



**BOARD OF COUNTY COMMISSIONERS
WARREN COUNTY, OHIO**

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TOM GROSSMANN

SHANNON JONES

DAVID G. YOUNG

GENERAL SESSION AGENDA

October 3, 2023

STUDENT GOVERNMENT DAY

- #1** **Clerk — General**

- #2** **9:00** **Molly Conley/ Tessa Wagner, Warren County Soil and Water Conservation District, Proclaim "Stormwater Awareness Week" in Warren County**

- #3** **9:15** **Work Session – Arlene Byrd, Human Services Director, Present Updated PRC Plan**

- #4** **9:30** **Deliberate in Private Relative to the Site Plan Review Application of Shaker Woods in Turtlecreek Township**

The Board of Commissioners' public meetings can now be streamed live at [Warren County Board of Commissioners - YouTube](#)

APPROVE REQUISITIONS AND AUTHORIZE COUNTY ADMINISTRATOR TO SIGN DOCUMENTS RELATIVE THERETO

BE IT RESOLVED, to approve requisitions as listed in the attached document and authorize Tiffany Zindel, County Administrator, to sign on behalf of this Board of County Commissioners.

M. moved for adoption of the foregoing resolution being seconded by M. Upon call of the roll, the following vote resulted:

- M
- M
- M

Resolution adopted this day of 2023.

BOARD OF COUNTY COMMISSIONERS

Tina Osborne, Clerk

/tao

cc:

Commissioners' file

2023 OCT 03 09:11 AM
 CLERK

PO CHANGE ORDERS

Department	Vendor Name	Description	Amount
ENG	WSP USA INC	ENG CONTRACT FOR FE BTW	\$ 171,944.29 INCREASE
WAT	DEERFIELD TWP	WAT KINGS MILLS INFRASTRUCTURE	\$ 44,547.58 INCREASE

10/3/2023 APPROVED:

Tiffany Zindel, County Administrator

CONSENT AGENDA*

October 3, 2023

PERSONNEL

1. *Administer disciplinary action to employee within Children Services*
2. *Approve lateral transfer of Leigh Anne Gebele from Screener II to Assessment Investigative Caseworker II within Children Services*

GENERAL

3. *Approve various provider addenda and agreements relative to home placement on behalf of Children Services*
4. *Approve Amendment No. 2 to the contract with Aramark Correctional Services, LLC on behalf of the Sheriff*
5. *Declare various items as surplus and authorize disposal through internet auction*
6. *Acknowledge payment of bills*

FINANCIAL

7. *Approve supplemental appropriations into Board of Elections 11011300 and Water Revenue 5510*
8. *Approve appropriation adjustment within Board of Elections, Sheriff's Office, Telecommunications, and Children Services*

**Please contact the Commissioners' Office at (513) 695-1250 for additional information or questions on any of the items listed on the Consent Agenda*

October 3, 2023

FOR CONSIDERATION NOT ON CONSENT AGENDA

1. Amend Sections 4:13: Usage of Credit Cards, 5:04: Health and Life Insurance, and 6:07: Leave of Absence Without Pay of the Warren County Personnel Policy Manual
2. Recognize changes to County Purchasing Procedures

AMEND SECTIONS 4.13: USAGE OF CREDIT CARDS, 5.04: HEALTH AND LIFE INSURANCE, AND SECTION 6.07: LEAVE OF ABSENCE WITHOUT PAY, OF THE WARREN COUNTY PERSONNEL POLICY MANUAL

WHEREAS, section 4.13 Usage of Credit Cards has been updated to meet the changes passed in House Bill 33 defining application and use of credit cards at the County level, and Sections 5.04 Health and Life Insurance and Section 6.07 Leave of Absence Without Pay, have been updated with clarification language as to the situations when health and life insurance coverage ends for employees; and

NOW THEREFORE BE IT RESOLVED, to amend 4.13: Usage of Credit Cards, 5.04: Health and Life Insurance, and Section 6.07: Leave of Absence Without Pay, of the Warren County Personnel Policy Manual, as attached hereto and made a part hereof; and

BE IT FURTHER RESOLVED, that said amendments will become effective October 3, 2023.

M. moved for adoption of the foregoing resolution being seconded by M. Upon call of the roll, the following vote resulted:

M
M
M

Resolution adopted this day of October 2023.

