



### Prevention, Retention, & Contingency (PRC)

Thank you for applying for the Prevention, Retention, and Contingency (PRC) program. The PRC program provides aid and services due to unexpected emergencies. Eligible recipients must be a U.S. Citizen or qualified alien, living with at least one minor child, pregnant, or the non-custodial parent of a minor child. The family's income must be at or below 200% of the Federal Poverty Level (FPL) and must reside in Union County.

Family Size	Monthly Income
2	\$3407.00
3	\$4304.00
4	\$5200.00
5	\$6097.00
6	\$6994.00
7	\$7890.00
8	\$8787.00

It is the responsibility of this agency to take the appropriate actions on your application in a prompt and courteous manner. Only due to unavoidable circumstances will actions be delayed more than 10 business days from the date we receive your signed application. After the eligibility determination has been made, a notice will be mailed to the applicant.

**YOUR APPLICATION WILL BE CONSIDERED INCOMPLETE AND WILL NOT BE PROCESSED UNTIL ALL REQUIRED ITEMS ARE RETURNED.**

First Name:		Middle Initial:	Last Name:	
Street Address:			Apt Number:	
City, State, and Zip:				
Social Security Number:		Case Number:	Date of Birth:	
Phone Number:	US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> non-Binary	
Email Address:			County of Residence:	

Is anyone in your household a fugitive felon, parole, or probation violator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have minor children in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any Intentional Program Violations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has anyone in the household quit a job in the past 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Would you like to register to vote? <i>(If you do not check a box, you will be considered to have decided not to register to vote at this time)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No <a href="https://olvr.ohiosos.gov/">https://olvr.ohiosos.gov/</a>
Do you currently receive any of the following?	<input type="checkbox"/> Food Assistance/SNAP <input type="checkbox"/> OWF <input type="checkbox"/> Medicaid <input type="checkbox"/> Childcare
Have you or anyone in the household received any type of assistance from any county in Ohio or another state this month or within the past 3 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

**EXPLAIN WHAT YOU NEED, WHY YOU NEED THESE SERVICES, AND THE COST OF THIS SERVICE:**

Empty text box for explaining needs and costs.

**EXPLAIN YOUR HOUSEHOLD PLAN TO ADDRESS THIS NEED IN THE FUTURE:**

What other agencies have you attempted to get assistance from?

**INCOME: REPORT ALL INCOME SOURCES AND AMOUNTS FOR EVERY MEMBER OF YOUR HOUSEHOLD. THE REPORTED AMOUNT SHOULD BE THE GROSS AMOUNT, THIS IS THE AMOUNT OF INCOME BEFORE ANY DEDUCTIONS SUCH AS TAXES, CHILD SUPPORT, HEALTH INSURANCE, ETC. IN ADDITION TO EMPLOYMENT (TAXED OR UNTAXED), YOU MUST ALSO REPORT ALL UNEARNED INCOME SOURCES, SUCH AS: SOCIAL SECURITY PAYMENTS, SSI PAYMENTS, CHILD SUPPORT, UNEMPLOYMENT, WORKERS COMPENSATION, PENSIONS, ETC. IF YOUR HOUSEHOLD DOES NOT HAVE ANY INCOME, YOU STILL MUST COMPLETE THIS SECTION LISTING \$0. LEAVING IT BLANK WILL BE AN INCOMPLETE APPLICATION.**

**EVERYONE RESIDING IN THE HOME MUST BE LISTED WHETHER THEY HAVE INCOME OR NOT.**

Name:	Social Security #	Relationship to applicant	Date of Birth	Monthly Income	Source of income
		<i>Self</i>		\$	
				\$	
				\$	
				\$	
				\$	

Does anyone in the home have any resources? Such as:

Resource	Person with Resource	Amount of Resource
<input type="checkbox"/> Cash on Person		
<input type="checkbox"/> Checking Account		
<input type="checkbox"/> Savings Account		
<input type="checkbox"/> Stocks/Bonds		
<input type="checkbox"/> Other		

By my signature below, I certify that the above information for myself and all members of my household is true and correct and that all income and potential resources have been reported; I also understand that misrepresentation of any information may subject me to collective overpayments and other allowable sanctions and deliberate misrepresentation or fraud may subject me to prosecution under applicable state and federal laws; furthermore, I give UCJFS employees permission to contact any person, business, agency or entity required to verify my eligibility.

