Human Services 101:
A Straightforward Guide to the Social Services in Ohio

BY THE CENTER FOR COMMUNITY SOLUTIONS

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Contents
Introduction ..........................................................................................................................................................3
The Structure of Human Services .......................................................................................................................4
Local Nonprofits ...................................................................................................................................................6
Income Support Services .....................................................................................................................................9
Food Assistance Services ..................................................................................................................................17
Home and Energy Assistance Services .............................................................................................................21
Employment and Literacy Services ....................................................................................................................26
Health Care Services .........................................................................................................................................30
Mental Health and Addiction Services ..............................................................................................................36
Developmental Disabilities ..................................................................................................................................38
Aging Services .....................................................................................................................................................41
Children Services ..............................................................................................................................................43
Other Human Services Resources ....................................................................................................................48

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Introduction
Welcome to *Human Services 101: A Straightforward Guide to the Social Services in Ohio*. Our goal is to provide easy-to-understand, yet comprehensive, information on the social service systems that help Ohioans. Social services are crucial to reducing poverty, preventing hunger and homelessness, providing support to those with mental illness or addiction, helping people find and keep jobs, and caring for older adults and those with disabilities. However, these services and their funding are often complex and, subsequently, can be difficult for providers, advocates, volunteers, and consumers to understand. Increased knowledge on how these services work can enhance our ability to be informed citizens. Through this guide, The Center for Community Solutions seeks to provide straightforward descriptions of social service programs at the federal, state, and local levels, interspersed with interesting data, links, and facts for those who want to dig deeper. Many will find that this document is an excellent companion to our state budget primer, *“Financing Ohio’s Future”*, which provides detailed information on state budget items impacting the health and human services. We hope you find these resources helpful in your work.

*Human Services 101* is interactive. Throughout the guide, keep your eyes peeled for the following icons:

- The *lightbulb* will give you more information about a topic that is referenced in the guide.
- The *mouse* indicates that there is a link to some outside report or article that can provide additional context.
- The *film* indicates that there is a short video clip you can watch for more information on that topic.
The Structure of Human Services

Human service or social service systems (often used interchangeably), are complex, and no single entity is responsible for coordinating or funding these critical supports. Services and benefits are both administered and funded by the federal and state governments, as well as local governments, providers, and philanthropy. Here are some of the major departments and agencies involved:

**State Government**
- Ohio Department of Health
- Ohio Department of Job and Family Services
- Ohio Department of Developmental Disabilities
- Ohio Department of Mental Health and Addiction Services
- Ohio Department of Aging
- Ohio Department of Education
- Ohio Department of Medicaid
- Opportunities for Ohioans with Disabilities

**Local Government and Service Providers**
- County Job and Family Services
- County Child Protective Services
- County Senior and Adult Services
- Local Boards:
  - Alcohol, Drug Addiction and Mental Health Services Board
  - Board of Developmental Disabilities
  - Board of Health
- Community Action Agencies
- Private and/or Nonprofit Providers

Many of the services discussed in this primer are means-tested, so that eligibility is based on income levels. For 2016, the poverty guideline that the federal government uses to determine eligibility for many programs and benefits, known as the Federal Poverty Level (FPL), is $11,880 per year for the first person in the household, plus $4,140-$4,150 for each additional person until you reach a family size of nine people. Eligibility requirements for services and programs generally specify that, among other criteria, household incomes fall below a certain percentage of the FPL (e.g. 50 percent FPL for Ohio Works First, or 130 percent FPL for the Supplemental Nutrition Assistance Program (SNAP)).

<table>
<thead>
<tr>
<th>Persons in family/household</th>
<th>Poverty guideline</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$11,880</td>
</tr>
<tr>
<td>2</td>
<td>16,020</td>
</tr>
<tr>
<td>3</td>
<td>20,160</td>
</tr>
<tr>
<td>4</td>
<td>24,300</td>
</tr>
<tr>
<td>5</td>
<td>28,440</td>
</tr>
<tr>
<td>6</td>
<td>32,580</td>
</tr>
<tr>
<td>7</td>
<td>36,730</td>
</tr>
<tr>
<td>8</td>
<td>40,890</td>
</tr>
</tbody>
</table>

For families/households with more than 8 persons, add $4,160 for each additional person.

Source: The U.S. Department of Health and Human Services
[https://aspe.hhs.gov/poverty-guidelines](https://aspe.hhs.gov/poverty-guidelines)
How is poverty measured?

Poverty can be measured in absolute or relative terms. People in relative poverty are poor compared to those around them. For example, the European Union uses a relative poverty measure that takes median income into account. Absolute poverty means that people do not have enough money to purchase what they need to survive, without taking into account the relative wealth of others. In the United States, we use an absolute poverty measure that is determined by the government and varies by family size.

Many advocates find the current mechanism for measuring poverty inadequate.

In the United States, poverty levels are sometimes referred to as poverty thresholds or poverty guidelines. These measures are similar, but have some important differences when it comes to the administration of human services. Poverty thresholds are determined by the U.S. Census Bureau to statistically calculate the number of people in poverty. The poverty threshold varies by family size, number of children, and, in some cases, whether or not the head of household is elderly. Sixteen percent of people in Ohio had incomes in the last 12 months that were below the poverty threshold. Poverty guidelines, often referred to as the Federal Poverty Level (FPL), are set by the U.S. Department of Health and Human Services for use in determining eligibility for programs. They vary by family size and geography. (There is one set of guidelines for contiguous states, one for Alaska, and one for Hawaii). For the purposes of comparison, in 2015, the poverty threshold for a family of one adult and two children was $19,096. For a family of three in the contiguous U.S., the poverty guideline was $20,160.

You can find the U.S. Census poverty thresholds (dating back to 1959) here.
Local Nonprofits

Local nonprofit providers are the backbone of social service delivery, providing a myriad of services to those in need across the state. Local nonprofits include small, local neighborhood houses, large and small multi-service organizations, and program-or issue-specific agencies. In many areas of the human services, local nonprofits are responsible for day-to-day service delivery and employ many helping professionals who have the most contact with consumers. According to the Ohio Association of Nonprofit Organizations, in 2013, there were over 14,000 tax exempt charitable nonprofits in Ohio (over 35,000 nonprofits were registered as nonprofits, but only 14,010 filed as tax exempt). Human services, housing, and youth services make up about one-fourth of the nonprofits in the state.

Most local social service agencies are charitable 501(c)3 organizations. A 501 is a tax exempt nonprofit organization, and there are 29 types. “3” is the most common and includes charitable organizations, animal rights, religious organizations, and education organizations. 501(c)3 organizations are generally not exempt from all taxes, including payroll taxes and some state and local taxes. However, these organizations can collect unlimited amounts of contributions from individuals and corporations, which are tax deductible. Due to their tax exempt status, these organizations have some restrictions on their political activity, including lobbying. Nonprofits can and should advocate around issues and causes that impact their work, and in most cases can even use charitable contributions to do so. However, it’s important that organizations are familiar with the specific restrictions.

The IRS has more on these restrictions here.

Social service nonprofits generally receive funding from a variety of sources, including grants, contracts, and charitable contributions. While the funding mix varies greatly among individual nonprofits, overall, the primary sources of funding for nonprofits are fees for goods and services, including reimbursement from Medicaid and Medicare, accounting for 74 percent of aggregate nonprofit revenue. 3
Charitable Giving

Despite the reliance on fees for services, charitable giving is significant in Ohio, and plays an important role in financing nonprofits and the services they provide. Individual charitable giving represents about 75 percent of overall philanthropy in Ohio, but only small amounts of that trickle down to the human services. Private foundations make up about 20 percent of charitable giving in Ohio, and many fund social service nonprofits, primarily through grant making. Often founded by wealthy philanthropists, private foundations do not typically solicit funds from the public, and instead rely on endowments. There are over 3,000 grant making foundations in Ohio, with combined contributions of about $1 billion, of which about 15 to 20 percent goes to the human services.

Ohio is home to the world’s first community foundation—the Cleveland Foundation, located in downtown Cleveland. Established in 1914, the Cleveland Foundation is still one of the largest community foundations, contributing $90 million per year in giving.

United Way, the largest charitable organization in the United States, is the largest private funder of social services in Ohio. United Way is made up of over 1,400 local offices across the country, which focus their efforts on a variety of issues, based on local needs. United Way raises over $200 million annually in Ohio.

Interested in learning more about the finances of local nonprofits? Form 990 is a tax form that tax exempt organizations must complete with details on their programming and financing. These are made publically available. Search for 990 forms using the Foundation Center’s 990 Finder.
**Human Service Professionals**
A diverse range of professionals from different educational backgrounds work in the human services. This includes those who studied social work, family studies, psychology, public health, political science, and many other disciplines. The human services field is also made up of those who may not have completed a related degree but who have years of experience helping others. There are tens of thousands of human service professionals across Ohio, and in most areas of the field, job growth is projected over the next decade. Wages for human service professionals varies considerably, based on sector (public or private), education and experience level, and setting.

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In Ohio, social workers must complete a bachelors, masters or doctorate degree in social work from an accredited program to qualify to take a social work licensing exam.

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**Who works in the social services?**

Adult Day Care Worker  
Alcohol Counselor  
Assistant Case Manager  
Behavioral Management Aide  
Case Management Aide  
Case Worker  
Child Abuse Worker  
Child Day Care Worker  
Child Advocate  
Client Advocate  
Community Action Worker  
Community Organizer  
Community Outreach Worker  
Crisis Intervention Counselor  
Drug Abuse Counselor  
Eligibility Counselor  
Family Support Worker  
Gerontology Aide  
Group Activities Aide  
Group Home Worker  
Halfway House Counselor  
Home Health Aide  
Intake Interviewer  
Juvenile Court Liaison  
Life Skills Instructor  
Mental Health Aide  
Neighborhood Worker  
Parole Officer  
Probation Officer  
Psychological Aide  
Rehabilitation Case Worker  
Residential Counselor  
Residential Manager  
Social Service Aide  
Social Service Liaison  
Social Service Technician  
Social Worker  
Social Work Assistant  
Therapeutic Assistant  
Youth Worker  
Many More!