BOARD OF COUNTY COMMISSIONERS

Tina Osborne, Clerk

cc: Garage
Facilities Management
Water/Sewer
Commissioners
Telecommunications
Grants Admin.
Building & Zoning
Clerk of Courts
Treasurer
Auditor
Veterans
Coroner
Engineer
CSEA
OhioMeansJobs
Solid Waste
Emergency Services
County Court
Dog and Kennel
Children Services
Recorder
Information Technology
Economic Development
Human Services
OMB
Soil & Water
Personnel Policy file

POLICY 4.13: USAGE OF COUNTY CREDIT CARDS

The use of credit cards such as Visa, MasterCard, Discover, etc., for work related expenses is ~~are~~ governed by ORC 301.27 and, requires Board of County Commissioners (“BOCC”) approval. **County departments, agencies, and County Appointing Authorities outside of the BOCC may request and use a County credit card pursuant to the processes and procedures outlined in this policy.**

At the discretion of the BOCC and in consultation with the County Auditor, County credit cards may be issued to any County Appointing Authority only after authorization by the BOCC. The County Appointing Authority seeking issuance of a County credit card shall make a written request to the BOCC, which provides details of the proposed use of the card, including proposed authorized users to whom the card will be issued and the requested credit limit.

The debt incurred from the usage of a County credit card shall be paid from funds appropriated in the respective County Appointing Authority’s approved budget for said purchase. ~~are for specific and limited categories of work related expenses listed below. A County credit card is defined to include gasoline and telephone credit cards but excludes procurement cards. County credit cards may be used for:~~ shall be used only for purchases that satisfy ALL of the following:

- 1. The purchase is for a work-related expense;**
- 2. The purchase serves an authorized public purpose;**
- 3. The debt incurred is payable with available moneys appropriated to a specific line item appropriation for the purchase;**
- 4. The purchase otherwise complies with state law and County policy.**

~~No County credit card may be issued to any Appointing Authority prior to requesting authorization to the Board of County Commissioners. Said written request shall provide details in terms of whom (department authorized users) the card is to be issued to and the limit associated with the credit card request. Should a credit card be issued and used for more than the amount authorized by the Board of Commissioners BOCC, or appropriated for such purpose, the Elected Official of the County Appointing Authority or the department head or employee, Agency or Department Head may be personally liable to the BOCC for the amount exceeding authorization as well as any costs associated with efforts to collect the unauthorized amounts. the extent the authorized amount is exceeded. At the request of the County Appointing Authority, the BOCC-Elected Official, Agency or Department Head, the Board of Commissioners may authorize the an additional expenditure that exceeds the authorized limits based on the County Auditor’s certification of available funds.~~

Immediately following a transaction, the authorized user of a County credit card shall submit detailed credit card receipts and documentation to his or her department fiscal officer. After the department fiscal officer has reviewed all credit card purchases, compared with monthly statements, and ensured purchases meet the requirements of this policy, the department shall submit the credit card statement to be paid via the standard procedures used to pay invoices through the County Auditor’s office. Failure to provide said documentation or any inappropriate use of the credit card may result in personal liability, criminal liability, and/or disciplinary action, up to and including termination. In addition,

sales tax, late fees and/or finance charges are not allowable expenses, unless specifically authorized by the Board of County Commissioners.

- ~~1. Food Expenses;~~
- ~~2. Transportation Expenses;~~
- ~~3. Gasoline and Oil Expenses;~~
- ~~4. Motor vehicle repair and maintenance expenses;~~
- ~~5. Telephone Expenses;~~
- ~~6. Lodgings Expenses;~~
- ~~7. Internet service provider expenses;~~
- ~~8. Expenses for children being provided temporary emergency care by the Children Services Agency;~~
- ~~9. Expenses for Adult Protective Services clients being provided temporary lodging by Human Services Agency;~~
- ~~10. Expenses for purchases of automatic or electronic data processing or recordkeeping equipment, software, or services as permitted under the rules of the Data Board and in compliance with the Ohio Revised Code Sections 307.84. The expenses paid by credit card under this provision may not exceed \$10,000 per quarter, unless the Board of Commissioners adopt a resolution approving payment by credit cards of higher amounts during that time period;~~

Any rewards/points earned by using a County issued credit card ~~would be~~ **shall become** the property of the County and not the individual using the card.

~~The debt incurred from the usage of a County credit card is to be paid from funds appropriated, in the respective Elective Official, Department or Agency budget, for said purchase.~~

~~Authorized users of credit cards shall submit detailed credit cards receipts and documentation to their department fiscal official, to support the credit card statement. Failure to provide said documentation may result in personal liability for the credit card charges as well as disciplinary action. In addition, late fees and/or finance charges are not allowable expenses, unless authorized by the Board of Commissioners.~~

Annually by January 31st, ~~all Elected Officials, Agency and Department Heads~~ **County Appointing Authorities authorized to issue County credit cards** must provide written notification to the ~~Board of Commissioners~~ **the BOCC** and to the **County Auditor's Office**, stating what cards are in their (departments) possession, **containing an inventory of credit cards in the possession of the department or agency to whom which specific personnel they are each is issued**, and the associated credit limit. Any unused cards or discontinued cards must be destroyed.

All appointing authorities authorized to obtain a credit card are responsible for their use or misuse. An appointing authority suspecting misuse shall notify the Warren County Auditor and the BOCC ~~Warren County Commissioners~~ immediately.

