

Marion County Job & Family Services
363 W. Fairground St. ~ P.O. Box 1817 ~ Marion, OH 43302 ~ 740-387-8560 ~ 740-387-2175 (fax)
BOOST (Bringing Our Opportunities for Success Together) Application

Name of Applicant	Current Address	Agency Use Only	
Social Security Number of Applicant		Case Number:	
Telephone Numbers		Date Received:	
		County	Case Manager

The purpose of this document is (first) to assist you in exploring the existing community services available to you to eliminate the barriers you identify that prevent you and your family from maintaining your self-sufficiency; and (second) to allow us to gather the information we need to determine "if" and "how" we may work with you. Please indicate what your current need is: _____

Please indicate what actions you have taken yourself and which community agencies you have already contacted to assist in meeting your current need _____

What is your plan to prevent this from reoccurring: _____

If you need help to develop a plan, please check this box:

Please provide the following information for everyone living in your home, starting with yourself.							
Name	Relationship To Applicant	Date Of Birth	Age	Social Security Number	US Citizen Write Yes /No	If Pregnant Write Yes	Check the box(s) for each benefit listed below that is currently being received by a household member you listed
	Self						<input type="checkbox"/> OWF Cash <input type="checkbox"/> DA Cash <input type="checkbox"/> SSI (not SSA) <input type="checkbox"/> Free/Reduced School Lunches <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid Card (not Medicare) <input type="checkbox"/> Mrn. Co. Child Care Program <input type="checkbox"/> Enrolled in Head Start Who receives the above benefit ? _____ _____

If you are a noncustodial parent and you have your own minor child or children that do not live with you , and (1) you are court ordered to pay child support for them, and (2) they live in Ohio, please complete the following:

Minor's Name(s) _____ DOB: _____ Address: _____

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Have you or anyone in your household been determined, or found guilty, of fraudulently receiving ADC/OWF assistance or PRC/BOOST Benefits and Services including Intentional Program Violation (IPV)? No Yes If yes, who? _____

Have you or anyone in your household been determined, or found guilty, of fraudulently receiving child care benefits, as a consumer or as a provider? No Yes If yes, who? _____

Are you or anyone in your household currently serving an ADC/OWF, LEAP or Food Stamp sanction? No Yes If yes, who? _____

If you need help with a utility and it is turned off, check: If you need help with rent and do not have a place to stay, check:

Have you received PRC in another Ohio County in the past 12 months? No Yes If yes, Where? _____ What? _____ When? _____

Please provide the following information for everyone in your household, including yourself, that receives EARNED INCOME from employment or self-employment and/or UNEARNED INCOME such as, Social Security, SSI, Unemployment, Retirement, Strikers, Pay, Veterans Benefits, Workmans Compensation, Pensions, Investment Income, Royalties, Annuities, Rental Properties, Leases, etc.

Name	Source	How Often Received	Gross Amount Received

If there is no income into your household, please check this box:
All income received in the past 30 days and all income expected to be received in the future must be reported and verified.

If this box is checked please provide the following information for everyone in your household, including yourself, with resources and potential liquid assets, such as; Stocks, Bonds, Checking Accounts, Cash, Savings Accounts, Christmas Club Accounts, Non-IRA Mutual Funds, Certificates of Deposits, Annuities, etc. (Retirement Funds, Insurance Cash Value and Trusts are Excluded.)

Name	Resources and Potential Liquid Assets	Current Balance

If there are no resources or potential liquid assets in your household, please check this box:
All potentially available resources and liquid assets must be reported and are subject to verification.

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 and liquid assets have been reported; I also understand that misrepresentation of any information may subject me to collectible overpayments and other allowable sanctions and deliberate misrepresentation or fraud may also subject me to prosecution under applicable state and federal laws; furthermore, I give MCJFS employees and agents permission to contact any person, business, agency or entity required to verify my eligibility; furthermore, I agree to participate in the collection of any information required for a quality control review, programmatic review, audit or data set requirements; and furthermore, I authorize MCJFS employees and its agents and any service or benefit provider permission to share all relevant information in my case file(s); I also acknowledge, that I understand and that I have received a copy of the PRC/BOOST Rights.

Your Signature: _____ **Date:** _____

**** PLEASE STOP HERE - DO NOT CONTINUE ****

BOOST Application Worksheet

**** THIS ENTIRE PAGE IS FOR MCJFS OFFICE USE ONLY - DO NOT COMPLETE ****

Income Calculations

Monthly Income Limits as of January 24, 2007

Family Size	200 %	300 %	Comments and Calculations
1	1702	2553	
2	2282	3423	
3	2862	4293	
4	3442	5163	
5	4022	6033	
6	4602	6903	
7	5182	7773	
8	5762	8643	
9 or more	Add 580 per person	Add 870 per person	

To calculate monthly income, weekly gross earnings are multiplied by 4.3; bi-weekly gross earnings are multiplied by 2.15; and gross earnings received 2 times per month are multiplied by 2.

Total Monthly Gross Earned Income: \$ _____	+	Total Monthly Gross Unearned Income: \$ _____	=	Total Monthly Gross Income : \$ _____	
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Eligibility Determinations

The Assistance Group is eligible for BOOST Benefits and Services as follows:

Non-Financial	Income	Available Resources/Liquid Assets
All Benefits & Services ADC/OWF or PRC/BOOST Fraud? Y <input type="checkbox"/> N <input type="checkbox"/> ADC/OWF or PRC/BOOST IPV? Y <input type="checkbox"/> N <input type="checkbox"/> MCJFS Benefits Only: ADC/OWF, LEAP or FS Sanction? Y <input type="checkbox"/> N <input type="checkbox"/> Child Care Benefits Fraud? Y <input type="checkbox"/> N <input type="checkbox"/>	Categorically Eligible <input type="checkbox"/> or Income Below 200% <input type="checkbox"/> Income Below 300% <input type="checkbox"/>	Not Applicable / Categorically Eligible <input type="checkbox"/> or \$ _____ <input type="checkbox"/> Available Resources/Liquid Assets

Determination Date: _____

Case Manager: _____

The Assistance Group is not eligible for the following reason(s):

Determination Date: _____

Case Manager: _____

Referral Information

Person(s) Referred:	Referred to:	Referral Date: _____
	Phone No:	Referred By: _____
		387-8560 ext. _____

Dist: Original to File; Copy to Provider (for those referred)

PRC/BOOST RIGHTS

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

AMERICANS WITH DISABILITY ACT If you have a physical or mental condition that substantially limits one or more major life activities, you may 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, a mobility impairment, or a hearing or vision impairment.

You can, let us know if you have a disability. If you cannot do something we ask you to do, we can help you do it or we can change what you have to do. 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, ask 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 of the 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 documents 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 of 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 if 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 may affect your household eligibility for PRC. Your social security number may be used for a felony warrant match, a match of persons 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 Services
Office of Employee and Business Services
Bureau of Civil Rights and Labor Relations
150 E. Gay St., 18th floor
Columbus, Ohio 43215-3130
(614) 644-2703 or toll free 1-866-227-6353
TTY hearing impaired: 1-866-221-6700
Fax: (614) 752-6381