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**Still looking for more?**

The [Ohio Association of Nonprofit Organizations](#) is a statewide membership organization representing nonprofits from many different fields. Via their Website, they provide a wealth of resources on the nonprofit sector in Ohio, including salary and wage reports, board resources, sample policies and procedures, and resources for those seeking to start a nonprofit.
Income Support Services

Making enough money is key to meeting needs for housing, food, clothing, and health care, among other things. The Center for Women’s Welfare has developed a self-sufficiency standard which “defines the amount of income necessary to meet basic needs (including taxes) without public subsidies (e.g., public housing, food stamps, Medicaid, or child care) and without private/informal assistance (e.g., free babysitting by a relative or friend, food provided by churches or local food banks, or shared housing).” According to the self-sufficiency standard for Ohio, a family of one adult, one preschooler, and one school-age child would need to earn between $38,098 and $52,632 per year, depending on county of residence, to adequately meet basic needs without public or private assistance. These incomes would be well above the poverty threshold. In 2014, the median household income in Ohio was $49,308. In general, programs and policies that focus on increasing incomes are more effective at reducing poverty rates than those focusing on addressing the symptoms of poverty.

Temporary Assistance for Needy Families (TANF)/Ohio Works First (OWF)

Temporary Assistance for Needy Families (TANF) is what many people think of when they think about “welfare.” This is a program that helps needy families achieve self-sufficiency by:

- Providing income assistance so that children can be cared for in their own homes;
- Promoting job preparation, work, and marriage to increase self-sufficiency of parents;
- Reducing the incidence of out-of-wedlock pregnancies; and
- Encouraging the formation and maintenance of two-parent families.

TANF is housed in the U.S. Department of Health and Human Services, in the Office of Family Assistance, which is in the Administration for Children and Families. The State of Ohio receives block grants from the federal government to design and operate programs that accomplish one or more of the objectives listed above.

In Ohio, the cash assistance portion of TANF is called Ohio Works First (OWF). OWF is state-supervised but county-administered through each county Department of Job and Family Services. Adults who have children or who are expecting children can get cash assistance, work, training, and other support services for up to 36 months to assist them toward self-sufficiency. Cash assistance is also available through OWF for child-only cases; these cases do not have a time limit or a work requirement. A child-only case occurs most frequently when a child is living with a caregiver who is not his or her parent (often a relative). To be eligible for OWF, an assistance group must contain a child, or a woman who is at least six months pregnant. The assistance group must also have annual income below 50 percent of the FPL. Most OWF recipients are required to complete a work assignment to maintain their benefit. The work requirement varies by family makeup, but on average, adults must complete about 30 hours per week of work or work-activities.
The Self-Sufficiency Standard varies from county to county. Here’s what it looks like in Cuyahoga County.

### What Does it Take to Make Ends Meet?
*A Look at the Self-Sufficiency Standard in Cuyahoga County*

<table>
<thead>
<tr>
<th>Household Composition</th>
<th>Income Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Adult</td>
<td>$9.49/Hour $20,043/Year</td>
</tr>
<tr>
<td>2 Adults</td>
<td>$7.38 (Per Adult) $31,171/Year</td>
</tr>
<tr>
<td>1 Adult 1 Infant</td>
<td>$20.24/Hour $42,753/Year</td>
</tr>
<tr>
<td>2 Adults 1 Infant</td>
<td>$11.97/Hour (Per Adult) $50,556/Year</td>
</tr>
<tr>
<td>2 Adults 1 Preschooler 1 School-Age Child</td>
<td>$13.24/Hour (Per Adult) $55,912/Year</td>
</tr>
<tr>
<td>1 Adult 1 Infant 1 Preschooler</td>
<td>$26.82/Hour $56,634/Year</td>
</tr>
<tr>
<td>1 Adult 1 Infant 1 Preschooler 1 School-Age Child</td>
<td>$33.59/Hour $70,945/Year</td>
</tr>
</tbody>
</table>

Note: Taxes are adjusted to reflect Child Tax Credits and Child Care Tax Credits

What happened to welfare?

The TANF program is 20 years old—it was created through a piece of legislation called the Personal Responsibility and Work Opportunity Reconciliation Act, which was signed into law by President Bill Clinton in 1996. This was an important landmark in social welfare history known as “welfare reform.” Before welfare reform, the program that provided cash assistance to low-income families was called Aid to Families with Dependent Children or AFDC. AFDC was initially established through the Social Security Act in 1935.

How do AFDC and TANF differ?

<table>
<thead>
<tr>
<th>Then AFDC</th>
<th>Now TANF</th>
</tr>
</thead>
<tbody>
<tr>
<td>Established in 1935</td>
<td>Established in 1996</td>
</tr>
<tr>
<td>Entitlement Benefit</td>
<td>Block Grant to states (lump sum with flexibility in spending)</td>
</tr>
<tr>
<td>No time limit</td>
<td>Five-year max (three in Ohio)</td>
</tr>
<tr>
<td>Limited work requirements</td>
<td>Work requirement/sanctions</td>
</tr>
<tr>
<td>In 1994, the median benefit amount for a family of three was $366 per month.</td>
<td>In 2013, the median benefit amount for a family of three was about $420 per month.</td>
</tr>
<tr>
<td>4.7 million families served in 1996 (before reform)</td>
<td>1.4 million families served in 2014</td>
</tr>
<tr>
<td>• 68 of every 100 families in poverty</td>
<td>• 23 of every 100 families in poverty</td>
</tr>
</tbody>
</table>

How has welfare reform impacted poor children in Ohio? Read more in our study “Twenty Years Later, Ohio Works First Is a Poor Safety Net for Ohio Children in Deep Poverty.”

According to data from the Ohio Department of Job and Family Services Public Assistance Monthly Statistics, in State Fiscal Year (SFY) 2015, OWF served 60,485 assistance groups for a total of 114,913 recipients. The average monthly payment per recipient was $192.49. The number of people helped by Ohio Works First, as well as the net payments, has been declining annually, although the average payment per recipient has grown slightly.

For a brief tutorial on the OWF program in Ohio, as well as recommendations on how to improve the system, watch this brief animated video.
In addition to OWF, Ohio’s TANF block grant funds other benefits and services, including **Prevention, Retention, and Contingency** (PRC). PRC is a program that offers clothing, shelter, domestic violence housing relocation assistance, disaster assistance, transportation, employment, and training assistance for qualifying parents with children under the age of 18 and pregnant women. Services vary from county to county depending on the community need, however there are strict eligibility criteria. For more information, contact county Departments of Job and Family Services.

States vary considerably in how they spend TANF dollars, and many states over time have directed less and less of their TANF funding to basic assistance, such as cash assistance or PRC. Ohio is no exception; the largest portion of Ohio’s TANF budget is allocated to child care. For more details on TANF spending, read this TANF spending fact sheet from the Center on Budget and Policy Priorities, or recent testimony from The Center for Community Solutions.

**Social Security (Old Age Insurance)**

Although the Social Security Act, originally passed in 1935, includes many of the United States’ foundational human services programs, the benefit that most people think of when they hear “Social Security” is the Old Age, Survivors, and Disability Insurance (OASDI) program, or old-age pensions. OASDI is a federal program that provides benefits to disabled people, retirees, and their survivors. In Ohio, over 19 percent of the population are OASDI beneficiaries.

The letters ‘OASDI’ may look familiar to you because the payroll tax that funds this program is often deducted automatically from the paycheck of wage earners. The tax rate changes from year to year, but in 2016 it is 6.2 percent.

As of March, 2016, OASDI beneficiaries received an average monthly benefit of about $1,230.

**Supplemental Security Income (SSI)**

Supplemental Security Income (SSI) is an income supplement program administered by the federal government. Although it is authorized as part of the Social Security Act and managed by the Social Security Administration, the program is funded through general tax revenues, not payroll taxes (in contrast to OASDI). People who are age 65 or older, blind, or disabled, and have limited incomes, and limited resources ($2,000 for an individual, $3,000 for a couple), and meet certain other requirements are eligible for SSI.
SSI benefits are determined by calculating a “countable income” by subtracting exempted income from the total gross income (exempted income, or income exclusions, can be found here). A person’s SSI benefit is calculated by subtracting their countable income from the SSI Federal benefit rate (FBR). As of January, 2016, the maximum federal SSI payment is $733 per month for an individual or child and $1,100 per month for a couple. The average SSI benefit is about $570 per person.

For Ohioans qualifying for SSI because of a disability, the Social Security Administration (SSA) works with the state Division of Disability Determination to determine medical eligibility (administered by Opportunities for Ohioans with Disabilities (OOD)).

Residential State Supplement

The State of Ohio also provides a residential state supplement (RSS) for certain groups of people including those who live in an adult community mental health home, an adult family home, an adult foster home, an adult group home, or an adult residential care facility who meet income guidelines. RSS is administered by the Ohio Department of Mental Health and Addiction Services. This program assists people who need additional housing funds to live in the community. The state supplement ranges from $306 to $606 per month for an individual and $759 to $1,359 for a couple. According to the federal SSI Website, Ohio administers and pays for its own RSS.
**Social Security Disability Insurance (SSDI)**

Social Security Disability Insurance (SSDI) is a federal program that pays monthly cash benefits to people who are unable to work for a year or more due to a disability. They must meet disability and earnings requirements to be eligible. Some family members of disabled workers are also eligible to receive money from SSDI. While SSDI is administered by the Social Security Administration (SSA), the SSA works with the state Division of Disability Determination to determine medical eligibility.

Disability requirement: SSDI does not provide benefits to those with partial or short-term disabilities. Social Security’s definition of “disability” is satisfied if:
- “You cannot do work that you did before;
- We decide that you cannot adjust to other work because of your medical condition(s); and
- Your disability has lasted or is expected to last for at least one year or to result in death.”