POLICY 5.04: HEALTH AND LIFE INSURANCE

- A. The Board of Commissioners provides a comprehensive health care insurance plan and life insurance for permanent employees who work 30 hours per week on a regular scheduled basis. Coverage is not extended to temporary employees at initial time of hire, however, coverage may be extended if hours worked and duration of employment meet required guidelines of the Affordable Care Act. An Elected Official (Appointing Authority) may also extend health and life insurance coverage to permanent FLSA exempt employees (as defined in C.F.R. 29, part 541.1, 541.2, 541.3) in the unclassified service (I.E. administrative or fiduciary, as defined in ORC 124.11 A (9)) without regard to the scheduled number of work hours of such employee.
- B. Details of all coverage will be provided to those who are eligible to enroll, along with a waiver sheet to be signed by those declining participation. Each new employee must report to the Office of Management and Budget to enroll for insurance or to sign a waiver sheet.
- C. ~~Employees who are absent, and are not in active pay status (i.e., not receiving any compensation from the County) will not receive County healthcare benefits. Said employees will be offered COBRA. However if an employee is absent in inactive pay status, and the absence qualifies for Family and Medical Leave, then the employee will receive County healthcare benefits for up to twelve (12) weeks, as allowed by the Family and Medical Leave Act (see Policy 6.09: Family and Medical Leave). In addition, employees who are granted extended illness leave for a personal illness or injury will receive County healthcare benefits for up to a total of twelve (12) weeks. If the employees fails to show an approximate date of return, the employer may seek a disability separation (see Policy 9.04 Disability Separation).~~

Coverage under the plan will end on the earliest of:

- 1. the last day of the month employment with the County ends;**
- 2. the date the Plan ends;**
- 3. the last day of the month the employee stops making required contributions;**
- 4. the last day of the month the employee is no longer eligible;**
- 5. the last day of the month UnitedHealthcare receives written notice from Warren County Board of Commissioners to end coverage, or the date requested in the notice, if later; or**
- 6. the last day of the month the employee retires or is pensioned under the Plan, unless specific coverage is available for retired or pensioned persons and the employee is eligible for that coverage.**
- 7. If an employee falls into a no-pay status, unless covered under FMLA or Extended Illness Leave, coverage shall end the last day of the month if the employee has not returned to work or back into paid status.**
- 8. In an event an employee falls into a no-pay status due to a work related injury and where temporary total compensation is being received under the workers' compensation program while employed with Warren County, coverage shall remain in effect during the period compensated. While**

receiving temporary total compensation, should employment with Warren County end, coverage shall end the last day of the month that the employment ends.

9. The date on which the employee or dependent becomes a full-time member of the armed forces of any country.

Please refer to section 12 of the Summary Plan Description for additional information regarding when coverage ends.

~~D. In the event an employee falls into a no pay status due to a work related injury and where temporary total compensation is being received under the worker's compensation program while employed with Warren County, coverage shall remain in effect during the period compensation. While receiving temporary total compensation, should employment with Warren County end coverage shall end the last day of the month that the employment ends.~~

Revised: 10/1/2023

POLICY 6.07 LEAVE OF ABSENCE WITHOUT PAY

- A. Upon the written request of an employee, the Appointing Authority may grant the employee a leave of absence without pay for appropriate reasons.
- B. The maximum duration of a leave of absence without pay for personal reasons of the employee shall not exceed six (6) months.
- C. Leave may be granted for a maximum of two (2) years for purposes of education, training, or specialized experience which would be of benefit to County Service by improved performance at any level, or for voluntary service in any governmental sponsored program of public betterment.
- D. With the exception of Family and Medical Leave (see Policy 6.09: Family and Medical Leave), the authorization of a leave of absence without pay is solely a matter of administrative discretion, and each request will be decided by the Appointing Authority based upon its merits. Except for emergency situations, employees shall request the leave thirty (30) days prior to the starting date of the leave.
- E. Upon returning from a leave of absence, the employee will be placed in his/her original position, or another position in the same classification should the original position be unavailable.
- F. When an employee fails to return to work within three (3) days of the expiration of an authorized leave of absence without pay, absent extenuating circumstances, that employee shall be considered to have resigned from the position as of the expiration date of the authorized leave.
- G. An employee who has received an authorized leave of absence without pay does not earn sick or vacation leave credit. However, time spent on the leave of absence will be considered in determining length of service for purposes when tenure is a factor.
- H. If it is determined that an employee is abusing the leave of absence and not actually using the leave for the purpose specified, the Appointing Authority may cancel the leave and provide the employee with written notice directing the employee to report for work. Disciplinary action may also be initiated.
- I. **Health Insurance and Life Insurance will end the last date of the month when the employee falls into a no-pay status as stated under policy 5.04 Health Insurance and Life Insurance, section C7.**

RECOGNIZE CHANGES TO COUNTY PURCHASING PROCEDURES EFFECTIVE
OCTOBER 3, 2023

WHEREAS, county purchasing procedures have been updated, as a result of the passage of House Bill 33, which was signed by Governor DeWine on June 30, 2023, as follows:

Competitive Bidding Cost Threshold has changed from \$50,000 to \$75,000, the new threshold is subject to an annual adjustment of 3% starting January 1, 2025. The 3% adjustment applies automatically on January 1 of each year thereafter; and

Emergency Purchasing Procedures limit has changed from \$100,000 to \$125,000. Emergency purchasing procedures may not be used for items with a cost above this threshold, unless there is actual physical disaster to structures, radio communications equipment, or computers; and.

