) Furniture (beds, mattress and box springs, kitchen table, chairs).</p>	TANF Purpose: 1 and 2	Any number of individual payments to meet a non-recurrent crisis or episode of need up to \$2,000.00 per assistance group per 12-month period. Not to exceed 4 months.	<p>Parents with minor children and all other household members</p> <p>Specified relatives with minor children and all other household members</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p>	<p>At or below 200% FPL</p> <p>**Job Readiness Class Required see above</p>	<p>Employed individuals</p> <p>Unemployed individuals</p> <p>Families with children at risk of abuse or neglect</p> <p>Victims of domestic violence</p>

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Employment and Training Services and Benefits: Purchase clothing or uniforms for work.</p> <p>Purchase safety equipment, i.e., shoes, glasses, work boots.</p> <p>Purchase special tools and/or equipment required for employment.</p>	TANF Purpose: 2	\$250.00 for non-recurrent short-term benefits to be provided once within a 12-month period.	<p>Parents with minor children and all other household members</p> <p>Specified relatives with minor children and all other household members</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p>	At or below 200% FPL	<p>Employed Individuals <i>Proof of employment or offer of employment is required</i></p> <p><i>See above Employment Definition</i></p>

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Rent Payment/ Security Deposit</p> <p>(No payment will be made for extra fees for pets unless the pet is also a service animal. No payment will be made for any additional extras fees charged by the landlord)</p> <p>Landlords/managers must sign a repayment agreement for security deposits.</p> <p>Notice to Leave the Premises from the Landlord, Notice of Court Ordered Eviction, Transitioning from Homelessness, uninhabitable residence, moving to a more affordable location, unforeseen circumstances have resulted in a need to relocate.</p>	<p>TANF Purpose: 1 and 2</p>	<p>Past due rent and/or deposit up to \$2,500.00 payment to the landlord.</p> <p>Limited to a maximum of 4 consecutive months</p> <p>Verification of the requirement for a security deposit must be provided by the landlord</p> <p>Non-recurrent short- term benefits to be provided once within a 12-month period.</p> <p>Amount to be paid by WCDJFS is limited to one month of late fees. Additional monthly late fees are the responsibility of the AG.</p>	<p>Parents with minor children and all other household members</p> <p>Specified relatives with minor children and all other household members</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p> <p>Pregnant individuals with no other children</p> <p><i>Household must be able to provide a plan to avoid continuation of this issue.</i></p>	<p>At or below 200% FPL</p> <p>**Job Readiness Class Required see above</p>	<p>Employed Individuals</p> <p>Unemployed individuals</p> <p>Families and Children</p> <p>Homeless Families</p>

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Utility Assistance for Initial Services and Shut offs: Gas, propane, kerosene, wood, electric, water, sewer</p> <p>Must be a current bill Must be a bill for the current residence Must have at least made 1 payment within the 3 months prior to filing a PRC application to be considered for assistance.</p>	<p>TANF Purpose: 1 and 2</p>	<p>Amount due, up to \$1,000.00 once within a 12-month period to assist with initial services or disconnects.</p> <p>Limited to a maximum of 4 consecutive months</p> <p><i>Referrals will be made to HEAP during when HEAP is active.</i></p>	<p>Parents with minor children and all other household members</p> <p>Specified relatives with minor children and all other household members</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p> <p>Pregnant individuals with no other children</p> <p><i>Household must be able to provide a plan to avoid continuation of this issue.</i></p>	<p>At or below 200%</p>	<p>Employed Individuals</p> <p>Unemployed individuals</p> <p>Families and Children</p>

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Automobile Insurance</p> <p>To pay for insurance coverage required to operate a vehicle</p>	<p>TANF Purpose: 1 and 2</p>	<p>Amount not to exceed \$1,000.00 per rolling 12- month period</p> <p>Limited to a maximum of 4 consecutive months</p>	<p>Parents with minor children and all other household members</p> <p>Specified relatives with minor children and all other household members</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p> <p>Pregnant individuals with no other children</p>	<p>At or below 200%</p>	<p>Employed Individuals</p> <p><i>See above Employment Definition</i></p>
<p>License Plate and Vehicle Registration Fees</p> <p>To cover costs associated with vehicle registration</p> <p>Vehicle must be owned or leased by the applicant.</p> <p>Applicant must have a valid driver license and vehicle insurance</p>	<p>TANF Purpose: 1 and 2</p>	<p>Amount not to exceed \$500.00 per rolling 12- month period</p> <p>Limited to a maximum of 4 consecutive months</p> <p>Excludes fines</p>	<p>Parents with minor children and all other household members</p> <p>Specified relatives with minor children and all other household members</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p> <p>Pregnant individuals with no other children</p>	<p>At or below 200%</p>	<p>Employed Individuals</p> <p><i>See above Employment Definition</i></p>

