

*BOARD OF COUNTY COMMISSIONERS
WARREN COUNTY, OHIO*

Resolution

Number 19-1247

Adopted Date September 26, 2019

APPROVE MEMORANDUM OF UNDERSTANDING BETWEEN THIS BOARD AND WARREN COUNTY SOIL AND WATER CONSERVATION DISTRICT RELATIVE TO THE WARREN COUNTY RECORDS COMMISSION


BE IT RESOLVED, to approve and authorize the President of the Board to enter into a Memorandum of Understanding between this Board and the Warren County Soil and Water Conservation District relative to the designation of the Warren County Records Commission as the records commission for the Warren County Soil and Water Conservation District; copy of said Memorandum of Understanding attached hereto and made a part hereof.

Mr. Young moved for adoption of the foregoing resolution being seconded by Mr. Grossmann. Upon call of the roll, the following vote resulted:

Mrs. Jones – yea
Mr. Grossmann – yea
Mr. Young – yea

Resolution adopted this 26th day of September 2019.

BOARD OF COUNTY COMMISSIONERS


Tina Osborne, Clerk

/tao

cc: C/A—Warren County Soil and Water Conservation District (file)
Jen Haney Conover, Records Center

**MEMORANDUM OF UNDERSTANDING BETWEEN
WARREN COUNTY BOARD OF COMMISSIONERS
AND
WARREN COUNTY SOIL AND WATER CONSERVATION DISTRICT**

This Memorandum of Understanding (MOU) is entered into and effective as of the date of the last signature below between the Warren County Board of Commissioners of 406 Justice Drive, Lebanon, OH, 45036, on behalf of the Warren County Records Commission, and the Warren County Soil and Water Conservation District of 320 East Silver Street, Lebanon, OH 45036 [hereinafter collectively referred to as parties].

WHEREAS, Ohio Revised Code §149.412 (B) allows a special taxing district, the territory of which is coextensive with the territorial limits of a county, upon mutual assent between the special taxing district and the board of county commissioners, to designate the county records commission as the records commission for the special taxing district.

NOW THEREFORE, the Board of Commissioners and the Soil and Water Conservation District do hereby enter into this Memorandum of Understanding to manifest the parties' mutual assent for the Soil and Water Conservation District to hereby designate the Warren County Records Commission as the records commission for the Soil and Water Conservation District.

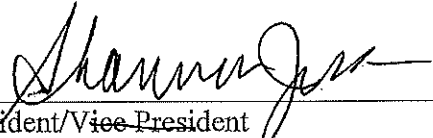
The Warren County Records Commission shall exercise all of the duties and responsibilities of the Soil and Water Conservation District's records commission, including all public records related functions, including establishing records retention and destruction schedules on behalf of the Soil and Water Conservation District. This designation will be subject to and governed by all relevant statutes as they currently exist or may be amended.

This MOU may only be modified or amended by written instrument duly executed by each party.

This MOU shall remain effective for a period of one year from its effective date, and shall automatically renew for successive one year periods unless and until terminated by either party. This MOU may be terminated by either party with thirty (30) days prior written notice being provided to the other party.

IN EXECUTION WHEREOF, the parties hereto have executed this Memorandum of Understanding by their duly authorized representatives on the dates shown below,

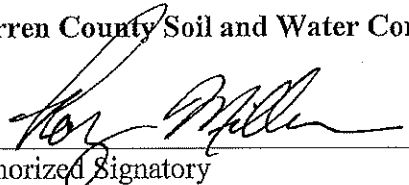
Warren County Board of Commissioners,

By: 
President/Vice President

Resolution No.: 19-1247

Date: 9/26/19

Warren County Soil and Water Conservation District,

By: 
Authorized Signatory

Resolution No.: 19-1247

Date: 9/11/19

Approved as to form,



Adam M. Nice
Assistant Prosecuting Attorney

*BOARD OF COUNTY COMMISSIONERS
WARREN COUNTY, OHIO*

Resolution

Number 19-1248

Adopted Date September 26, 2019

ADVERTISE FOR BIDS FOR THE 2019 WELL REDEVELOPMENT PROJECT

BE IT RESOLVED, to advertise for bids for the 2019 Well Redevelopment Project for the Warren County Water and Sewer Department; and

BE IT FURTHER RESOLVED, to advertise said bid for one (1) week in a newspaper of general circulation and for two consecutive weeks on the County Internet Website, beginning the week of October 6, 2019; bid opening to be November 7, 2019 @ 11:00 a.m.

Mr. Young moved for adoption of the foregoing resolution being seconded by Mr. Grossmann. Upon call of the roll, the following vote resulted:

Mrs. Jones – yea
Mr. Grossmann – yea
Mr. Young – yea

Resolution adopted this 26th day of September 2019.

BOARD OF COUNTY COMMISSIONERS



Tina Osborne, Clerk

KH\

cc: Water/Sewer (file)
OMB Bid file

*BOARD OF COUNTY COMMISSIONERS
WARREN COUNTY, OHIO*

Resolution

Number 19-1249

Adopted Date September 26, 2019

APPROVE THE WARREN COUNTY PREVENTION RETENTION AND CONTINGENCY PLAN FOR THE WARREN COUNTY DEPARTMENT OF HUMAN SERVICES

BE IT RESOLVED, to approve the PRC Prevention Retention and Contingency Plan on behalf of the Warren County Department of Human Services as attached hereto and made a part hereof.

Mr. Young moved for adoption of the foregoing resolution being seconded by Mr. Grossmann. Upon call of the roll, the following vote resulted:

Mrs. Jones – yea
Mr. Grossmann – yea
Mr. Young – yea

Resolution adopted this 26th day of September 2019.

BOARD OF COUNTY COMMISSIONERS



Tina Osborne, Clerk

cc: Human Services (file)

Warren County
Job and Family Services
Division of Human Services
Prevention, Retention, Contingency Plan (PRC)
Amended
10/1/2019

Warren County Job & Family Services
Division of Human Services
416 S. East Street
Lebanon, OH 45036
513-695-1420

Contact Information:
Lauren Cavanaugh, Director
513-695-1402

Arlene Byrd, Deputy Director
513-695-1422

Table of Contents

SECTION I. INTRODUCTION.....	3
SECTION II. EMERGENT NEED AND EXPLORING COMMUNITY RESOURCES.....	4
SECTION III. ELIGIBILITY.....	4
A. Economic Needs	4
B. Resources/Assets.....	6
C. Assistance Groups.....	7
D. Application Process	8
E. PRC Program Modification/Termination.....	9
SECTION IV. CHILD WELFARE: SERVICES AND BENEFITS.....	10
A. Kinship Navigator Services/Outreach.....	10
B. Child Welfare Case Management	10
C. Kinship Caregiver	11
F. Child Welfare Services and Benefits	13
SECTION V. WCDJFS: SERVICES AND BENEFITS	14
Ineligible Applicants	14
Contingency Services.....	14
Employment and Training Services/Benefits.....	15
Rent Assistance	15
Utility Assistance	16
Automobile Repair.....	16
Transportation Assistance	17
Child Care Registration Fees	17
Kinship Caregiver Program	18
Ohio Youth to Work Program.....	18
SECTION VI. WCDJFS EMPLOYMENT RELATED SERVICES AND BENEFITS.....	19
Transitional Benefit Program.....	19
New Employment Bonus Program.....	21
Employee Retention Bonus Program	21
SECTION VII. WCDJFS DISASTER ASSISTANCE.....	23
Disaster Assistance	23
Disaster Assistance for Adults and Disabled	24
SECTION VIII. SUBGRANTED OR CONTRACTUAL PRC	25
SECTION IX. APPROVAL	28
Signatures.....	28
SECTION X. EXHIBITS	29

SECTION I INTRODUCTION

The Prevention, Retention and Contingency Program, better known as PRC is designed to assist families in overcoming immediate barriers to achieving or maintaining self-sufficiency and personal responsibility. This is accomplished by providing necessary benefits and services that will enable individuals to obtain employment, keep employment, and improve their overall economic circumstances and stability.

The PRC program provides for nonrecurring, short-term, crisis-oriented benefits and ongoing services that are directly related to one of the four purposes of the Temporary Assistance for Needy Families (TANF) Program. To ensure fair and equitable treatment of the families applying for PRC, the program shall be continuously in operation according to the standards and procedures as set forth within this document. The services and benefits provided under the PRC program fall into three categories:

- PREVENTION:** Designed to divert families from ongoing cash assistance by providing short term non-assistance.
- RETENTION:** Provided to assist an employed member of the family maintaining employment.
- CONTINGENCY:** Provided to meet an emergent need which, if not met, threatens the safety, health, or well-being of one or more family member.

A program or service provided through the PRC program must accomplish one of the four purposes of TANF which include:

- TANF Purpose 1:** To provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives.
- TANF Purpose 2:** To end the dependence of needy parents on government benefits by promoting job preparation, work and marriage.
- TANF Purpose 3:** To prevent and reduce the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies.
- TANF Purpose 4:** To encourage the formation and maintenance of two-parent families.

PRC funds may only provide benefits and services which are not considered “assistance” (45 C.F.R. 260.31). This definition includes non-recurrent, short-term benefits that are designated to deal with specific crisis or episode of need, are not intended to meet recurrent/ongoing needs, and will not extend beyond four (4) consecutive months. Non-recurrent benefits and services may encompass more than one payment per calendar year, if the payment provides short-term relief and addresses a crisis rather than meeting an ongoing or recurrent need and does not exceed the assistance group benefit/cap limit.

SECTION II

EMERGENT NEED AND EXPLORING COMMUNITY RESOURCES

Every reasonable effort must be made to explore the availability of resources within the county prior to the authorization of PRC. County staff determining eligibility for PRC should be aware of community resources which may be utilized to help meet the need. Failure on behalf of the applicant to accept or utilize available community resources may be grounds for denial of a PRC application. The PRC Program is designed to provide **temporary** assistance to families with a demonstrated emergent need. In all cases, the amount of the PRC benefit issued must meet, but may not exceed the emergent need of the AG and fall within the established caps of the program. If the amount of PRC available cannot prevent the onset or continuation of the emergent situation, there is no eligibility for payment. In addition, multiple requests (more than one) for PRC services will be evaluated on a case by case basis. Services may not be provided if an abusive pattern of usage is established.