### Rules for work needed for the “recent work test”

<table>
<thead>
<tr>
<th>If you become disabled…</th>
<th>Then you generally need:</th>
</tr>
</thead>
<tbody>
<tr>
<td>In or before the quarter you turn age 24…</td>
<td>1.5 years of work during the three-year period ending with the quarter your disability began.</td>
</tr>
<tr>
<td>In the quarter after you turn age 24 but before the quarter you turn age 31…</td>
<td>Work during half the time for the period beginning with the quarter after you turned 21 and ending with the quarter you became disabled. Example: If you become disabled in the quarter you turned age 27, then you would need three years of work out of the six-year period ending with the quarter you became disabled.</td>
</tr>
<tr>
<td>In the quarter you turn age 31 or later…</td>
<td>Work during five years out of the 10-year period ending with the quarter your disability began.</td>
</tr>
</tbody>
</table>


**Earnings requirements:** People applying for SSDI must meet the “recent work test” and the “duration of work test,” (see boxes). Funding for SSDI comes from Social Security taxes, so in order to qualify for benefits, an individual must have been employed long enough and recently enough in a job covered by Social Security.

The monthly benefit a person is eligible to receive through SSDI is calculated using a formula that takes into account his or her lifetime average earnings covered by Social Security.
Although the formula is complex, SSA offers a Benefits Calculator on its Website that can give a rough estimate of benefit amounts.\textsuperscript{16}

For more information about SSDI, click here.

Many individuals who apply for disability will initially be denied; if the Division for Disability Determination does not agree to reconsider their case, the individual must request a formal appeal hearing. The average wait time until a hearing is held varies across the state, depending on the hearing office, however it ranges from one year to 19 months. \textsuperscript{17}

**Child Support**

Child support programs provide services to secure financial and medical support for children. In Ohio, the program is overseen by the state Department of Job and Family Services’ Office of Child Support and administered at the local level by county Child Support Enforcement Agencies (CSEAs). CSEAs can assist with:

- Locating non-custodial parents;
- Establishing paternity;
- Establishing and enforcing child support orders, including medical support;
- Collecting and disbursing support; and
- Reviewing and modifying support orders.

Child Support Enforcement does not assist with visitation, custody, divorce, or spousal support (alimony).\textsuperscript{18}

<table>
<thead>
<tr>
<th>Age</th>
<th>Years of Work</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age 28</td>
<td>1.5</td>
</tr>
<tr>
<td>Age 30</td>
<td>2</td>
</tr>
<tr>
<td>Age 34</td>
<td>3</td>
</tr>
<tr>
<td>Age 38</td>
<td>4</td>
</tr>
<tr>
<td>Age 42</td>
<td>5</td>
</tr>
<tr>
<td>Age 44</td>
<td>5.5</td>
</tr>
<tr>
<td>Age 46</td>
<td>6</td>
</tr>
<tr>
<td>Age 48</td>
<td>6.5</td>
</tr>
<tr>
<td>Age 50</td>
<td>7</td>
</tr>
<tr>
<td>Age 52</td>
<td>7.5</td>
</tr>
<tr>
<td>Age 54</td>
<td>8</td>
</tr>
<tr>
<td>Age 56</td>
<td>8.5</td>
</tr>
<tr>
<td>Age 58</td>
<td>9</td>
</tr>
<tr>
<td>Age 60</td>
<td>9.5</td>
</tr>
</tbody>
</table>

**Examples of Work Needed for the “Duration of Work” Test**

If you become disabled…

Then you generally need:

Before age 28 1.5 years of work
Age 30 2 years
Age 34 3 years
Age 38 4 years
Age 42 5 years
Age 44 5.5 years
Age 46 6 years
Age 48 6.5 years
Age 50 7 years
Age 52 7.5 years
Age 54 8 years
Age 56 8.5 years
Age 58 9 years
Age 60 9.5 years

**Source:** Social Security Administration

Single-parent families that receive public assistance (like OWF) are automatically referred to the county CSEA for child support services. Additionally, anyone may request child support services by applying at the local CSEA. The child support guidelines that determine the amount of child and medical support use a formula that accounts for the combined income of the parents and other factors, such as Social Security benefits received by the child and the presence of other children in the household. Child support amounts for individual families are court-ordered.

For more information about child support, click here.

**Earned Income Tax Credit (EITC)**

The federal earned income tax credit (EITC) is a refundable tax credit, meaning that it reduces the amount of tax owed, with the remaining balance going back to the taxpayer as a refund. The EITC
amount varies by income and family size and structure. It is overseen by the Internal Revenue Service (IRS) and is accessed by filing an annual tax return. Low- to moderate-income workers qualify for the federal EITC if they meet the income limits and other eligibility requirements. In 2014, the EITC put more than $66 billion back in the hands of over 27.5 million low- and moderate-income tax filers across the United States. In Ohio, there were 950,000 EITC claims in 2014, with an average credit amount of $2,406.19

### EITC Amounts in 2015

<table>
<thead>
<tr>
<th>Number of Qualifying Children</th>
<th>Earned Income and Adjusted Gross Income (AGI) Limits</th>
<th>Maximum EITC</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>$14,820 ($20,330 married filing jointly)</td>
<td>$503</td>
</tr>
<tr>
<td>1</td>
<td>$39,131 ($44,651 married filing jointly)</td>
<td>$3,359</td>
</tr>
<tr>
<td>2</td>
<td>$44,454 ($49,974 married filing jointly)</td>
<td>$5,548</td>
</tr>
<tr>
<td>3</td>
<td>$47,747 ($53,267 married filing jointly)</td>
<td>$6,242</td>
</tr>
</tbody>
</table>


The EITC has been shown to be successful at encouraging and rewarding work for earned income. Research shows that in the 1990s, the EITC encouraged work more effectively than welfare reform for single mothers.

Ohio also offers a state EITC for taxpayers who claimed the federal EITC on their returns. The state EITC is equivalent to 10 percent of the federal credit beginning in tax year 2014, up from 5 percent in 2013. Unlike the federal EITC, however, Ohio’s credit is nonrefundable. Also, the credit is reduced if the taxpayer’s Ohio taxable income is higher than $20,000. Because of these limitations, poverty advocates have repeatedly called on the state legislature to strengthen Ohio’s EITC to make a difference for working families.20

You can read more about these efforts [here](#), from the Ohio-based think tank, Policy Matters Ohio.

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### What about filing taxes?

The Volunteer Income Tax Assistance Program offers free tax preparation services to those with low-to-mid incomes. The IRS maintains a list of sites [here](#) or you may also call 2-1-1.
Food Assistance Services

Food is a basic need, and access to adequate amounts of healthy food affects all facets of life. Food insecurity can cause negative health, social, and emotional consequences for people regardless of age. While adults may suffer from side effects of hunger and malnutrition, children are particularly impacted by food insecurity, as many are not able to obtain or prepare their own food. Suffering from food insecurity can compromise young children’s growing immune systems and academic development. Hunger also impacts seniors, who may experience additional barriers to accessing and preparing safe, healthy foods; have unique nutritional requirements; and be susceptible to illnesses. According to Feeding America’s Map the Meal Gap, in 2014, 16.8 percent of Ohioans, or almost 2 million people, had a limited or uncertain availability of nutritionally adequate food. Food insecurity among children was even higher, reaching 23.8 percent.

Supplemental Nutrition Assistance Program (SNAP)
The Supplemental Nutrition Assistance Program (SNAP), commonly referred to as food stamps, is a program administered by the U.S. Department of Agriculture’s Food and Nutrition Service that provides nutritional assistance to low-income individuals and families through an electronic benefits transfer (EBT) card. The benefits on the EBT card (also called the Ohio Direction Card) enable people to purchase food for consumption and seeds or plants to grow food. Food prepared to be eaten in a restaurant or store, vitamins and medicines, and nonfood items, such as diapers or cleaning products, cannot be purchased with SNAP benefits. Alcohol and cigarettes are also not permitted.

People can apply for SNAP online with the Ohio Department of Job and Family Services’ Office of Family Assistance, or in person at a county Department of Job and Family Services. To be eligible for SNAP, households must meet resource, income, and employment requirements. In general, households must have limited resources and a gross monthly income that is 130 percent FPL or less and a net monthly income that is 100 percent FPL or less to qualify for SNAP benefits. Most able-bodied, working-age individuals must also fulfill employment or training requirements of 20 hours per week.21

To learn more about SNAP and the work requirement for working-age adults, watch this brief animated video.

In State Fiscal Year (SFY) 2015, 1.96 million Ohioans received SNAP benefits worth a total of $2.53 billion, and an average issuance of $257 per month.22
Maximum SNAP Allotments, by Household Size

<table>
<thead>
<tr>
<th>People in Household</th>
<th>Maximum Monthly Allotment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$194</td>
</tr>
<tr>
<td>2</td>
<td>$357</td>
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<tr>
<td>3</td>
<td>$511</td>
</tr>
<tr>
<td>4</td>
<td>$649</td>
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<tr>
<td>5</td>
<td>$771</td>
</tr>
<tr>
<td>6</td>
<td>$925</td>
</tr>
<tr>
<td>7</td>
<td>$1,022</td>
</tr>
<tr>
<td>8</td>
<td>$1,169</td>
</tr>
<tr>
<td>Each additional person</td>
<td>$146</td>
</tr>
</tbody>
</table>


How SNAP Benefits are Calculated

<table>
<thead>
<tr>
<th>Benefit Computation</th>
<th>Example</th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiply net income by 30%</td>
<td>$1,136 net monthly income x .3 = 340.8</td>
</tr>
<tr>
<td>Round up</td>
<td>Round up to $341</td>
</tr>
<tr>
<td>Subtract 30% of net income from the maximum allotment for the household size</td>
<td>$649 maximum allotment for 4 - $341 (30% of net income) = $308, SNAP Allotment for a full month.</td>
</tr>
</tbody>
</table>


**Women, Infants, and Children (WIC)**
The Special Supplemental Nutrition Program for Women, Infants, and Children (WIC) funds food, health care referrals, and nutrition education for low-income pregnant and postpartum women, infants, and children under age 5 who are at nutrition risk. Foods covered under WIC include infant cereal, baby food, eggs, milk, peanut butter, dried and canned beans and peas, canned fish, fruits and vegetables, and whole-wheat bread. WIC encourages breastfeeding through counseling, education, and incentives such as breast pumps and enhanced food packages, and also does immunization screenings and referrals as part of the WIC certification process.