<p>Short-term payment of auto loan or lease</p> <p>To keep auto from being repossessed</p> <p>The vehicle must be owned or leased by the applicant</p> <p>Applicant must have a valid driver license and vehicle insurance</p>	<p>TANF Purpose: 1 and 2</p>	<p>Amount not to exceed \$1,500.00 per rolling 12- month period</p> <p>Limited to a maximum of 4 consecutive months</p> <p>Excludes fines</p>	<p>Parents with minor children and all other household members</p> <p>Specified relatives with minor children and all other household members</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p> <p>Pregnant individuals with no other children</p>	<p>At or below 200%</p>	<p>Employed Individuals</p> <p><i>See above Employment Definition</i></p>
<p>Automobile Repair</p> <p>The applicant must be scheduled or have worked for a minimum of 30 hours per week at minimum wage (or the equivalent), participating at a verifiable work experience program, or enrolled and attending education/training for up to 4 consecutive months.</p> <p>Automobile repairs will only be provided in those situations where the automobile is needed to retain employment, meet the above work activity requirement, or assist with transportation for education/training. <i>Two bids are required from certified auto repair company.</i></p>	<p>TANF Purpose: 1 and 2</p>	<p>Up to \$2,000.00 one-time in a 12-month period.</p> <p>WCDJFS has the option to deny repairs based on age, condition, repair needed and value of the vehicle.</p>	<p>Parents with minor children and all other household members</p> <p>Specified relatives with minor children and all other household members</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p>	<p>At or below 200% FPL</p>	<p>Employed individuals</p> <p>Recently employed individuals</p> <p>Under employed individuals- not having enough paid work or not doing work that makes full use of their skills and abilities.</p> <p>Individuals in education or training for up to 4 consecutive months.</p> <p>Non-Custodial Parents who are employed.</p>

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
Transportation Transit Pass, Mileage reimbursement to and from work or school, Transportation Allowance, Gas Card.	TANF Purpose: 1 and 2	Limited to contracted amount. <u>Transit tickets are the preferred option.</u> Transit tickets capped at 60 days for newly employed individuals. OR Gas Cards- Limited to 4 Gas Cards issued either Weekly or Bi-Weekly dependent on proof of mileage by applicant in the amount of \$50.00 per card not to exceed a \$200.00 total disbursement. Uncapped for active OWF/TANF Work Activity participants	Parents with minor children and all other household members Specified relatives with minor children and all other household members Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.	At or below 200% FPL	Employed individuals Unemployed Individuals in education or training for 4 consecutive months. OWF Work Activity Participants

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
Child Care Registration Fee This benefit is for full and part-time employment to assist with any required Child Care Registration Fees. OWF/TANF Work Activity Participants, no cap.	TANF Purpose: 1 and 2	Not to exceed \$200.00 per family. Non-recurrent short-term benefits to be provided as defined above once within a 12-month period.	Parents with minor children and all other household members Specified relatives with minor children and all other household members	At or below 200% FPL	Employed Individuals Victims of Domestic Violence Relatives caring for minor children Kinship Caregivers

Definition of Kinship Caregivers as found in Ohio Revised Code 5101.85

As used in sections 5101.851 and 5101.856 of the Revised Code, “kinship caregiver” means any of the following who is eighteen years or older and is caring for a child in place of the child’s parents:

A) The following individuals related by blood or adoption to the child:

(1) Grandparents, including grandparents with the prefix "great," "great-great," or "great-great-great";

(2) Siblings;

(3) Aunts, uncles, nephews, and nieces, including such relatives with the prefix "great," "great-great," "grand," or "great-grand";

(4) 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;

(F) Any nonrelative adult that has a familiar and long-standing relationship or bond with the child or the family, which relationship or bond will ensure the child's social ties.

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Kinship Caregiver Program Tier 1- Stabilization Services (Child Care) This program provides relief in child-care functions so that kinship caregivers can provide and maintain a home for a child placed in the care of the kinship caregiver.</p> <p>Caregiving Services Childcare expenses may be paid directly to a Licensed Child Care Provider or reimbursed to the Kinship Caregiver (Non-Licensed providers cannot be paid directly by agency). Reimbursement rate may not exceed the maximum established for the Publicly Funded Child Care Program. If Kinship Caregivers selects a non-licensed provider, the Kinship Caregiver assumes responsibility of care and will sign a waiver to participate in this program prior to receipt of any reimbursement.</p> <p>Stabilization Services Stabilization services may also include the purchase of unexpected incidentals to care for the child including but not limited too; purchase of basic needs such as cribs, beds, clothing, hygiene items, bedding. These items shall be reimbursed to the Kinship Caregiver upon receipt of the proof of purchase.</p>	<p>TANF Purpose: 1</p>	<p>Cannot exceed 4 months of assistance in a rolling one-year period</p> <p>Please note funds may be limited and are dependent upon Sate Allocation.</p>	<p>Each child living with a kinship caregiver shall make up a PRC assistance group of one.</p>	<p>Income of the assistance group (child) cannot exceed 200% of the FPL</p> <p>Excludes Social Security Benefits being received by the child(ren)</p>	<p>Kinship Caregivers as defined in 5101.85 that reside in Warren County.</p> <p>Kinship Caregivers who are working with Warren County Children Services and who reside outside of Warren County.</p> <p>Kinship Caregivers seeking respite care.</p>
<p>Kinship Caregiver Program Tier 2- Caregiving Services (Child Care) The purpose of this program is to provide relief in childcare functions so that kinship caregivers can provide and maintain a home for a child placed in the care of the kinship caregiver.</p>	<p>TANF Purpose: 1</p>	<p>Redetermined every 12 months for continued eligibility.</p> <p>Work support program</p>	<p>Assistance group shall include at least a minor child residing with a kinship caregiver and the kinship caregiver.</p> <p>The minor child for who caregiving services are</p>	<p>Income of the assistance group (Kinship Caregiver) cannot exceed 200% of the FPL</p> <p>Excludes Social Security Benefits</p>	<p>Kinship Caregivers as defined in 5101.85 that reside in Warren County.</p> <p>Employed Individuals</p>