SECTION III

ELIGIBILITY

A. Economic Need

Economic eligibility includes the combination of income eligibility and evaluation of family needs. Income eligibility for PRC Services is based upon the Federal Poverty Guidelines (FPG) and varies per service category. Specific FPG guidelines have been established per service category and are listed per service are in sections IV, V, VI and VII.

1. Income

In order for the PRC AG to be found eligible, the PRC AG's income must be at or below 200% of the Federal Poverty Guidelines (FPG) in effect at the time of application, with the exception of Sub-grant and Contractual PRC Benefits and Services. PRC applicants must provide information regarding income for the last thirty (30) days prior to the date of application, including verification of this income if requested by the Warren County Department of Job and Family Services (WCDJFS). Income and family composition guidelines may vary according to the service/benefit and TANF priority. In order to determine income eligibility, WCDJFS will compare all gross income received within the last thirty (30) days to the FPG standard for the specific service category unless otherwise stated. In most cases, PRC assistance is only available to members who haven't received PRC assistance above the monetary cap during the previous 12 consecutive months. Families receiving assistance under another program may receive PRC assistance. Some exceptions to this rule exist and can be found within each service category.

All gross earned and unearned income which has been received by any member of the PRC AG during the 30 day budget period is considered when determining financial need. The 30 day period begins 30 days prior to the date of the application and ends on the application date. The income received during this period is used in the computation of financial eligibility. This includes all income which is normally exempt or disregarded when

determining eligibility for OWF, FA or DA. Examples of gross earned, and unearned income include;

Gross earned income examples include:

- Earnings from work as an employee
- Earnings from self-employment, less the cost of doing business
- Training allowance
- Commission

Gross unearned income examples include:

- RSDI benefits
- Alimony and child support
- Veterans Administration Benefits
- Worker's Compensation
- Lump-Sum Payments
- Strike Benefits
- Unemployment Benefits
- Pension and retirement benefits
- Investment Income
- Rental Income

Income of all Assistance Group members must be verified. Only **earned** income of an AG member under the age of 18 will be **excluded** (unless child is a parent).

Per OAC 5101:1-24-20, Prevention, retention and contingency program: excluded income and resources. The following income and resources are excluded when determining financial eligibility for PRC Benefits and Services;

- Child Support payment distributions made by Ohio Department of Job and Family Services (ODJFS) pursuant to division (C) of Section 1 of Am. S.B. 170 of the 124th General Assembly (10/25/2001).
- All income that is federally excluded in the determination of eligibility for federal needs-based programs. Federally excluded income includes the income sources identified below;
 - Drug discounts and transitional assistance received under the Medicare Prescription Drug Improvement, and Modernization Act, at Section 1860D-31(g)(6) of the Social Security Act (12/08/2003). The language in Section 1860D-319(g)(6) of the Social Security Act states that the availability of negotiated prices or transitional assistance under this section shall not be treated as benefits or otherwise taken into account in determining an individual's eligibility for, or the amount of benefits under any other federal program.
 - Monetary allowances paid under Section 401 of the Veterans Benefits and Health Care Improvement Act of 2000, effective December 1, 2000. Payments

authorized and made by the veteran's administration (VA) to provide certain benefits, including a monthly monetary allowance for children with covered birth defects are the natural children of women veterans serviced in the republic of Vietnam from February 28, 1961 through May 7, 1975.

With the above exception, the total gross income, both earned and unearned, of all the PRC AG members, shall be counted. There are no deductions or exclusions allowed from any type of countable income, except for the Kinship Caregiver Program Tier II which provides each applicant a \$500.00 deduction for the cost of Child Care for the child(ren) within their care. Written or verbal verification of income is required. For any verification which is obtained by phone, there must be clear documentation in the PRC AG record concerning the name and position of the information provider, the date the verification was obtained, the amount of the verified income, and the name of the individual who obtained the verification.

Once the total gross countable income of a PRC AG is determined and verified, the amount is compared to the 200% Federal Poverty Guidelines for the appropriate PRC AG size. If the total PRC AG income is equal to or less than 200% of the FPG amount for the applicable PRC AG size, the PRC AG meets the income requirement.

2. Resource/Assets

A general principle of the PRC Program is any resources which an Assistance Group (AG) member currently has available must be applied toward the emergent need. The resources to be considered for PRC are those which are both liquid and available to help the AG meet the emergent need. Liquid resources are those which are in cash or payable in case upon demand-the most common types being;

- Savings accounts, checking account, stocks, bonds, mutual funds and promissory notes. Available liquid resources are those in which any AG member has a legal interest and legal ability to use or dispose of.

Resources owned by one AG member are considered available to all other AG members. If ownership of a resource is shared by an AG member and a non-AG member, it is considered available if the AG member has access to the entire resources.

All available liquid resources which any AG member has in excess of \$500.00 must be applied toward the emergent need; the exception being contractual agreements or some special programs offered by WCDJFS. Any resources exceeding \$500.00 which was transferred without adequate consideration within the past 30 days prior to the PRC application shall be considered a resource which is available to be applied toward the emergency need.

B. Assistance Group (AG)/Household:

General PRC eligibility requires that a child reside in the household. 45 C.F.R. 260.30 Minor child means an individual who 1) has not attained 18 years of age; or has not attained 19 years of age and is a full-time student in a secondary school. Special consideration has been made to non-custodial parents, shared parenting, families where children have been temporarily removed, kinship providers, and pregnant women in their third trimester of pregnancy.

An eligible assistance group may consist of a minor child residing with a parent, specified relative, legal guardian or legal custodian and other members of the household (who may or may not be related to the minor child) who may significantly enhance the family's ability to achieve economic self-sufficiency.

The method of defining the PRC Assistance Group (AG) varies by service category and is described per service area. AG determination for families where children are temporarily absent from the home or shared parenting situations are described below.

1. Temporary Absence (5101:1-3-04)- The absence of a member of the AG is temporary when all of the following conditions are met;
 - a. The location of the absent individual is known;
 - b. There is a definite plan for the return of the absent individual to the home; and
 - c. The absent individual shared the home with the assistance group prior to the onset of the absence. A newborn is considered to be sharing the home with the assistance group at the time of birth.

An AG member may be considered temporarily absent for up to 45 consecutive days. An AG member who is, or is expected to be absent from the home without good cause for longer than 45 consecutive days does not meet the temporary absence requirement of PRC/OWF. Good cause reasons can be found in OAC 5101:1-3-04 (C) (1-8).

2. Cases where children are temporarily absent from the home (i.e., taken into legal protective custody by the Warren County JFS, Division of Children Services), remaining household members may be eligible for PRC assistance if the following criteria apply:
 - The child has been out of the home less than a total of six (6) consecutive months,
 - The family has a Children Services reunification plan in place,
 - The family is actively working toward reunification, as verified by the Children Services caseworker. Authorization of PRC services must contribute to the reunification process.

3. Shared Parenting

In a situation where two parents claim custody or shared parenting of child(ren) and are claiming the child to be in the home for purposes of PRC eligibility, one of the following three criteria must be verified:

Does the requesting parent receive and/or pay support for the child(ren)? If one parent pays support, the parent in receipt of the support should be considered the custodial parent. If no support order is established, verify

- a. Does the requesting parent or the other custodial parent receive OWF case assistance? If one parent receives cash assistance and the child(ren) are part of the assistance group, the OWF recipient should be considered the custodial parent. If neither household receives cash assistance, verify (b).
- b. The parent requesting PRC services may present one of two documents to verify shared parenting. He/She may bring verification that the child is claimed as a dependent on the most recent Federal tax filing OR may bring in a signed letter from the other parent. Such letter should state that the parenting is shared, that the signer understands the other parent is applying for PRC services, and that any approval of services may affect the signer's future eligibility for PRC services.

C. Application Process

The PRC applicant or an authorized representative must complete the WCDJFS, Prevention, Retention, and Contingency Program (PRC) Application or other required applications to request PRC benefits or services. In accordance with Section 329.051 of the ORC each applicant will be provided with a voter registration form when requesting a PRC application. An applicant is responsible for completing all necessary documents, furnishing all available facts and information, and cooperating in the eligibility determination process.

Eligibility for PRC is dependent upon the PRC Assistance Group's (AG) demonstration and verification of the need for financial assistance and/or services, and whether the county determines that a provision of PRC will satisfy the need.

Samples of all PRC Applications appear in the Exhibits Section of the Plan.

The county is responsible for using objective criteria when determining eligibility and approving or denying the application within 10 days after completion of the application process in a fair and equitable manner, which includes verification of information.

Eligibility will be carefully evaluated on a case-by-case basis. Immediate needs, whether or not the PRC Program can be of benefit, will be determined by the WCDJFS. WCDJFS has the authority to designate the application process be completed by other entities based upon a contractual agreement.

This program is designed to help people overcome immediate barriers to achieving or maintaining self-sufficiency and personal responsibility, thereby preventing the need for ongoing public assistance. However, the fact that an ongoing Medicaid, OWF, Food Assistance group is active is not necessarily a determining factor in the consideration of eligibility for the PRC Program. In addition, the WCDJFS must inform individuals about other programs (i.e., Medicaid and Food Assistance) that are available and of hearing rights that are applicable.

Once the PRC application is approved, WCDJFS will authorize and generate payment for assistance, goods, or services. Authorization may occur any time after the application is approved.

The applicant shall receive a notice of approval or denial within forty-five 45 days of the date of application. The applicant shall receive Notice of Approval of Your Application for Assistance (ODJFS 4074) or Notice of Denial Your Application for Assistance (ODJFS 7334) pursuant to the decision rendered. Applicants shall receive a copy of hearing rights at the time of the decision.

- Applicants have 14 days from the date of application to submit all required payments, in the form of a money order, toward the approved benefit. Failure to comply will result in denial of the approved application on the 15th day.
- Failure to cooperate during the eligibility process which results in a denial for PRC Services and/or Benefits, will result in the inability to re-apply for 30 days after the denial, unless the agency determines otherwise.

Under this Program, an eligible AG may receive customized assistance, goods, or services determined by the WCDJFS. Ongoing receipt of Medicaid, Food Assistance, Ohio Works First, or Disability Assistance is not a determining factor in considering an AG's eligibility for PRC services (outside of any income received through said programs). WCDJFS will inform applicants of other programs/services available through the Agency.