**What is nutrition risk?**

*Nutrition risks can be medically based or diet based. Medically based risks include anemia, underweight, maternal age, and a history of pregnancy complications or adverse outcomes. Diet-based risks include inappropriate nutrition or feeding practices.*
To be eligible for WIC, people must have a gross income at or below 185 percent FPL, meet a state residency requirement, and be at nutritional risk, as determined by a professional.

The USDA’s Food and Nutrition Service manages federal grants that go to states to fund this program. The Ohio Department of Health, Bureau of Nutrition Services manages WIC, and is currently transitioning from WIC coupons to an electronic benefit transfer (EBT) card like SNAP uses. About 245,000 Ohioans participate in WIC.23

**School Meals/Summer Feeding Programs**

For many children experiencing food insecurity, meals they receive at school are an important source of nutrition and energy. In Ohio, food service programs serve over one million meals every day at over 4,000 sites.24 Programs that help provide healthy food for children at school include the Child and Adult Care Food Programs (CACFP), the School Breakfast Program (SBP), the National School Lunch Program, the Special Milk Program (SMP), After-School Care Snack Program, and the Summer Food Service Program (SFSP). These programs are federally funded through the USDA and administered by the Ohio Department of Education’s Office for Child Nutrition. The food served through these programs must meet federal nutritional guidelines.

**Child and Adult Care Food Programs (CACFP)** provide nutritious meals and snacks at center-based child care centers, after-school at-risk programs, family day care homes, and adult day care.

**National School Lunch Program** provides cash subsidies for nutritional free or low-cost lunches and snacks to children at school. Any child may purchase a lunch or snack, but children from low-income families get the food for free or a reduced price.

**School Breakfast Program** operates like the National School Lunch Program and provides cash subsidies to the Ohio Department of Education’s (ODE) Office of Child Nutrition to assist with the operation of school breakfast programs.

**Special Milk Program (SMP)** makes milk available to children who go to schools that do not participate in the other meal service programs discussed here.

**After School Care Snack Program** reimburses after-school care organizations that serve nutritious snacks to students.

**Summer Food Service Program (SFSP)** provides free meals to children during school vacations at sites in areas with high proportions of low-income children.
Although specific eligibility requirements vary, these programs are intended to benefit low-income children. Guidelines generally follow those for determining free or reduced lunch eligibility for individuals (less than 130 percent FPL for free meals, 130 percent FPL to 185 percent FPL for reduced cost meals). For communities that have a high proportion of low-income students, there is a Community Eligibility Provision that allows schools to serve all students free meals based on information from other benefit programs, rather than requiring individual applications. Another option, known as Provision 2, allows any school to opt to serve all students free meals in return for paying the difference. Administrative savings due to reduced paperwork make this provision attractive to some schools. According to data provided by the Ohio Department of Education, in FY 2016, there were 20 Provision 2 schools in Ohio, and 678 schools that qualified for the Community Eligibility Provision.

In the summer of 2014, the Summer Food Service Program provided 3.8 million meals to low-income children in Ohio. Almost 700,000 students qualify for free and reduced lunches under the traditional eligibility requirements.

**Meals on Wheels**

The Meals on Wheels Association of America (MOWAA) represents local Senior Nutrition Programs across the country. Although perhaps the most widespread understanding of Meals on Wheels is the home delivery of meals to mobility-limited seniors, these programs also do other feeding programs such as serving meals at congregate locations in the community.

MOWAA maintains a “Find a Meal” database on their Website that can assist people in locating meal opportunities.

**Food Bank System and Pantries**

For community members struggling with food insecurity, food banks, pantries, and meal sites can be important sources of food. Food banks act as hubs that collect, store, and distribute food items to local pantries and meal sites. Food pantries, often located in churches or other neighborhood organizations, supply food directly to people in need, and meal sites serve hot meals or sack lunches at designated times. According to the Ohio Association of Food Banks, food pantry visits have increased 87 percent since 2006, with over 9,833,228 visits in Ohio in 2014.

Food Bank vs. Food Pantry - What’s the Difference?

Food pantries are often run by churches or local community organizations and directly provide food to the hungry. In contrast, a food bank is a collection and distribution center, generally covering a geographic region, which distributes food to local pantries. Some food banks may also distribute food directly to those in need.
Although hot meals and other meal site distributions are often open to the public, most food pantries have some eligibility criteria. The criteria vary from site to site, but may include residency in a service area, income thresholds, or eligibility for other assistance programs.

The Ohio Association of Food Banks offers information on regional food banks across the state. Regional food banks can connect people struggling with food insecurity to local pantries and other resources. Click here for more information.
Home and Energy Assistance Services

Affordable housing is generally understood as spending less than 30 percent of income on housing and related costs. In Ohio, about half of renters and a quarter of homeowners pay more than 30 percent of their household income for housing costs. According to the 2015 Out of Reach report from the National Low Income Housing Coalition, the hourly wage needed in Ohio to afford a two-bedroom apartment at fair market rent is $14.13. In response to challenges many face in finding and keeping a home, the government has developed programs to provide low-income individuals with free or reduced-cost housing, and to assist with utility expenses.

Section 8

Also known as the “Housing Choice” Voucher program, Section 8 is a program for low-income families, seniors, and individuals with disabilities. Eligible recipients receive a voucher which they are able to use to find qualifying housing in the private market. These vouchers are managed by local public housing authorities (PHAs); however they are funded by the federal government and administered by the U.S. Department of Housing and Urban Development (HUD).

You can find a list of the PHAs in Ohio here.

Participating individuals must locate housing that meets HUD requirements, and then the homeowner (landlord) is paid by the PHA.

Section 8 housing subsidies require a low-income threshold; typically families cannot have incomes that exceed 50 percent of the median income for the county that they reside. And, because the demand for low-cost housing exceeds the number of vouchers available, waiting lists exist in many areas.

Public Housing

Unlike Section 8 vouchers, which recipients can use in a location of their choice, public housing is scattered-plot homes or high-rise apartment complexes which exclusivity provide housing for those with low-incomes, seniors, and individuals with disabilities. Like Section 8, public housing is administered by HUD, and managed locally by PHAs, and eligibility is based on income.
HUD’s work goes beyond public housing and subsidy programs, and includes programs to promote home ownership, support community development, and end housing discrimination.

According to their website, HUD’s mission is to “create strong, sustainable, inclusive communities and quality affordable homes for all. HUD is working to strengthen the housing market to bolster the economy and protect consumers; meet the need for quality affordable rental homes; utilize housing as a platform for improving quality of life; build inclusive and sustainable communities free from discrimination, and transform the way HUD does business.”

While the housing supports made available through public housing authorities are valuable, they often don’t reach many of those in need. Many PHAs in Ohio maintain long waiting lists, or rely on lotteries to distribute housing slots to eligible individuals. As this factsheet from the Center on Budget and Policy and Priorities points out, most low-income renters do not receive federal housing supports.

**The Ohio Housing Finance Agency**
Created in 2005 as a state agency, the Ohio Housing Finance Agency offers additional housing options for low-to-moderate income individuals seeking housing. According to their website, “OHFA funds competitive fixed-rate mortgage loans and provides financing for the development and rehabilitation of affordable rental housing through the Housing Tax Credit program, issuing tax-exempt mortgage revenue bonds, and other affordable housing programs.”

**LIHEAP and Weatherization**
The Low Income Home Energy Assistance Program (LIHEAP, often shortened to HEAP) is a federally sponsored program which helps eligible families to pay for home heating costs. To qualify, households must be below 175 percent FPL.
Eligibility for LIHEAP (175% of FPL)

<table>
<thead>
<tr>
<th>Size of Household</th>
<th>Total Household Income for 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Up to $20,597.50</td>
</tr>
<tr>
<td>2</td>
<td>$27,877.50</td>
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<tr>
<td>3</td>
<td>$35,157.50</td>
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<tr>
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<td>$49,717.50</td>
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<tr>
<td>6</td>
<td>$56,997.50</td>
</tr>
<tr>
<td>7</td>
<td>$64,277.50</td>
</tr>
<tr>
<td>8</td>
<td>$71,557.50</td>
</tr>
</tbody>
</table>

Other programs, such as Ohio’s statewide Percentage of Income Payment Plan Plus program (PIPP) can help individuals to manage the costs of heating and cooling their home. This program allows low-income individuals to pay a reduced portion of their home energy costs, based on their overall income.

Weatherization is also available through the federally funded Home Weatherization Assistance Program, to help improve the overall energy efficiency of a home, and subsequently decrease costs for those with low incomes. According to the Ohio Department of Development, “Services include attic, wall, and basement insulation; blower-door-guided air leakage reduction; heating system repairs or replacements; and health and safety testing and inspections.”

Emergency Shelters

Ohio has a multitude of emergency shelters available for individuals who are homeless or in transition and in need of emergency shelter. According to the Coalition on Homelessness and Housing in Ohio (COHHIO), 11,167 people were homeless in Ohio in 2015. A range of services, often called a “continuum” (see page 24), exist to prevent homelessness, provide temporary support to those without safe, adequate housing, and help move individuals and families into permanent housing.

Emergency housing may receive funding support from a variety of sources, including state, local, or philanthropic funds. Ohio’s Office of Community Development provides grant funding (leveraged from both state and federal programs) to support a continuum of housing supports, including homelessness prevention, shelters, transitional housing, and permanent supportive housing. For a list and description of these programs, visit their website. Housing programs vary widely, and eligibility can differ substantially from program to program. For example, some shelters are only for women;

How do we estimate the size of the homeless population?

A Point-in-Time count is used to estimate homelessness. A PIT count is an unduplicated count of both the sheltered and unsheltered homeless population on a single day in January.
others may be specifically for victims of domestic violence or those with severe mental illness. Programs will also vary based on length of stay and support services available.

