

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:

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, you 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 REQUIRED 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.
 - Residency in Ottawa County or verification of non-custodial parent is the obligor on an open Ottawa County Child Support case

- EMERGENCY ASSISTANCE APPLICATION** - Completed and signed
If you have questions on how to complete an application, call 800-665-1677 and ask for the Workforce Development Team member of the day. You can read our Emergency Assistance plan and services at <http://jfs.ohio.gov/owf/prc/county/Ottawacountyprc.pdf>

HOUSEHOLD SIZE	200% FPL	HOUSEHOLD SIZE	200% FPL
2	\$3525	6	\$7192
3	\$4442	7	\$8109
4	\$5359	8	\$9025
5	\$6275	9	\$9942
10+ add \$917 per person			

Application and verifications can be faxed to: Emergency Assistance @ 419-898-2436.

OCDJFS EMERGENCY ASSISTANCE APPLICATION

Name of Applicant	Current Physical Address and Mailing Address	For Agency Use Only	
Social Security Number		Case Number	
Telephone Numbers Where You Can Be Reached		Date Sent	Date Returned
		County <b style="font-size: 1.2em;">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 (process for CPS services) No

3. Are you a relative that has temporary custody, legal custody or guardianship of a child related to you (other than stepchild) and the child's biological parent is not living with you? Yes No

4. Which of the following do you need help with (include copies of any outstanding bills for housing/ utilities, if requesting that service):
 - Housing/ utilities
 - Repair to primary heating and/or septic system
 - Vehicle repair to keep employment
 - Stabilize a kinship child recently placed in my care
 - Kinship caregiver vehicle repairs
 - Driver License Reinstatement Fees
 - Childcare/ Respite for kinship child placed in my care beyond 3 months
 - Disaster Financial Assistance per declared local, state or federal state of emergency
 - Classroom or On-the-Job training with goal of employment
 - GED examination fee
 - Tools/ equipment needed for job training or employment
 - Other assistance tied to my open child protection case: _____

5. 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.

Continued on following page...

Release of Information

Professional ethics and employment/ training program regulations, funded by the Workforce Innovation and Opportunity Act (WIOA) and Temporary Assistance for Needy Families (TANF), prohibit the exchange of information concerning an individual without the written permission of the individual involved. If the participant is a minor, permission must be granted by the parent/ guardian.

Participant Name: _____ Date of Birth: _____

I (above participant), have applied to participate in employment/ training services through the Ottawa County Department of Job and Family Services and/or the OhioMeansJobs – Ottawa County. I have been advised and am fully aware that verification of information is required to document my eligibility for services and completion of activities while I participate in employment/ training services.

I hereby authorize and direct the organization(s) listed below to release information to the Ottawa County Department of Job and Family Services and/or OhioMeansJobs – Ottawa County, from my date of enrollment to my date of program termination. I also authorize the Ottawa County Department of Job and family Services and/or the OhioMeansJobs – Ottawa County to collect and share information with the organizations listed below to facilitate my participation in employment/ training, job search and/or supportive services. The purpose of exchanging information is to maximize community resources and reduce duplication of services. The types of documentation that may be requested include but are not limited to: Birth records, Social Security Number, disability verification including Individual Education Plan (IEP), assessment results, school or training provider grades/transcripts/schedules, attendance verification for school/ training/ counseling/ employment, employment dates and wages, etc.

Groups or individuals included in a category below may be asked to release or receive the above information:

- | | |
|--|--|
| <input type="checkbox"/> Private/ Public Education Institution | <input type="checkbox"/> ASPIRE |
| <input type="checkbox"/> Past, present & potential employers | <input type="checkbox"/> Opportunities for Ohioans with Disabilities |
| <input type="checkbox"/> County/ State Department of Job and Family Services | <input type="checkbox"/> OhioMeansJobs Ottawa County |
| <input type="checkbox"/> Community Action Commission | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Mental Health/ Substance Use Treatment Providers | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Court Systems & Probation/ Parole | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Selective Service | <input type="checkbox"/> Other: _____ |

Ottawa County Department of Job and Family Services and/or OhioMeansJobs- Ottawa County will only solicit information necessary and relevant to program operations and will treat such information as confidential. Information will not be released to any unauthorized person, organization or agency.

This authorization for information sharing has been explained to me and I have read the disclosures listed above. I have been given a reasonable amount of time to ask questions and consider whether to permit sharing of this information. I hereby willingly agree to the sharing of information as described above.

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
2	3525	7	8109
3	4442	8	9025
4	5359	9	9942
5	6275	10	10,859
6	7192	11+	+917 per person

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: _____

Kinship Caregiver Stabilization Services

<u>Kinship Supports Requested</u>	<u>Amount approved</u>
<u>Household/ Personal Items</u>	
<u>Initial placement - childcare, respite, tutoring</u>	

PRC Denied— Reason for Denial: _____

ESSA Denied— Reason for Denial: _____

Signature of Caseworker	Date	Signature of Supervisor	Date
-------------------------	------	-------------------------	------