

Please Note: This application cannot be processed until all required documents have been submitted.

Your Name:	Address:	Agency Use Only
Your Social Security Number:		Case #
Telephone Number/s:	Email Address:	Date Received:
		Case Manager:

The purpose of this program is to offer short term assistance during a crisis or time of need. Please complete the application and provide all required documentation.

Additional services are available to help find and maintain employment. They include assistance with resumes, job search, training and fuel, just to mention a few. Please Contact: OhioMeansJobs/Hancock, 7746 CR 140, Suite B, Findlay, OH 45840: 419-429-8083 for additional information.

VOTER REGISTRATION APPLICATION ATTACHED – ASSISTANCE AVAILABLE

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

YES, I want to register to vote

NO, I do not want to register to vote

If you do not check either box, you will be considered to have decided not to register to vote at this time.

I am applying for (select ONE service):

- Contingency Services Work Support Services Domestic Violence Victims Services On the Job Training Program
 Kinship Services / Kinship Caregiver Program Services

Request: List the benefits requested and the estimated amount needed for each.

Benefit	Amount Needed	Benefit	Amount Needed
1.	\$	4.	\$
2.	\$	5.	\$
3.	\$	6.	\$

Please submit supporting documents with your application (auto repair estimates, utility bills...).

Reason for Need:

Please indicate actions you have taken and the community agencies you have already contacted to assist in meeting your current need:

Please provide the following information for everyone living in your household, starting with yourself:

Name	Relationship to Applicant	Date of Birth	Social Security Number	U.S. Citizen Yes/No	Pregnant Yes No	Check the box(s) for each benefit that is currently being received:
Applicant Name	Self					<input type="checkbox"/> OWF Cash <input type="checkbox"/> Medicaid <input type="checkbox"/> SNAP/Food Assistance <input type="checkbox"/> JFS Child Care Assistance
						<input type="checkbox"/> OWF Cash <input type="checkbox"/> Medicaid <input type="checkbox"/> SNAP/Food Assistance <input type="checkbox"/> JFS Child Care Assistance
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***If additional space is needed, please attach an additional page

Are you a non-custodial parent under a current Ohio child support order and do you reside in Hancock County? YES NO

Have you or anyone in your household been found guilty of fraudulently receiving ADC/OWF/PRC cash assistance (or) been determined to have committed an ADC/OWF/PRC Intentional Program Violation

YES NO If Yes, please list name: _____

Please provide the following information for everyone in your household, including yourself, that receives
EARNED INCOME from employment, self-employment, etc.

Name	Source	How Often Received	Gross Amount Per Pay
			\$
			\$
			\$
			\$
			\$

Is there any unearned income in your household? YES NO If yes, list type and amount: _____

Does anyone in the household have any resources (checking, savings, stocks, etc.)? YES NO If yes, list type and amount: _____

If No please explain how you are paying your monthly obligations: _____

All income received in the past 30 days & income expected to be received in the future must be reported/verified.

By my signature below, I certify that the above information for myself and all members of my household is true and correct and that all income and potential resources have been reported; I also understand that misrepresentation of any information may subject me to collectible overpayments and other allowable sanctions and deliberate misrepresentation or fraud may also subject me to prosecution under applicable state and federal laws; furthermore, I give HCJFS employees and agents permission to contact any person, business, agency or entity required to verify my eligibility; furthermore, I agree to participate in the collection of any information required for a quality control review, programmatic review, audit or data set requirements; and furthermore, I authorize HCJFS employees and its agents and any service or benefit provider permission to share all relevant information in my case file(s); I also acknowledge, that I understand and that I have received a copy of the PRC Rights.

Signature: _____ **Date:** _____

AGENCY USE ONLY Notes/Verbal Verifications:

Caseworker Signature:

PRC RIGHTS

NON DISCRIMINATION: Federal laws require that any agency administering federally funded programs and activities, cannot discriminate against you on the basis of race, color, national origin, sex, religion, political beliefs, disability, and age.

AMERICANS WITH DISABILITY ACT: If you have a physical or mental condition that substantially limits one or more major life activities, you may have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. Physical or mental conditions include, for example, a learning disability, mental retardation, a history of drug or alcohol addiction, depression, mobility impairment, or a hearing or vision impairment.

You can, let us know if you have a disability. If you cannot do something we ask you to do, we can help you do it or we can change what you have to do. Here are some of the ways we can help:

- We can call or visit if you are not able to come to our office.
- We can tell you what this letter means.
- If you are hearing impaired, we can provide a sign language interpreter when you come to the office. We can help you appeal any decisions you do not agree with.

If you need some other kind of help, ask us and/or call your caseworker.

LIMITED ENGLISH PROFICIENCY: If your primary language (spoken or written) is not English, we can help you. Let us know if your primary language is not English. Here are some of the ways we can help:

- We can provide you with an interpreter who can speak English and your language when you come to the office. One will be provided at no cost to you.
- We may be able to provide you documents in your own language. If we cannot, then we will provide you with an interpreter who can read the documents to you.

INFORMATION ON CITIZENSHIP AND IMMIGRATION STATUS: If you are applying for PRC benefits, you must tell us about the citizenship and immigration status of only those persons you are seeking the benefits for. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC if they are otherwise eligible.

You may also need to tell us about your family's income and answer other questions we may ask.

INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER: Generally, if you are applying for PRC benefits, you must provide the social security number of only those persons you are seeking the benefits for. However, there may be instances where we need the social security numbers of members of the household to verify income or other eligibility criteria to determine eligibility even though they are not seeking PRC benefits themselves. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC if they are otherwise eligible.

Social security numbers may be used when contacting appropriate persons or agencies to determine your eligibility and verify information you have given for PRC; for example, income, disability benefits or other similar benefits and programs. Such information may affect your household eligibility for PRC. Your social security number may be used for a felony warrant match, a match of persons in violation of probation or parole by law enforcement agencies; or for purposes of investigations, prosecutions, and criminal or civil proceedings that are within the scope of law enforcement agencies' official duties.

HOW DO I FILE A DISCRIMINATION COMPLAINT?

Your complaint can be filed with:

Ohio Department of Job & Family Services; Office of Employee and Business Services; Bureau of Civil Rights and Labor Relations
150 E. Gay St., 18th floor, Columbus, Ohio 43215-3130
(614) 644-2703 or toll free 1-866-227-6353, TTY hearing impaired: 1-866-221-6700, Fax: (614) 752-6381

Common Verifications Needed to Determine PRC Eligibility:

-  Verification of last 6 weeks income (earned and unearned)
-  Proof of employment (start date, hours scheduled per week, hourly pay rate, pay frequency)
-  Current bank statements for all accounts
-  Utility disconnect notice
-  Eviction notice
-  Proof of current vehicle insurance
-  Valid driver's license for applicant
-  ID for all assistance group members
-  SS number for all assistance group members
-  This is not an all-inclusive list; additional verifications may be requested depending on household circumstance.