

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.

Appli	cant Information							
First Name:				Last Name:				
Stre	reet Address:				City and Zip Code:			
Social Security #:				Date of Birth:				
Household Telephone #:				Sex:	□Male	□ Female		
	plete the chart beloes are needed.	ow for anyone living	in your he	ome, iı	ncluding yo	urself. Please us	e the	back page if additional
space	Name			lationship to Applicant		Date of Birth		Income Sources
1								
2								
3								
4								
PLEAS Che		HEALTHY AGING SER			APPLYING F			List everyone over 60
	card The		cards There	s service may include groceries and/or gift ds for food purchases. ere may be a limit to the amount paid on service based on funding availability.				needs this service
		tion on other progra						o or older; be a resident o

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 Size	Annual Income	Monthly Income
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
 - o Examples: SS award letter, pay stub, statement of income
- 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	

For Agency Use Only

Healthy Aging Services Approved	Date Approvar No	tice Sent	
Services/Amounts approved:			
☐ Healthy Aging Services Denied	Date Denial Notice	e Sent	_
Services denied:			
Reason for Denial:			
☐ Referral made to responsible ager	ncy (s) Da	ate Referral Notice Sent	
☐ Direction Home (DH)			
☐ Community Action Council (CAC)			
☐ Catholic Charities (CC)			
☐ Hope on Wheels (HOW)			
☐ Family and Community Services (F	CS)		