



Prevention, Retention and Contingency Program

COVID-19 Emergency Assistance Information



Board of Commissioners

Kathleen Clyde, President
Vicki A. Kline, Vice President
Sabrina Christian-Bennett, Board Member

Job and Family Services
Director Kellijo Jeffries MSW, LSW

COVID-19 Emergency Assistance

The Prevention, Retention and Contingency (PRC) program is designed to provide benefits and services to help families residing in Portage County overcome immediate barriers to achieve or maintain self-sufficiency.

Eligible recipients must be a U.S. Citizen or qualified alien, living with at least one minor child or are pregnant with no other minor children. The family's income must be at or below 200% of the Federal Poverty Level.

The county is responsible for using objective criteria when determining eligibility for the PRC program.

We will need the following verifications to determine eligibility for COVID-19 Emergency Assistance:

- Completed COVID-19 Emergency Assistance PRC application (page 3 of this packet)
- Verification of income for ALL members of your household for 30 days prior to application (also on page 3 of this packet)
- Verification of Unemployment Insurance denial (to be submitted separately upon receipt)
- Completed Employment Verification form (page 5 of this packet; to be completed by the employer)

Additionally, we will need a completed County Vendor Information sheet for payment processing. The applicant is to fill out the highlighted fields on this form (page 4 in this packet). By completing and submitting this packet, please understand that this is not a guarantee of eligibility or payment but will aid in expediting any potential approvals.

Completed applications and verifications may be emailed to Portage_PRC@jfs.ohio.gov.

If you have any questions or would like further information regarding the program, please contact Kristi Gellner at 330-297-3777.



Mailing Address for All JFS Divisions: 449 South Meridian Street, Ravenna, Ohio 44266-1217 Agency Phone: (330) 297-3750 Administration Fax: (330)298-1107

"An Equal Opportunity Employer"

Public Assistance

Office - 449 S Meridian St
Fax (330)297-3439

OhioMeansJobs

Office/Center - 253 S. Chestnut St
Fax (330)296-7805

Child Support

Office - 209 S. Chestnut St Suite 203
Fax (330)297-4559

Children & Adult Protective Services

Office - 449 S. Meridian St
Fax (330) 297-2258
CARES Abuse/Neglect Hotline 330-296-2273

Portage County Job & Family Services

Prevention, Retention and Contingency PRC Application- COVID-19 Emergency Assistance

Applicant Contact Information

First Name	Last Name
Street Address	City, State and Zip
Social Security #	Date of Birth
Telephone #	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female

Complete the chart below for anyone living in your home, including yourself.

Name	Social Security #	Relationship to Applicant	Date of Birth	Monthly Income Amount	Source of Income
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

***ALL household income should be provided and will be considered during the eligibility determination process ***

To be considered for PRC eligibility of this program, an applicant must be at least 18 years of age or older; an emancipated minor with at least one minor child); be a resident of Portage County and *have been negatively affected by the COVID-19 pandemic (loss of employment, displacement etc) and NOT eligible for Unemployment Insurance.*

Explain the specific change in circumstance that has occurred in the last year that has led to your PRC application:

If you are not registered to vote where you live now, would you like to apply to register to vote or change your address today?

☐ YES ☐ NO

If you are determined PRC eligible, 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.

WARNING: 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 PRC request is based on the established guidelines and availability of PRC funds. I authorize the exchange of information between PCJFS and the providers. I understand that all information contained in this application is confidential.

Email Address REQUIRED FOR CORRESPONDENCE

Signature of Applicant

Date

3/19/2020

**PORTAGE COUNTY
VENDOR, CONTRACTOR, SERVICE PROVIDER
INFORMATION SHEET**

PURCHASE ORDER MAILING ADDRESS:

Vendor, Renter, Contractor or Service Provider's.....

Name: _____

DBA: _____

Address: _____

Zip: _____

City: _____ State: _____

Contact Name: _____

Telephone Number: (____) _____

Fax Number: (____) _____

E-Mail Address: _____

PAYMENT REMIT TO ADDRESS:

Vendor, Renter, Contractor or Service Provider's.....

Name: _____

DBA: _____

Address: _____

Zip: _____

City: _____ State: _____

Contact Name: _____

Telephone Number: (____) _____

Fax Number: (____) _____

E-Mail Address: _____

Federal I.D. No.: _____ or Social Security No.: _____

(check one) _____ Corporation ☒ Individual _____ Partnership

What is the correct listing of your name used for filing with the IRS: _____

1099 Information: (check one) _____ Medical/Health Care Payment _____ Non-Employee Compensation
_____ Prizes and awards _____ Rents _____ Royalties

For 1099 Recipients: The Internal Revenue Service (IRS) requires that the tax payer name and identification number (TIN) match their Files. Further, if the name and TIN do not match, the law requires us to withhold thirty-one percent (31%) of payment to you. This is called backup withholding.

WHAT TYPE OF SERVICE DO YOU PROVIDE? (PLEASE CHECK ALL THAT APPLY)

_____ Child Care _____ Consulting _____ Contracting _____ Employee _____ Factory Rep.

_____ Legal Service _____ Manufacturing _____ Renting _____ Retailer

_____ Other, please describe: _____

SIGNATURE OF PERSON AUTHORIZED TO COMPLETE THIS FORM: _____

TYPED OR PRINTED SIGNATURE OF ABOVE: _____

DATE: _____ **TITLE:** _____

County Department Requesting this form: _____

Person in County Department to contact: _____ Telephone Number: _____

MAIL COMPLETED FORM TO:

Portage County Internal Services Dept., 449 SO. MERIDIAN ST., RAVENNA OH 44266 or you may fax

this form to the Internal Services Department at (330) 298-2056.



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COVID-19 Employment Verification Form
To be completed by EMPLOYER

Name of Employee: _____
Date of Dislocation: _____
Employer Name: _____
Employer FEIN: _____
Contact Name: _____
Contact Phone Number: _____

This employee has been terminated, laid off, or displaced as a result of the COVID-19 pandemic.

By my signature below, I declare and state that the information on this form is true and complete to the best of my knowledge. I understand that all information contained on this form is confidential.

Signature: _____
Date: _____

Please return all completed forms via email to Portage_PRC@jfs.ohio.gov. If you have any questions, Please contact Kristi Gellner at 330-297-3777 or Kristi.Gellner@jfs.ohio.gov.



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