Receipt of PRC services in another county or PRC/TANF services provided in another state shall be considered when processing a PRC application. PRC/TANF benefits and amounts received in other counties and/or states shall be considered and included in the caps, except for benefits and services under the Child Welfare and Kinship Services Programs and Contractual Services.

WCDJFS will pursue collection of PRC assistances which has been obtained fraudulently or that has been determined to be an overpayment.

D. PRC Program Modification/Termination

Warren County reserves the right to modify or terminate the PRC program at any time. Modifications may encompass any or all areas of the county PRC Plan. Any modifications of the PRC Plan will be submitted to the Warren County Board of County Commissioners for approval. Upon approval, WCDJFS will submit the modified plan to the Ohio Department of Job and Family Services. Warren County reserves the right to modify or terminate PRC services or eligibility requirements for any reason, including reduction of funds, changes in State or Federal Regulations, and the need to address appropriate emerging needs within the community.

SECTION IV

CHILD WELFARE and KINSHIP SERVICES AND BENEFITS

PRC payments are limited to the amount actually required to meet the presenting need, up to the amounts listed below for each type of assistance received within the timeframes described. Verifications of amounts owed must be original bills, invoices or receipts for reimbursement.

A. Kinship Navigator Outreach meet TANF Purposes 1- Information and referral, website, public service announcements, brochures, bill boards, phone banks, and other services,

B. Child Welfare Case Management

TANF Child Welfare Services meet TANF Purpose 1.- Includes Child Welfare Family Reunification Activities, Child Welfare Custody Case Management Activities and Non-Custody Case Management Activities.

Eligibility: At or below 200% FPL

PRC Child Welfare Family Preservation Activities: Includes activities performed on behalf of a child and their family if all of the following apply: there is not an in-home case or a custody case established, the child and family's income meets the income eligibility criteria for the county's PRC plan, and the county has included these service in its PRC plan. Activities include: screening and assessment of needed services, providing program information and referral and linking to services such as family preservation services, domestic violence services, parenting training, substance abuse treatment, and counseling.

Child Welfare PRC Custody Case Management: A custody case has been established, a reunification plan is in place and the child is expected to be reunified with the family within six months of placement; the child and family's income meets the income eligibility criteria for the county's PRC plan: and the county has included these child protective services in their PRC Plan. Activities include: those related to family preservation to reunite a child with the child's family. If there is a custody case, but any one of the following applies: no reunification plan, placement exceeds six months, if the family's income exceeds the PRC income eligibility limit, or the county agency has not included these services its PRC plan; then use code 769.

Child Welfare Non-Custody Case Management: An in-home case is established; the child and family's income meet's the income eligibility criteria for the county's PRC Plan and the county has included these services in its PRC Plan. Activities include: development and implementation of a regiment of reasonable efforts which are undertaken to prevent the removal of the child into placement, and/or activities related to the development and implementation of a regimen of services for an adopted child and/or the child's family which are undertaken to support the maintenance of the adoption and/or prevent the

disruption of the adoption. Such activities include supporting the management of care or services referral to, or arranging for, care services; planning or supervising care or services; supporting access to care or services; assessing results of care or services; and performing a case assessment. If an in-home case is established, but the family's income exceeds the PRC income eligibility limit, or the county agency has not included these services in its PRC Plan then use code 770.

C. Child Welfare Program Kinship Caregiver Payments TANF Purpose 1.- Kinship Caregiver Payments to assist relative and non-relative kinship caregivers who are determined to have significant unexpected needs because of caring for children in their homes. Payments cannot exceed beyond 4 consecutive months.

Service or Benefit Category	CAP	TANF Purpose	Description	Targeted Group
Per Kinship Placement Family	\$3,000 per 12-month period	TANF I	May include; Rent Assistance/Security Deposits, Utility Assistance, Court Filing Fees, Car Repairs, Furniture for Child(ren), Hygiene, Groceries, Child Care Registration Fees, Home Repairs, etc.	Relatives and Non-Relatives caring for minor children.
Per Kinship Placed Child	\$1,000 per 12-month period	TANF I	May Include; Clothing/Shoes, School Fees, Summer Camp, Work Related Needs, etc.	Minor children being cared for by relative or non-relative Kinship Placement.

Application and Eligibility Process:

- o At or below 200% FPG- Does not include Resource Limit as part of eligibility.
- o Involvement with Children Services and completion of Self-Declaration Application located on page 35 of this plan.
- o Kinship Caregivers Payments will not count toward the maximum limit for the County PRC Assistance Program.
- o Warren County Children Services is responsible for having the Kinship Caregiver complete the Self-Declaration Application for PRC Kinship Caregiver Payments and for acquiring all the necessary forms needed and setting the family up in the Auditor's system as a vendor to receive reimbursement.

D. Child Welfare Program Services & Benefits TANF Purpose 1- Provided to families at risk of child abuse and or/neglect, as determined by the Children Services Division for the purpose of providing assistance to families so that the child may be cared for in their own home. Payments cannot exceed beyond 4 consecutive months.

Service or Benefit	TANF Purpose	CAP	Description	Economic Need Standard	Targeted Group
Child Welfare Services & Benefits	TANF Purpose 1	\$1,500.00 per 12-month period.	May include; Rent Assistance/Security Deposits, Utility Assistance, Gas Assistance, Court Filing Fees, Car Repairs, Furniture for Child(ren), Hygiene, Groceries, Child Care Registration Fees, Summer Camp, Home Repairs, etc.	200% of the FPL	Minor children being cared for by relative or non-relative placement

Application & Eligibility Process:

- At or below 200% FPG- Does not include Resource Limit as part of eligibility.
- Eligibility is based on the Self-Declaration Application located on page 35 of this plan.
- Involvement with Children Services.
- Receipt of assistance will not count toward the maximum limit for the County PRC Assistance Program.
- Warren County Children Services is responsible for having families complete the Self-Declaration Application for Child Welfare Services & Benefits and for acquiring all the necessary forms needed and setting the family up in the Auditor’s system as a vendor to receive reimbursement.

SECTION V WCDJFS SERVICES AND BENEFITS

Ineligible Applicants

The following applicants are ineligible for in-house PRC Assistance and/or Benefits in Warren County if any of the following apply:

- Individuals who are not citizens of the United States and do not meet the definition of qualified aliens;
- Families that have fraudulently received assistance including Food Assistance, Cash Assistance, Medicaid and Child Care, until repayment in full occurs, except overpayments that are determined by WCDJFS to result from an agency error these situations will not restrict eligibility for PRC;
- Individuals who have quit or refused a job without good cause or have significantly reduced their hours of employment without good cause within 60 days prior to the date of the PRC application,
- Individuals serving a sanction.

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Contingency Services: An emergent need that threatens the health, safety, or acceptable living arrangement to the extent that it prohibits children from being cared for in their own home or inhibits job preparation/retention, work or marriage.</p> <p>Installation or repair of telephone, Emergency Shelter or Temporary housing, Personal expenses (school clothing, winter coats, child restraint seats), Repair or purchase of furnace or water tank, Home repairs affecting basic structure (roof, plumbing walls), Repair or purchase of appliances (stoves, fans, refrigerators, washers/dryer or air conditioners,) Furniture (beds, mattress and box springs, kitchen table, chairs).</p>	<p>TANF Purpose: 1 and 2</p>	<p>Any number of individual payments to meet a non-recurrent crisis or episode of need up to \$2,000.00 per assistance group per 12-month period. Not to exceed 4 months.</p>	<p>Parents with minor children and all other household members</p> <p>Specified relatives with minor children and all other household members</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p>	<p>At or below 200% FPL</p>	<p>Employed individuals</p> <p>Unemployed individuals</p> <p>Families with children at risk of abuse or neglect</p> <p>Victims of domestic violence</p>

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Employment and Training Services and Benefits: Purchase clothing or uniforms for work.</p> <p>Purchase safety equipment, i.e., shoes, glasses, work boots.</p> <p>Purchase special tools and/or equipment required for employment.</p>	TANF Purpose: 2	\$250.00 for non-recurrent short-term benefits to be provided once within a 12-month period.	<p>Parents with minor children and all other household members</p> <p>Specified relatives with minor children and all other household members</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p>	At or below 200% FPL	Employed Individuals <i>Proof of employment or offer of employment is required</i>

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Rent Payment/ Security Deposit</p> <p>(No payment will be made for extra fees for pets unless the pet is also a service animal. No payment will be made for any additional extras fees charged by the landlord) Landlords/managers must sign a repayment agreement for security deposits.</p> <p>Notice to Leave the Premises from the Landlord, Notice of Court Ordered Eviction, Transitioning from Homelessness, uninhabitable residence, moving to a more affordable location, unforeseen circumstances have resulted in a need to relocate.</p>	TANF Purpose: 1 and 2	<p>Past due rent and/or deposit up to \$1,200.00, payment to the landlord.</p> <p>Verification of the requirement for a security deposit must be provided by the landlord</p> <p>Non-recurrent short- term benefits to be provided once within a 24-month period.</p> <p>Amount to be paid by WCDJFS is limited to one month of late fees. Additional monthly late fees are the responsibility of the AG.</p>	<p>Parents with minor children and all other household members</p> <p>Specified relatives with minor children and all other household members</p> <p>Pregnant individuals with no other children</p> <p><i>Household must be able to provide a plan to avoid continuation of this issue.</i></p>	At or below 200% FPL	<p>Employed Individuals</p> <p>Unemployed individuals</p> <p>Families and Children</p> <p>Homeless Families</p>

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Utility Assistance for Initial Services and Shut-offs: Gas, propane, kerosene, wood, electric, water, sewer</p> <p>Must be a current bill Must be a bill for the current residence Must have at least made 1 payment within the 3 months prior to filing a PRC application to be considered for assistance.</p>	TANF Purpose: 1 and 2	<p>Amount due, up to \$500.00 once within a 12-month period to assist with initial services or disconnects.</p> <p><i>Referrals will be made to HEAP during when HEAP is active.</i></p> <p>HEAP Referral Exception one-time \$200.00 within 12-month period.</p>	<p>Parents with minor children and all other household members</p> <p>Specified relatives with minor children and all other household members</p> <p>Pregnant individuals with no other children</p>	At or below 200%	<p>Employed Individuals</p> <p>Unemployed individuals</p> <p>Families and Children</p>

