

August 6, 2019

Dear Parent/Guardian:

South Central Ohio Job and Family Services is pleased to partner with the Pickaway-Ross Career and Technology Center to assist eligible students with the cost of laboratory tool kits, uniforms and other educational items for students enrolled in the Pickaway-Ross CTC and residing in **ROSS COUNTY**.

To qualify for the funds, your household cannot exceed 200% of the Federal Poverty Guidelines. These guidelines are included in this packet for your reference. Please complete the attached application including all household members and their income listed with proof of the last 30 days income, sign the application, and return it to Pickaway-Ross CTC with your student. Please be sure to provide an active phone number in the event the eligibility worker needs to contact you for information.

Please have your student turn in the application to the Director's office at Pickaway-Ross CTC. Do not turn in the application to your instructor or South Central Ohio Job and Family Services.

The deadline for submitting the application is **Friday August 30, 2019.**

South Central Ohio Job and Family Services will screen the applications for eligibility. Anyone attempting to mislead or defraud the agency will be disqualified.

Please do not contact South Central Ohio Job and Family Services or Pickaway-Ross CTC regarding your eligibility. South Central Ohio Job and Family Services will notify you by mail regarding your eligibility.

We are excited about the opportunity to assist students with these items which will lead to successful technical training and ultimately successful careers. The funds cannot be used for school clothes, car repair, paper, notebooks or other normal school supplies.

Respectfully,

Rich Reynolds
SCOJFS, Program Manager

Monthly Federal Poverty Guidelines - 2019

The Monthly Federal Poverty Guidelines (FPG) is used to determine eligibility for PRC. The following chart shows the current 200% standard determined by the federal government as calculated on the annual basis.

| Assistance Group Size | Monthly Income Level |
|-----------------------|----------------------|
| 1 | \$2,082 |
| 2 | \$2,819 |
| 3 | \$3,555 |
| 4 | \$4,292 |
| 5 | \$5,029 |
| 6 | \$5,765 |
| 7 | \$6,502 |
| 8 | \$7,239 |

This is an application for the following Work Readiness PRC service (check only one):

Vocational School Project – Pickaway-Ross CTC – ROSS COUNTY

Name of Person Completing Application: _____

Street Address: _____ City: _____

State: _____ Zip: _____

Phone: _____

Please Provide Information on All Persons Living at This Address - Including Yourself

| Name | Social Security # | Relationship | DOB | Amount of Income |
|------|-------------------|--------------|-----|------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Check **all** that apply. Someone in my household is receiving:

- Free or Reduced Lunches Low Income Child Care
- OWF Cash Assistance FOOD STAMPS MEDICAID (CHIP)
- WIC PELL (Educational Grant) Low Income Housing

PLEASE READ CAREFULLY

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

If you receive PRC Benefits for which you are not entitled, you have to repay them.

I give consent for the agency to make whatever contacts are necessary to determine my eligibility and arrange for payments. I hereby authorize the release of any information necessary to determine my eligibility for PRC services. I also authorize the release of any and all information on or related to this application to potential employers holding SCOJFS harmless.

PRC Penalty Warning: You can be prosecuted for knowingly giving false information to get PRC benefits to which you are not entitled. Or, you can be found to have committed an intentional program violation. Any member of your assistance group who knowingly gives false information to receive PRC benefits may be ineligible for OWF and PRC until the benefits are repaid in full.

Signature of Applicant

Parent or Guardian

Date

RIGHT TO A STATE HEARING

You have the right to request hearing (orally or in writing) before the Ohio Department of Job and Family Services if:

- Your application is denied, but you believe you are eligible.
- You are not told in writing within 15 days of the date you hand in your application whether or not you are eligible.
- You do not agree with the type or amount of your benefits.
- You have the right to request a fair hearing if you are not in agreement with any action taken by the agency

You also have the right to an informal conference with your County Department of Job and Family Services, if a mistake has been made, it can be corrected. If you are not satisfied with the results of your county conference, you can still have a state hearing. You will be given with this application an “Explanations of State Hearing Procedures” (ODJFS 4059). Read it carefully to understand your hearing rights and the hearing process itself.

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|---|
| Referring Worker only: Forwarded to SCOJFS eligibility worker on (date) _____ by (name) _____ with (agency) _____. |
|---|

| | | | |
|--|---------------|---------------------------------|---------------|
| Eligibility Worker only: Family has met categorical eligibility due to receipt of _____. Family's income is \$ _____ for a family of _____. It is above / below _____% of poverty level. Application APPROVED / DENIED on _____. Notice sent _____. | | | |
| _____ Signature of Worker | _____ Date | _____ Supervisor's Signature | _____ Date |