Rejection of public improvement bids, the law mandates rejections of bids that are priced more than 20% above the architect's or engineer's estimate.

NOW THEREFORE BE IT RESOLVED, to recognize changes to County Purchasing Procedures as a result of the passage of House Bill 33 effective October 3, 2023.

M. moved for adoption of the foregoing resolution being seconded by M. Upon call of the roll, the following vote resulted:

M
M
M

Resolution adopted this day of October 2023.

BOARD OF COUNTY COMMISSIONERS

Tina Osborne, Clerk

cc: OMB
All Departments



**REQUEST FOR AUTHORIZATION TO ATTEND ASSOCIATION MEETING,
CONVENTION OR TRAINING SEMINAR/SESSION**

This form is to be completed by Department Head/Elected Official requesting authorization to attend an Association Meeting or Convention or Training Seminar/Session sponsored by an Association as required by O.R.C. Section 325.20. Additionally, authorization is required for any training seminar/session held more than 250 miles from county campus;

*NAME OF ATTENDEE: Joshua Moyer DEPARTMENT: Telecommunications

*POSITION: Application Analyst II DATE: 9/28/2023

REQUEST FOR AUTHORIZATION FOR THE ABOVE-NAMED EMPLOYEE/ELECTED OFFICIAL TO ATTEND THE FOLLOWING:

ASSOCIATION MEETING CONVENTION ASSOCIATION SPONSORED TRAINING SEMINAR/SESSION
TRAINING MORE THAN 250 MILES

PURPOSE:

Central Square Annual User Training Conference

LOCATION:

Gaylord Texan Resort and Convention Center 1451 Gaylord Trail Dallas, TX

DATE(S): May 4th - 9th, 2024

TYPE OF TRAVEL: (Check one)

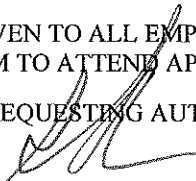
AIRLINE STAFF CAR PRIVATE VEHICLE OTHER

LODGING: Gaylord Texan Resort and Convention Center

ESTIMATED COST OF TRIP: \$14,040.48 (See attached breakdown)

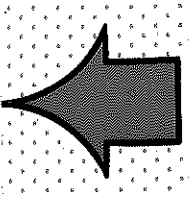
I CERTIFY THAT DIRECTION HAS BEEN GIVEN TO ALL EMPLOYEES ATTENDING THIS FUNCTION, THAT IT IS EXPECTED OF THEM TO ATTEND APPLICABLE SESSIONS.

DEPARTMENT HEAD/ELECTED OFFICIAL REQUESTING AUTHORIZATION:


Signature/Title Date 2023, 09-28

BOARD OF COMMISSIONERS' APPROVAL:

Commissioner Date
Commissioner Date
Commissioner Date



*If additional employees will be attending the Association Meeting, Convention or Training Seminar/Session please list names and positions here:

David Shiverdecker, Paul Bernard, Rhonda Bernard, Jeff Cepin

Proclamation

*From the Office of the Board of County Commissioners
Warren County, Ohio*

**RECOGNIZE OCTOBER 1 THROUGH OCTOBER 7, 2022 AS
"STORMWATER AWARENESS WEEK"**

WHEREAS, urban stormwater runoff impacts water quality in the Little Miami Watershed and the Lower Great Miami Watershed in Warren County; and

WHEREAS, population growth, residential and commercial development, and the resulting changes to the landscape will only increase stormwater quality and quantity concerns throughout Ohio; and

WHEREAS, these impacts cannot be entirely avoided or eliminated but can be minimized; and

WHEREAS, it is currently recognized that control of stormwater quantity and quality is most effectively implemented when people and organizations understand the related causes and consequences of polluted stormwater runoff and flooding, and the actions they can take to control these; and

WHEREAS, the need arises not only from the regulatory requirements of EPA General Construction and Municipal Stormwater rules, but also from the recognition that citizens and local decision makers will benefit from a greater awareness of how the cumulative impacts of decisions at home, at work and through local policies impact our water quality, stream corridors and flooding; and

WHEREAS, the development and implementation of effective, outcomes-based stormwater education and outreach programs will meet the related federal stormwater pollution control requirements and those of the communities they serve so that Ohio continues to be a great place to live, work and play; and

NOW, THEREFORE BE IT RESOLVED that the Warren Board of County Commissioners joins the Warren County Stormwater District, Warren County Soil and Water Conservation District and Communities across Ohio in recognizing the week of October 1st-7th as:

"STORMWATER AWARENESS WEEK"

*IN WITNESS WHEREOF, we hereunto subscribed
Our names and caused the seal of Warren County to
be affixed at Lebanon this 14th day of September, in the
Year of our Lord, Two Thousand Twenty- Two.*

BOARD OF COUNTY COMMISSIONERS

Shannon Jones
Shannon Jones, President

David G. Young
David G. Young

Tom Grossmann
Tom Grossmann



APPROVE THE WARREN COUNTY PREVENTION, RETENTION, AND CONTINGENCY PLAN (PRC) FOR THE WARREN COUNTY DEPARTMENT OF HUMAN SERVICES

BE IT RESOLVED, to approve the PRC Prevention, Retention, and Contingency Plan on behalf of the Warren County Department of Human Services as attached hereto and made a part hereof.

M. moved for adoption of the foregoing resolution being seconded by M. Upon call of the roll, the following vote resulted:

M
M
M

Resolution adopted this day of October 2023.

BOARD OF COUNTY COMMISSIONERS

Tina Osborne, Clerk

cc: Human Services (file)

RECEIVED
2023 SEP 28 PM 2:54
CLERK

**Warren County
Job and Family Services
Division of Human Services
Prevention, Retention, Contingency Plan (PRC)
09/28/2023**

**Warren County Job & Family Services
Division of Human Services
416 S. East Street
Lebanon, OH 45036
513-695-1420**

**Contact Information:
Arlene Byrd, Director
513-695-1422**

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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 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.

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:

- o At or below 200% FPG- Does not include Resource Limit as part of eligibility.
- o Involvement with Children Services including those residing outside of Warren County and completion of Self-Declaration Application located on page 35 of this plan.
- o Kinship Caregivers Payments will not count toward the maximum limit for the County PRC Assistance Program.
- o 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:

- o At or below 200% FPG- Does not include Resource Limit as part of eligibility.
- o Eligibility is based on the Self-Declaration Application located on page 35 of this plan.
- o Involvement with Children Services, including those residing outside of Warren County.
- o 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 disabled 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> <p>Tests and assessments 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</p> <p>OWF Work Activity Participants – to obtain employment and/or training opportunities.</p> <p><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) 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 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>Pregnant individuals with no other children</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. <p style="text-align: center;">OR</p> 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. Pregnant individuals with no other children	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:

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;
- (5) Stepparents and stepsiblings of the child;
- (6) Spouses and former spouses of individuals named in divisions (A) and (B) of this section;
- (7) A legal guardian of the child;
- (8) A legal custodian of the child;

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 ➤ Vehicle repair for damage caused by the disaster provided the automobile is necessary for employment or medical condition 	<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>

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>	<p>TANF Purpose: 1</p>	<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>

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>SAFE on Main, Inc. SAFE on Main, Inc. 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 Provides Training needed to gain, maintain, or advance in the workforce. (ASPIRE) Provides Assessments and planning as recommended by Workforce Development Staff or Sub-Grant Recipients.</p>	TANF Purpose 1 & 2	No Cap for Services	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

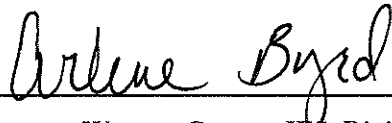
			<p>Pregnant individuals with no other children</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p>		
<p>Children Services Provided to families at risk of child abuse and or/neglect, as determined by the Children Services 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**

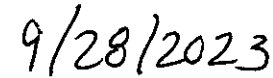
INTERPRETATION

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 September 28, 2023.



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**

WARREN COUNTY PRC APPLICATION

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

FOR AGENCY USE
CASE # _____

PLEASE NOTE: IF APPLYING FOR THE KINSHIP CAREGIVER PROGRAM CHILD CARE TIER I, ONLY COMPLETE SECTIONS A & D

SECTION A

COMPLETE THE CHART FOR EVERY PERSON LIVING IN YOUR HOUSEHOLD, INCLUDING YOURSELF.

Name	Relationship to Applicant	SSN	Age	Source of Income	Monthly Income
					\$
					\$
					\$
					\$
					\$
					\$

SECTION B

- Have you or anyone in the household received any type of assistance from any county in Ohio or any other state this month or in the past 3 months? YES NO. If "yes" please explain _____

- Explain **what** you are needing and **why** you are needing it _____

- Explain your household plan to address this need in the future: _____

**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 EMPLOYEMENT 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**

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 09/2023

****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.

**WARREN COUNTY JOB & FAMILY SERVICES
DIVISION OF HUMAN SERVICES
PRC Verification Checklist**

REQUIRED VERIFICATIONS FOR ALL PRC PROGRAM SERVICES AND/OR BENEFITS

- Verification of Social Security Numbers for EVERYONE in the household
- ID for all ADULTS in the Household
- Verification that resources do not exceed \$500 (checking, savings acct, etc.)
- Verification of ALL household income for the past 30 days (earned and unearned; ex: pay stubs, child support, and social security)

****Please supply appropriate verifications based on the one program you apply for:**

RENT OR SECURITY DEPOSIT:

- Verification form signed by the landlord verifying they will accept a voucher
- Landlord's form to return deposit to WCDHS

NOTE: You CANNOT move into an apartment BEFORE you receive our voucher
YOU are responsible for taking the voucher to the Landlord.

