



Prevention Retention and Contingency Plan

The Marion County Job & Family Services (MCJFS) Prevention, Retention and Contingency (PRC) program provides work supports & other services to help low-income families overcome immediate barriers to employment. Those receiving assistance from other public assistance programs – including the Supplemental Nutrition Assistance Program (SNAP, formerly known as food stamps), & Temporary Assistance for Needy Families (TANF), may be eligible for PRC services. (These requirements are effective 1-6-2021).

How would you like to be contacted?		<input type="checkbox"/> Phone Call	<input type="checkbox"/> Email (list)	<input type="checkbox"/> Text
Name of Person Applying:	Current Address:		Agency Use Only Case # Date Received: Case Manager:	
Your Social Security Number:	Street: _____			
Telephone Number/s:	City, State, Zip: _____			
	County: Marion			

Applications may be downloaded from www.MCJFS.com and placed in the MCJFS Drop Box in the Main Lobby, or faxed: 740-387-2175 or emailed: marioncounty@jfs.ohio.gov.

VOTER REGISTRATION APPLICATION ATTACHED – ASSISTANCE AVAILABLE

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

What other agencies have you contacted seeking assistance? Community Action/Salvation Army

Request: List the items and/or services requested and the amount needed for each.

Item or Service Being Requested	Dollar Amount Needed (Estimated Costs)	Who are you purchasing the item/service from? (List the name, vendor list is attached)	Are these services or items related to employment?	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

Will the service requested prevent you from being evicted? Yes No N/A

Requesting Transportation Assistance	List Start Date. (Must be new employment started in last or next 30 days)	Name of Employer	List number of hours working per week (Must be 20 or more)
N/A	NOT AVAILABLE AT THIS TIME	N/A	N/A

Is there any income in your household? Yes No

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

List All Household Members Names	Relationship to Person Applying	Date of Birth	Social Security Number	Name of Employer/ Income Source	How Often Paid	Monthly Gross Salary

Please answer the following questions:			Case Worker Verification (Agency Use Only)
Do you receive OWF Cash Benefits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you receive Food Assistance / SNAP?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you receiving Agency Subsidized Child Care?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a fugitive felon, probation or parole violator?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have an Intentional Program Violation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you on strike from employment?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are you a U.S. citizen or Qualified Alien?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If you are a parent and you have your own minor child or children that do not live with you, and (1) you are court ordered to pay child support for them, and (2) they live in Ohio, please complete the following:			
Minor's Name:	Date of Birth:	Address:	
Minor's Name:	Date of Birth:	Address:	
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 subject me to prosecution under applicable state and federal laws; furthermore, I give MCJFS employees permission to contact any person, business, agency or entity required to verify my eligibility; furthermore, I authorize MCJFS 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 have received a copy of the PRC rights.			
Applicant Signature:			Date:
Verbal Self Attestation/s used for application: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Case Manager Taking Verbal Signature:			Date/Time:
Completed applications can be submitted via:	Agency Drop Box	Email: MarionCounty@jfs.ohio.gov	Fax: (740) 387-2175 Text: MarionCounty@jfs.ohio.gov Take a picture of the application then text to above email address.
Agency Use Only			
AG Size: _____, Current Total Income: \$ _____, PRC: 200% FPG for AG is: \$ _____,			
Meets Income Guideline: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Supervisor Signature:			<input type="checkbox"/> Approved <input type="checkbox"/> Denied Reason:
Notes:			

