



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.
Must be a Marion County Resident.

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				
Your Social Security Number:	Street: _____					Case #
Telephone Number/s:	City, State, Zip: _____					Date Received:
	County: _____	Case Manager:				

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.

Is the service for OWF Child Only Stabilization Services (formerly known as the Kinship Caregiver Program) Yes No

Is this request to participate in the Employment Incentive Program (must be receiving a benefit to participate). Yes No

VOTER REGISTRATION APPLICATION ATTACHED – ASSISTANCE AVAILABLE

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

YES, I want to register to vote NO, I do not want to register to vote

Voting Registration is attached or you can visit <https://olvr.ohiosos.gov/> to register on line.

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? _____

What actions are you taking to prevent this emergent need from happening again: _____

Request: List the items and/or services requested, include 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	Must be new employment started in last or next 30 days. Enter start date	Name of Employer	Must be 20 or more hours/week. List hours
<input type="checkbox"/> Yes <input type="checkbox"/> No			

Please Note: No commercial vehicles, home based employment, or self-employment are authorized for transportation services to include car repair, uniforms/clothing

Is there any income in your household? Yes No

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

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
SELF						

Is there a member in household that is pregnant? Yes No

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:		
<p>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.</p>				
Applicant Signature:			Date:	
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.
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 for Denial:				
Notes:				
Walmart Information (if applicable):				

(Revised 7-12-2022)

363 W. Fairground St., Marion, OH 43302

740-387-8560 ☎ 740-387-2175 (fax)

www.mcjfs.com

PRC Rental Assistance Agreement

Landlord Responsibilities and Eligibility:

1. If approved, a "Marion County Vendor Payment Authorization Voucher", signed by the MCJFS Director or a Designee, will be issued.
2. Please Note: If you/applicant moves into rental before application is approved, the application will be denied based a lack of Emergent Need.
3. Please complete, sign, and return this agreement to MCJFS (Fax, email, or Agency Drop Box).
4. Complete the "Request for Taxpayer Identification Number and Certification (W-9) and send to MCJFS.
5. Payment CANNOT be considered or processed until MCJFS receives all required documents.

Landlord: Please provide the following information (for Rental Assistance):

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:	\$ _____	Is this Government Assisted (HUD/Metro) rental housing: <input type="checkbox"/> Yes <input type="checkbox"/> No
Have arrangements been made with the tenant to pay any outstanding balance of rent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
I (Landlord Name) _____ will accept the Marion County Vendor Payment Authorization Voucher for rent on behalf of (Prospective Tenant Name): _____, to reside at (list address): _____		
By my signature below, I agree to the terms and conditions as stipulated in this document.		
Landlord Signature: _____ Date Signed: _____ Phone: _____ Fax: _____		
Landlord Address: _____		

Metropolitan/HUD Landlord: Please provide the following information (for Deposit Assistance only):

Please Note: If you/applicant moves into rental before application is approved, the application will be denied based a lack of Emergent Need.

Are you the landlord, related to the prospective tenants? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, indicate your relationship: _____		
DEPOSIT PAYMENT LIMIT: Payment of Deposit is limited to the minimal amount required to secure new Government Assisted (HUD/Metro) rental housing. The payment from MCJFS shall not exceed the usual and customary minimum deposit for said residence. One month's usual and customary deposit is OR \$ 700 (per month), whichever is less:		
Deposit Amount:	\$ _____	
I (Landlord Name) _____ will accept the Marion County Vendor Payment Authorization Voucher for deposit on behalf of (Prospective Tenant Name): _____, to reside at (List Address): _____		
By my signature below, I agree to the terms and conditions as stipulated in this document.		
Landlord Signature: _____ Date Signed: _____ Phone: _____ Fax: _____		
Landlord Address: _____		

