## COVID 19 Disaster Recovery & Response: One-Time Transition Back to Work Payment

The 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. One application is needed for each adult requesting Transition to Work Payment.

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

<b>INCOME</b> - 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.
COVID 19 DISASTER & RECOVERY RESPONSE APPLICATION - Completed and submitted to Ottawa County Department of Job and Family Services
<b>RE-EMPLOYMENT</b> – Verification of re-employment.
IRS form W-9 - Verification of current social security number and mailing address
<b>TELEPHONE INTERVIEW</b> – Agency staff will contact applicant by phone to complete review of 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.

and gather any additional verifications.

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 <a href="mailto:info@ottawacountyjfs.org">info@ottawacountyjfs.org</a> 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 2 k

Primary Phone Number	Current Physical Address
Alternate Phone Number	Mailing Address

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.					\$	

Adult(s) Transitioning to Employment (Separate application for each adult employed on or after July 28, 2020):

Name	Employer Name	Date of Employment	Number of Hours Working Per week

I attest that the above information is accurate to the best of my knowledge this application reside in my home with me. I understand that inaccurate this application is considered welfare fraud and will be treated accordingly	or untruthful information provided on
Ottawa County Prosecuting Attorney.	5, ar
Applicant Signature	Date

## FOR AGENCY USE ONLY Date Application received: 30-day budget period Starting: \_\_\_\_\_ Ending: \_\_\_\_ Need Request. **FPL Guideline Benefit or Service AG Size** Amount One-Time Transition Back to Work Payment Income. Amount Source Available in Verification **Budget Period** 1. 2. \$ \$ 3. \$ Total Income (Compare to appropriate Federal Poverty Guideline above for each service): ☐ PRC/ TANF Disaster Assistance & Recovery Approved ☐ Non-TANF Disaster Assistance & Recovery Approved **COVID 19 Disaster & Recovery Response** W-9's Received to Amount approved: \$200 per **Date Processed for** create Client as household member (cap at \$800) approval/ denial **Number of Adults Re-employed** Vendor PRC/TANF Disaster Assistance Denied—Date of denial and notice mailing: Non-TANF Disaster Assistance Denied—Date of denial and notice mailing: **Reason for Denial:** Signature of Caseworker **Date** Signature of Supervisor **Date**