UTILITY BILLS (when HEAP is NOT in operation):

- Shut off notice/bill (must be in applicant's name and for applicant's current address)
- Assistance Group must have made at least one payment within the past 3 months

NOTE: This is not available during the HEAP season November – March 31st

AUTO REPAIRS/INSURANCE/LOAN/LEASE ASSISTANCE/LICENSE PLATE AND REGISTRATION:

- Valid Driver's License
- Proof of Auto ownership (must be in applicant's name)
- Proof of registration
- Proof of mileage (only for auto repairs)
- Proof of insurance
- Two quotes are required from a certified mechanic. All vendors MUST actually SEE the vehicle.

Verification of employment 30 hours per week at minimum wage (or a guaranteed start date)(Only for auto repairs)

TRANSPORTATION ASSISTANCE/GAS CARDS

- Valid Driver's License
- Proof of insurance
- Verification of employment at 30 hours per week at minimum wage (or a guaranteed start date)

CHILD CARE REGISTRATION FEE

- Proof of Registration with Child Care Provider
- Proof of Full Time and/or Part-time employment or Work Required

KINSHIP CAREGIVER CHILD CARE TIER 1

- Proof of Child's Income Only

**KINSHIP CAREGIVER PROGRAM
CHILD CARE TIER 2**

- Proof Household Income
- Proof of Employment

Our staff will provide you further information regarding additional information needed for other programs.

Application B
WCDJFS- TANF Summer Youth Employment Program Application

PRC Request for TANF Summer Youth Employment Program 2023



**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	Date of Birth	Relationship to Youth	Does this person receive OWF, Food Assistance, or Medicaid)	
(YOUTH NAME)		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 Type of Income (Examples: Wages, Social Security, SSI, Child Support)	List the Monthly Amount of Income
<input type="checkbox"/> \$0 - \$1945		
<input type="checkbox"/> 1946 - 2622		
<input type="checkbox"/> 2623 - 3299		
<input type="checkbox"/> 3230 - 3975		
<input type="checkbox"/> 3976 - 4652		
<input type="checkbox"/> 4653 - 5329		
<input type="checkbox"/> 5330 - 6005		
<input type="checkbox"/> 6006 - 6682		

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

PRC Request for TANF Summer Youth Employment Program 2023

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

Important Information:

Food Assistance: Pursuant to rule 5101:4-4-19 of the Administrative Code, income received from the TANF Summer Youth Employment Program is considered countable earned income for the food assistance program, except for those food assistance participants 17 years old or younger who are enrolled in secondary school.

Cash Assistance: Pursuant to rule 5101:1-23-20 of the Ohio Administrative Code, earnings received from participation in the TANF Summer Youth Employment Program are countable in determining Ohio Works First eligibility and level of benefits when the participant is a minor parent or does not meet the definition of a minor child. Income received from the program by non-parent minors who meet the definition of a minor child (because the minor is either under 18 years of age, or is age 18 and attending high school full time) is excluded from the determination of Ohio Works First eligibility and level of benefits for the family.

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 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
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.)

Name	Relationship to Applicant	Age	Source of Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

2. Circle your family size below.

Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1	\$2,430
2	\$3,287
3	\$4,144
4	\$5,000
5	\$5,857
6	\$6,714
7	\$7,570
8	\$8,427

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.)

Name	Relationship to Applicant	Age	Source of Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

2. Circle your family size below.

Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1	\$2,430
2	\$3,287
3	\$4,144
4	\$5,000
5	\$5,857
6	\$6,714
7	\$7,570
8	\$8,427

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

**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 D
Self-Declaration Application for TANF PRC Contract Services

WARREN COUNTY SELF-DECLARATION APPLICATION FOR SAFE ON MAIN LLC 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.)

Name	Relationship to Applicant	Age	Source of Income
1.			
2.			
3.			
4.			
5.			

2. Circle your family size below.

Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1	\$2,430
2	\$3,287
3	\$4,144
4	\$5,000
5	\$5,857

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 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.)

Name	Relationship to Applicant	Age	Source of Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

2. Circle your family size below.

Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1	\$2,430
2	\$3,287
3	\$4,144
4	\$5,000
5	\$5,857
6	\$6,714
7	\$7,570
8	\$8,427

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 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.)