COHIO houses a database of organizations working to prevent homelessness in Ohio. Check out their Website here.

What is a Continuum of Care?

“A Continuum of Care (CoC) is a regional or local planning body that coordinates housing and services funding for homeless families and individuals.... According to HUD, a CoC is ‘a community plan to organize and deliver housing and services to meet the specific needs of people who are homeless as they move to stable housing and maximize self-sufficiency. It includes action steps to end homelessness and prevent a return to homelessness.’ HUD identifies four necessary parts of a continuum:

- Outreach, intake, and assessment in order to identify service and housing needs and provide a link to the appropriate level of both;
- Emergency shelter to provide an immediate and safe alternative to sleeping on the streets, especially for homeless families with children;
- Transitional housing with supportive services to allow for the development of skills that will be needed once permanently housed; and
- Permanent and permanent supportive housing to provide individuals and families with an affordable place to live with services if needed.

CoCs are tasked to track and manage the homeless community in their area. One of most important activities entrusted to CoCs is the biannual count of the homeless population and an annual enumeration of emergency systems, transitional housing units, and beds that make up the homeless assistance systems. These counts provide an overview of the state of homelessness in a CoC, and offer the information necessary to redirect services, funding, and resources as necessary. The CoC also manages these services, offering both prevention strategies and homeless assistance programs to assist those at-risk of or experiencing homelessness.”

Source: http://www.endhomelessness.org/library/entry/fact-sheet-what-is-a-continuum-of-care
Employment and Literacy Services
As of February, 2016, the unemployment rate in Ohio was less than 5 percent. However as many as 11 percent of residents are underemployed.29 Furthermore, the most recent data available suggests that 9 percent of Ohioans lack basic prose literacy skills, while approximately 11 percent lack a high school degree.30,31 Employment services are designed to provide financial support or assist those who are unemployed or underemployed prepare for, find, and retain work. Often referred to as “workforce development,” these services may include job search assistance, education advancements, and job training. Related, literacy services are aimed at increasing the literacy and employability of individuals who lack basic literacy skills. These services may include GED (General Education Development) exam preparation and adult basic education courses.

Unemployment Compensation
Unemployment Compensation Insurance (UC) consists of payments made to unemployed people. Individuals eligible for unemployment compensation must be unemployed or partially unemployed32 and actively seeking work. Individuals must have been previously employed for 20 qualifying weeks during the “base period,”33 and be unemployed through no fault of their own. Payments vary based on the recipient’s previous average weekly wage and number of dependents. Overall, the benefit replaces about half of one’s previous wage; the maximum weekly payment is $564. In order to remain eligible for benefits, the individual must be actively seeking work, and may need to provide proof of their job search efforts. With some exceptions, benefits are available for up to 26 weeks.

According to a 2013 report by Policy Matters Ohio, the state of Ohio has some of the strictest requirements for unemployment compensation eligibility. The study found that requirements around minimum earnings would disqualify a minimum wage worker employed for 29 hours per week. Overall, in 2013, just 23 percent of those unemployed in Ohio received unemployment compensation, compared to 27 percent nationally. 35
Who is working in Ohio?
About 78 percent are employed or seeking work.

<p>| | | |</p>
<table>
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<tr>
<th></th>
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<tbody>
<tr>
<td>22%</td>
<td>6%</td>
<td>71%</td>
</tr>
</tbody>
</table>

- Not in Labor Force  ■ Unemployed Job Seekers  ■ Employed

Source: U.S. Census Bureau

ABLE (Adult Basic and Literacy Education)
ABLE services are offered in all 88 counties in Ohio, through 56 different programs. These programs provide services to help individuals acquire the necessary literacy skills to be successful in school, work, or parenting. Services focus on the development of basic math, reading and writing skills, GED preparation, English for Speakers of Other Languages (ESOL), life skills, employability skills and computers skills, family literacy, workplace literacy, corrections education, and distance education. 36 ABLE providers include school systems, libraries, community colleges, and career centers. Services are offered free of charge. To be eligible for ABLE services, individuals must be at least 16 years of age, not enrolled in school, and must lack basic literacy skills, a secondary school diploma, or are unable to read and speak English.

ABLE is funded through both federal and state funds, with oversight provided by the Ohio Board of Regents.

In Ohio, the goals of the ABLE program are to:
1. Assist adults to become literate and obtain the knowledge and skills necessary for employment and self-sufficiency
2. Assist adults who are parents to obtain the educational skills necessary to become full partners in the educational development of their children, and
3. Assist adults in the completion of a secondary school education
**WIOA/Job Training Programs**

The Workforce Investment Act (WIA) created a workforce development system that provides programming for adults, dislocated workers, and youth. WIA was reauthorized in 2014 as the Workforce Innovation and Opportunity Act (WIOA) and changes were made to improve coordination and streamline services and programs. WIOA targets job seekers and employers. The federal government allocates funds to states to operate WIOA programs, and funding is administered in Ohio through the Ohio Department of Job and Family Services. Oversight of WIOA programs is the responsibility of the Governor’s Executive Workforce Board at the state level, and locally, Workforce Development Boards, which are led by local business members. According to the Office of Workforce Development, “the role of the Boards are to set policy, develop statewide and local plans, develop local area budgets to carry out the duties of the local system, and act as an independent broker of programs to assist employers in meeting their hiring needs and workers to find sustainable jobs.”

WIOA programs serve adults who are eligible for work in the U.S.; dislocated workers; and young people under 24 who are in foster care, have dropped out of high school, are homeless or a runaway, are pregnant or parenting, or who lack basic literacy skills. Young ex-offenders and low-income young people who are still in school are also eligible. WIOA programs also support employers seeking to increase or improve their workforce, and through offering tax credits to employ certain types of workers. Services are free and accessed locally through a network of OhioMeansJobs Centers across the state. In addition, services are delivered through partnerships with many local organizations. OhioMeansJobs Centers are designed as “one-stops” or single points of access for those seeking work. Services include career counseling, aptitude testing, job matching, workshops, access to computers and other office equipment, assisting employers with job posting and screening, and other career related services.

OhioMeansJobs also operates a Website for individuals seeking employment or businesses seeking employees.

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**The Purposes of the Workforce Innovation and Opportunity Act include:**

- *Increase opportunities for individuals, particularly those with barriers to employment*
- *Support alignment of workforce investment, education, and economic development systems*
- *Provide workers with the skills and credentials to secure and advance employment*
- *Promote improvement in the structure and delivery of services*
- *Increase the prosperity of workers and employers*
- *Increase the employment retention and earnings of participants and the attainment of recognized post-secondary credentials*
For information on the status of the labor force in Northeast Ohio, read our recent report which details the demographics of the region's workforce and finds differences between men and women and among racial and ethnic groups.
Health Care Services

Health insurance coverage is an important determinant of one’s ability to access adequate health care services, and a lack of health insurance has been linked to negative health outcomes. As health care costs continue to rise, health insurance coverage is an important factor in people’s ability to pay for the health care they need while avoiding extreme financial burden.

Medicaid

Medicaid, established in 1965 as an amendment to the Social Security Act, is the largest provider of health coverage in Ohio and the largest program in state government. Administered through the Ohio Department of Medicaid, Medicaid is federally funded with a state match. The federal share is referred to as the Federal Medical Assistance Percentage (FMAP). While this varies from year to year and by eligibility group and type of service, in 2015, Ohio was responsible for about 38 percent of Medicaid costs. Ohio relies on managed care organizations to deliver Medicaid benefits; most Ohioans who receive Medicaid are eligible for enrollment in a managed care plan. The Ohio Department of Medicaid currently contracts with five different managed care plans: Buckeye Health Plan, CareSource, Molina, Paramount Advantage, and United Healthcare. According to the Ohio Department of Medicaid, “Managed care plans are health insurance companies that are licensed by the Ohio Department of Insurance and have a provider agreement with the Ohio Department of Medicaid to provide coordinated health care to Medicaid beneficiaries. These managed care plans work with hospitals, doctors and other health care providers to coordinate care and to provide the health care services that are available with an Ohio Medicaid card. If you have Medicaid, and are in a managed care plan, you need to get most of your health care from health care providers that work with your managed care plan.”

Medicaid covers uninsured children up to age 19 up to 206 percent of the federal poverty level (FPL), and pregnant women up to 200 percent FPL (partially through SCHIP, or Healthy Start); low-income families, parents or relative caregivers up to 90 percent of the FPL (through Healthy Families); and adults up to age 64 living at or below 138 percent of the federal poverty level (through the Affordable Care Act’s Medicaid Expansion, sometimes referred to as Group 8). As a result of the Affordable Care Act, the federal government has committed to paying 100 percent of the costs for the Medicaid Expansion population through 2016. In 2017, the FMAP will drop to 95 percent and continues to

What is SCHIP/Healthy Start?

SCHIP is the State Children’s Health Insurance Program, created in 1997 in response to staggering rates of uninsured children in America. This program is called Healthy Start in Ohio. The program is designed to provide increased health coverage for children in families with incomes too high to qualify for Medicaid but too low to purchase private coverage. Coverage applies up to 206 percent of the FPL. The federal match for CHIP is at a higher (enhanced) rate than traditional Medicaid (currently about 75 percent of the funding is federal). Healthy Start covers over 300,000 Ohio children.

Want to learn more about Medicaid waivers? Check out this brief video.
drop each year until it reaches 90 percent in 2020, where it remains going forward. Medicaid also has programs covering seniors, the blind, and individuals with disabilities through a variety of programs and Medicaid Waivers. Medicaid Waivers allow states to offer Medicaid services to certain populations, including seniors and individuals with disabilities, in home and community-based settings as opposed to institutional settings, such as long-term care facilities or nursing homes. Medicaid covers about 20 percent of Ohioans.

In 2016, The Center for Community Solutions launched The Center for Medicaid Policy, focused on supporting the development of sound, cost-effective Medicaid policies through research, analysis, and advocacy.

Watch our Website for current analyses and research related to Medicaid.