**INTENTIONALLY
LEFT BLANK**

Authorized PRC Benefits and Services

Benefit/Service	Maximum Benefit	Frequency Allowed	Notes
Housing Services	Limited to one Housing Service per 12 months. (Has No Effect on Emergency Lodging). If you/applicant move into rental before application is approved, the application will be denied based on a lack of Emergent Need. This includes deposit and rent if moving into new rental.		
Rent	\$700/month	2 consecutive months/12 months	Please Provide: signed copy of PRC Rental Assistance Form (Attached) and an eviction notice, not to exceed \$1,400.00
Mortgage (Must attempt to work with lender first).	\$700/month	2 consecutive months per 12 months	Please Provide Copy of mortgage agreement showing delinquent 2 months, required monthly payments, not to exceed \$1,400.00
Deposit	\$700	1 month/12 months	HUD (Metro) housing only, Please Provide: Metro rental contract
Emergency Lodging	\$500	1 time per 12 months	Please Provide: Contact info of agency verifying unsafe condition
Utilities	Up to \$500.00 in assistance for one utility in a 12 month period. Assistance not available for electric or gas, 11/1 through 3/31 of each year (HEAP season).		
Regulated Utilities OR	\$500	1 time per 12 months	Gas, Electric, Water. Provide: Disconnect notice.
Unregulated Utilities	\$600	1 time per 12 months	Fuel oil, wood, coal, LP gas, etc. Please Provide: Provider Info
Appliances:	Appliance Must be Basic Models Only		
Range OR	\$600	1 time per 10 years	Please Provide: Copy of rental agreement & one quote.
Refrigerator	\$700	1 time per 10 years	Please Provide: Copy of rental agreement & one quote.
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/ week. Must be new employment starting in the next 30 days or started in last 30 days. Note: No commercial vehicles, home based employment, or self-employment authorized for transportation service, this also includes car repair, uniforms, and clothing.		
Gas Cards	\$250.00	12 months	Proof of employment and hours worked or scheduled to work
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 of coverage, Please Provide: Insurance quote from insurer, or insurer contact information.
Vehicle Loan Payment	\$600	1 time per 12 months	Can't exceed 4 monthly payments, Please Provide: Lender Info.
Reinstatement Fees	\$500	1 time per lifetime	During Reinstatement Fee Amnesty Program Only
Employment Incentive	\$500	1 time per lifetime	Must be receiving or have received benefits in last 30 days, working 32 hours/week. Must be new employment started in last 30 days.
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	Not to exceed 3 sets/uniforms		New Employment Only/20 + hours/week. Uniforms, work boots.
Equipment/Supplies			New Employment Only/20 + hours/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 Caregiver Services			
Kinship Care Program	\$1,000	12 months	Must have active case with Marion County Children Services
OWF Child Only Stabilization Services (Child Care Not Auth.)	\$1,000	12 months	MCJFS: assist Kinship Caregivers that need Stabilization assistance caring for Kinship Children in their home. Not required to have an active case with Marion County Children 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
This is a list of vendors that currently accept MCJFS PRC vouchers. MCJFS does not endorse any of these vendors.			
Automotive Repair and Tires	Tire Kingdom: 740-389-2666	Currens Auto Repair: 740-387-3213	NTB: 740-389-4266
Logan Tire Sales & Service: 740-383-1814	TC Auto Repair: 740-375-5925		Precision Auto Repair: 740 387-0501
Boots/Uniforms/Shoes	Walmart: 740-389-3404	Scioto Shoe Mart: 740- 389-5775	Imlay's Uniforms: 614-538-8875
Furniture (Kinship Programs Only)	Mattress Mart: 740-725-8900		Lowes: 740-389-9737

PRC RIGHTS

NON DISCRIMINATION: Federal laws require that any agency administering federally funded programs and activities, cannot discriminate against you based on 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 are unable to do provide or complete the requirements, we can assist you or we can amend the requirements (in most cases). 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

Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.
For further information, you may consult the Secretary of State's website at: VoteOhio.gov or call (877) 767-6446.

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Numbers 1 and 2 below are required by law. You must answer both of the questions for your registration to be processed.

Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Please see information on back of this form to learn how to obtain an absentee ballot.

Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

I am: Registering as an Ohio voter Updating my address Updating my name

1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will you be at least 18 years of age on or before the next general election? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered NO to either of the questions, do not complete this form.

3. Last Name	First Name	Middle Name or Initial	Jr., II, etc.
--------------	------------	------------------------	---------------

4. House Number and Street (Enter new address if changed)	Apt. or Lot #	5. City or Post Office	6. ZIP Code
---	---------------	------------------------	-------------

7. Additional Mailing Address (if necessary)	8. County (where you live)	FOR BOARD USE ONLY SEC4010 (rev. 4/15) City, Village, Twp. Ward Precinct School Dist. Cong. Dist. Senate Dist. House Dist.
--	----------------------------	--


9. Birthdate (MM/DD/YYYY) (required)	10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided)	11. Phone Number (voluntary)
--------------------------------------	---	------------------------------

12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street

Previous City or Post Office	Previous County	Previous State
------------------------------	-----------------	----------------

13. CHANGE OF NAME ONLY Former Legal Name	Former Signature
---	------------------

14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

Your Signature  Date (MM/DD/YYYY) _____

**TO ENSURE YOUR INFORMATION IS RECEIVED,
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit VoteOhio.gov/Boards

If you have additional questions, please call the office of the Ohio Secretary of State at (877) SOS-OHIO (877-767-6446).

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: VoteOhio.gov or by calling (877) 767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: VoteOhio.gov or call (877) 767-6446.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A
FELONY OF THE FIFTH DEGREE.**

Ohio Department of Job and Family Services
VOTER REGISTRATION
NOTICE OF RIGHTS AND DECLINATION

County Department of Job and Family Services

Name

Date

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

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Signature

(This portion to be retained by agency)

(This portion to be given to applicant/recipient)

Date

If you have not received any verification of your voter registration from the county board of elections in which you reside within 21 days from the date you registered, you may inquire about the status of your registration by contacting your county board of elections.

If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the prosecuting attorney of your county or with the Secretary of State:

Ohio Secretary of State
180 E. Broad Street
Columbus, OH 43215
(614) 466-2585
Toll Free: (877) 868-3874

Address of County Prosecutor

City, State and Zip Code of County Prosecutor

Phone Number of County Prosecutor