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Automobile Repair The applicant must be scheduled or have worked for a minimum of 30 hours per week at minimum wage (or the equivalent), participating at a verifiable work experience program, or enrolled and attending education/training for up to 4 consecutive months.</p> <p>Automobile repairs will only be provided in those situations where the automobile is needed to retain employment, meet the above work activity requirement, or assist with transportation for education/training. <i>Two bids are required from certified auto repair company.</i></p>	TANF Purpose: 1 and 2	<p>Up to \$1,500.00 one time in a 12-month period.</p> <p>WCDJFS has the option to deny repairs based on age, condition, repair needed and value of the vehicle.</p>	<p>Parents with minor children and all other household members</p> <p>Specified relatives with minor children and all other household members</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p>	At or below 200% FPL	<p>Employed individuals</p> <p>Recently employed individuals</p> <p>Under employed individuals- not having enough paid work or not doing work that makes full use of their skills and abilities.</p> <p>Individuals in education or training for up to 4 consecutive months.</p> <p>Non-Custodial Parents who are employed.</p>

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
Transportation Transit Pass, Mileage reimbursement to and from work or school, Transportation Allowance, Gas Card.	TANF Purpose: 1 and 2	Limited to contracted amount. <u>Transit tickets are the preferred option.</u> Transit tickets capped at 60 days for newly employed individuals. OR Gas Cards- Limited to 4 Gas Cards issued either Weekly or Bi-Weekly dependent on proof of mileage by applicant in the amount of \$50.00 per card not to exceed a \$200.00 total disbursement. Uncapped for active OWF/TANF Work Activity participants	Parents with minor children and all other household members Specified relatives with minor children and all other household members Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.	At or below 200% FPL	Employed individuals Unemployed Individuals in education or training for 4 consecutive months. OWF Work Activity Participants

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
Child Care Registration Fee This benefit is for full and part-time employment to assist with any required Child Care Registration Fees. OWF/TANF Work Activity Participants, no cap.	TANF Purpose: 1 and 2	Not to exceed \$200.00 per family. Non-recurrent short-term benefits to be provided as defined above once within a 12-month period.	Parents with minor children and all other household members Specified relatives with minor children and all other household members	At or below 300% FPL	Employed Individuals Victims of Domestic Violence Relatives caring for minor children Kinship Caregivers

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Kinship Caregiver Program Tier 1 (Child Care) This program provides relief in child care functions so that kinship caregivers can provide and maintain a home for a child placed in the care of the kinship caregiver.</p> <p>Child care expenses may be paid directly to a DJFS Licensed Child Care Provider or reimbursed to the Kinship Caregiver (Non-Licensed providers cannot be paid directly by agency). Reimbursement rate may not exceed the maximum established for the Publicly Funded Child Care Program. If Kinship Caregivers selects a non-licensed provider, the Kinship Caregiver assumes responsibility of care and will sign a waiver to participate in this program prior to receipt of any reimbursement.</p>	<p>TANF Purpose: 1</p>	<p>Cannot exceed 4 months of assistance in a rolling one-year period</p>	<p>Each child living with a kinship caregiver shall make up a PRC assistance group of one.</p>	<p>Income of the assistance group (child) cannot exceed 200% of the FPL</p>	<p>Kinship Caregivers as defined in 5101.85 that reside in Warren County.</p> <p>Kinship Caregivers who are working with Warren County Children Services and who reside outside of Warren County.</p> <p>Kinship Caregivers seeking respite care.</p>
<p>Kinship Caregiver Program Tier 2 (Child Care) The purpose of this program is to provide relief in child care functions so that kinship caregivers can provide and maintain a home for a child placed in the care of the kinship caregiver.</p> <p>Child care expenses may be paid directly to a DJFS Licensed Child Care Provider or reimbursed to the Kinship Caregiver (Non-Licensed providers cannot be paid directly by agency). Reimbursement rate may not exceed the maximum established for the Publicly Funded Child Care Program. If Kinship Caregivers selects a non-licensed provider, the Kinship Caregiver assumes responsibility of care and will sign a waiver</p>	<p>TANF Purpose: 1</p>	<p>Cannot exceed 4 months of assistance in a rolling one-year period</p> <p>Applicants will receive a standard \$500.00 deduction for child care expenses.</p>	<p>Kinship Caregiver(s) in care of a child(ren) placed in their care.</p>	<p>Income of the assistance group (Kinship Caregiver) cannot exceed 200% of the FPL</p>	<p>Kinship Caregivers as defined in 5101.85 that reside in Warren County.</p> <p>Employed individuals</p> <p>Recently employed individuals</p> <p>Individuals in education or training for up to 4 consecutive months.</p> <p>Individuals who are not employed but are</p>

to participate in this program prior to receipt of any reimbursement.					requesting limited respite care.
---	--	--	--	--	----------------------------------

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Ohio Youth to Work Program Eligibility - An Ohio Youth Works program funded through PRC shall only serve persons from a TANF-eligible family. The types of persons that may be served are:</p> <ul style="list-style-type: none"> • Youth ages 14-15, as long as the youth is in a needy family and is in school. <p>The youth served may be non-custodial parents as long as they are considered "needy" and have a minor child. "Needy" is not specifically defined by state or federal regulation but may be no greater than income at 200% of the federal poverty level.</p> <p><i>Family</i> is defined in federal and state law and regulations as follows: a minor child who resides with a parent, specified relative, legal guardian or legal custodian (a child may be temporarily absent from the home provided certain requirements are met); a pregnant individual with no other children; or a non-custodial parent who lives in the state, but does not reside with his/her minor child(ren).</p>	TANF Purpose: 1 and 2	<p>Hourly wage capped at \$10.00 per hour.</p> <p>Services not to exceed agency TANF grant amount.</p>	<p>Parents with minor children and all other household members</p> <p>Specified relatives with minor children and all other household members</p>	At or below 200% FPL	<p>Youth age 14-15, as long as the youth is a minor child in a needy family and is in school.</p> <p>Youth age 16-24 or 16-24 who have a minor child and are considered needy, will be served under the CCMEP Program.</p>

SECTION VI

WCDJFS EMPLOYMENT RELATED SERVICES AND BENEFITS

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group	Verifications
<p>Transitional Benefit for Full Time Employment</p> <p>This benefit is not available for work assignments made through temporary staffing agencies until individual is hired by the placement company.</p> <p>This program is only available to participants who are experiencing a termination or reduction in TANF/OWF benefits as a result of securing full time employment.</p> <p>The Transitional Benefit Program provides benefits for up to 2 months from the start of employment. The transitional benefit is not considered assistance as defined in 45 C.F.R. 260.31.</p> <p>If a participant is transitioning off of the TANF/OWF Program to Full Time Employment they may receive their Full or Partial TANF/OWF Allotment at the time they leave the program for no more than 2 months. If the participant is receiving a reduction of TANF/OWF Benefits and not termination of full benefits, the transitional benefit amount will be for the difference between the</p>	<p>TANF Purposes: 1 and 2</p>	<p>2-month Cap based on the last monthly allotment amount of OWF/TANF or at the difference if a reduced amount.</p> <p>Transitional Benefits are available for 2 new jobs within a 24- month period.</p> <p>**Cut Off- If employment is reported prior to agency cut off (adverse action) then the transitional benefit will be for 2 months following the month reported Example; If reported in prior to cut off in February AG will receive Transitional Benefit for March and April</p>	<p>Minor child who resides with a parent, specified relative, legal guardian or legal custodian</p> <p>Pregnant individuals with no other children</p>	<p>At or below 200% FPL</p>	<p>Employed Individuals</p>	<p>Verification of Full Time Employment from Employer, full time employment means scheduled to work 30 hours or more each week.</p> <p>Current Pay Stubs, if available</p> <p>**Cut Off- if employment reported after cut off (adverse action) AG will receive full benefit month following and transitional benefit the month after that. Example; if reported at end of February after cut off client will receive normal benefit in March and Transitional benefit in April.</p>

<p>monthly allotment amounts at the time of full time employment minus the amount it is reduced to. Below are two examples for guidance;</p> <p><u>Termination of OWF/TANF due to full time employment</u> Example; current allotted amount of OWF/TANF is \$582.00 per month. If approved for Transitional Benefit Program the recipient would receive that monthly benefit for 2 months after beginning full time employment to assist with the transition time.</p> <p><u>Reduction of OWF/TANF due to full time employment</u> Example; current allotted amount of OWF/TANF is \$582.00 per month, amount will be reduced to \$382.00 as a result of new full time employment. The Transitional Benefit amount will be \$200.00 for the 2 months to assist with the transition time.</p> <p>The participants of the Transitional Benefit Program are still eligible to receive the New Employment Bonus for Full Time Employment in addition to the Transitional Benefit. Participants must apply for each program separately.</p> <p>Transitional Benefits are not countable income for public assistance programs, they are intended to assist the participant in moving toward self-sufficiency.</p>						
---	--	--	--	--	--	--

<p>If participant leaves employment during the two-month period without good cause the agency will seek measures to re-coup the Transitional Benefit Amount.</p>						
<p>New Employment Bonus for Full Time Employment</p> <p>This benefit is not available for work assignments made through temporary staffing agencies until individual is hired by the placement company.</p> <p>Employment Bonus is available after the verified completion of 4 weeks (30 days) of full-time employment.</p> <p>The PRC Application must be received within 30 days of when the bonus is available.</p>	<p>TANF Purposes: 1 and 2</p>	<p>\$100.00 after 30 days of full-employment,</p> <p>Cannot exceed more than 2 <u>new</u> jobs in a 36 month period</p>	<p>Minor child who resides with a parent, specified relative, legal guardian or legal custodian</p> <p>Pregnant individuals with no other children</p> <p>Non-custodial parent who lives in the state, but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p>	<p>At or below 200% FPL</p>	<p>Employed Individuals</p>	<p>Verification of Full Time Employment from Employer, full time employment means scheduled to work 30 hours or more each week.</p> <p>Current Pay Subs, if available</p>
<p>Employment Retention Bonus for Full Time Employment</p> <p>This benefit is not available for work assignments made through temporary staffing agencies until individual is hired by the placement company.</p> <p>Employment Bonus is available after the verified completion of 90 days (3 months) or 180 days (6 months) of full-time employment.</p> <p>The PRC Application must be received within 30 days or after the</p>	<p>TANF Purposes: 1 and 2</p>	<p>\$150.00 after 90 days</p> <p>\$300.00 after 180 days</p> <p>Cannot exceed more than 2 <u>new</u> jobs in a 36 month period</p>	<p>Minor child who resides with a parent, specified relative, legal guardian or legal custodian</p> <p>Pregnant individuals with no other children</p> <p>Non-custodial parent who lives in the state, but does not reside with his/her minor</p>	<p>At or below 200% FPL</p>	<p>Employed Individuals</p>	<p>Verification of Full Time Employment from Employer, full time employment means scheduled to work 30 hours or more each week.</p> <p>Current Pay Stubs, if available</p>

completion of the 90 th day or the 180 th day of verified job retention.			child(ren) and is cooperating with CSEA.			
--	--	--	--	--	--	--