Authorized PRC Benefits and Services

Benefit/Service	Maximum Benefit	Frequency Allowed	Notes
Housing			
Rent	\$700 per month	2 consecutive months/12 months	Please Provide: Copy of the lease. Eviction Notice not required (temporary), not to exceed \$1,400.00
Mortgage	\$700 per month	2 consecutive months per 12 months	Copy of mortgage agreement. Foreclosures not required (temporary), not to exceed \$1,400.00
Deposit	\$700	1 month/12 months	HUD (Metro) housing only, Provide: Metro rental contract
Emergency Lodging	\$500	1 time per 12 months	Please Provide: Contact info of agency verifying unsafe condition
Utilities			
Regulated Utilities OR	\$500	1 time per 12 months	Can be used for: Gas, Electric, and/or water. Provide: Bill from utility provider. Disconnect notice not required (temporary)
Unregulated Utilities	\$600	1 time per 12 months	Fuel oil, wood, coal, LP gas, etc. Please Provide: Provider Information
Appliances			
Range OR	\$500	1 time per 10 years	Please Provide: Copy of rental agreement & one quote for appliance. Must be basic model
Refrigerator	\$600	1 time per 10 years	Please Provide: Copy of rental agreement & one quote for appliance. Must be basic model
Food			
Replacement Food	\$250	1 time per 12 months	Per household, Due to Outage, Please Provide: Proof of Outage
Transportation			
Must be working 20 or more hours per week.			
Gas Cards	\$300	12 months	PROGRAM NOT AVAILABLE AT THIS TIME
Car Repair	\$800	1 time per 12 months	Please Provide: Estimate from Licensed Mechanic
Tire Replacement	\$800	1 time per 24 months	Please Provide: Estimate from Licensed Mechanic
Vehicle Insurance	\$800	1 time per 24 months	Can't exceed 4 months premium, Please Provide: Insurance quote from insurer, or insurer contact information.
Vehicle Loan Payment	\$600	1 time per 12 months	Can't exceed 4 months. Please Provide: Lender information.
Reinstatement Fees	\$500	1 time per lifetime	During Reinstatement Fee Amnesty Program Only
Job Readiness			
\$300 Total Allowed for this Category			
Driver's License			Renewal Cost-\$27.25, Duplicate/Replacement Cost-\$26.00
State ID			New/Renewal Cost-\$10.00, Duplicate/Replacement Cost-\$9.00
Clothes for work			New Employment Only, must be working 20 or more hours per week. Uniforms, work boots.
Equipment/Supplies			New Employment Only, must be working 20 or more hours per week. Tools, etc. Please Provide: Verification that items are required.
Personal Grooming			Hygiene items, haircuts, interview clothes, etc.
Fees/Certificates			Testing, etc, required for employment
Training/Work Subsidy			
Short Term Training	\$8,000	1 time per lifetime	Limited Programs
Subsidized Employment	\$10.00/hr	12 months	Youth Employment Program. Subject to annual project funding.
Kinship Care Services			
Kinship Care Program	\$1,000	12 months	Marion County Children Services
Kinship Stabilization & Ongoing Services	\$1,000	12 months	Marion County Job & Family Services
Local Declared Disaster Services	\$3,000	12/months/Declared Disaster	Includes Flood/Tornado/Blizzard/Chemical Disaster/Fire. Covers Appliances/Furnace & Water Tank Repair/Replacement Furniture/Housing.

This is a list of vendors that currently accept MCJFS PRC vouchers. MCJFS does not endorse any of these vendors.

Automotive Repair and Tires		Legacy Auto Care & Towing: 740-262-7500	Currens Auto Repair: 740-387-3213
Logan Tire Sales & Service: 740-383-1814		Gators Auto Repair: 740-387-5313	Monro Muffler & Brake: 740 386-2100
Precision Auto Repair: 740 387-0501		TC Auto Repair: 740-375-5925	Tire Kingdom: 740-389-2666
National Tire & Battery: 740-389-4266		Walmart: (740) 389-1298	
Work Boots/Uniforms/Shoes	Walmart: (740) 389-1298	Scioto Shoe Mart: 740- 389-5775	Imlay's Uniforms: 614-538-8875

PRC Rental Assistance Agreement

Landlord Responsibilities and Eligibility:

1. If approved, a "Marion County Vendor Payment Authorization Voucher", signed by the Marion County Job and Family Services (MCJFS) Director/Designee will be issued.
2. Please complete, sign and return this agreement to MCJFS.
3. Complete the "Request for Taxpayer Identification Number and Certification (W-9) and send to MCJFS.
4. Payment CANNOT be considered or processed until MCJFS receives all required documents.

Landlord: Please provide the following information:

Are you, the landlord, related to the prospective tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate your relationship: _____.			
RENT PAYMENT LIMIT: Payment of rent is limited to the minimal amount required to maintain the current rental housing or to secure new rental housing. The PRC payment from MCJFS shall not exceed two month's usual and customary rent OR \$ 700 (per month), whichever is less.			
Cost of one month's rent \$ _____.			
Have arrangements have been made with the tenant for payment of the balance of rent? <input type="checkbox"/> Yes <input type="checkbox"/> No			
I (Landlord): _____ will accept the "Marion County Vendor Payment Authorization Voucher" for rent on behalf of (Prospective tenant): _____, to reside at: _____.			
By my signature below, I agree to the terms and conditions as stipulated is this document.			
_____	_____	_____	_____
Landlord (Or Authorized) Signature	Date Signed	Phone	Fax
_____			_____
Landlord Address			MCJFS Case Manager

Completed agreements can be submitted via:	Agency Drop Box	Email: MarionCounty@jfs.ohio.gov	Fax: (740) 387-2175	Text: MarionCounty@jfs.ohio.gov Take a picture of the application then text to above email address.
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Agency Drop Box is located in the main lobby of Marion County Job and Family Services, 363 W. Fairground Street, Marion, Ohio 43302

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