EMERGENCY ASSISTANCE APPLICATION PROCESSING

You must have child(ren) (18 or under) residing in the household to qualify for funding. If the child is 18, they must be enrolled in high school.

Child Safety Assessment and Case Management. Note: If your family currently receives Supplemental Nutrition Assistance Program (food assistance) or Ohio Works First (cash assistance), no further verifications are needed for Child Safety Assessment and Case Management services. For all other requests:

> ## THE ITEMS LISTED BELOW ARE MANDATORY AND MUST BE PROVIDED BEFORE YOUR APPLICATION WILL BE PROCESSED:
> *Even if you have an existing case with our agency, the following information is needed. Outdated paperwork in your files or missing items can cause unnecessary delay or denial of your application.*
> ***Applications are processed in date order and may take up to 30 days to process. If all items are not received by this time, your application will be denied and you will need to re-apply.***
> A notice of approval or denial is mailed to every applicant upon completion.

☐ **VERIFICATIONS** – Emergency Assistance verifications: mortgage statement, landlord statement with monthly balances due and landlord address/phone number, utility bills, or propane estimate/past balance bills. Applications do not require a disconnect or eviction notice. If you have a disconnect or eviction, you will need to request an extension from the utility/landlord. The Agency is unable to request an extension for you. *Your document receipt will be the only verification our Agency will provide until the application is processed.*
NOTE: Emergency Assistance cannot be used to pay for rent / utilities that are not in your name.

☐ **FINANCIAL ELIGIBILITY** - **Verification of FINANCIAL ELIGIBILITY is mandatory. Even if you are no longer employed, y**ou will need to provide the last 30 days earned and unearned income for each family member **over 18 years old.** Verification of receipt of other means tested programs at time of application and service are acceptable. *Random examples of pay from outside of the past 30 day time period will not be accepted.* See table below to verify that your gross earned/unearned monthly income meets our standards.

☐ **BIRTH, SOCIAL SECURITY CARDS, AND ID ARE REQURED FOR EACH FAMILY MEMBER IN ASSISTANCE GROUP.**
- Birth examples include: birth certificates, hospital birth record or baptismal certificate
- For Kinship Caregiver services: verification of kinship caregiving relationship and role
- Identity examples include: driver's license, state ID card, voter registration card, school ID card, work badge or building pass, military ID, credit card with signature, immunization record, or current school report card.

☐ **EMERGENCY ASSISTANCE APPLICATION –** Completed and signed

If you have questions on how to complete an application, call 800-665-1677 and ask for the Income Maintenance Backup caseworker of the day. You can read our Emergency Assistance plan and services at
http://jfs.ohio.gov/owf/prc/county/Ottawacountyprc.pdf
Application and verifications can be faxed to: Emergency Assistance @ 419-898-2048.

HOUSEHOLD SIZE	200% FPL	HOUSEHOLD SIZE	200% FPL
1	$2127	6	$5860
2	$2874	7	$6607
3	$3620	8	$7354
4	$4367	9	$8100
5	$5114	10+	+$373 per person

OCDJFS EMERGENCY ASSISTANCE APPLICATION

Name of Applicant	Current Physical Address and Mailing Address	**For Agency Use Only**	
		Case Number	
Social Security Number		Date Sent	Date Returned
Telephone Numbers Where You Can Be Reached		County **OTTAWA/ 62**	

1. Are you currently receiving SNAP (food assistance) or Ohio Works First (cash assistance)?
   ☐ Yes ☐ No   If yes, the type of assistance received

   _____

2. Is there currently an open child safety investigation or protective service case with your family?

   ☐ Yes   ☐ No

3. Explain what other services you are requesting (attach gas/water/electric/propane estimate or bill/fuel oil

   estimate or bill) and estimate the amount you are requesting:

   _____

4. Complete the chart below for anyone living in your home, including yourself. **When requesting assistance with specific expenses, you will be required to verify all income, birth certificates, social security cards and identification 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.					$	
2.					$	
3.					$	
4.					$	
5.					$	
6.					$	
7.					$	
8.					$	

YOU MUST PROVIDE PAY STUBS OR EMPLOYMENT STATEMENT REFLECTING WEEKLY OR BI-WEEKLY GROSS PAY FOR THE 30 DAYS PRIOR TO YOUR APPLICATION FILING DATE FOR ALL EMPLOYED HOUSEHOLD MEMBERS. FAILURE TO VERIFY INCOME OR REQUESTED PRC NEED CAN RESULT IN DELAYS OR DENIAL OF YOUR APPLICATION.

If you have not already provided verification of your social security number to Job and Family Services, each person applying for Emergency Assistance must provide the CDJFS (or contracted agency) with a social security number or apply for a social security number. Providing a number is a condition of receipt of financial assistance. The collection of this information, including the social security number of each household member, is authorized under Section 1137(a) of the Social Security Act.

An assistance group that objects to a faith-based provider will be provided with an alternative provider of services within a reasonable period of time. The alternative provider will be reasonably accessible and be able to provide comparable services. The Ottawa County Department of Job and Family Services will assist you in registering to vote; application for services to not discriminate based on protected status. This agency will assist with applications for those with limited English proficiency.

If you are eligible, the agency will limit assistance provided to the actual documented amount of need.

Signature of Applicant	Date

FOR AGENCY USE ONLY

Income/Deductions

Source	Amount Available in Budget Period	Verification
	$	
	$	

Total Income_____ **(Compare to appropriate Federal Poverty Guideline below for each service)**

Total AG Size	200% FPL Monthly	AG Size	200% FPL Monthly
1	2127	6	5860
2	2874	7	6607
3	3620	8	7354
4	4367	9	8100
5	5114	10	8847

☐ **Emergency Assistance Approved – See table below for purchased services**

Item/Vendor Name of Service Provided	PRC Amount Paid	ESSA Preservation Amount	ESSA Reunification Amount	Date of Approval	Voucher Number
	$	$	$		
	$	$	$		
	$	$	$		
	$	$	$		
Eligibility for Investigation & Case Management Services	___TANF	___Title XX			n/a

☐ **PRC Denied**— Reason for Denial: _____

☐ **ESSA Denied**— Reason for Denial: _____

Signature of Caseworker	Date	Signature of Supervisor	Date