

COVID 19 Disaster Recovery/ Response: One-Time Transition 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:

- 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.
- COVID 19 DISASTER & RECOVERY RESPONSE APPLICATION**
- RE-EMPLOYMENT** - Verification of re-employment.
- IRS form W-9** - Verification of current social security number and mailing address
- TELEPHONE INTERVIEW** - Agency staff will contact applicant by phone to complete review of application and gather any additional verifications.

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 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 DISASTER & RECOVERY RESPONSE – Transition Back to Work

| | |
|--|--|
| Name of Applicant | Current Physical Address and Mailing Address |
| Social Security Number | |
| Telephone Numbers Where You Can Be Reached () _____ | |

1. 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. | | | | | \$ | |

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 and that all the individuals listed on this application reside in my home with me. 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

FOR AGENCY USE ONLY

Date Application received: _____ 30 day budget period Starting: _____ Ending: _____

Need Request.

| Benefit or Service | AG Size | FPL Guideline Amount |
|--|---------|----------------------|
| One-Time Transition Back to Work Payment | | |

Income.

| Source | Amount Available in Budget Period | Verification |
|--------|-----------------------------------|--------------|
| 1. | \$ | |
| 2. | \$ | |
| 3. | \$ | |
| 4. | \$ | |

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 | | | |
|---------------------------------------|--|---|-------------------------------------|
| Number of Adults Re-employed | Amount approved: \$200 per household member (cap at \$800) | W-9's Received to create Client as Vendor | Date Processed for approval/ denial |
| | \$ | | |

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 |
|-------------------------|------|-------------------------|------|