<p>Childcare expenses may be paid directly to a Licensed Child Care Provider or reimbursed to the Kinship Caregiver (Non-Licensed providers cannot be paid directly by agency). Reimbursement rate may not exceed the maximum established for the Publicly Funded Child Care Program. If Kinship Caregivers selects a non-licensed provider, the Kinship Caregiver assumes responsibility of care and will sign a waiver to participate in this program prior to receipt of any reimbursement.</p>		<p><u>Applicants will receive a standard \$500.00 deduction for childcare expenses.</u></p>	<p>being provided shall be: Under age thirteen at the time of application and may remain eligible until they turn thirteen; or (b) 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 Administrative Code and may remain eligible until they turn eighteen.</p>	<p>being received by the child(ren)</p>	<p><i>See above Employment Definition</i></p> <p>A training or education activity that prepares the caretaker for paid employment.</p> <p>Participating in one or more work activities as a condition of eligibility for either Ohio Works First (OWF) or the supplemental nutrition assistance program (SNAP)</p>
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Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Ohio Youth to Work Program <i>Eligibility</i> - An Ohio Youth Works program funded through PRC shall only serve persons from a TANF-eligible family. The types of persons that may be served are: • Youth ages 14-15, as long as the youth is in a needy family and is in school.</p> <p>The youth served may be non-custodial parents as long as they are considered "needy" and have a minor child. "Needy" is not specifically defined by state or federal regulation but may be no greater than income at 200% of the federal poverty level.</p>	<p>TANF Purpose: 1 and 2</p>	<p>Hourly wage capped at \$10.00 per hour.</p> <p>Services not to exceed agency TANF grant amount.</p>	<p>Parents with minor children and all other household members</p> <p>Specified relatives with minor children and all other household members</p>	<p>At or below 200% FPL</p>	<p>Youth age 14-15, as long as the youth is a minor child in a needy family and is in school.</p> <p>Youth age 16-24 or 16-24 who have a minor child and are considered needy, will be served under the CCMEP Program.</p>

<p><i>Family</i> is defined in federal and state law and regulations as follows: a minor child who resides with a parent, specified relative, legal guardian or legal custodian (a child may be temporarily absent from the home provided certain requirements are met); a pregnant individual with no other children; or a non-custodial parent who lives in the state, but does not reside with his/her minor child(ren).</p>					
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SECTION VII
WCDJFS DISASTER SERVICES AND BENEFITS

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Disaster Assistance Benefits to assist with the damage or loss sustained as a result of natural disaster upon declaration by County Commissioners, identified by the Red Cross, or otherwise identified. All families are potentially eligible for this category of assistance regardless of OWF sanction status. PRC issued in this category will not apply toward the yearly cap per family. If the applicant has homeowner’s insurance that can address the emergent need, it must be accessed prior to the issuance of PRC. The following list is not all inclusive.</p> <ul style="list-style-type: none"> ➤ <i>Shelter Assistance</i> <ul style="list-style-type: none"> • Rent/Rent Deposits • Mortgage Payments • Emergency shelter/temporary shelter (excluding hotel charges) • Payment of moving expenses ➤ <i>Utility Assistance</i> <ul style="list-style-type: none"> • Payments for initial hook up • Purchase bulk fuel destroyed or damaged by disaster • Installation or repair of telephone (when medically necessary with Doctor Statement) • Home repair or replacements affecting basic structure (provided to the homeowner only) • Appliances or fixture repair or replacements • Repair or purchase of furnace, air conditioning, or water heater (provided to the homeowner only) • Purchase or replace essential household contents ➤ <i>Personal items</i> <ul style="list-style-type: none"> • Essential clothing for members of the Assistance Group • Essential non-consumable products, excluding tobacco products and alcohol 	<p>TANF Purpose: 1</p>	<p>Determined by State or County, not to exceed \$1,500 per family.</p> <p>All Disaster Benefits are dependent on available PRC funding.</p>	<p>Parents with minor children and all other household members</p> <p>Minor child who resides with a parent, specified relative, legal guardian or legal custodian</p> <p>Pregnant individuals with no other children</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p>	<p>Determined by State Declaration</p> <p>or</p> <p>At or below 200% FPL</p>	<p>Families sustaining disaster related damage or loss</p>

➤ Vehicle repair for damage caused by the disaster provided the automobile is necessary for employment or medical condition					
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Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Disaster Relief for Adults and Disabled Not eligible for TANF Plan</p> <p>Benefits to assist with damage or loss sustained because of natural disaster upon declaration of Governor</p>	TANF Purpose: 1	<p>Determined by State or County, not to exceed \$750 per family.</p> <p>Disaster Relief for Adults and Disabled are dependent on available PRC funding.</p>	<p>Age 55 or over with no minor children</p> <p>OR</p> <p>No minor children but in receipt of disability payments such as SSI, Social Security Disability, VA Disability, PERS or STERS Disability, Railroad Retirement Disability, Black Lung Benefits.</p>	<p>Determined by State Declaration</p> <p>or</p> <p>At or below 200% FPL</p>	<p>Adults over age 55 with no minor children</p> <p>Disabled Adults</p>
<p>COVID-19 Response</p> <p>To provide financial assistance to low-income families for specific needs caused by the COVID-19 crisis</p> <p>If possible, applicant should provide documentation of income. Self-attestation of income and/or loss is acceptable but requires documentation by caseworker.</p> <p>Applications can be processed via phone, clients may self-attest income and will authorize signature via phone.</p>	TANF Purpose 1 TANF Purpose 2	<p>Maximum of \$1,000.00 per AG/family for mortgage, utilities, car payments and insurance, burial assistance and one-time family assistance.</p> <p>Cannot exceed 4 months of assistance in a rolling one-year period</p> <p>The assistance group will not receive disaster assistance for a service provided by another agency program or insurance benefit.</p>	<p>Parents with minor children and all other household members</p> <p>Minor child who resides with a parent, specified relative, legal guardian or legal custodian</p> <p>Pregnant individuals with no other children</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p>	<p>Determined by State Declaration</p> <p>or</p> <p>At or below 200% FPL</p>	<p>Families impacted by the COVID-19 Pandemic.</p>