Medicare
Medicare, also established in 1965, is a federally funded and administered program, financed through payroll deductions. Medicare is managed by the Department of Health and Human Services (HHS) Centers for Medicare and Medicaid Services (CMS). Medicare coverage is for individuals over the age of 65, and some under 65 with certain disabilities. Most people over 65 qualify if they have contributed to Social Security and Medicare payroll tax for 40 quarters, or about 10 years; however, there are options for those with “less eligibility” as well. Medicare does not cover all medical costs for enrollees—there are often copays and premiums required. Medicare has four “parts” that cover different types of services, described below.

Part A provides hospital and nursing facility coverage. All those who are eligible for Medicare are automatically enrolled in Part A. Part A covers about 80 percent of costs. Premiums are considered covered through the recipient’s contribution through the Medicare payroll deduction.

Part B provides medical coverage for recipients. This coverage includes partial costs (about 80 percent) for doctor visits, some home health care, medical equipment, outpatient procedures, rehabilitation therapy, laboratory tests, X-rays, mental health services, and ambulance service. Unlike Part A, this coverage is optional. Those covered through private coverage may choose to opt-out. And, unlike Part A, premiums are required.
Part C is Medicare’s private insurance option. This allows recipients to choose and enroll with a private insurance company approved by Medicare, known as Medicare Advantage Plans. While there are requirements around what these providers must cover, some private plans may cover additional services or have in-network requirements.

Part D is Medicare’s prescription drug coverage. This coverage is optional, and is managed by private insurance companies. Premiums, deductibles, and copays often apply.

Over 1.9 million people receive Medicare benefits in Ohio. Some of these individuals are also eligible for Medicaid, which can help to offset their out-of-pocket costs.

MyCare
In 2014, Ohio launched a demonstration program called MyCare, designed to coordinate benefits and reduce costs for the approximately 180,000 residents who are dually eligible for both Medicare and Medicaid. All consumers must enroll in a managed care plan. These plans are tasked with coordinating the physical, behavioral, and long-term health care needs of members.

Read more about MyCare and current enrollment through the Ohio Department of Medicaid.

Public Health Services
The public health system in Ohio is made up of the Ohio Department of Health, local health departments, and other local partners, and plays an important role in the human service delivery system in Ohio. According to the Ohio Department of Health,

“In Ohio, local health departments -- like school districts-- maintain independent governance, but often work together, along with the state and federal public health agencies. Depending on the type of health district (county or city jurisdiction) funding comes from the support of their community through levies, city general operating funds, contracts, county government and/or what is known as ‘inside millage.’ To help support local health departments, ODH receives funds from federal agencies, state general revenue, and other sources and distributes many of these funds through contracts and grants that contribute toward local public health programs and services. ODH also provides technical support, laboratory services, an IT communication network, and other critical services to aid local health department efforts.”
Largely, public health in Ohio is administered locally, much like school districts. There are 124 local health departments in the state; 23 counties are served by more than one health department. Some communities have both a county health department and a city health department. Services offered at health departments often include environmental health programs, immunizations clinics, well-baby visits, prenatal care, health screenings, dental care, health promotion activities, and disease surveillance.

To learn more about funding for Ohio’s public health system, read the Public Health Futures report from the Health Policy Institute of Ohio, and our 2012 study.

**Community Health Centers /Federally Qualified Health Centers (FQHCs)**
Community Health Centers, or Federally Qualified Health Centers, are federally supported clinics that provide underserved individuals with prevention and treatment services. This may include health screenings, immunizations, chronic disease management, and other services. There are over 200 Community Health Center locations in Ohio. The centers must provide care to any individual in need, regardless of ability to pay or insurance coverage. According to the U.S. Department of Health and Human Services,

“FQHCs must serve an underserved area or population, offer a sliding fee scale, provide comprehensive services, have an ongoing quality assurance program, and have a governing board of directors.”

Find a community health center in Ohio here.

**The Patient Protection and Affordable Care Act (ACA)**
Commonly referred to as “Obamacare,” this legislation was signed into law in March of 2010. This landmark legislation made many significant regulatory changes to health care delivery in the United States, leading to increased coverage for many Americans. The goals of the ACA were to increase coverage, consumer protection, and choice and to decrease costs. Highlights of the legislation include:

- **Health insurance exchanges** ("marketplaces") where people can purchase insurance, including subsidies for families up to 400 percent FPL and additional cost-sharing reductions for families between 100 percent and 250 percent FPL
- An individual mandate for health insurance coverage
- A mandate for employers to offer coverage
- Rights and protections for consumers, including prohibition against denials due to pre-existing conditions
- Expansion of coverage for individuals to age 26 for young adults covered by parents
- Medicaid Expansion up to 138 percent FPL (optional for states)
- Changes to required essential health benefits and preventive care

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<thead>
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<th>Household Size</th>
<th>138 Percent of FPL</th>
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<tr>
<td>7</td>
<td>$50,687</td>
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<td>8</td>
<td>$56,428</td>
</tr>
</tbody>
</table>
**Medicaid Expansion in Ohio**
Starting in January of 2014, individuals ages 19-64 with incomes up to 138 percent of the FPL became eligible for Medicaid coverage through the ACA’s Medicaid expansion (sometimes called “extension”). As of March, 2016, 677,771 people in Ohio have gained coverage through this extension.

**Services for People Living with HIV/AIDS**
Ohio’s rate of HIV (Human Immunodeficiency Virus) diagnosis was 8.2 per 100,000 in 2014. By the end of 2014, 21,612 people were living with HIV in Ohio, and 178 individuals with the infection died in that year. Many people who are infected with the disease do not know their status.

The Ryan White HIV/AIDS Program is an important source of federal funding of services and supports for people living with HIV, especially those who don’t have access to other sources of health insurance. Ryan White in Ohio funds multiple programs, including case management services, medication assistance, and a minority AIDS initiative. The program also makes grants to providers for providing related health care services, and funds prevention and outreach services.

Ryan White Part A provides resources to areas disproportionately impacted by HIV and connects people who live in these regions with services. Ohio has two areas that meet these criteria, the [Cleveland Transitional Grant Area](#) (TGA) and the [Columbus TGA](#).

With the implementation of the Affordable Care Act and Medicaid Expansion in Ohio, fewer individuals living with HIV or AIDS (Acquired Immunodeficiency Syndrome) lack health insurance
(see graphic), however The Ryan White program will remain valuable in providing services to those in need.

Details on the Ryan White Program are available through the Ohio Department of Health.

You can read reports by The Center for Community Solutions on the Ryan White Program here.

### Health Insurance Status of Ohioans Served by ODH’s Ryan White HIV Drug Assistance Program from 2014 to 2015

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>50%</td>
<td>16%</td>
</tr>
<tr>
<td>Medicaid</td>
<td>7%</td>
<td>21%</td>
</tr>
<tr>
<td>Private Coverage</td>
<td>16%</td>
<td>27%</td>
</tr>
<tr>
<td>Medicare</td>
<td>27%</td>
<td>35%</td>
</tr>
</tbody>
</table>

Source: Joint Medicaid Oversight Committee
Mental Health and Addiction Services

Behavioral health, including issues of mental health and addiction, is an important component of overall health. In Ohio, over 1.7 million people struggled with a mental illness, while about 646,000 people were dependent on alcohol and 267,000 were dependent on illicit drugs in 2013, according to the Substance Abuse and Mental Health Services Administration (SAMHSA), the agency that coordinates behavioral health information and services on the federal level.38

Treatment for behavioral health issues can help people recover. However, research shows that only a fraction of people receive the mental health and/or addiction services they need. With the implementation of the Affordable Care Act, access to behavioral health care is increasing due to the categorization of mental health and substance use treatments as essential health benefits.

Alcohol, Drug Addiction, and Mental Health Services (ADAMHS) Boards

In Ohio, the Department of Mental Health & Addiction Services (MHAS) establishes minimum standards for behavioral health services, monitors services, and provides training and resources for service providers and local boards. Treatment services are coordinated through local community mental health and addiction recovery boards39 that may levy local taxes to fund board functions. Currently, all but 12 of Ohio’s 88 counties have some type of local levy supporting behavioral health services.40 A single board’s service area can range from one county to a small group of geographically proximate counties; there are currently 51 boards across the state (50 combined mental health and recovery boards, and one uncombined mental health board). Boards contract with and fund local organizations to provide services to community members who are uninsured or underinsured.

Community Mental Health and Addiction

In the last half-century, movement away from the institutionalization of mentally ill community members in state psychiatric hospitals was supported by the proliferation of community-based treatment facilities. With the support of funds from local mental health boards, as described above, community mental health and addiction service organizations provide counseling and therapy sessions, intensive case management, day programs, support groups, and medical care—including diagnosis and prescribing medications—to address clients’ behavioral health issues while individuals remain integrated in the community. ADAMHS Boards also provide support services such as housing, transportation, and employment services where funds are available. To learn more about these services, read our study By the Numbers 2: Developing a Common Understanding for the Future of Behavioral Health Care.

For more information on the behavioral health board in your area, click here. To find a treatment provider, contact your local board or visit the statewide directory here.

Are you interested in mental health advocacy?

The Mental Health and Addiction Advocacy Coalition (MHAC) is a statewide education and advocacy organization. Learn more about their work here.
What’s the most common drug of choice for which individuals seek treatment in Ohio?

FIGURE 14: Most Common Primary Drug of Choice for which to be in Treatment by Board Area, 2011-2012

Source: “By the Numbers 3,” The Center for Community Solutions

Inpatient Treatment
For people experiencing a behavioral health or addiction issue that requires inpatient treatment, residential services or hospital care are available. Inpatient treatment refers to medical or rehabilitative services a patient receives while living (either short-term or long-term) in a hospital or medical facility. Ohio MHAS operates six regional psychiatric hospitals that provide short-term inpatient treatment. More information on these hospitals can be found here. Private inpatient facilities are also available across the state for addiction and/or mental health treatment.