SECTION VII
WCDJFS DISASTER SERVICES AND BENEFITS

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Disaster Assistance Benefits to assist with the damage or loss sustained as a result of natural disaster upon declaration by County Commissioners, identified by the Red Cross, or otherwise identified. All families are potentially eligible for this category of assistance regardless of OWF sanction status. PRC issued in this category will not apply toward the yearly cap per family. If the applicant has homeowner's insurance that can address the emergent need, it must be accessed prior to the issuance of PRC. The following list is not all inclusive.</p> <ul style="list-style-type: none"> ➤ <i>Shelter Assistance</i> <ul style="list-style-type: none"> • Rent/Rent Deposits • Mortgage Payments • Emergency shelter/temporary shelter (excluding hotel charges) • Payment of moving expenses ➤ <i>Utility Assistance</i> <ul style="list-style-type: none"> • Payments for initial hook up • Purchase bulk fuel destroyed or damaged by disaster • Installation or repair of telephone (when medically necessary with Doctor Statement) • Home repair or replacements affecting basic structure (provided to the homeowner only) • Appliances or fixture repair or replacements • Repair or purchase of furnace, air conditioning, or water heater (provided to the homeowner only) • Purchase or replace essential household contents ➤ <i>Personal items</i> <ul style="list-style-type: none"> • Essential clothing for members of the Assistance Group • Essential non-consumable products, excluding tobacco products and alcohol ➤ Vehicle repair for damage caused by the disaster provided the automobile is necessary for employment or medical condition 	<p>TANF Purpose: 1</p>	<p>Determined by State or County, not to exceed \$1,500 per family.</p> <p>All Disaster Benefits are dependent on available PRC funding.</p>	<p>Parents with minor children and all other household members</p> <p>Minor child who resides with a parent, specified relative, legal guardian or legal custodian</p> <p>Pregnant individuals with no other children</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p>	<p>Determined by State Declaration</p> <p>or</p> <p>At or below 200% FPL</p>	<p>Families sustaining disaster related damage or loss</p>

Service or Benefit	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Disaster Relief for Adults and Disabled Not eligible for TANF Plan</p> <p>Benefits to assist with damage or loss sustained because of natural disaster upon declaration of Governor</p>	<p>TANF Purpose: 1</p>	<p>Determined by State or County, not to exceed \$750 per family.</p> <p>Disaster Relief for Adults and Disabled are dependent on available PRC funding.</p>	<p>Age 55 or over with no minor children</p> <p>OR</p> <p>No minor children but in receipt of disability payments such as SSI, Social Security Disability, VA Disability, PERS or STERS Disability, Railroad Retirement Disability, Black Lung Benefits.</p>	<p>Determined by State Declaration</p> <p>or</p> <p>At or below 200% FPL</p>	<p>Adults over age 55 with no minor children</p> <p>Disabled Adults</p>

SECTION VIII
SERVICES AND BENEFITS
SUBGRANTED OR CONTRACTUAL PRC

A. Subgranted and Contractual PRC

Subgranted or Contractual PRC benefits and services are provided with local TANF/PRC allocations or State designated TANF pass-through programs and are administered by entering into agreements with other public, private non-profit, and private for-profit vendors. Eligibility for subgranted or contractual PRC services may have different eligibility standards from the in-house PRC services if specified in the agreement or as noted in the List of Services & Benefits in this document. There is no dollar cap for sub granted or contractual services.

All PRC subgrants and contracts must still address the connection of the service being provided to one or more of the four (4) purposes of TANF.

Unless otherwise documented as categorically eligible, eligibility for subgranted/contractual services is accomplished using the **Self-Declaration Application for TANF/Title XX Services**. Applicants for subgranted/contractual services will be notified of approvals, denials, and terminations using the Decision of Your Application for TANF/Title XX Services.

The use of subgranted/contractual PRC services will not prohibit an assistance group from being eligible for other PRC services (in-house or other subgranted/contractual services) noted in the list of services within this plan.

Services/Benefits	TANF Purpose	CAP	Assistance Group	Economic Need Standard	Targeted Group
<p>Interfaith Hospitality Network (INH) Services for homeless children and families. Primary focus is to address the needs of homeless families. The goal of IHNWC is to assist homeless families as they seek to build a better life through education, employment and self-sufficiency.</p>	TANF Purpose 1, 2, 4	Contracted Amount	Parents with minor children and all other household members Minor child who resides with a parent, specified relative, legal guardian or legal custodian Pregnant individuals with no other children	At or below 200% of FPL	Families and Children Victims of Domestic Violence
<p>Abuse and Rape Crisis Shelter of Warren County (ARCS) ARCS will provide 24/7, trauma-informed, family focused advocacy and case management to survivors and children of domestic violence with the primary goal of ensuring safety, healing and empowerment, while increasing batterer's accountability for their abuse behavior.</p>	TANF Purpose 1, 2, 4	Contracted Amount	Parents with minor children and all other household members Minor child who resides with a parent, specified relative, legal guardian or legal custodian Pregnant individuals with no other children	At or below 200% of FPL	Families and Children Victims of Domestic Violence
<p>Educational Service Center- Resource Coordinator Program for Schools The Resource Coordinator program provides supports and resources to needy families with academically and otherwise at-risk children. Resource Coordinators focus on low-income students and their families who have been identified within the school system. Resource Coordinators help identify, create, and maintain resources for families.</p>	TANF Purpose 1, 2, 4	Contracted Amount	Parents with minor children and all other household members Minor child who resides with a parent, specified relative, legal guardian or legal custodian	At or below 200% FPL	Families with Children
<p>Workforce Development Training & Curriculum Employment Related Short-Term Training Services Provides Training needed to gain, maintain, or advance in the workforce. (ASPIRE) Provides Assessments and planning as recommended by Workforce Development Staff or Sub-Grant Recipients.</p>	TANF Purpose 1 & 2	No Cap for Services	Parents with minor children and all other household members Minor child who resides with a parent, specified relative, legal guardian or legal custodian Pregnant individuals with no other children	At or below 200% FPL	Families with Children

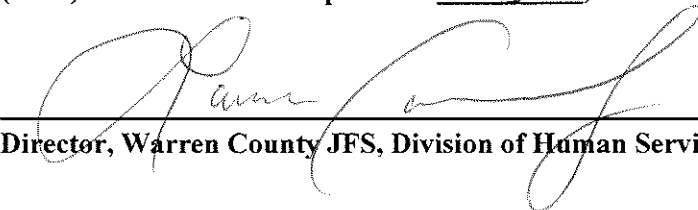
			Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.		
<p>Workforce Services TANF Administration/Eligibility, Case Management, Work Activities, Education and Training, Work Subsidies/Subsidized Employment</p> <p>TANF Workforce Services provide an opportunity for Warren County Job & Family Services to partner with Ohio Means Jobs of Warren County to provide services to assist in TANF Administration/Eligibility, Case Management, Work Activities, Education & Training, and Work Subsidies/Subsidized Employment.</p>	TANF Purpose 1 & 2	No Cap for Services	<p>Parents with minor children and all other household members</p> <p>Minor child who resides with a parent, specified relative, legal guardian or legal custodian</p> <p>Pregnant individuals with no other children</p> <p>Non-custodial parent who lives in the state but does not reside with his/her minor child(ren) and is cooperating with CSEA.</p>	At or below 200% FPL	Families with Children
<p>Children Services Provided to families at risk of child abuse and or/neglect, as determined by the Children Services Division for the purpose of providing assistance to needy families so that child may be cared for in their own homes or in the homes of relatives while reducing the inappropriate use of out-of-home care.</p>	TANF Purposes 1	Contracted Amount	<p>Kinship Relative and Non-Relative Families caring for children with open/active cases in the Children Services Division</p> <p>Parents or specified relatives with minor children</p> <p>Pregnant Women</p>	At or below 200% FPL	<p>Kinship Caregivers caring for children with open/active cases in the Children Services Division</p> <p>Families with open active cases in Children's Protective Services System</p>

**SECTION XI.
APPROVAL**

INTERPRETATION

In instances of ambiguity or lack of clarity in the provisions of this Plan, the determination of the WCDJFS as to the meaning and interpretation shall be final and binding. The WCDJFS will be the final authority for all decisions regarding eligibility for PRC benefits and services and for the allocation of PRC funds to support benefits and services to the public.

Warren County Job and Family Services, Division of Human Services agrees to implement this Prevention, Retention and Contingency (PRC) Plan on Revised September 23, 2019.

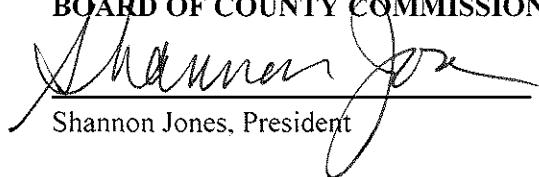


Director, Warren County JFS, Division of Human Services

9/23/19

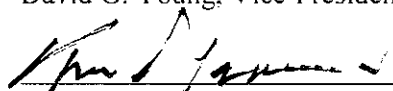
Date

BOARD OF COUNTY COMMISSIONERS



Shannon Jones, President

David G. Young, Vice-President



Tom Grossmann, Member

9/26/19

Date

**SECTION X.
EXHIBITS**

Application A- WCDJFS PRC Application

WARREN COUNTY PRC APPLICATION

NAME: _____

ADDRESS: _____

CITY/ST./ZIP _____

PHONE: _____ DATE: _____

FOR AGENCY USE
CASE # _____

PLEASE NOTE: IF APPLYING FOR THE KINSHIP CAREGIVER PROGRAM CHILD CARE TIER 1, ONLY COMPLETE SECTIONS A & D.