<p>Checks will be issued directly to each household to assist with providing financial stability during this Pandemic.</p> <p>Funding may be limited and is dependent upon State Allocation amounts.</p> <p><u>Burial Assistance</u></p> <p><u>Mortgage Assistance</u></p> <p><u>Utilities</u></p> <p><u>Car payment/Car Insurance</u></p> <p><u>Emergency Food Aid</u></p> <p><u>One-time \$250.00 Family Assistance payment</u> Authorized to help offset costs of emergency needs, to qualify applicant must provide verification that family is; subject to state, federal or local quarantine or isolation order related to COVID-19; advised by a healthcare provider in writing to self-quarantine due to concerns related to COVID-19; experiencing symptoms of COVID-19 and under care of a medical provider and seeking diagnostic; OR required to care for an individual who is subject to federal, state or local quarantine or isolation order related to COVID-19.</p>		<p>Applicants must provide proof of residence , proof of vehicle ownership or lease, and proof utilities are for the primary residence of the applicant.</p> <p>Burial Assistance- applicants must provide Death Certificate</p> <p>Available as long as funds are available</p>			
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SECTION VIII
SERVICES AND BENEFITS
SUBGRANTEE OR CONTRACTUAL PRC

A. Subgrantee and Contractual PRC

Subgrantee or Contractual PRC benefits and services are provided with local TANF/PRC allocations or State designated TANF pass-through programs and are administered by entering into agreements with other public, private non-profit, and private for-profit vendors. Eligibility for sub granted, or contractual PRC services may have different eligibility standards from the in-house PRC services if specified in the agreement or as noted in the List of Services & Benefits in this document. There is no dollar cap for sub granted or contractual services.

All PRC subgrants and contracts must still address the connection of the service being provided to one or more of the four (4) purposes of TANF.

Unless otherwise documented as categorically eligible, eligibility for sub grantee/contractual services are accomplished using the **Self-Declaration Application for TANF/Title XX Services**. Applicants for subgrantee/contractual services will be notified of approvals, denials, and terminations using the Decision of Your Application for TANF/Title XX Services.

The use of subgrantee/contractual PRC services will not prohibit an assistance group from being eligible for other PRC services (in-house or other subgrantee/contractual services) noted in the list of services within this plan.

Services/Benefits	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Family Promise of Warren County Services for homeless children and families. Primary focus is to address the needs of homeless families. The goal of IHNWC is to assist homeless families as they seek to build a better life through education, employment and self-sufficiency.</p>	TANF Purpose 1, 2, 4	Contracted Amount	Parents with minor children and all other household members Minor child who resides with a parent, specified relative, legal guardian or legal custodian Pregnant individuals with no other children	At or below 200% of FPL Self - Declaration Application	Families and Children Victims of Domestic Violence
<p>Abuse and Rape Crisis Shelter of Warren County (ARCS) ARCS will provide 24/7, trauma-informed, family focused advocacy and case management to survivors and children of domestic violence with the primary goal of ensuring safety, healing and empowerment, while increasing batterer’s accountability for their abuse behavior.</p>	TANF Purpose 1, 2, 4	Contracted Amount	Parents with minor children and all other household members Minor child who resides with a parent, specified relative, legal guardian or legal custodian Pregnant individuals with no other children	At or below 200% of FPL Self - Declaration Application	Families and Children Victims of Domestic Violence
<p>Educational Service Center- Resource Coordinator Program for Schools The Resource Coordinator program provides supports and resources to needy families with academically and otherwise at-risk children. Resource Coordinators focus on low-income students and their families who have been identified within the school system. Resource Coordinators help identify, create, and maintain resources for families.</p>	TANF Purpose 1, 2, 4	Contracted Amount	Parents with minor children and all other household members Minor child who resides with a parent, specified relative, legal guardian or legal custodian	At or below 200% FPL Self - Declaration Application	Families with Children
<p>Workforce Development Training & Curriculum Employment Related Short-Term Training Services</p>	TANF Purpose 1 & 2	No Cap for Services	Parents with minor children and all other household members	At or below 200% FPL	Families with Children

<p>Provides Training needed to gain, maintain, or advance in the workforce. (ASPIRE)</p> <p>Provides Assessments and planning as recommended by Workforce Development Staff or Sub-Grant Recipients.</p>			<p>Minor child who resides with a parent, specified relative, legal guardian or legal custodian</p> <p>Pregnant individuals with no other children</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p>	<p>Self - Declaration Application</p>	
<p>Workforce Services TANF Administration/Eligibility, Case Management, Work Activities, Education and Training, Work Subsidies/Subsidized Employment</p> <p>TANF Workforce Services provide an opportunity for Warren County Job & Family Services to partner with Ohio Means Jobs of Warren County to provide services to assist in TANF Administration/Eligibility, Case Management, Work Activities, Education & Training, and Work Subsidies/Subsidized Employment.</p>	<p>TANF Purpose 1 & 2</p>	<p>No Cap for Services</p>	<p>Parents with minor children and all other household members</p> <p>Minor child who resides with a parent, specified relative, legal guardian or legal custodian</p> <p>Pregnant individuals with no other children</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p>	<p>At or below 200% FPL</p> <p>Self - Declaration Application</p>	<p>Families with Children</p>
<p>Children Services Provided to families at risk of child abuse and or/neglect, as determined by the Children Services Division for the purpose of providing assistance to needy families so that child may be cared for in their own homes or in the homes of relatives while reducing the inappropriate use of out-of-home care.</p>	<p>TANF Purposes 1</p>	<p>Contracted Amount</p>	<p>Kinship Relative and Non-Relative Families caring for children with open/active cases in the Children Services Division</p> <p>Parents or specified relatives with minor children</p> <p>Pregnant Women</p>	<p>At or below 200% FPL</p> <p>Self - Declaration Application</p>	<p>Kinship Caregivers caring for children with open/active cases in the Children Services Division</p> <p>Families with open active cases in Children’s Protective Services System</p>

**SECTION XI.
APPROVAL**

INTERPRETATION

In instances of ambiguity or lack of clarity in the provisions of this Plan, the determination of the WCDJFS as to the meaning and interpretation shall be final and binding. The WCDJFS will be the final authority for all decisions regarding eligibility for PRC benefits and services and for the allocation of PRC funds to support benefits and services to the public.