Name	Relationship to Applicant	Age	Source of Income
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

2. Circle your family size below.

Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1	\$2,430
2	\$3,287
3	\$4,144
4	\$5,000
5	\$5,857
6	\$6,714
7	\$7,570
8	\$8,427

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	

**Job Readiness Class Schedule – Effective July 1, 2023
at OhioMeansJobs Warren County**

Name _____

****Classes are funded by Warren County Department of Job and Family Services, Division of Human Services****

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY
WEEK ONE	<p><u>Room 1 Jessi</u> 8:30 - 9:30 Orientation</p> <p><u>Lab 3 Gail</u> COMPUTER LAB</p> <p>9:30 – 10:30 Introduction to Google: Gmail, Drive, Docs 10:45 - 12:30 Practice with Gmail, Drive, Docs Self-paced assignments 12:30 - 1:30 Methods of Sharing, Attaching and Downloading Files using Google</p>	<p><u>Room 1 Jessi</u> 8:30 – 9:30 TABE</p> <p><u>Basement Sonya</u> RESUME LAB</p> <p>9:30 - 1:30 Resume Building, Updating and Editing</p>	<p><u>Lab 3 Sonya</u> INTERVIEW LAB</p> <p>8:30 – 10:30 Interview Skills-Research and Star Statements</p> <p>10:45 - 12:30 Interview Skills-Etiquette, Interview Questions, Virtual Interviewing</p> <p>12:30 – 1:30 Dress For Success</p>	<p><u>Room 1 Sonya</u> COMMUNICATIONS SKILLS LAB</p> <p>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>Lab 3 Gail</u> COMPUTER LAB</p> <p>8:30 – 9:30 Google Sheets basics</p> <p>9:30 – 10:30 Workplace Essential Reading or Language Skills-online learning</p> <p>10:45 - 12:30 Basic Budget Organization Using Google Sheets to create a budget</p> <p>12:30 – 1:30 Google Docs and Sheets review Self-paced assignment</p>	<p><u>Basement Sonya</u> RESUME LAB</p> <p>8:30 - 1:30 Resume Review and Revisions Resume Posting to OMJ/Email</p>	<p><u>Lab 3 Sonya</u> INTERVIEW LAB</p> <p>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> COMMUNICATIONS SKILLS LAB</p> <p>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.

Basement - Basement left side of large classroom; **Second (Main) Floor** – Receptionist; **Third Floor** – Rm. 1, Lab 3

WARREN COUNTY JFS
2023-2025 PREVENTION, RETENTION, CONTINGENCY PLAN
CHANGES AND UPDATES

1. Added Test and assessments required for employment to the Employment and Training Services and Benefits section on page 15.
2. Added OWF Work Activity Participants – to obtain employment and/or training opportunities to targeted group section on page 15.
3. Added Pregnant Individuals with no other children to Automobile Repair on page 19.
4. Added Pregnant Individuals with no other children to Transportation on page 20.
5. Removed Covid 19 Response from pages 26 & 27.
6. Updated name from Abuse and Rape Crisis Shelter of Warren County (ARCS) to SAFE on Main, Inc. on page 29.
7. Updated Applications in Exhibits with 2023 FPL guidelines.

WARREN COUNTY JFS PREVENTION, RETENTION & CONTINGENCY PROGRAMS AND BENEFITS

Program/Benefit	Economic Need Standard	Maximum Amount of Benefit	CAP- Timeframes	Resource Exclusion	Employment Requirement	Assistance Group	Target Group
BENEFITS and SERVICES							
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.	at or below 200% FPL	\$2,000.00	Once per 12 month period. Not to exceed 4 consecutive months of benefits.	>\$500.00 must be used toward emergency need if meets the resource definition in PRC Plan	No Job Readiness Class Requirement if not meeting definition of employed	Parent specified relatives with minor children and Pregnant women. Non Custodial Parent with Child Support Order and must be cooperating with CSEA.	The family must have experienced an unforeseen circumstance that places a documented financial hardship on the household
Employment and Training Purchase clothing or uniforms for work. Purchase safety equipment, i.e., shoes, glasses, work boots. Purchase special tools and/or equipment required for employment. Tests and assessments required for employment.	at or below 200% FPL	\$250.00	Once per 12 month period	>\$500.00 must be used toward emergency need if meets the resource definition in PRC Plan	Yes	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.	Recently Employed Individuals, under employed individuals, unemployed families in receipt of OWF who are actively participating in their work activity and have obtained employment and/or training opportunities.
Rent Payment/Security Deposit 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). Landlords/managers must sign a repayment agreement for security deposits.	at or below 200% FPL	\$2,500.00	Once within a 12 month period Limited to no more than 4 consecutive months	>\$500.00 must be used toward emergency need if meets the resource definition in PRC Plan	No- but must demonstrate verifiable income to meet recurring living expenses Job Readiness Class Requirement if not meeting definition of employed	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. Pregnant individuals with no other children.	Documentation of a court ordered eviction, or notice from landlord, homeless, uninhabitable residence determined by Health Department, residing in spousal abuse center, overcrowded conditions, household income has decreased by half due to a situation beyond their control and they must relocate.
Utility Assistance for Initial Services and Shut-offs Gas, propane, kerosene, wood, electric, water, sewer 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.	at or below 200% FPL	\$1,000.00 during non-HEAP Season. HEAP Referral exception one-time \$200.00 within 12 month period (assistance in conjunction with HEAP)	Once within a 12 month period Limited to no more than 4 consecutive months	>\$500.00 must be used toward emergency need if meets the resource definition in PRC Plan	No- but must demonstrate verifiable income to meet recurring living expenses	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. Pregnant individuals with	Families at risk- the existence of or potential for disruption to health, safety or decent living arrangement of the family, families with children at risk for abuse or neglect, victims of domestic violence

