

Applicant Information

First Name:

Street Address:

Portage County Job & Family Services Healthy Aging Services Application

The services available through the Healthy Aging Program aim to address social determinants of health, foster an improved quality of life for older Ohioans, enabling them to remain in their homes and stay connected to their communities, preserve their personal assets, and promote a healthy, independent, active lifestyle. To be considered for the Healthy Aging Services, an applicant must be at least 60 years of age or older; be a resident of Portage County and meet the income guideline criteria on the back of this application.

Last Name:

City and Zip Code:

Social Security #:			Date o	of Birth:				
Household Telephone #:			Sex:	□Male	□Female			
-	te the chart belowere needed.	w for anyone living	in your	home,	including yo	urself. Please use	e the	back page if additional
	Name	Social Security #	Relati	onship t	o Applicant	Date of Birth		Income Sources
1								
2								
3								
4								
Check	Service			Information about the Service			List everyone over 60 in the household that needs this service	
	Case Management Services (Check all that apply) Budgeting Representative Payeeship Services (bill paying services) Clothing Ensuring Safety at Home Food Pantries/Meals on Wheels/ Center of Hope Personal Hygiene Products Furniture Voucher Program/Restore Link to Socialization Support/ Senior Center		not link The this	Case management services include but are not limited to things like budgeting, clothing, links to social supports and senior centers. There may be a limit to the amount paid on this service based on funding availability.				
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Food Assistance/Voucher	This service may include groceries and/or gift	
	cards for food purchases. There may be a limit to the amount paid on	
	this service based on funding availability.	
Care Coordination Assistance	Provides supports such as home delivered	
	meals, emergency response systems, and	
	homecare.	
	There may be a limit to the amount paid on	
	this service based on funding availability.	
Transportation Assistance	Referrals to transportation providers or Parta	
	Passes or Gift Cards for gas purchases.	
	There may be a limit to the amount paid on	
	this service based on funding availability.	
Senior Support Kit	These are kits to be supplied to residents that	
	are working with PCJFS Adult Protective	
	Services	
	There may be a limit to the amount paid on	
	this service based on funding availability.	
Digital Inclusion Assistance -	Access to internet through tablets and MiFi,	
	hotspots, resources and support for online	
	navigation and digital tools.	
	Limit of 1 per family and there may be a limit	
	to the amount paid on this service based on	
Have Balinavad Marala Assistance	funding availability.	
Home Delivered Meals Assistance	Meals will be provided and	
	Delivered directly to the home. There may be a limit to the amount paid on	
	this service based on funding availability.	
Renter Based Assistance	Assistance paying renter-based needs.	
(Check all that apply)	Includes things like rent, utility, security depos	
Rent	and court fees and/or eviction prevention.	
☐ Utilities ☐ Security Deposits	There may be a limit to the amount paid on this service based on funding availability.	
☐ Eviction Prevention/Court Fees	this service based on funding availability.	
Homeowner Based Assistance	Assistance paying homeowner based needs.	
(Check all that apply)	Includes things like mortgage, homeowner	
☐ Mortgage	insurance, utilities, property tax bills.	
☐ Utilities	There may be a limit to the amount paid on	
☐ Property Tax Bills	this service based on funding availability.	
Home Repair Assistance	Assistance paying home repairs	
	There may be a limit to the amount paid on	
	this service based on funding availability.	

Home Repair Assistance	Assistance paying nome repairs	
	There may be a limit to the amount paid on	
	this service based on funding availability.	
Would you like information on other programs	that may be able to assist you? $\ \square$ Yes $\ \square$ No)
JFS-HAS 010		

To be considered for the Healthy Aging Services, an applicant must be at least 60 years of age or older; be a resident of Portage County and meet the income guideline criteria below.

Income Guidelines: Citizens at or below 300% Federal Poverty Level that have been impacted in some way by COVID 19.

Household	Annual Income	Monthly Income
Size		
1	\$43,740	\$3,645
2	\$59,160	\$4,930
3	\$74,580	\$6,215
4	\$90,000	\$7,500
5	\$105,420	\$8,8785
6	\$120,840	\$10,070
7	\$136,260	\$11,355
8	\$151,680	\$12,640
	*Add \$6,430 per person	*Add \$428.33 per person

Please provide the following documents with your application if available at application:

- Proof of identity
 - o Examples: Photo ID, SS card, Birth Certificate, passport
- Proof of income
 - Examples: SS award letter, pay stub, statement of income
- Proof of Need
 - Examples: delinquent bills, statement of need(s) such as food, household supplies, home modifications, transportation requests including dates, locations, etc.
- Additional documentation may be required.

If you are determined eligible for this funding, the agency will limit assistance under this program to the actual documented amount of need, or the amount restricted for a specific service, or whichever is lower.

By my signature below, I declare and state under penalty of perjury that the information on this application is true and complete to the best of my knowledge. I understand that the law provides penalty of fine and imprisonment (or both) for anyone convicted of accepting assistance he or she is not eligible for. Also, by my signature, I acknowledge that final approval of my healthy aging services request is based on the established guidelines and availability of Healthy Aging funds. I authorize the exchange of information between PCJFS and other county agencies in receipt of Healthy Aging funding to prohibit duplication of issued funds. I understand that all information contained in this application is confidential. I self-attest the following I am at least 60 years of age or older; a resident of Portage County and meet the income guideline criteria listed above. I also attest that I have a need for this support.

Signature of Applicant	Date

Additional space if needed:	
All completed applications should be se	ent to Portage County Job and Family Services:
449 S. Meridian Street Ravenna, OH 44266	
Or	
Andrea.Reihard@jfs.ohio.gov	
	For Agency Use Only
☐ Healthy Aging Services Approved	Date Approval Notice Sent
Services/Amounts approved:	
☐ Healthy Aging Services Denied	Date Denial Notice Sent
Services denied:	
Reason for Denial:	
	-
☐ Referral made to responsible agency	(s) Date Referral Notice Sent
 □ Direction Home (DH) □ Community Action Council (CAC) □ Catholic Charities (CC) □ Hope on Wheels (HOW) 	
☐ Family and Community Services (FCS	