Warren County Job and Family Services, Division of Human Services agrees to implement this Prevention, Retention and Contingency (PRC) Plan on Revised January 11_____, 2022

1/1/2022
Director, Warren County JFS, Division of Human Services

Date

**SECTION X.
EXHIBITS**

Application A- WCDJFS PRC Application

**WARREN COUNTY JOB & FAMILY SERVICES
DIVISION OF HUMAN SERVICES**

4. Is anyone in your household currently ineligible for or disqualified from any programs of assistance?
 Yes No Explain _____
5. Has anyone in your household quit a job, refused a job, or significantly reduced hours of employment in the last 60 days?
 Yes No Explain _____
6. Do you pay Rent or a Mortgage? YES NO, if "yes", monthly amount: \$ _____
7. List the Utilities you pay and the average monthly amount: \$ _____
8. Are you and your family: In a Shelter Have a court ordered eviction Homeless
9. Is anyone in the household pregnant? Yes No If "yes" please list who _____

SECTION C

DOES ANYONE IN THE HOME HAVE RESOURCES? SUCH AS;

Resource	Person with Resource	Amount of Resource
<input type="checkbox"/> Cash on Person		\$
<input type="checkbox"/> Checking Account		\$
<input type="checkbox"/> Savings Accounts		\$
<input type="checkbox"/> Stocks/Bonds		\$
<input type="checkbox"/> Other		\$

If Other, Please Specify: _____

SECTION D

BENEFIT OR PROGRAM YOU ARE REQUESTING ASSISTANCE FOR (MAY ONLY SELECT ONE PER APPLICATION) AN AESTORIK MEANS EMPLOYMENT AND/OR IN SCHOOL IS REQUIRED TO BE ELIGIBLE:

PROGRAM SERVICES AND BENEFITS

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Automobile Repairs Assistance* <input type="checkbox"/> Automobile Insurance Assistance* <input type="checkbox"/> License Plate and Vehicle Registration Assistance* <input type="checkbox"/> Short-term payment of auto loan or lease* <input type="checkbox"/> Child Care Registration Fee*-some exceptions <input type="checkbox"/> Contingency Services <input type="checkbox"/> Employment Training* <input type="checkbox"/> Rent Assistance or Security Deposit <input type="checkbox"/> Transportation Assistance <input type="checkbox"/> Utility Disconnect or Deposit | <ul style="list-style-type: none"> <input type="checkbox"/> Kinship Caregiver Child Care Program
Child Income Only/Tier 1 <input type="checkbox"/> Kinship Caregiver Stabilization Program
Child Income Only/Tier 1 *(Reimbursement Only) <ul style="list-style-type: none"> <input type="checkbox"/> Clothing <input type="checkbox"/> Cribs/Beds/Furniture <input type="checkbox"/> Hygiene Items and other basic needs <input type="checkbox"/> Bedding <input type="checkbox"/> Other _____ <input type="checkbox"/> Kinship Caregiver Child Care Program
*Household Income/Tier 2/Must be Employed |
|--|--|

WARREN COUNTY JOB & FAMILY SERVICES
DIVISION OF HUMAN SERVICES

COVID RESPONSE

- One-time \$250.00 Family Assistance Payment
- Mortgage Assistance
- Burial Assistance
- Utility Assistance
- Short-term payment of auto loan or lease
- Automobile Insurance Assistance
- Emergency Food Aid
- Other Need if not listed above please explain _____

Note: Regardless of your eligibility for PRC Benefits/Services, you have the right to apply for all other programs of assistance offered by this agency, such as Medicaid, Food Assistance, Cash Assistance, and Child Care Assistance. If you wish to apply, please inquire. Also, if you wish to register to vote, please request a voter registration form.

Please use the back of this form as needed to provide the requested information.

Applicant Signature

Date

REV 09/2021

****Please Note**:** Applicants have 14 days from the date of application to submit all required payments toward the approved benefit. Failure to comply will result in denial of the approved application on the 15th day. Failure to cooperate during the eligibility process which results in a denial for PRC Services and/or Benefits, will result in the inability to re-apply for 30 days after the denial, unless the agency determines otherwise.

**KINSHIP CAREGIVER PROGRAM
ACKNOWLEDGEMENT OF RESPONSIBILITY**

I _____ understand that I have selected a Child Care Provider who is not currently Licensed by ODJFS. I understand that I will be reimbursed for payments to said provider and that payments are prohibited from being made directly from the agency (WCDJFS) to the non-licensed child care provider.

By signing this document, I acknowledge that all payments I receive under this program will be used toward Child Care Expenses Only.

Print Name

Sign

Date

|

Application B
WCDJFS- TANF Summer Youth Employment Program Application

PRC Request for TANF Summer Youth Employment Program 2016



Instructions: Please complete Sections I, II, III and IV.
Incomplete applications will not be considered for this program.