Applicants Signature:

Date:

# PRC Verification Checklist

*All PRC applications require documentations, below is a commonly requested list of items we will need to process your application in a timely manner.*

## **REQUIRED VERIFICATIONS FOR ALL PRC PROGRAM SERVICES AND/OR BENEFITS:**

- Social Security Number for EVERYONE in the household.
- Driver's license or state issued ID for all adults.
- Verification of ALL household income for the past 30 days (earned and unearned).
- Signed, dated, and completed (in full) PRC application.
- Completed household budget sheet (included in application).
- W9 signed and completed by the person who will receive the payment (ie – Landlord)
- Authorization for Release of Information (included in packet – 1 per each adult in household).

If you need assistance with any of the following, you will **also** need to provide the documents shown:

### **HOUSING ASSISTANCE:**

- Copy of Complete lease agreement
- Eviction notices or verification from landlord of need for assistance

### **TRANSPORTATION:**

- Proof of Auto Ownership (vehicle registration)
- Proof of Insurance
- 2 estimates from a licensed mechanic
- Proof of employment

### **UTILITIES:**

- Copy of past due bill in applicants name (must be at current address)

### **KINSHIP STABILIZATION:**

- Court paperwork/documents supporting legal custodian or legal guardian status.
- Birth certificates to confirm bloodline of kinship caregiver or specified relative.
- If requesting childcare assistance, please complete JFS 7200 first

*When applying for PRC, it is the applicant's responsibility to complete all necessary documents, furnish all available facts, information, and fully cooperate in the eligibility determination process, per Union County PRC Plan.*

## PRC RIGHTS

**NON-DISCRIMINATION:** Federal laws require that any agency administering federally funded programs and activities, cannot discriminate against you based on race, color, national origin, sex, religion, political beliefs, disability, and age.

**AMERICANS WITH DISABILITY ACT:** If you have a physical or mental condition what substantially limits one or more major life activities, you have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. Physical or mental conditions include, for example, a learning disability, mental retardation, a history of drug or alcohol addiction, depression, mobility impairment, or a hearing or vision impairment.

You can, let us know if you have a disability. If you are unable to provide or complete the requirements, we can assist you or we can amend the requirements (in most cases). Here are some of the ways we can help:

- We can call or visit if you are not able to come to our office
- We can tell you what this letter means
- If you are hearing impaired, we can provide a sign language interpreter when you come to the office
- We can help you appeal any decisions you do not agree with.

If you need some other kind of help, as us and/or call your caseworker.

**LIMITED ENGLISH PROFICIENCY:** If your primary language (spoken or written) is not English, we can help you. Let us know if your primary language is not English. Here are some ways we can help:

- We can provide you with an interpreter who can speak English and your language when you come to the office. One will be provided at no cost to you.
- We may be able to provide you documents in your own language. If we cannot, then we will provide you with an interpreter who can read the document to you.

**INFORMATION ON CITIZENSHIP AND IMMIGRATION STATUS:** If you are applying for PRC benefits, you must tell us about the citizenship and immigration status for only those persons you are seeking the benefits for. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC if they are otherwise eligible.

You may also need to tell us about your family's income and answer other questions we may ask.

**INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER:** Generally, if you are applying for PRC benefits, you must provide the social security number of only those persons you are seeking the benefits for. However, there may be instances where we need the social security numbers of members of the household to verify income or other eligibility criteria to determine eligibility even though they are not seeking PRC benefits themselves. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC is they are otherwise eligible.

Social Security numbers may be used when contacting appropriate persons or agencies to determine your eligibility and verify information you have given for PRC, for example, income, disability benefits or other similar benefits and programs. Such information you have given for PRC for example, income, disability benefits or other similar benefits and programs. Such information may affect your household eligibility for PRC. Your social security number may be used for a felony warrant match, a match of person in violation of probation or parole by law enforcement agencies; or for purposes of investigations, prosecutions, and criminal or civil proceedings that are within the scope of law enforcement agencies' official duties.

### HOW DO I FILE A DISCRIMINATION COMPLAINT?

Your complaint can be filed with:

Ohio Department of Job & Family Bureau of Civil Rights  
30 East Broad St, 37th Floor  
Columbus, Ohio 43215-3414

The Bureau of Civil Rights (BCR) staff is available to help with writing and filing your complaint(s).

You can call BCR at 866-227-6353 or TTY 866-221-6700

Fax: 614-752-6381

### Income vs. Expenses Worksheet

If not completed in full, your application will not be considered complete!