Crisis Services
During a crisis, many different resources are available. Most crisis treatment sequences are set in motion by a call to a crisis service provider or crisis hotline, and a face-to-face intervention can be set up. Depending on the circumstances of the crisis, admission to a hospital may follow.
Developmental Disabilities

“Developmental Disability” is an umbrella term that includes a wide range of specific conditions, including intellectual (cognitive) disabilities, Down syndrome, cerebral palsy, autism spectrum disorders, language and learning disorders, and others. The Ohio Department of Developmental Disabilities (DODD) provides general oversight to the state’s system of supports and services for individuals with developmental disabilities. Every county has a local board of developmental disabilities, responsible for coordinating services for children and adults with developmental disabilities. County boards of developmental disabilities, established in 1967, are made up of members who are appointed by local probate judges and county commissioners and executives. Each board is comprised of seven individuals, including family members of a person with a developmental disability.41

Across the state, county boards serve over 90,000 individuals with developmental disabilities. Board services include case management, early intervention for young children with disabilities, behavioral interventions, family support and respite services, adult day and sheltered work programs, housing supports, and more. County boards make eligibility determinations for those with an accepted diagnosis, using an assessment tool, and only those who qualify may receive services. Services for individuals with disabilities may be financed through Medicaid, Medicaid Waivers, board finances (typically funded through levy dollars), or by private pay (financed by the consumer, family members, or private insurance).

Ohio is unique in its heavy reliance on local funding to support services for those with developmental disabilities.
**What is a levy?**

Property taxes are one of the primary ways for municipalities in Ohio to raise revenue for community services. A levy is a form of property tax, which must be approved by voters. Counties or cities use the proceeds from tax levies to fund schools, road maintenance, parks, and other services. Levies provide funds for needed human service supports that the state and federal government do not fund or do not fund sufficiently. There are hundreds of levies across the state.

You will often hear the size of a levy described in “mills” or “millage.”

Millage rates are expressed not as regular percentages, but in tenths of a penny. It is the amount per $1,000. For example, a millage rate of 2 mills would mean 2 tenths of a penny, or $2 per $1,000 of property value.

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**Services for Children with Developmental Disabilities**

For children with developmental disabilities, common supports and services include Early Intervention, Family Support Services, and Special Education. Early Intervention services are for infants and toddlers (under age 3) who are known to have a developmental delay or disability, or who are at-risk for developing a disability. Early Intervention (“Part C”) services are the responsibility of the Ohio Department of Health’s Help Me Grow Program, though services are often provided by local nonprofits and Boards. Services for children may include summer camps, behavior therapies, and respite care services for parents or caregivers.

As children with developmental disabilities transition into the education systems, school districts become primarily responsible for providing supports. Children receive services based on their Individualized Education Program (IEP) which contains information about the student’s disability, as well as individual educational goals and services for that student. All students with developmental disabilities aged 14 and older must have an IEP that includes plans and goals for adult life, such as vocational or postsecondary education goals, plans for independent living, and supportive services that will be needed as the individual reaches adulthood.

**Services for Adults With Developmental Disabilities**

There are an array of services available to support adults with developmental disabilities. Housing supports include large institutions (called Intermediate Care Facilities, or ICFs), small group homes, and home and community-based services offered through Medicaid Waivers. Waiver programs pay for services that support people to live in their own residence, in a community based “waiver home,” or with friends or family. Services include nonmedical transportation, employment services, nutrition assistance, respite for caregivers, certain therapies, accessibility modifications, and personal care assistance.

In addition to housing supports, Ohio’s developmental disability system includes services that offer support for social and employment needs. These services include adult day programs, intended to teach individuals life skills and offer opportunities for social interaction. Adult programs also include facility-based sheltered workshops. A sheltered workshop is a supervised work setting that exclusively employs individuals with disabilities. Community employment is another option available, where a person with a disability works in a competitive and integrated work environment, possibly
with supports. These supports may provide vocational training, help to search and apply for job
openings, assistance with transportation to and from work, training on how to handle issues that may
come up in the workplace, and help with understanding salary and benefits.

Other services available for adults with developmental disabilities may include transportation, medical
supports, mental health services, and access to home accommodations and adaptive technology.

You can read much more about the developmental disabilities system in Ohio here, or watch a webinar that provides an overview of the system.
Aging Services
The growth in the senior population has important implications for health and social service delivery. Older adults face issues that are unique compared to those experienced by other portions of the population. Although public programs like Social Security and Medicare reduce poverty and make essentials such as health care more readily available, disability, chronic disease, elder abuse and neglect, and accessible and affordable housing pose distinct challenges. In Ohio, seniors aged 60 and over currently make up about 20 percent of the state’s population. By 2030, this demographic group is projected to have grown to 29 percent of the population.43

Adult Protective Services (APS)
As people age, they may become unable to care for themselves or protect themselves from a variety of forms of abuse, including neglect; financial exploitation; and physical, emotional, or sexual abuse. The Ohio Department of Job and Family Services oversees the Adult Protective Services (APS) program for the state, which helps protect seniors aged 60 and over who may be vulnerable to abuse. Reports of senior abuse are investigated by county agencies, most often departments of job and family services.

In Ohio, reports of abuse can be submitted to the Department of Job and Family Services in the county where the adult lives or where the incident(s) of abuse occurred. Contact information for county departments of job and family services are available here. Local law enforcement agencies should be contacted if abuse occurs outside of business hours.

From July, 2013 to July, 2014, Ohio received 13,151 reports of abuse, neglect, and exploitation for seniors over the age of 60.44 For more data on Adult Protective Services in Ohio, check out the fact sheets available through ODJFS.

Nursing Homes and Waiver Services
In 2014, 8 percent of Ohioans over age 65 had a self-care disability and nearly 15 percent had an independent living difficulty.45 For seniors who can no longer live in their homes, institutional settings such as nursing homes are available.
However, nursing facilities can be expensive. For older adults who qualify, Medicaid serves as a payer for long-term care services. If seniors do not wish to receive long-term care in an institutional setting, and would like to remain in the community, several types of Medicaid waivers are available. A waiver allows seniors to “waive” their rights to institutional care in favor of services in a home or community-based setting. One well-known Medicaid waiver for seniors is the PASSPORT (Pre-Admission Screening System Providing Options and Resources Today) program, which includes adult day programs, accessibility adaptations, home-delivered meals, medical equipment and supplies, personal care services, and transportation assistance.

**Area Agencies on Aging (AAA)**

Area Agencies on Aging (AAAs) were created by the national Older Americans Act in 1965. In Ohio, there are 12 AAAs, which are overseen by the Ohio Department of Aging. They are regional organizations that advocate, plan, educate, and fund services to meet the needs of seniors in their communities. AAAs manage federal, state, and local funds for aging services, partnering with direct service organizations to provide in-home and community-based services. Other services of AAAs include assessments, case management, referrals to providers, and educational trainings. To find the AAA in your region of Ohio, click here.
Children Services

There is an array of services available to support and protect children in Ohio. This includes child protection services, assistance with child care expenses, case management, programs to support parents, and educational programs.

Child Protective Services

Child Protective Services (CPS) in Ohio is the responsibility of Public Children Service Agencies (PCSAs), under the umbrella of the Ohio Department of Job and Family Services Office of Children and Families. PCSAs are responsible for investigating claims of child abuse, neglect or dependency and providing ongoing/case management services as well as managing foster care, kinship care, and adoptions. Every county is served by a PCSA, though a few agencies serve more than one county. Some operate directly out of job and family services offices, while others are standalone agencies. For example, in Cuyahoga County, these services are coordinated by the Division of Child and Family Services. Child protective services rely on funding from federal, state, and local sources. However, Ohio is more reliant on local funding (primarily levy dollars) than other states.

About 100,000 reports of child abuse and neglect are made annually in Ohio, and investigations of all claims must begin within 24 hours of a report. Child welfare caseworkers used a system called SACWIS (Statewide Automated Child Welfare Information System) to collect and share information and manage their cases. Depending on county size and funding streams, some PCSAs may offer a variety of support and prevention services, such as therapies and intensive case management, either directly or through contracts with local providers.

If you are seeking information on county-specific CPS-related issues, check out county profiles available through the Public Children Services Association of Ohio here.

Do you know the signs of child abuse and neglect?

Unexplained bruises, changes in behavior, and excessive anxiety are just a few of the signs that may indicate a child is being abused or neglected. Learn more here.

Social workers, physicians, and day care workers are just a few of the professions that are considered “mandated reporters” in Ohio. A mandated reporter is someone required by law to report if they suspect or know that child abuse if occurring. For a full list of those who are mandated to report, click here.
**Family and Children First Councils**

Every Ohio county is served by a Family and Children First Council (FCFC), established by the state in 1993, with the purpose of streamlining and coordinating government services for children and families. FCFCs are meant to act as conveners of local child serving agencies, to examine issues of capacity, enhance accountability, and set priorities around these pertinent community issues. The triangle below illustrates the four functions of FCFs.

![Triangular Illustration](http://www.fcf.ohio.gov/SharedAccountability.aspx)

FCFCs are also important because they are responsible for arranging for the coordination of Help Me Grow referrals, and for overseeing the Early Intervention services of Help Me Grow, for infants and toddlers with developmental disabilities.

**Help Me Grow** serves expectant mothers and children under age three and has three program components: a home visitation program for at-risk families, early intervention services and services coordination for children with developmental delays and disabilities, as well as an Infant Hearing Program. Help Me Grow is funded through both federal and state funds.

**Child Care Voucher/Payment Assistance**

Affordable and accessible child care is a challenge for many families and a substantial need. Child care costs can be excessive, particularly for very young children.
Low-income families in Ohio may be eligible to receive assistance with child care costs. Assistance is offered through the Ohio Department of Job and Family Services, and managed locally through County JFS offices. Copays are required and can be substantial, depending on income.