Section I: Complete the Demographic Information Below

Parent or Guardian Name	Youth Name	
Social Security Number	Youth Social Security Number	Youth Age
Present Address	Present Phone Number	

Section II: List All Household Members:

Name (YOUTH NAME)	Date of Birth	Relationship to Youth	Does this person receive OWF, Food Assistance, or Medicaid)	
		SELF	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

(List any additional household members on the back of this form.)

Section III: Complete and answer all questions about income.

- Is your household actively receiving Food Assistance Benefits? Yes No
- Is your household actively receiving Medicaid? Yes No
- Is your household actively receiving Cash Assistance (OWF) Benefits? Yes No
- Does anyone in the household have an outstanding OWF overpayment? Yes No

Check the box to indicate your family income in the last 30 days and list each individual with income, type of income and monthly amount. Attach proof of income for each income type. (Note: If your family receives Ohio Works First cash assistance or food assistance, you will not need to provide verification of income but you will still be required to complete the section below.)

	List the Individuals with Income	List the Type of Income (Examples: Wages, Social Security, SSI, Child Support)	List the Monthly Amount of Income
<input type="checkbox"/> \$0 - \$1980			
<input type="checkbox"/> 1981 - 2670			
<input type="checkbox"/> 2671 - 3360			
<input type="checkbox"/> 3361 - 4050			
<input type="checkbox"/> 4051 - 4740			
<input type="checkbox"/> 4741 - 5430			
<input type="checkbox"/> 5431 - 6122			
<input type="checkbox"/> 6123 - 6815			

PRC Request for TANF Summer Youth Employment Program 2016

If you are not registered to vote where you live now, would you like to apply to register to vote here?
 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.

Section IV: Read and Sign the Application.

By my signature below, I agree that the above information is true and complete to the best of my knowledge. I also give consent for my information to be shared with Ohio Means Jobs – Warren County and Warren County Educational Service Center for any purpose related to the TANF Summer Youth Employment Program.

Parent / Guardian Signature	Date
Youth Signature	Date

How did you hear about this program?

FOR WCJFS USE ONLY	FOR WCJFS USE ONLY	FOR WCJFS USE ONLY
<input type="checkbox"/> Eligible	<input type="checkbox"/> Approval Letter Given	<input type="checkbox"/> Not Eligible
		<input type="checkbox"/> Denial Letter Sent/Given
<input type="checkbox"/> Eligibility determined by receipt of OWF, FA, or Medicaid verified through CRISE, OBWP, BIC or another reporting source.		
<input type="checkbox"/> age 16-17 minor child in needy family in school		<input type="checkbox"/> 18-24 in needy family with minor child
<input type="checkbox"/> 18-24 with child and considered needy		
Signature of WCJFS Worker		Date

Additional Notes (If applicable):

Application C
WCDJFS- Winter Coat Program Application

**WARREN COUNTY HUMAN SERVICES PRC APPLICATION
WINTER COAT PROGRAM**

NAME: _____
 ADDRESS: _____
 CITY/ST./ZIP _____
 PHONE: _____ DATE: _____

FOR AGENCY USE
ARAD # _____
CASE # _____

Please list EVERY person in the home :

Last Name	First Name	SSN	Relationship	DOB	SEX	AGE	SIZE
			SELF				

Are you currently receiving any of the following: CASH ASSISTANCE FOOD ASSISTANCE

Is anyone in the home currently employed? Yes No (INCLUDE 4-6 WEEKS PAY)

	WHO	WHERE	HOURLY RATE	# HOURS PER WEEK
JOB 1				
JOB 2				

Unearned income: SSI Social Security Child Support Alimony Unemployment Other
 If yes

WHO	SOURCE	WHEN	AMOUNT

 Applicant Signature

 Date

APPROVED DENIED

 WORKER SIGNATURE

 Date

 SUPERVISOR SIGNATURE

 Date

Application D
TANF Child Welfare/Kinship Navigator Self- Declaration Application
TANF Self-Declaration for Kinship Caregiver Payments Application

WARREN COUNTY SELF-DECLARATION APPLICATION FOR CHILD WELFARE BENEFITS



Name:	For Agency Use Only
Social Security Number:	Subgrantee:
Present Address:	Worker:
Telephone/Contact Number:	Date received:

1. List EVERYONE living in your household, including yourself.

(If you are a non-custodial parent, list your children residing in Ohio.)

2. Circle your family size below.

Name	Relationship to Applicant	Age	Source of Income	Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1.				1	\$2,147
2.				2	\$2,904
3.				3	\$3,660
4.				4	\$4,417
5.				5	\$5,174
6.				6	\$5,930
7.				7	\$6,687
8.				8	\$7,444

Child(ren) in Custody of PCSA	<input type="checkbox"/>
Child(ren) in Custody Parent(s)	<input type="checkbox"/>

3. Check one:

- I declare that my family's gross monthly income is **at or below** the standard listed.
- I declare that my family's gross monthly income is **above** the standard listed.

4. Please read this statement carefully and respond below:

I reside in Warren County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job & Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation/parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states.

- YES, I agree with the above statement (it is correct/true for me).
- NO, I disagree with the above statement (it is not correct/true for me).

5. Sign this application.

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Voter Registration Notification: If you are not registered to vote where you live now, would like to register to vote at this time?
 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. This does NOT affect your application for benefits in any way.)