LAST 30 DAYS – HOUSEHOLD INCOME		AMOUNT
EMPLOYMENT/WAGE/SALARY		\$
UNEMPLOYMENT COMPENSATION		\$
WORKERS COMPENSATION		\$
SSI / SOCIAL SECURITY		\$
CHILD SUPPORT AND/OR ALIMONY		\$
OWF MONTHLY CASH ASSISTANCE		\$
FOOD STAMP DIRECTION CARD		\$
MONEY RECEIVED FROM FAMILY AND/OR FRIENDS		\$
RESOURCES (SAVINGS, CHECKING, ETC)		\$
OTHER		\$
<b>TOTAL INCOME</b>		\$
HOUSEHOLD EXPENSES	AMOUNT OWED	I HAVE PAID THIS
RENT/MORTGAGE		
RENTERS/HOMEOWNERS INSURANCE		
ELECTIRC		
GAS/PROPANE		
WATER/TRASH/SEWER		
PHONE/MOBILE		
GROCERY (OUT OF POCKET)		
CABLE TELEVISION / INTERNET		
OTHER		
TRANSPORTATION	AMOUNT OWED	I HAVE PAID THIS
VEHICLE LOAN		
AUTO MAINTENANCE		
AUTO INSURANCE		
GASOLINE/FUEL		
MEDICAL EXPENSE	AMOUNT OWED	I HAVE PAID THIS.
DOCTORS VISITS		
HEALTH INSURANCE		
PRESCRIPTIONS		
OTHER MEDICAL		
PERSONAL CARE	AMOUNT OWED	I HAVE PAID THIS
CHILDCARE		
CHILD SUPPORT/ALIMONY		
LOANS		
CREDIT CARDS		
LAUNDRY		
CIGARETTES		
LEGAL FEES		
OTHER		
FOR OFFICE USE ONLY	TOTAL	
	DIFFERENCE	

Ohio Department of Job and Family Services  
**APPLICANT/RECIPIENT AUTHORIZATION  
 FOR RELEASE OF INFORMATION**

Office Use Only	
Applicant/Recipient Name	Case Number
Name of CDJFS Representative/Unique Identifier/Date	

I, \_\_\_\_\_, hereby authorize Social Services / 3rd Party Verifier to disclose  
 \_\_\_\_\_  
*(Name of Individual)* *(Name of covered entity, such as CDJFS, employer, etc.)*  
 the information listed below to Union County Dept. of Human Services for the purpose of determining  
 \_\_\_\_\_  
*(Who will receive the information?)*  
 eligibility for cash assistance, medical assistance and/or Supplemental Nutrition Assistance Program (SNAP) benefits; or for the  
 following reason(s): PRC Eligibility  
 \_\_\_\_\_  
**Information to be released:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**By signing below, I understand that:**

This authorization shall expire on \_\_\_\_\_ or until revoked by me in writing, whichever comes first.  
*(Date or completion of "event"- reason the signed authorization is needed)*

I have the right to revoke or cancel this authorization at any time by providing notice in writing to the following address:  
 940 London Ave. Suite 1800 Marysville, Ohio 43040

The revoking or canceling of this authorization does not affect the use or disclosure of information that occurred prior to the date that authorization was canceled.

Any information used or disclosed as per this specific authorization may be re-disclosed by the person or entity receiving the information. In such a situation, it may no longer be protected by federal or state law.

This authorization is **NOT** for the release or use of protected health information (PHI) - please use the appropriate medical release authorization form.

I am aware of my responsibilities to report completely and fully all facts that bear upon my eligibility for all cash assistance, medical assistance and/or SNAP benefits. I realize if the requested information reveals I have improperly reported my situation, the information may be given to the prosecuting attorney for possible civil action or criminal prosecution.

Completion of this form is voluntary, but necessary to determine eligibility for cash assistance, medical assistance and/or SNAP benefits.

Signature of Applicant/Recipient or Authorized Representative	Date	Representative's Legal Authority to Applicant/Recipient <i>(Such as parent, guardian, power of attorney, auth rep, etc.)</i>
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**Please reply in the space below, sign and date.**

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Signature/Title of Person Supplying Information

Telephone Number

Date

# Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.  
For further information, you may consult the Secretary of State's website at: [VoteOhio.gov](http://VoteOhio.gov) or call (877) 767-6446.

## Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

**NOTICE:** This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

**Numbers 1 and 2 below are required by law.** You must answer both of the questions for your registration to be processed.

## Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Please see information on back of this form to learn how to obtain an absentee ballot.

## Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

## Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

## Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE**

I am:  Registering as an Ohio voter  Updating my address  Updating my name

1. Are you a U.S. citizen?  Yes  No

2. Will you be at least 18 years of age on or before the next general election?  Yes  No

If you answered NO to either of the questions, do not complete this form.

