

## COVID-19 Response PRC Application

☐ Allen County Job & Family Services, 951 Commerce Pkwy, PO Box 4506, Lima, OH 45802

☐ omjallen@jfs.ohio.gov

Questions? Call 419.999.0360

Applicant Name (First Name, Middle Initial, Last Name)		Case Number		Application Date ( <i>date signed app is received by agency</i> ):			
Address (Number Street/Apt Number)				City/State/Zip			
Phone Number		Email Address		Social Security Number			
Have you received any assistance or services from another county? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, List county: _____ Month and year of last receiving assistance: _____ Type of services received: _____							
Write a brief explanation of services you are requesting (Examples: training, car repair, transportation, etc.):							
Describe how your household has been financially impacted by COVID-19 pandemic:							

List Household Member Name(s)	Relationship to Applicant	Birth date	SSN	Income/Source	How Often Paid	Monthly Gross Salary*	Date Verified
1	<b>SELF</b>						
2							
3							
4							
5							
6							

**AGENCY USE:**  
**PRC: 200% FPG for AG: \$** \_\_\_\_\_

☐ **CM utilizing anticipated income as eligibility income.**

**Reason for anticipated income use:** \_\_\_\_\_

**TOTAL MONTHLY INCOME:**

\$

Please answer the questions below:		Caseworker 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	
Do you receive free or reduced school lunches? School _____	<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 a fraud overpayment (PRC or OWF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an OWF or SNAP Sanction?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an unmarried, non-graduated parent under 18 years old, not attending high school or equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you an unmarried parent under 18 years old not living in an adult supervised setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you fraudulently obtained assistance in two or more states?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have available resources/excess income (Ex. cash, checking/ savings accounts, dividends and interests, CDs, 401K or retirement, trust funds or estates, mutual funds, stocks and bonds, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, what resources: _____ Amount: _____		
Are you on strike from employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are you a resident of Allen County?	<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	
Do you have an open Children Service case?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Complete if you are a Non-Custodial Parent:****Do you have minor child(ren) not living with you, but residing in the state of Ohio?** ☐ Yes ☐ No **If yes, complete table below:**Check those in which you are actively working with: ☐ OhioMeansJobs - Allen County ☐ CSEA Seekwork ☐ BB/BS Mentor Program

Child(ren) Name	Relationship	Birthdate	SS Number	City & State
1				
2				
3				
4				
5				

**Complete if Requesting Work Transportation:**

Need to show: work schedule, pay, hours of employment and answer the following:

Do you live on a bus route?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a vehicle in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is it insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is it in running condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your household have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the first date and time employment transportation is needed? _____	
Employer address: _____	
Is childcare drop-off needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, childcare drop off address: _____	

I \_\_\_\_\_, an adult age 18 or older, agree to have the staff of the agencies working with me exchange and disclose information on me in order to make determinations of my eligibility for benefits and to provide services which will assist me to become self-sufficient to the extent that such disclosure is permitted by state and federal law and necessary for administration of the programs provided for me to become self-sufficient. By my signature below I affirm to the best of my knowledge and belief these answers are complete and correct. I understand the law provides penalty of fine or imprisonment for anyone convicted of accepting assistance for which he or she is not eligible. I state under penalties of perjury that all the information on this application is true and correct to the best of my knowledge. I also acknowledge that I have received a copy of my rights regarding privacy, fraudulent assistance, faith-based choice and voter registration (Form1006). I also give permission for you to electronically verify my resources.

**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.*****Applicant Signature****Date****Caseworker Signature****Date**☐ Approved ☐ Pending ☐ Denied Reason: \_\_\_\_\_☐ Gave Client Form 1006 ☐ Gave Client Transportation Guidelines Form**INDIVIDUAL SERVICE PLAN AUTHORIZATION**

Service Name	Service Type	Code/Fund Source	Dates of Service		Authorized Recipients	Vendor
			Begin	End		

Service type: C = Contingency, O = Ongoing, S = Short-term Code/Fund Source: CODE #DA (ex. Rent 171DA)

**Supervisor Signature****Date**