



Job & Family Services MARION COUNTY

Roxane G. Somerlot, Director

Prevention Retention and Contingency Plan

The Marion County Job and Family Services (MCJFS) Prevention, Retention and Contingency (PRC) Program is designed to help families and assistance groups (AG) overcome (living in Marion County) immediate barriers to achieve or maintain self-sufficiency and personal responsibility. The program may provide specific services to address urgent needs in an effort to prevent unemployment/job loss, assist in obtaining employment and/or to provide emergency assistance with a long term goal of enhancing or maintaining a family's self-sufficiency. Please note, this is not an entitlement program. **This program is Effective March 15, 2023.**

All applications dated prior to March 15, 2023, will not be accepted.

There is a \$1,500 maximum limit per 12 months per Family/AG.

Marion County Job and Family Services may suspend the PRC program (due to funding) without notice.

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

Applications may be downloaded from www.MCJFS.com and placed in the MCJFS Drop Box in the Main Lobby, (363 W. Fairground Street) 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?

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 (Estimated Costs)	Who are you purchasing the item/service from? (List the name, vendor list is attached)	Are these services 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?			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> N/A	

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 your household that is at least 6 months pregnant?

Yes

No

Please answer the following questions:			(Agency Use Only) Case Worker Verification	
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 a 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>PRC Services Are Not:</p> <ul style="list-style-type: none"> For repetitive delinquent payments of the same crisis...i.e. continual utility shut offs, and eviction notices; and/or An entitlement (services and/or financial assistance are not guaranteed) <p>Misuse of PRC Funds:</p> <ul style="list-style-type: none"> Any PRC funds issued inappropriately or incorrectly, based on misrepresentation of facts or a situation by the applicant, will be considered an overpayment of funds and will be referred to the Benefit Recovery Unit for recoupment. 				
<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: 175% 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:				

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. **PRC is not authorized to pay rental assistance for Metro or Hud housing.**
3. Please Note: If you/applicant moves into rental before application is approved, the application will be denied based on a lack of emergent need.
4. Please complete, sign, and return this agreement and provide a copy of lease/rental agreement to MCJFS (Fax, email, or Agency Drop Box).
5. Complete the "Request for Taxpayer Identification Number and Certification (W-9) and send to MCJFS.
6. 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 one month's usual and customary rent. Not to exceed \$850 (per month).		
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 Please Explain: _____		
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: PRC is not authorized to pay rental assistance for Metro or Hud housing. It does assist with Deposit (only). Please provide the following information and provide a copy of the Metro/Hud Rental agreement to verify Deposit amount. Please Note: If you/applicant moves into rental before application is approved, the application will be denied based on 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:	\$ _____	
Have arrangements been made with the tenant to pay any outstanding balance of deposit? <input type="checkbox"/> Yes <input type="checkbox"/> No Please Explain: _____		
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**

PRC Benefits and Services
\$1,500 maximum per year on total services received.

Benefit/Service	Maximum Benefit	Frequency Allowed	Requirements
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. Please Note: PRC does not pay for Metro and Hud rental costs, it does cover Hud and Metro deposit only.		
Rent	\$850/month	1 month /12 months	Please Provide: Signed copy of Lease/Rental Contract and copy of eviction notice.
Metro/Hud Deposit	\$700	1 month/12 months	PRC can only assist with Metro/HUD deposit. Please provide: Metro or Hud rental contract/lease to verify deposit amount.
Emergency Lodging	\$500	1/12 months	Please Provide: Contact info of agency verifying unsafe condition.
Utilities	Must apply with Ohio Heartland Community Action Center (OHCAC) before PRC application will be processed for a utility. Submit copy of OHCAC documentation with PRC application. Utility request not to exceed \$400.00 in assistance to prevent disconnect or to reconnect, once every 12 months.		
Regulated Utilities OR	\$400	Once every 12 months	Must apply with Ohio Heartland Community Action Center before PRC application will be processed. Utilities include, Gas, Electric, Water. Provide: Disconnect notice.
Unregulated Utilities	\$400	1/12months	Must apply with Ohio Heartland Community Action Center before PRC application can be processed. Fuel oil, wood, coal, LP gas, etc. Please Provide: Provider Info
Replacement Food	\$250	1/12 months	Per household, Due to Outage, Please Provide: Proof of Outage
Transportation	To receive transportation services: Must be working 30 or more hours per week and meet eligibility. Vehicles must be properly Insured & Registered in Ohio. Note: No commercial vehicles, home based employment, or self-employment authorized. Vehicle must be owned for a minimum of 90 days. Employment will be verified. <i>Additional requirement for fuel cards: Must be new employment started within last 2 weeks. Must provide estimate from a certified mechanic that states vehicle repairs or tires are needed to operate the vehicle safely.</i>		
Gas Cards	\$150.00	1/12 months	Proof of new employment started within last 2 weeks must be working 30 hours/week. Will not be issued prior to starting employment.
Vehicle Repair	\$600	1/24 months	Proof of employment & hours worked must be 30 or more hours per week. Vehicle must be owned for a minimum of 90 days. Estimate must state repairs are needed to operate vehicle safely.
Tire Replacement	\$600	1/5 years	Proof of employment and hours worked must be 30 or more hours per week. Vehicle must be owned for a minimum of 90 days. Estimate must state tires are needed to operate vehicle safely.
Vehicle Insurance	\$500	1/24 months	Proof of employment and hours worked, must be 30 or more hours per week. Vehicle must be owned for a minimum of 90 days. Can't exceed 4 months of coverage, Please Provide: Insurance quote from insurer.
Job Readiness	\$150.00 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-\$9.00
Clothes for work	Not to exceed 3 sets/uniforms		New Employment started within last 2 weeks. Must be working 30 + hours/week. Uniforms, work boots.
Equipment/Supplies	For new employment only, must be working 30 or more hours/week. Please Provide: Verification that items requested are required.		
Personal Grooming			Hygiene items, haircuts, interview clothes, etc.
Fees/Certificates			Testing, etc., required for employment

Training and Education	\$2,500	1/lifetime	Must complete employment plan with OMJ Employment Specialist. Must lead to an In-Demand credential
Subsidized Employment	\$13.00/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
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	Curren's Auto Repair: 740-387-3213	NTB: 740-389-4266
Logan Tire Sales & Service: 740-383-1814	TC Auto: 740-375-5925	Precision Auto: 740 387-0501	
Copperhead Garage: 740-389-5858			
Boots/Uniforms/Shoes	Walmart: 740-389-3404	Scioto Shoe Mart: 740-389-5775	Imlay's Uniforms: 614-538-8875
Furniture (Kinship Program 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

**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
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Name	Date
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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	Date
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(This portion to be retained by agency)



(This portion to be given to applicant/recipient)

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