SECTION A

COMPLETE THE CHART FOR EVERY PERSON LIVING IN YOUR HOUSEHOLD, INCLUDING YOURSELF.

Name	Relationship to Applicant	SSN	Age	Source of Income	Monthly Income
					\$
					\$
					\$
					\$
					\$
					\$

SECTION B

- Have you or anyone in the household received any type of assistance from any county in Ohio or any other state this month or in the past 3 months? YES NO. If "yes" please explain _____

- Explain what you are needing and why you are needing it _____

- Explain your household plan to address this need in the future: _____

WARREN COUNTY JOB & FAMILY SERVICES
DIVISION OF HUMAN SERVICES

4. Is anyone in your household currently ineligible for or disqualified from any programs of assistance?
 Yes No Explain _____
5. Has anyone in your household quit a job, refused a job, or significantly reduced hours of employment in the last 60 days?
 Yes No Explain _____
6. Do you pay Rent or a Mortgage? YES NO, if "yes", monthly amount: \$ _____
7. List the Utilities you pay and the average monthly amount: \$ _____
8. Are you and your family: In a Shelter Have a court ordered eviction Homeless
9. Is anyone in the household pregnant? Yes No If "yes" please list who _____

SECTION C

DOES ANYONE IN THE HOME HAVE RESOURCES? SUCH AS;

Resource	Person with Resource	Amount of Resource
<input type="checkbox"/> Cash on Person		\$
<input type="checkbox"/> Checking Account		\$
<input type="checkbox"/> Savings Accounts		\$
<input type="checkbox"/> Stocks/Bonds		\$
<input type="checkbox"/> Other		\$

If Other, Please Specify: _____

SECTION D

BENEFIT OR PROGRAM YOU ARE REQUESTING ASSISTANCE FOR (MAY ONLY SELECT ONE PER APPLICATION):

PROGRAM SERVICES AND BENEFITS

- | | |
|--|--|
| <input type="checkbox"/> Automobile Repairs
<input type="checkbox"/> Child Care Registration Fee
<input type="checkbox"/> Contingency Services
<input type="checkbox"/> Employment Training
<input type="checkbox"/> Rent Assistance or Security Deposit
<input type="checkbox"/> Transportation Assistance
<input type="checkbox"/> Utility Disconnect or Deposit
<input type="checkbox"/> Other (Explain) _____ | <input type="checkbox"/> Kinship Caregiver Child Care Program
* Child Income Only/Tier 1

<input type="checkbox"/> Kinship Caregiver Child Care Program
*Household Income/Tier 2 |
|--|--|

WARREN COUNTY JOB & FAMILY SERVICES
DIVISION OF HUMAN SERVICES

EMPLOYMENT RELATED BENEFITS

TRANSITIONAL BENEFIT PROGRAM

Transitional Benefit Program- Verification of employment is required for this benefit category

EMPLOYMENT BONUS/RETENTION PROGRAM

- New Employment Bonus (\$100.00) after first 30 days of Verified Employment
 Employment Retention Bonus (\$150.00) after first 90 days of Verified Employment
 Employment Retention Bonus (\$300.00) after first 180 days of Verified Employment

Note: Regardless of your eligibility for PRC Benefits/Services, you have the right to apply for all other programs of assistance offered by this agency, such as Medicaid, Food Assistance, Cash Assistance, and Child Care Assistance. If you wish to apply, please inquire. Also, if you wish to register to vote, please request a voter registration form.

Please use the back of this form as needed to provide the requested information.

Applicant Signature

Date

REV 4/2019

****Please Note**:** Applicants have 14 days from the date of application to submit all required payments toward the approved benefit. Failure to comply will result in denial of the approved application on the 15th day. Failure to cooperate during the eligibility process which results in a denial for PRC Services and/or Benefits, will result in the inability to re-apply for 30 days after the denial, unless the agency determines otherwise.

WARREN COUNTY JOB & FAMILY SERVICES
DIVISION OF HUMAN SERVICES

PRC Verification Checklist

REQUIRED VERIFICATIONS FOR ALL PRC PROGRAM SERVICES AND/OR BENEFITS

- Verification of Social Security Numbers for EVERYONE in the household
- ID for all ADULTS in the Household
- Verification that resources do not exceed \$500 (checking, savings acct, etc.)
- Verification of ALL household income for the past 30 days (earned and unearned; ex: pay stubs, child support, and social security)

**Please supply appropriate verifications based on the one program you apply for:

RENT OR SECURITY DEPOSIT:

- Verification form signed by the landlord verifying they will accept a voucher
- Landlord's form to return deposit to WCDHS
- Eviction notice.

NOTE: You CANNOT move into an apartment BEFORE you receive our voucher
YOU are responsible for taking the voucher to the Landlord.

UTILITY BILLS (when HEAP is NOT in operation):

- Shut off notice bill (must be in applicant's name and for applicant's current address)
- Assistance Group must have made at least one payment within the past 3 months

NOTE: This is not available during the HEAP season November - March 31st

AUTO REPAIRS/TIRES:

- Valid Driver's License
- Proof of Auto ownership (must be in applicant's name)
- Proof of registration
- Proof of mileage
- Proof of insurance
- Two quotes are required from a certified mechanic. All vendors MUST actually SEE the vehicle.

Verification of employment 30 hours per week at minimum wage (or a guaranteed start date)

TRANSPORTATION ASSISTANCE/GAS CARDS

- Valid Driver's License
- Proof of insurance
- Verification of employment at 30 hours per week at minimum wage (or a guaranteed start date)

CHILD CARE REGISTRATION FEE

- Proof of Registration with Child Care Provider
- Proof of Full Time and or Part-time employment or

Work Required

TRANSITIONAL BENEFIT

- Proof of Employment

EMPLOYEE BONUS PROGRAM

- Proof of Employment

KINSHIP CAREGIVER PROGRAM

CHILD CARE TIER 1

- Proof of Child's Income Only

KINSHIP CAREGIVER PROGRAM

CHILD CARE TIER 2

- Proof Household Income
- Proof of Employment

**KINSHIP CAREGIVER PROGRAM
ACKNOWLEDGEMENT OF RESPONSIBILITY**

I _____ understand that I have selected a Child Care Provider who is not currently Licensed by ODJFS. I understand that I will be reimbursed for payments to said provider and that payments are prohibited from being made directly from the agency (WCDJFS) to the non-licensed child care provider.

By signing this document, I acknowledge that all payments I receive under this program will be used toward Child Care Expenses Only.

Print Name

Sign

Date

Application B
WCDJFS- TANF Summer Youth Employment Program Application

PRC Request for TANF Summer Youth Employment Program 2016



Instructions: Please complete Section I, II, III and IV.
Incomplete application will not be considered for this program.

Section I: Complete the Demographic Information Below

Parent or Guardian Name	Youth Name	
Social Security Number	Youth Social Security Number	Youth Age
Present Address	Present Phone Number	

Section II: List All Household Members:

Name	Date of Birth	Relationship to Youth	Does this person receive OWF, Food Assistance, or Medicaid?	
(YOUTH NAME)		SELF	<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

(List any additional household members on the back of this form.)

Section III: Complete and answer all questions about income.

- Is your household actively receiving Food Assistance Benefits? Yes No
- Is your household actively receiving Medicaid? Yes No
- Is your household actively receiving Cash Assistance (OWF) Benefits? Yes No
- Does anyone in the household have an outstanding OWF overpayment? Yes No

Check the box to indicate your family income in the last 30 days and list each individual with income, type of income and monthly amount. Attach proof of income for each income type. *(Note: If your family receives Ohio Works First cash assistance or food assistance, you will not need to provide verification of income but you will still be required to complete the section below.)*

	List the Individual with Income	List the Type of Income (Examples: Wages, Social Security, SSI, Child Support)	List the Monthly Amount of Income
<input type="checkbox"/> \$0 - \$1960			
<input type="checkbox"/> 1961 - 2670			
<input type="checkbox"/> 2671 - 3360			
<input type="checkbox"/> 3361 - 4050			
<input type="checkbox"/> 4051 - 4740			
<input type="checkbox"/> 4741 - 5430			
<input type="checkbox"/> 5431 - 6122			
<input type="checkbox"/> 6123 - 6815			

PRC Request for TANF Summer Youth Employment Program 2016

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

Section IV: Read and Sign the Application.

By my signature below, I agree that the above information is true and complete to the best of my knowledge. I also give consent for my information to be shared with Ohio Means Jobs - Warren County and Warren County Educational Service Center for any purpose related to the TANF Summer Youth Employment Program.

Parent / Guardian Signature	Date
Youth Signature	Date

How did you hear about this program? _____

FOR WCJFS USE ONLY	FOR WCJFS USE ONLY	FOR WCJFS USE ONLY
<input type="checkbox"/> Eligible	<input type="checkbox"/> Approval Letter Given	<input type="checkbox"/> Not Eligible
<input type="checkbox"/> Eligibility determined by receipt of OWF, FA, or Medicaid verified through CRISE, OBWP, BIC or another reporting source.		
<input type="checkbox"/> age 16-17 minor child in needy family in school	<input type="checkbox"/> 18-24 in needy family with minor child	
<input type="checkbox"/> 18-24 with child and considered needy		
Signature of WCJFS Worker	Date	

Additional Notes (If applicable):

Application C
WCDJFS- Winter Coat Program Application

**WARREN COUNTY HUMAN SERVICES PRC APPLICATION
WINTER COAT PROGRAM**

NAME: _____
 ADDRESS: _____
 CITY/ST./ZIP: _____
 PHONE: _____ DATE: _____

FOR AGENCY USE	
ARAD # _____	_____
CASE # _____	_____

Please list EVERY person in the home :

Last Name	First Name	SSN	Relationship	DOB	SEX	AGE	SIZE
			SELF				

Are you currently receiving any of the following: CASH ASSISTANCE FOOD ASSISTANCE

Is anyone in the home currently employed? Yes No (INCLUDE 4-6 WEEKS PAY)

	WHO	WHERE	HOURLY RATE	# HOURS PER WEEK
JOB 1				
JOB 2				

Unearned income: SSI Social Security Child Support Alimony Unemployment Other
 If yes

WHO	SOURCE	WHEN	AMOUNT

 Applicant Signature

 Date

APPROVED DENIED

 WORKER SIGNATURE

 Date

 SUPERVISOR SIGNATURE

 Date

Application D
TANF Child Welfare/Kinship Navigator Self- Declaration Application
TANF Self-Declaration for Kinship Caregiver Payments Application

WARREN COUNTY SELF-DECLARATION APPLICATION FOR CHILD WELFARE BENEFITS

Name:	For Agency Use Only
Social Security Number:	Subgrantee:
Present Address:	Worker:
Telephone/Contact Number:	Date received:

1. List EVERYONE living in your household, including yourself.

(If you are a non-custodial parent, list your children residing in Ohio.)