3. Last Name	First Name	Middle Name or Initial	Jr., II, etc.
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4. House Number and Street (Enter new address if changed)	Apt. or Lot #	5. City or Post Office	6. ZIP Code
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7. Additional Mailing Address (if necessary)	8. County (where you live)
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9. Birthdate (MM/DD/YYYY) (required)	10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided)	11. Phone Number (voluntary)
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12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street

Previous City or Post Office	Previous County	Previous State
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13. CHANGE OF NAME ONLY Former Legal Name	Former Signature
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14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

Your Signature



Date

(MM/DD/YYYY)

FOR BOARD USE ONLY  
SEC4010 (rev. 4/15)

City, Village, Twp.

Ward

Precinct

School Dist.

Cong. Dist.

Senate Dist.

House Dist.

**TO ENSURE YOUR INFORMATION IS RECEIVED,  
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit [VoteOhio.gov/Boards](https://VoteOhio.gov/Boards)

If you have additional questions, please call the office of the Ohio Secretary of State at (877) SOS-OHIO (877-767-6446).

**HOW TO OBTAIN AN OHIO ABSENTEE BALLOT**

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: [VoteOhio.gov](https://VoteOhio.gov) or by calling (877) 767-6446.

**OHIO VOTER IDENTIFICATION REQUIREMENTS**

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: [VoteOhio.gov](https://VoteOhio.gov) or call (877) 767-6446.

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A  
FELONY OF THE FIFTH DEGREE.**



# Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions.		
	6 City, state, and ZIP code	Requester's name and address (optional)	
	7 List account number(s) here (optional)		

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>																															
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## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*

Ohio Department of Job and Family Services  
**EXPLANATION OF STATE HEARING PROCEDURES**

**What is a State Hearing?**

If you think there has been a mistake or delay on your case, you may want to ask for a state hearing. You can ask for a hearing about actions by either the state department of job and family services or the local agency. Local agencies include the County Department of Job and Family Services (CDJFS), the County Child Support Enforcement Agency (CSEA), and agencies under contract with them.

A state hearing is a meeting with you, someone from the local agency, and a hearing officer from the Ohio Department of Job and Family Services (ODJFS). The person from the local agency will explain the action it has taken or wants to take on your case. Then, you will have a chance to tell why you think the action is wrong. The hearing officer will listen to you and to the local agency, and may ask questions to help bring out all the facts. The hearing officer will review the facts presented at the hearing and recommend a decision based on whether or not the rules were correctly applied in your case.

**How to Ask for a Hearing**

To ask for a hearing, call or write your local agency or write to the Ohio Department of Job and Family Services, Bureau of State Hearings, PO Box 182825, Columbus, Ohio 43218-2825. If you receive a notice denying, reducing or stopping your assistance or services, you will receive a state hearing request form. Fill out the request form and mail it to State Hearings. You may also fax your hearing request to State Hearings at (614) 728-9574.

We must receive your hearing request within 90 days of the mailing date of the notice of action. However, if you receive food assistance, you may request a hearing on the amount of your food assistance at any time during your certification period.

If someone else makes a written request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

**How to Request a Telephone Hearing**

If you cannot attend the hearing at the scheduled location as a result of not having transportation, child care, medical limitations, etc., you can call 1-866-635-3748 and choose to participate by telephone. If you participate by telephone, the hearing officer assigned to your appeal will call you on the day of your hearing at the scheduled time for your hearing at the telephone number you provide.

**Continuing Assistance or Services**

If you receive a notice that your assistance or services will be reduced, stopped, or restricted, you must request a state hearing within 15 days of receiving that notice in order to continue receiving your benefits until your hearing decision is issued.

In the food assistance program, your benefits will not continue if you were denied or if the certification period has expired. After the certification period, you must reapply and be found eligible.

If your assistance or services have been changed without written notice, or if the change was made even though you requested a timely hearing, you can call the Bureau of State Hearings, to inquire if you should receive continuing benefits. Call us, toll free at the following number: 1-866-635-3748, and choose option number one from the automated voice menu.

If your assistance is continuing and you lose the hearing, you may have to pay back any benefits that you were not eligible to receive.

The continuing assistance provisions described in this section do not apply to the child support program. If you request a hearing about child support services, your hearing request will have no effect on your receipt of services while your hearing is pending.

**County Conference**

An informal meeting with a person from the local agency may settle the issue without the need for a state hearing.

Often this is the quickest way to solve a problem. At this meeting your case will be reviewed with you. If a mistake has been made, it can be corrected without the need for a state hearing. You can set up a county conference by asking your county worker. If you are not satisfied with the results, you can still have a state hearing.

You do not have to have a county conference to have a state hearing. Asking for a county conference will not delay your state hearing.

**When Will the Hearing be Held?**

After your request for a hearing is received, the Bureau of State Hearings will send you a scheduling notice giving the date, time and place of the hearing. This notice will be sent to you at least 10 days before the hearing. The notice will also tell you what to do if you cannot come to the hearing as scheduled.