WARREN COUNTY SELF-DECLARATION APPLICATION FOR CHILD WELFARE BENEFITS

Benefit	Select the Benefit Requested	Amount Needed	Vendor Form Sent (If Required)
Rent Assistance <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Utility Assistance <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Gas Cards/Transit Tickets	<input type="checkbox"/>	\$	<input type="checkbox"/>
Furniture	<input type="checkbox"/>	\$	<input type="checkbox"/>
Home Repairs <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Vehicle Repairs <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Child Care Registration Fees <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
School Fees	<input type="checkbox"/>	\$	<input type="checkbox"/>
Clothing for Children	<input type="checkbox"/>	\$	<input type="checkbox"/>
Repair or Purchase of Appliances	<input type="checkbox"/>	\$	<input type="checkbox"/>
Purchase of Car Seats for Children	<input type="checkbox"/>	\$	<input type="checkbox"/>
Summer Camp	<input type="checkbox"/>	\$	<input type="checkbox"/>

Each category has a CAP of \$1,500 in a 12-month period. Multiple categories can be selected on one application but cannot exceed the \$1,500 CAP.

FOR AGENCY USE ONLY	
<input type="checkbox"/> Eligible	<input type="checkbox"/> Decision Letter Given (retain copy)
<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Decision Letter Given (retain copy)
Signature of Worker	Date

WARREN COUNTY SELF-DECLARATION APPLICATION FOR KINSHIP CAREGIVER PAYMENTS

Name:	For Agency Use Only
Social Security Number:	Subgrantee:
Present Address:	Worker:
Telephone/Contact Number:	Date received:

1. List EVERYONE living in your household, including yourself.

(If you are a non-custodial parent, list your children residing in Ohio.)

2. Circle your family size below.

Name	Relationship to Applicant	Age	Source of Income	Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1.				1	\$2,147
2.				2	\$2,904
3.				3	\$3,660
4.				4	\$4,417
5.				5	\$5,174
6.				6	\$5,930
7.				7	\$6,687
8.				8	\$7,444

3. Check one:

- I declare that my family's gross monthly income is **at or below** the standard listed.
 I declare that my family's gross monthly income is **above** the standard listed.

4. Please read this statement carefully and respond below:

I reside in Warren County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job & Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation/parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states.

- YES, I agree with the above statement (it is correct/true for me).
 NO, I disagree with the above statement (it is not correct/true for me).

5. Sign this application.

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant:

Date:

Voter Registration Notification: If you are not registered to vote where you live now, would like to register to vote at this time?

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. This does NOT affect your application for benefits in any way.)

WARREN COUNTY SELF-DECLARATION APPLICATION FOR KINSHIP CAREGIVER PAYMENTS



Benefit	Select the Benefit Requested	Amount if Need	Vendor Form Sent (If Required)
Rent/Mortgage Assistance <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Utility Assistance <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Gas Cards/Transit Tickets	<input type="checkbox"/>	\$	X
Furniture	<input type="checkbox"/>	\$	<input type="checkbox"/>
Home Repairs <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Vehicle Repairs <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Child Care Registration Fees <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Child Care Assistance <i>No more than 4 months can be consecutive or spread out over 12 months</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
School Fees <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Clothing for Children	<input type="checkbox"/>	\$	<input type="checkbox"/>
Repair or Purchase of Appliances	<input type="checkbox"/>	\$	<input type="checkbox"/>
Purchase of Car Seats for Children	<input type="checkbox"/>	\$	<input type="checkbox"/>
Work Related Needs	<input type="checkbox"/>	\$	<input type="checkbox"/>
Court Filing Fees	<input type="checkbox"/>	\$	<input type="checkbox"/>
BCI/FBI Background Checks	<input type="checkbox"/>	\$	<input type="checkbox"/>
Summer Camp	<input type="checkbox"/>	\$	<input type="checkbox"/>

Service Benefit Category	Select the Category	Child's First and Last Name **Required
Per Kinship Placement Family	<input type="checkbox"/>	
Per Kinship Placed Child Only	<input type="checkbox"/>	**

- Per Kinship Placement Family up to \$3,000 per family per 12 months
- Per Kinship Placed Child Only up to \$1,000 per 12 per months

Multiple Categories can be selected on one application per Family or Child Only but cannot exceed the one-time CAP amount listed above.

FOR AGENCY USE ONLY	
<input type="checkbox"/> Eligible <input type="checkbox"/> Decision Letter Given (retain copy)	<input type="checkbox"/> Not Eligible <input type="checkbox"/> Decision Letter Given (retain copy)
Signature of Worker	Date

Application E
Self-Declaration Application for TANF PRC Contract Services

WARREN COUNTY SELF-DECLARATION APPLICATION FOR ARCS TANF/PRC SERVICES



Name:	For Agency Use Only
Social Security Number:	Subgrantee:
Present Address:	Worker:
Telephone/Contact Number:	Date received:

1. List EVERYONE living in your household, including yourself.

(If you are a non-custodial parent, list your children residing in Ohio.)

2. Circle your family size below.

Name	Relationship to Applicant	Age	Source of Income	Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1.				1	\$2,147
2.				2	\$2,904
3.				3	\$3,660
4.				4	\$4,417
5.				5	\$5,174

3. Check one:

- I declare that my family's gross monthly income is **at or below** the standard listed.
- I declare that my family's gross monthly income is **above** the standard listed.

4. Please read this statement carefully and respond below:

I reside in Warren County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job & Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation/parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states.

- YES, I agree with the above statement (it is correct/true for me).
- NO, I disagree with the above statement (it is not correct/true for me).

5. Sign this application.

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Voter Registration Notification: If you are not registered to vote where you live now, would like to register to vote at this time?
 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. This does NOT affect your application for benefits in any way.)