Families can enter the program at or below 130 percent of the Federal Poverty Level (FPL) and may stay in the system and receive child care assistance up to 300 percent FPL. Copays will increase accordingly. After 300 percent FPL (about $60,000 for a family of three), no assistance is available. Families receiving assistance must send their child to a home or facility that is licensed through the state. The Ohio Department of Job and Family Services is also responsible for licensing and compliance for child care providers.
**Head Start**

Head Start is a preschool option for low-income children. The program also provides assistance to enrolled families, such as parenting support and resource and referral. Many Head Start programs offer part-day, full-day, and home-based options. Early Head Start programs serve infants and toddlers, as well as expectant mothers, through both home-and-center based program options. 90 percent of enrolled children must be at or below 100 percent of the federal poverty level.

Head Start is a federally funded and administered program, that must follow many rules and regulations outlined by the Administration for Children and Families’ Office of Head Start, and also must meet child care licensing guidelines from the Ohio Department of Job and Family Services. Programs historically were operated through Community Action Agencies; however, other nonprofit or social service agencies may compete for grants as well.

**Community Action Agencies**

Community Action Agencies (CAAs) are local nonprofit organizations that carry out the Community Action Program, or CAP, established by the Economic Opportunity Act in 1964 and often associated with the War on Poverty. These are the anti-poverty agencies that serve our communities. Their primary focus is housing, income management and employment assistance, as well as general health and well-being. Most CAAs also administer Head Start programs, emergency food assistance, and home heating and cooling assistance programs, such as the Low-income Home Energy Assistance Program, or LIHEAP. Programs vary from agency to agency, but every agency’s goal is to alleviate poverty.

The primary funding source for most CAAs are CSBG funds (Community Services Block Grant funds). These funds are federal funds that flow through the Ohio Department of Development. CAAs also rely on other state, federal, and local grants.

**Afterschool Services**

Working parents often rely on afterschool programs to provide safe environments for their children to play and learn after the school day is over. Many parents and community members are concerned about children spending time alone in the afternoon and evening hours, and quality afterschool programs can help keep them safe and engaged in their communities. However, according to the Ohio Afterschool Network, Ohio needs over 500,000 additional afterschool slots to fill the demand.
Learn more about the benefits of afterschool programs [here](#).

Afterschool programs may be operated directly by local schools, city or county entities, or by private providers. Eligible programs may seek reimbursement for nutritious snacks [through the USDA](#).
Other Human Services Resources

**Legal Aid**

Often, cost is a barrier for low-income individuals who need legal representation. Legal aid programs provide lawyers and legal services to those who cannot afford them. This includes both community legal clinics, which are nonprofits that offer legal services to community members, and also government-funded and operated legal assistance programs for poor individuals, such as public defense.

**Legal Aid Societies in Ohio**

1 - The Legal Aid Society of Greater Cincinnati

2 - Advocates for Basic Legal Equality

2 - Legal Aid of Western Ohio

3 - The Legal Aid Society of Cleveland

4 - Community Legal Aid Services/Northeast Ohio Legal Services

5 - The Legal Aid Society of Columbus

5 - Southeastern Ohio Legal Services

Source: Ohio Legal Services

**What about court fees?**

According to research conducted by NPR, “the costs of the criminal justice system in the United States are paid increasingly by the defendants and offenders. It’s a practice that causes the poor to face harsher treatment than others who commit identical crimes and can afford to pay.” The study found that offenders and defendants are charged for room and board during jail stays, probation, and electronic monitoring, and that fees have increased since 2010. The implications for poor individuals can be extreme. People may end up in jail when they can’t afford to pay their fees, which can compromise employment and family responsibilities. Read more here.
There are six legal aid societies serving people in all 88 Ohio counties (see map), assisting clients with matters such as housing and employment issues, domestic violence, and broader system issues.

**Domestic Violence Services**
According to the National Coalition Against Domestic Violence, “Domestic violence is the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. It includes physical violence, sexual violence, psychological violence, and emotional abuse. The frequency and severity of domestic violence can vary dramatically; however, the one constant component of domestic violence is one partner’s consistent efforts to maintain power and control over the other.”

According to the Ohio Attorney General’s Office, there were about 64,500 domestic violence-related calls to law enforcement in 2014, and 40,461 resulted in arrests. Additionally, domestic violence shelters served over 66,000 adults and children in the same year.  

A network of shelters, counseling services, prevention programs, legal assistance, and other resources are available to support victims of domestic or family violence. Law enforcement also plays a critical role. Supports may include counseling, assistance with protective orders or other safety measures, victim compensation, housing services, court advocacy, and others.

The Ohio Domestic Violence Network is a valuable resource for additional information on domestic violence, and includes prevention information, resources for survivors, trainings, and public policy updates. Similarly, the Ohio Family Violence Prevention Center, established in 1999, serves as a clearinghouse for resources to assist victims.
Clothing and Household Item Assistance
Low-income families often struggle to pay for clothing, diapers, and household items. These often-costly items are not eligible for purchase with SNAP (food stamp) benefits, which is often one of the only public benefits many poor families receive. There are private charitable resources available, however, which may provide assistance with obtaining these essentials for free or at significantly reduced costs. This includes The Salvation Army and Goodwill.

Many local churches and community organizations provide these necessities. Contact your county’s 2-1-1 service (if available) to find details.

Veterans Services
As of September, 2011, there were over 866,000 veterans living in Ohio. Veterans are eligible for a variety of different services, coordinated through the federal government’s U.S. Department of Veterans Affairs. Services and supports may include financial aid, housing supports or homeless services, continuing education, physical and mental health treatment, supportive family programming for spouses and children of veterans, and programs that offer a supportive and safe environment to socialize with other veterans.

Ohio funds financial assistance and supports to veterans in part through levy dollars. These levy dollars are generated through “inside” millage, which means that the levy is not voted on, but dollars are collected and utilized at the county level.

The Ohio Department of Veterans Services has a map feature which makes it easy to find each county’s Veterans Service Offices.

Immigration and Refugee Services
Numerous nonprofits across Ohio provide services to support the needs of immigrants and refugees now living in Ohio. This includes a network of refugee resettlement agencies across the state that can assist refugees with integrating into their new environment.

See a list of providers here.

Additionally Ohio Refugee Services, under the auspice of the Ohio Department of Job and Family Services, provides services such as cash and medical assistance, as well as social supports such as child care, employment training, and English language courses. Those eligible include refugees (or those unable or unwilling to return to their country of nationality due to persecution), asylees, and secondary migrants (those who originally resettled in another state but have relocated to Ohio).
Immigrants living in Ohio may often need legal representation. However, as a result of communication and cultural differences, as well their vulnerable status, immigrants are at risk for immigration service scams. The Department of Homeland Security’s U.S. Citizenship and Immigration Services (UCIS) Website provides a wealth of information for immigrants on their legal status, options available to them, and how to avoid scams.

The ACLU in Ohio is also a great resource for information, resources, and updates on immigration rights issues.

Reentry Services

An increasing number of services are available to support individuals who have been previously incarcerated, and their family members. Individuals leaving jail or prison can face multiple obstacles, including challenges with accessing employment, housing, and health care. Children and families may have experienced loss wages or emotional trauma as a result of their family member’s incarceration.

You can learn more about the challenges of prisoner reentry here.

As a result of these challenges, individuals may need assistance to access housing and transportation services, job training, mental health supports, and health insurance. Accessing needed services can be an important variable in decreasing reoffending among this population. The Ohio Department of Rehabilitation and Correction has developed a comprehensive reentry resource guide for each county in Ohio, which provides contact details for key services.

The guide for each county can be accessed here.

2 U.S. Census Bureau, American Community Survey, 2014 1-year
7 The TANF block grant has not increased over time, and there have been no adjustments for inflation.
11 Ibid.
12 SSI monthly Federal Benefit Rates (FRBs) and Living Arrangements, http://www.ssa.gov/ssi/text-general-ussi.htm
20 Ohio tax records only available through tax year 2012, before the state EITC was established. Check back for 2013 updates. http://www.tax.ohio.gov/tax_analysis/tax_data_series/individual_income/publications_tds_individual.aspx
24 National School Lunch and Breakfast, Ohio Department of Education. [http://education.ohio.gov/Topics/Other-Resources/Food-and-Nutrition/National-School-Lunch-and-Breakfast](http://education.ohio.gov/Topics/Other-Resources/Food-and-Nutrition/National-School-Lunch-and-Breakfast)

25 Summer Food Service Program, Ohio Department of Education. [http://education.ohio.gov/Topics/Other-Resources/Food-and-Nutrition/Summer-Food-Service-Program](http://education.ohio.gov/Topics/Other-Resources/Food-and-Nutrition/Summer-Food-Service-Program)


27 Local Programs, Meals on Wheels America. [http://www.mowaa.org/findmeal](http://www.mowaa.org/findmeal)


29 Underemployment Rate, Ohio, America’s Health Rankings. [http://www.americashealthrankings.org/OH/Underemployed](http://www.americashealthrankings.org/OH/Underemployed)


31 U.S. Census Bureau, American Fact Finder, 2014 1-year estimates

32 “If your employer lets you go before the end of your usual work week, or reduces your work hours to less than your full-time work week AND you earn less than the unemployment weekly benefit amount, you may be partially unemployed and eligible for benefits.”

33 A base period divides the year into four quarters of three months each


36 Adult Basic Literacy and Compensation, Ohio Department of Higher Education. [https://www.ohiohighered.org/ABLE](https://www.ohiohighered.org/ABLE)


39 Ohio merged its state mental health and addiction agencies in 2013, and all but one Ohio counties have merged their boards (Lorain County is the exception).

40 Board Levy Information. Ohio Association of County Behavioral Health Authorities. [http://www.oacbha.org/docs/LevyMap062014.pdf](http://www.oacbha.org/docs/LevyMap062014.pdf)


42 Integrative Employment, Center for Public Representation. [http://www.centerforpublicrep.org/litigation-and-major-cases/litigation-major-cases](http://www.centerforpublicrep.org/litigation-and-major-cases/litigation-major-cases)


45 U.S. Census Bureau, American Fact Finder, 2014 1-year estimates


47 Ibid.

48 These were increases from previous eligibility thresholds resulting from the 2016-2017 biennial budget.