Automobile Insurance To pay for insurance coverage required to operate a vehicle.	at or below 200% FPL	\$1,000.00	Once within a 12 month period Limited to no more than 4 consecutive months	>\$500.00 must be used toward emergency need if meets the resource definition in PRC Plan	Yes	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. Pregnant individuals with	Proof of ownership or lease of vehicle, proof of valid drivers license.
License Plate and Vehicle Registration Fees To cover the cost associated with vehicle registration. Vehicle must be owned or leased by applicant. Applicant must have a valid drivers license.	at or below 200% FPL	\$500.00	Once within a 12 month period Limited to no more than 4 consecutive months Excludes Fines	>\$500.00 must be used toward emergency need if meets the resource definition in PRC Plan	Yes	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. Pregnant individuals with	Proof of ownership or lease of vehicle, proof of valid drivers license, proof of valid insurance
Automobile Repair 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. Two bids are required from certified auto repair company.	at or below 200% FPL	\$1,500.00	Once within a 12 month period	>\$500.00 must be used toward emergency need if meets the resource definition in PRC Plan	Yes- Must provide proof of employment or participation at a verifiable work experience program or enrolled and attending education/training for up to 4 consecutive months	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.	Employed individuals, recently employed individuals, under employed individuals, individuals in education or training for up to 4 consecutive months.
Automobile Repair	at or below 200% FPL	\$2,000.00	Once within a 12 month period Limited to no more than 4 consecutive months	>\$500.00 must be used toward emergency need if meets the resource definition in PRC Plan	Yes	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. Pregnant individuals with	Proof of ownership or lease of vehicle, proof of valid drivers license, proof of valid insurance Minimum of 2 bids
Transportation Transit Pass, Mileage reimbursement to and from work or school, Transportation Allowance, Gas Card.	at or below 200% FPL	\$200.00	Once within a 12 month period with the exception of individuals participating in an OWF/TANF Work Activity Program who do not have a CAP	>\$500.00 must be used toward emergency need if meets the resource definition in PRC Plan	Yes- must provide proof of employment or be participating in an OWF/TANF work activity.	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. Pregnant individuals with	Recently employed individuals, OWF Work Activity Participants

Child Care Registration Fee This benefit is for full and part-time employment to assist with any required Child Care Registration Fees.	at or below 200% FPL	\$200.00 per family	Once within a 12 month period	>\$500.00 must be used toward emergency need if meets the resource definition in PRC Plan	Yes- Must have verification of employment	Parents with minor children and all other household members. Specified relatives with minor children and all other household members.	Recently employed individuals, DWF Work Activity Participants
Kinship Caregiver Program Tier 1- Stabilization Services and 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. 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. Kinship caregivers will be reimbursed for these purchases.	Income of the <u>child</u> cannot exceed 200% of FPL Excludes Social Security Benefits Received by Children	N/A	Not to exceed 4 consecutive payments	No Resource Standard	No	Each child living with a kinship caregiver shall make up a PRC Assistance Group. May include Kinship Caregivers who reside outside of Warren County if involved with Children Services.	Kinship Caregivers as defined by 5101.85
Kinship Caregiver Program Tier 2- Caregiving 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.	Income of the assistance group cannot exceed 200% of the FPL Excludes Social Security Benefits Received by Children	N/A	Redetermined every 12 months for continued eligibility. Work Support Program. Applicants will receive a standard \$500.00 deduction for child care expenses when calculating eligibility.	No Resource Standard	Yes	Assistance group shall include at least one minor child residing with a kinship caregiver and the kinship caregiver. May include Kinship Caregivers who reside outside of Warren County if involved with Children Services.	Kinship Caregivers as defined by 5101.85
Disaster Assistance	at or below 200% FPL	Determined by State or County, not to exceed \$1,500.00 per family	N/A	N/A	No	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.	Families sustaining disaster related damage and loss
Disaster Relief for Adults and Disabled Not Eligible for TANF Plan Disaster	at or below 200% FPL	Determined by State or County, not to exceed \$750.00 per family	N/A	N/A	No	Age 55 or over with no minor children or No minor children but in receipt of disability payments such as SSI, Social Security	Adults age 55 with no minor children Disabled Adults