FOR AGENCY USE ONLY			
<input type="checkbox"/> Eligible	<input type="checkbox"/> Decision Letter Given (retain copy)	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Decision Letter Given (retain copy)
Signature of Worker		Date	

WARREN COUNTY SELF-DECLARATION APPLICATION FOR FAMILY PROMISE TANF/PRC

Name:	For Agency Use Only
Social Security Number:	Subgrantee:
Present Address:	Worker:
Telephone/Contact Number:	Date received:

1. List EVERYONE living in your household, including yourself.
(If you are a non-custodial parent, list your children residing in Ohio.)

2. Circle your family size below.

Name	Relationship to Applicant	Age	Source of Income	Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1.				1	\$2,147
2.				2	\$2,904
3.				3	\$3,660
4.				4	\$4,417
5.				5	\$5,174
6.				6	\$5,930

3. Check one:

- I declare that my family's gross monthly income is **at or below** the standard listed.
 I declare that my family's gross monthly income is **above** the standard listed.

4. Please read this statement carefully and respond below:

I reside in Warren County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job & Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation/parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states.

- YES, I agree with the above statement (it is correct/true for me).
 NO, I disagree with the above statement (it is not correct/true for me).

5. Sign this application.

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Voter Registration Notification: If you are not registered to vote where you live now, would like to register to vote at this time?

- 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. This does NOT affect your application for benefits in any way.)

FOR AGENCY USE ONLY	
<input type="checkbox"/> Eligible <input type="checkbox"/> Decision Letter Given (retain copy)	<input type="checkbox"/> Not Eligible <input type="checkbox"/> Decision Letter Given (retain copy)
Signature of Worker	Date

Revised 09/17/2021

WARREN COUNTY SELF-DECLARATION APPLICATION FOR ESC TANF/PRC SERVICES



Name:	For Agency Use Only
Social Security Number:	Subgrantee:
Present Address:	Worker:
Telephone/Contact Number:	Date received:

1. List EVERYONE living in your household, including yourself.
(If you are a non-custodial parent, list your children residing in Ohio.)

2. Circle your family size below.

Name	Relationship to Applicant	Age	Source of Income	Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1.				1	\$2,147
2.				2	\$2,904
3.				3	\$3,660
4.				4	\$4,417
5.				5	\$5,174
6.				6	\$5,930

3. Check one:

- I declare that my family's gross monthly income is **at or below** the standard listed.
 I declare that my family's gross monthly income is **above** the standard listed.

4. Please read this statement carefully and respond below:

I reside in Warren County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job & Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation/parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states.

- YES, I agree with the above statement (it is correct/true for me).
 NO, I disagree with the above statement (it is not correct/true for me).

5. Sign this application.

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Voter Registration Notification: If you are not registered to vote where you live now, would like to register to vote at this time?

- 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. This does NOT affect your application for benefits in any way.)

FOR AGENCY USE ONLY			
<input type="checkbox"/> Eligible	<input type="checkbox"/> Decision Letter Given (retain copy)	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Decision Letter Given (retain copy)
Signature of Worker		Date	

Revised 09/17/2021

Job Readiness Class Schedule – Effective July 1, 2022

Name _____

OhioMeansJobs Warren County

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
WEEK ONE	<p><u>Room 1 Jessi</u> 8:30 - 9:30 Orientation</p> <p><u>Basement Gail</u> COMPUTER LAB 9:30 – 10:30 Intro to a Google Account, Google Drive, Gmail, Mobile Apps</p> <p>10:45 - 11:30 Intro to Google Sheets Basics</p> <p>11:30 - 1:30 Google Practice with a Doc, Sheet, Attaching and Downloading</p>	<p><u>Room 1 Jessi</u> 8:30 – 9:30 TABE</p> <p><u>Basement Sonya</u> RESUME LAB 9:30 - 1:30 Résumé Building, Updating and Editing</p>	<p><u>Room 1 Sonya</u> INTERVIEW LAB 8:30 – 10:30 Interview Skills</p> <p>10:45 - 11:45 Dress for Success</p> <p>11:45 – 1:30 Mock Interviews/Salary Negotiation</p>	<p><u>Room 1 Sonya</u> COMMUNICATIONS SKILLS LAB 8:30 - 10:30 Positive Attitudes and Perseverance in the Workplace</p> <p>10:45 - 12:15 Self Esteem and Stress Management</p> <p>12:15 - 1:30 Goal Setting and Overcoming Barriers to Employment</p>
WEEK TWO	<p><u>Basement Gail</u> COMPUTER LAB 8:30 – 9:30 Review of Google Sheets and Using for Financial Health</p> <p>9:30 – 10:30 Intro to a Google Account, Google Drive, Gmail, Mobile Apps cont.</p> <p>10:45 - 11:30 Google Sheets Independent Assignment Create a Financial Budget with Calculations</p> <p><u>Room 1 Jessi</u> 11:30 – 1:30 Workplace Essential Skills Math, Reading, or English for Employment</p>	<p><u>Basement Sonya</u> RESUME LAB 8:30 - 1:30 Résumé Review and Revisions Resume Posting to OMJ/Email</p>	<p><u>Room 1 Sonya</u> INTERVIEW LAB 8:30 - 10:30 Networking & Marketing Yourself Successfully</p> <p>10:45 - 1:30 Career Interest Workplace Values Matching Jobs to Personality</p>	<p><u>Room 1 Sonya</u> Communication Skills Lab 8:30 - 10:30 Better Communication with Co-Workers & Supervisors Customer Service Skills</p> <p>10:45 - 12:00 Handling Criticism/Conflict Resolution Dealing with Frustration at Work</p> <p>12:00 - 1:30 Professionalism Soft Skill Application and Teamwork</p>

All clients & instructors will observe a 15-minute break from **10:30 to 10:45 each class day.**

Second (Main) Floor – Time Clock: Third Floor – Room 1, Room 4, Lab 3

4/26/2021