

## COVID 19 Disaster Recovery & Response: 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:

- 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.
  - If not a county resident, verification that individual is the obligor on a current open Child Support case in Ottawa County
- COVID 19 DISASTER & RECOVERY RESPONSE APPLICATION** – Completed and submitted to Ottawa County Department of Job and Family Services
- 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.
- ONGOING EMPLOYMENT VERIFICATION** – Pay stubs for each period of employment incentive payment requesting to demonstrate working at least 30 hours/ week.

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	\$2265
2	\$3052
3	\$3839
4	\$4625
5	\$5412
6	\$6199
7	\$6985
8	\$7772
9	\$8559
10	\$9345

**OTTAWA COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES  
 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 (        ) _____	

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 individual requesting program):

Name	Employer Name	Date of Employment/ Job Retention Point	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
Transition Back to Work Payment		
<input type="checkbox"/> Job Placement <input type="checkbox"/> 30 day retention <input type="checkbox"/> 60 day retention <input type="checkbox"/> 90 day retention		

**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 Transition Back to Work Assistance Approved**

**Non-TANF Transition Back to Work Approved**

**PRC/TANF Transition Back to Work Assistance Denied** —Date of denial and notice mailing: \_\_\_\_\_

**Non-TANF Transition Back to Work Assistance Denied**—Date of denial and notice mailing: \_\_\_\_\_

Reason for Denial:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Caseworker	Date	Signature of Supervisor	Date
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