

## **Ottawa County DJFS - COVID 19 Emergency Financial Assistance**

The PRC verification checklist below is what is required to make sure your application is complete *and* verified. Missing or choosing to skip items below can cause unnecessary delays or denial of your case. ***All applications are processed in date order.*** A notice of approval or denial is mailed to every applicant upon completion.

### **THE ITEMS LISTED BELOW MUST BE VERIFIED THROUGH SELF-ATTESTATION AND A FOLLOW UP PHONE INTERVIEW WILL BE DONE TO COLLECT THAT INFORMATION WITH YOUR APPLICATION:**

- ☐ **INCOME** - Last 30 days earned and unearned income prior to application date for each family member over 18 years old. See table below to verify your gross earned/unearned monthly income is under 200% of the Federal Poverty Level.
- ☐ **CITIZENSHIP, SOCIAL SECURITY CARDS, RESIDENCY AND ID FOR EACH FAMILY MEMBER.**
- US Citizenship for each member of the household
  - Identity for each individual in the home
  - Residency and that each person listed on the application is currently living in the home and at the address listed on the application.
  - Financial Hardship – as a result of lost wages due to COVID-19 virus business responses, shelter in or quarantine steps to limit the spread of the virus.
- ☐ **COVID 19 EMERGENCY FINANCIAL ASSISTANCE APPLICATION** – Completed and submitted to Ottawa County Department of Job and Family Services
- ☐ **TELEPHONE INTERVIEW** – Agency staff will contact applicant by phone to complete review and provide audio signature to self-attestation and application.

If you have a Public Assistance case on record with our agency, the income information in that case may be older than the past 30 days and not able to be used for this application. Do not assume your caseworker is able to verify your information for the PRC application.

To qualify for the TANF funded portion of this plan, you must have children in your physical custody residing in your home, 18 and under. If the child is 18, they have to be enrolled in high school to qualify for PRC funding.

Any questions on how to complete an application? Call 800-665-1677 and ask for the Income Maintenance Backup worker of the day. Application can be scanned and emailed to [info@ottawacountyjfs.org](mailto:info@ottawacountyjfs.org) or faxed to 419-898-2436.

Household Size	Maximum Monthly Income
1	\$2127
2	\$2874
3	\$3620
4	\$4367
5	\$5114
6	\$5860
7	\$6607
8	\$7354
9	\$8100
10	\$8847

# OTTAWA COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

## 2020 COVID-19 EMERGENCY ASSISTANCE APPLICATION

Name of Applicant	Email Address
Primary Phone Number	Current Physical Address
Alternate Phone Number	Mailing Address

Complete the chart below for anyone living in your home, including yourself. **You are required to verify all income, citizenship, social security numbers, and identity for all members of your household.**

Name	Relationship to Applicant	DOB	Social Security Number	Source of Income (Earnings, Child Support, VA Benefits, SSA, SSI, etc)	Monthly Amount of Income	How often received?
(Applicant)						
1.	SELF				\$	
2.					\$	
3.					\$	
4.					\$	
5.					\$	
6.					\$	
7.					\$	
8.					\$	

I have suffered a loss or reduction of wages that has created a financial need due to the efforts to contain the spread of the COVID-19 virus resulting from:

\_\_\_\_\_ My employer is closed, under limited operations, or is not able to provide a flexible schedule, paid leave or telework options relative to the COVID-19 containment efforts.

\_\_\_\_\_ Quarantine of self or needed care for someone in my household who is quarantined due to the COVID-19 containment efforts.

I attest that the above information is accurate to the best of my knowledge and that all the individuals listed on this application reside in my home with me. I have experienced a reduction in income as a result of social distancing practices related to isolation of the COVID-19 virus. I understand that inaccurate or untruthful information provided on this application is considered welfare fraud and will be treated accordingly, up to and including referral to the Ottawa County Prosecuting Attorney.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date