**Where are Hearings Held?**

Hearings are usually held at the local agency. If you are unable to go there, the hearing may be held some other place that is convenient to you and to the other people involved. If you want the hearing held somewhere other than the local agency, be sure to tell us that in your hearing request.

**Postponement of the Hearing**

If you cannot come to the hearing as scheduled, or if you need more time to prepare, you can ask the hearings section for a postponement. In the food assistance program, postponement is limited to 30 days from the date of the first scheduled hearing. In all other programs, you must have a good reason to postpone the hearing.

### **If You Do Not Attend the Hearing**

The Bureau of State Hearings will send you a dismissal notice if you do not come to the hearing. If you want to continue with your hearing request, you must contact State Hearings within 10 days and explain why you did not come to the hearing along with any verification. Verifications are documents or papers that prove why you missed your scheduled hearing. Once you have submitted your good cause verification, the hearing authority will decide if the documentation you provide is sufficient. If you do not call within 10 days and show good cause or proof for missing the hearing, it will be dismissed and you will lose the hearing. The local agency can then go ahead with the action it was planning to take.

If you disagree with the dismissal, the dismissal notice will tell you how to ask for an administrative appeal.

### **Before the Hearing**

You may have someone (lawyer, welfare rights person, friend or relative) go to the hearing to present your case for you. If you are not going to be at the hearing, the person attending for you must bring a written statement from you saying he or she is your representative.

If you want legal help at the hearing, you must make arrangements before the hearing. Contact your local legal aid program to see if you qualify for free help.

If you do not know how to reach your local aid office, call 866-529-6446 (866-LAW-OHIO), toll-free, for the local number or search the Legal Aid directory at <http://www.ohiolegalservices.org/programs>. If you want notice of the hearing sent to your lawyer, you must give the Bureau of State Hearings your lawyer's name and address.

You and your representative have the right to look at your case file and the written rules being applied to your case. If your hearing is about work registration or employment and training, you may also look at your employment and training file. You can get a free copy of any case record documents that are related to your hearing request. Any person acting for you must provide a signed statement from you before looking at your case record or receiving copies of case record documents.

The local agency does not have to show you confidential records, such as names of people who have given information against you, records of criminal proceedings, and certain medical records.

Confidential records which you could not look at or question cannot be presented at the hearing or be used by the hearing officer in reaching a decision.

### **Subpoena**

You can ask the hearing authority to subpoena documents or witnesses that would not otherwise be available and are essential to your case. You must request the subpoena at least five calendar days before the date of the hearing and provide the name and the address of the person or document you want to subpoena.

### **At the Hearing**

You may bring witnesses, friends, relatives, or your lawyer to help you present your case. The hearing officer may limit the number of witnesses allowed in the hearing at any one time if there is not enough room. You and your representative will have the right to look at the evidence used at the hearing, present your side of the case without undue interference, ask questions, and bring papers or other evidence to support your case.

The hearing will be recorded by the hearing officer so that the facts are taken down correctly. After the hearing decision is issued, you can get a free copy of the recording by contacting the Bureau of State Hearings.

The hearing officer will listen to both sides but will not make a decision at the hearing. Instead, you will receive a written decision in the mail issued by the hearing authority.

### **Group Hearings**

The Bureau of State Hearings may combine several individual hearing requests into a single group hearing, but only if there is no disagreement about the facts of each case and all involve related issues of state or federal law or county policy. The notice to schedule your hearing will tell you if you are scheduled for a group hearing.

You and your representative will be allowed to present your own case individually and you will have the same rights at a group hearing as you would at an individual hearing.

### **After the Hearing**

You should receive a hearing decision within 60 days of your hearing request if the hearing was only about food assistance, and within 90 days for all other programs.

If you disagree with the hearing decision, your written decision will tell you how to ask for an administrative appeal.

### **Compliance with the Hearing Decision**

If the hearing decision orders an increase in your food assistance, you should get the increase about 10 days from the decision date. If the decision orders a decrease in your food assistance, you should get the new, smaller amount the next time you regularly get food assistance.

In all other programs, the agency must take the action ordered by the decision within 15 days of the date the decision is issued, but always within 90 days of your hearing request. Contact the Bureau of State Hearings if you have not promptly received the benefits awarded by the hearing decision.

### **Another Action Requires Another Hearing**

If you receive another prior notice that says the local agency wants to change your assistance or services while you are waiting for a hearing or hearing decision, you must ask for another hearing if you disagree with the new action. A separate hearing will be conducted on the new notice.