2. Circle your family size below.

Name	Relationship to Applicant	Age	Source of Income	Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1.				1	\$2024
2.				2	\$2744
3.				3	\$3464
4.				4	\$4184
5.				5	\$4904
6.				6	\$5624
7.				7	\$6344
8.				8	\$7064

3. Check one:

- I declare that my family's gross monthly income is at or below the standard listed.
- I declare that my family's gross monthly income is above the standard listed.

4. Please read this statement carefully and respond below:

I reside in Warren County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job & Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states.

- YES, I agree with the above statement (it is correct/true for me).
- NO, I disagree with the above statement (it is not correct/true for me).

5. Sign this application.

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Voter Registration Notification: If you are not registered to vote where you live now, would like to register to vote at this time?

- 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. This does NOT affect your application for benefits in any way.)

WARREN COUNTY SELF-DECLARATION APPLICATION FOR CHILD WELFARE BENEFITS

Benefit	Select the Benefit Requested	Amount Needed	Vendor Form Sent (If Required)
Rent Assistance <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Utility Assistance <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Gas Cards/Transit Tickets	<input type="checkbox"/>	\$	<input type="checkbox"/>
Furniture	<input type="checkbox"/>	\$	<input type="checkbox"/>
Home Repairs <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Vehicle Repairs <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Child Care Registration Fees <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
School Fees	<input type="checkbox"/>	\$	<input type="checkbox"/>
Clothing for Children	<input type="checkbox"/>	\$	<input type="checkbox"/>
Repair or Purchase of Appliances	<input type="checkbox"/>	\$	<input type="checkbox"/>
Purchase of Car Seats for Children	<input type="checkbox"/>	\$	<input type="checkbox"/>
Summer Camp	<input type="checkbox"/>	\$	<input type="checkbox"/>

Each category has a CAP of \$1,500 in a 12-month period. Multiple categories can be selected on one application but cannot exceed the \$1,500 CAP.

FOR AGENCY USE ONLY			
<input type="checkbox"/> Eligible	<input type="checkbox"/> Decision Letter Given (retain copy)	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Decision Letter Given (retain copy)
Signature of Worker		Date	

WARREN COUNTY SELF-DECLARATION APPLICATION FOR KINSHIP CAREGIVER PAYMENTS

Name:	For Agency Use Only
Social Security Number:	Subgrantee:
Present Address:	Worker:
Telephone/Contact Number:	Date received:

1. List EVERYONE living in your household, including yourself.

(If you are a non-custodial parent, list your children residing in Ohio.)

2. Circle your family size below.

Name	Relationship to Applicant	Age	Source of Income	Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1.				1	\$2024
2.				2	\$2744
3.				3	\$3464
4.				4	\$4184
5.				5	\$4904
6.				6	\$5624
7.				7	\$6344
8.				8	\$7064

3. Check one:

- I declare that my family's gross monthly income is at or below the standard listed.
 I declare that my family's gross monthly income is above the standard listed.

4. Please read this statement carefully and respond below:

I reside in Warren County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job & Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states.

- YES, I agree with the above statement (it is correct/true for me).
 NO, I disagree with the above statement (it is not correct/true for me).

5. Sign this application.

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Voter Registration Notification: If you are not registered to vote where you live now, would like to register to vote at this time?

- 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. This does NOT affect your application for benefits in any way.)

WARREN COUNTY SELF-DECLARATION APPLICATION FOR KINSHIP CAREGIVER PAYMENTS

Benefit	Select the Benefit Requested	Amount if Need	Vendor Form Sent (If Required)
Rent/Mortgage Assistance <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Utility Assistance <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Gas Cards/Transit Tickets	<input type="checkbox"/>	\$	X
Furniture	<input type="checkbox"/>	\$	<input type="checkbox"/>
Home Repairs <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Vehicle Repairs <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Child Care Registration Fees <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Child Care Assistance <i>No more than 4 months can be consecutive or spread out over 12 months</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
School Fees <i>Must have supporting documentation</i>	<input type="checkbox"/>	\$	<input type="checkbox"/>
Clothing for Children	<input type="checkbox"/>	\$	<input type="checkbox"/>
Repair or Purchase of Appliances	<input type="checkbox"/>	\$	<input type="checkbox"/>
Purchase of Car Seats for Children	<input type="checkbox"/>	\$	<input type="checkbox"/>
Work Related Needs	<input type="checkbox"/>	\$	<input type="checkbox"/>
Court Filing Fees	<input type="checkbox"/>	\$	<input type="checkbox"/>
BCI/FBI Background Checks	<input type="checkbox"/>	\$	<input type="checkbox"/>
Summer Camp	<input type="checkbox"/>	\$	<input type="checkbox"/>

Service Benefit Category	Select the Category	Child's First and Last Name <i>**Required</i>
Per Kinship Placement Family	<input type="checkbox"/>	
Per Kinship Placed Child Only	<input type="checkbox"/>	**

- Per Kinship Placement Family up to \$3,000 per family per 12 months
- Per Kinship Placed Child Only up to \$1,000 per 12 months

Multiple Categories can be selected on one application per Family or Child Only but cannot exceed the one-time CAP amount listed above.

FOR AGENCY USE ONLY	
<input type="checkbox"/> Eligible <input type="checkbox"/> Decision Letter Given (retain copy)	<input type="checkbox"/> Not Eligible <input type="checkbox"/> Decision Letter Given (retain copy)
Signature of Worker	Date

Application E
Self-Declaration Application for TANF PRC Contract Services

WARREN COUNTY SELF-DECLARATION APPLICATION FOR ARCS TANF/PRC SERVICES

Name:	For Agency Use Only
Social Security Number:	Subgrantee:
Present Address:	Worker:
Telephone/Contact Number:	Date received:

1. List EVERYONE living in your household, including yourself

(If you are a non-custodial parent, list your children residing in Ohio.)

2. Circle your family size below.

Name	Relationship to Applicant	Age	Source of Income	Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1.				1	\$2,082
2.				2	\$2,819
3.				3	\$3,555
4.				4	\$4,292
5.				5	\$5,029
6.				6	\$5,765
7.				7	\$6,502
8.				8	\$7,239

3. Check one:

- I declare that my family's gross monthly income is at or below the standard listed.
 I declare that my family's gross monthly income is above the standard listed.

4. Please read this statement carefully and respond below:

I reside in Warren County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job & Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation/parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states.

- YES, I agree with the above statement (it is correct/true for me).
 NO, I disagree with the above statement (it is not correct/true for me).

5. Sign this application.

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Voter Registration Notification: If you are not registered to vote where you live now, would like to register to vote at this time?

- 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. This does NOT affect your application for benefits in any way.)

FOR AGENCY USE ONLY			
<input type="checkbox"/> Eligible	<input type="checkbox"/> Decision Letter Given (retain copy)	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Decision Letter Given (retain copy)

WARREN COUNTY SELF-DECLARATION APPLICATION FOR IHN TANF/PRC SERVICES

Name:	For Agency Use Only
Social Security Number:	Subgrantee:
Present Address:	Worker:
Telephone/Contact Number:	Date received:

1. List EVERYONE living in your household, including yourself.

(If you are a non-custodial parent, list your children residing in Ohio.)

2. Circle your family size below.

Name	Relationship to Applicant	Age	Source of Income	Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1.				1	\$2,082
2.				2	\$2,819
3.				3	\$3,555
4.				4	\$4,292
5.				5	\$5,029
6.				6	\$5,765
7.				7	\$6,502
8.				8	\$7,239

3. Check one:

- I declare that my family's gross monthly income is **at or below** the standard listed.
 I declare that my family's gross monthly income is **above** the standard listed.

4. Please read this statement carefully and respond below:

I reside in Warren County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job & Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states.

- YES, I agree with the above statement (it is correct true for me).
 NO, I disagree with the above statement (it is not correct true for me).

5. Sign this application.

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Voter Registration Notification: If you are not registered to vote where you live now, would like to register to vote at this time?

- 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. This does NOT affect your application for

WARREN COUNTY SELF-DECLARATION APPLICATION FOR ESC TANF/PRC SERVICES

Name:	For Agency Use Only
Social Security Number:	Subgrantee:
Present Address:	Worker:
Telephone/Contact Number:	Date received:

1. List EVERYONE living in your household, including yourself.

(If you are a non-custodial parent, list your children residing in Ohio.)

2. Circle your family size below.

Name	Relationship to Applicant	Age	Source of Income	Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1.				1	\$2,082
2.				2	\$2,819
3.				3	\$3,555
4.				4	\$4,292
5.				5	\$5,029
6.				6	\$5,765
7.				7	\$6,502
8.				8	\$7,239

3. Check one:

- I declare that my family's gross monthly income is **at or below** the standard listed.
- I declare that my family's gross monthly income is **above** the standard listed.

4. Please read this statement carefully and respond below:

I reside in Warren County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job & Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states.

- YES, I agree with the above statement (it is correct true for me).
- NO, I disagree with the above statement (it is not correct true for me).

5. Sign this application.

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Voter Registration Notification: If you are not registered to vote where you live now, would like to register to vote at this time?

- 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. This does NOT affect your application for

Resolution

Number 19-1250

Adopted Date September 26, 2019

APPROVE A STREET AND APPURTENANCES BOND REDUCTION FOR HIGHLANDS ONE, LLC FOR COMPLETION OF IMPROVEMENTS FOR HIGHLANDS AT HERITAGE HILL, SECTION TWO SITUATED IN UNION TOWNSHIP

BE IT RESOLVED, upon recommendation of the Warren County Engineer, to approve the following street and appurtenances bond reduction:

BOND REDUCTION

Bond Number	:	17-023 (P)
Development	:	Highlands at Heritage Hill, Section Two
Developer	:	Highlands One, LLC
Township	:	Union
Reduction Amount	:	\$2,680.10
Surety Company	:	Endurance Assurance Corp. (EACX020000012)

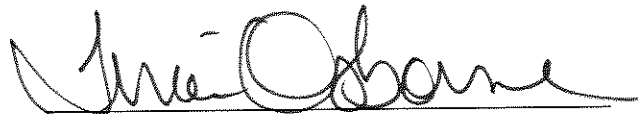
BE IT FURTHER RESOLVED, that the original amount of bond was \$54,008.50 and after the above reduction, the new required bond amount is \$51,328.40.

Mr. Young moved for adoption of the foregoing resolution being seconded by Mr. Grossmann. Upon call of the roll, the following vote resulted:

Mrs. Jones – yea
Mr. Grossmann – yea
Mr. Young – yea

Resolution adopted this 26th day of September 2019.

BOARD OF COUNTY COMMISSIONERS



Tina Osborne, Clerk

cc: Highlands One, LLC, Attn: Mike Williams, 4234 Mason Pointe Dr., Ste. 100, Mason, OH 45040
Endurance Assurance Corp., Attn: Surety Dept., 1221 Avenue of the Americas, 18th Floor, New York, NY 10020
Engineer (file)
Bond Agreement file

**BOARD OF COUNTY COMMISSIONERS
WARREN COUNTY, OHIO**

Resolution

Number 19-1251

Adopted Date September 26, 2019

APPROVE OPERATIONAL TRANSFER FROM COMMISSIONERS FUND #11011112 INTO CHILDREN SERVICES FUND #2273

WHEREAS, the Warren County Children Services has requested that the fourth of their 2019 local share be transferred into the Children Services Fund #2273; and

NOW THEREFORE BE IT RESOLVED, to approve the following operational transfer:

\$709,196.00	from	#11011112-5749	(Commissioners Grants - Children Services)
	into	#2273-49000	(Children Services - Operating Transfers)

Mr. Young moved for adoption of the foregoing resolution being seconded by Mr. Grossmann. Upon call of the roll, the following vote resulted:

Mrs. Jones – yea
Mr. Grossmann – yea
Mr. Young – yea

Resolution adopted this 26th day of September 2019.

BOARD OF COUNTY COMMISSIONERS


Tina Osborne, Clerk

cc: Auditor
Operational Transfer file
Children Services (file)
OMB

Resolution

Number 19-1252

Adopted Date September 26, 2019

APPROVE SUPPLEMENTAL APPROPRIATION AND OPERATIONAL TRANSFER FOR
JAIL CONSTRUCTION SALES TAX FUND #4495

WHEREAS, a supplemental appropriation and operational transfer is necessary in order to
process payment for principal for the Jail Construction Bonds; and

NOW THEREFORE BE IT RESOLVED, to approve the following supplemental appropriation
and operational transfer to process payment for principal for the Jail Construction Bonds:

Supplemental Appropriation

\$3,637,704.48 into #44953712-5997 (Commissioners – Operational Transfer)

Operational Transfer

\$3,637,704.48 from #44953712-5997 (Commissioners – Operational Transfer)
into #3395-49000 (Distributions & Transfers)

Mr. Young moved for adoption of the foregoing resolution being seconded by Mr. Grossmann.
Upon call of the roll, the following vote resulted:

Mrs. Jones – yea

Mr. Grossmann – yea

Mr. Young – yea

Resolution adopted this 26th day of September 2019.

BOARD OF COUNTY COMMISSIONERS



Tina Osborne, Clerk

cc: Auditor
Supplemental Appropriation file
Operational Transfer file
OMB (file)

Resolution

Number 19-1253

Adopted Date September 26, 2019

APPROVE SUPPLEMENTAL APPROPRIATION INTO WORKERS' COMPENSATION
FUND #6636

BE IT RESOLVED, to approve the following supplemental appropriation:

\$30,000.00 into #66360110-5927 (Workers' Compensation – Lost Time Claims)

Mr. Young moved for adoption of the foregoing resolution being seconded by Mr. Grossmann.
Upon call of the roll, the following vote resulted:

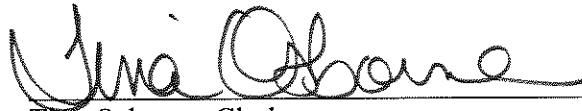
Mrs. Jones – yea

Mr. Grossmann – yea

Mr. Young – yea

Resolution adopted this 26th day of September 2019.

BOARD OF COUNTY COMMISSIONERS



Tina Osborne, Clerk

cc: Auditor
Supplemental Appropriation file
OMB (file)

Resolution

Number 19-1254

Adopted Date September 26, 2019

APPROVE AN APPROPRIATION ADJUSTMENT WITHIN THE SOLID WASTE MANAGEMENT DISTRICT FUND #2256

WHEREAS, additional funds are needed to cover anticipated costs; and

WHEREAS, an appropriation adjustment is necessary to accommodate said costs; and

NOW THEREFORE BE IT RESOLVED, to approve the following appropriation adjustment:

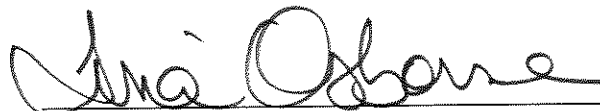
\$500.00 from #22564410-5998 (Contingency)
 into #22564410-5850 (Training/Education)

Mr. Young moved for adoption of the foregoing resolution being seconded by Mr. Grossmann.
Upon call of the roll, the following vote resulted:

Mrs. Jones – yea
Mr. Grossmann – yea
Mr. Young – yea

Resolution adopted this 26th day of September 2019.

BOARD OF COUNTY COMMISSIONERS


Tina Osborne, Clerk

/sm

cc: Auditor
Appropriation Adjustment file
Solid Waste (file)

Resolution

Number 19-1255

Adopted Date September 26, 2019

APPROVE APPROPRIATION ADJUSTMENT WITHIN THE OHIOMEANSJOBS WARREN COUNTY FUND #2258

WHEREAS, an appropriation adjustment is necessary for payment of Health and Life Insurance expenses; and

NOW THEREFORE BE IT RESOLVED, to approve appropriation adjustment within the OhioMeansJobs Warren County Fund # 2258.

\$ 10,000 from #2258-5800-5320 (Capital Purchases)
 into #2258-5800-5820 (Health and Life Insurance)

Mr. Young moved for adoption of the foregoing resolution being seconded by Mr. Grossmann. Upon call of the roll, the following vote resulted:

Mrs. Jones – yea
Mr. Grossmann – yea
Mr. Young – yea

Resolution adopted this 26th day of September 2019.

BOARD OF COUNTY COMMISSIONERS



Tina Osborne, Clerk

cc: Auditor
Appropriation Adj. file
OhioMeansJobs (file)

*BOARD OF COUNTY COMMISSIONERS
WARREN COUNTY, OHIO*

Resolution

Number 19-1256

Adopted Date September 26, 2019

APPROVE APPROPRIATION ADJUSTMENTS WITHIN MARY HAVEN FUND #2270

BE IT RESOLVED, to approve the following appropriation adjustments within Mary Haven Fund #2270:

\$10,000.00	from	22701240-5102	(Regular Salaries)
\$ 6,000.00	from	22701240-5210	(Materials & Supplies)
\$ 500.00	from	22701240-5850	(Training/Education)
\$ 1,000.00	from	22701240-5855	(Clothing/Personal)
\$ 1,500.00	from	22701240-5910	(Other Expenses)
\$19,000.00	into	22701240-5410	(Contracts BOCC Approved)

Mr. Young moved for adoption of the foregoing resolution being seconded by Mr. Grossmann. Upon call of the roll, the following vote resulted:

Mrs. Jones – yea
Mr. Grossmann – yea
Mr. Young – yea

Resolution adopted this 26th day of September 2019.

BOARD OF COUNTY COMMISSIONERS


Tina Osborne, Clerk

cc: Auditor
Appropriation Adj. file
Juvenile (file)

Resolution

Number 19-1257

Adopted Date September 26, 2019

APPROVE APPROPRIATION ADJUSTMENT WITHIN THE WATER FUND NO. 55803300

WHEREAS, the Water and Sewer Department incurs costs for APR Capital Purchases; and

WHEREAS, an appropriation adjustment is necessary to accommodate said costs; and

NOW THEREFORE BE IT RESOLVED, to approve the following appropriation adjustment:


\$18,000.00 from 55803300 5320 (Capital Purchases)
into 55803300 5321 (DT BD APR CAP BOCC)

Mr. Young moved for adoption of the foregoing resolution being seconded by Mr. Grossmann.
Upon call of the roll, the following vote resulted:

Mrs. Jones – yea
Mr. Grossmann – yea
Mr. Young – yea

Resolution adopted this 26th day of September 2019.

BOARD OF COUNTY COMMISSIONERS


Tina Osborne, Clerk

jad

cc: Auditor ✓
Appropriation Adj. file
Water/Sewer (file)

Resolution

Number 19-1258

Adopted Date September 26, 2019

AUTHORIZE THE FILING OF APPLICATION WITH INTERACT FOR HEALTH FOR THE CAMPAIGN TO REDUCE STIGMA OF ADDICTION GRANT AND AUTHORIZE COUNTY ADMINISTRATOR TO SIGN APPLICATION

WHEREAS, Interact for Health has sent out a Request for Applications for funding to develop material to reduce the stigma of addiction; and

WHEREAS, it is the desire of the Board of County Commissioners to apply for said funding; and

NOW THEREFORE BE IT RESOLVED, that Warren County Office of Grants Administration is hereby authorized to file an application to Interact for Health for the Campaign to Reduce Stigma of Addiction Grant; and

BE IT FURTHER RESOLVED, to authorize the County Administrator to sign related paperwork to the grant application.

Mr. Grossmann moved for adoption of the foregoing resolution being seconded by Mr. Young. Upon call of the roll, the following vote resulted:

Mrs. Jones – yea
Mr. Young – yea
Mr. Grossmann – yea

Resolution adopted this 26th day of September 2019.

BOARD OF COUNTY COMMISSIONERS



Tina Osborne, Clerk

sm

cc:

OGA (file)