

Ohio Department of Job and Family Services  
**TITLE XX COUNTY PROFILE**

<b>County</b>	<b>Program Period</b>			
	From October 1, _____ through September 30, _____			
<b>Categories of Eligibility</b>				
<b>Catalogue of Title XX Social Services (1)</b>	<b>Services without Regard to Income (2)</b>	<b>Services for Free (3)</b>	<b>Services for a Fee (4)</b>	<b>Total Individual and Cost (5)</b>
Adoption	#			
	\$			
*Case Management	#			
	\$			
**Child Care Employment and Training	#			
	\$			
Congregate Meals	#			
	\$			
Counseling	#			
	\$			
Day-Care for Adults	#			
	\$			
Day Treatment for Children	#			
	\$			
Education & Training Services	#			
	\$			
Employment Services	#			
	\$			
Family Planning	#			
	\$			
Foster Care Services for Adults	#			
	\$			
Foster Care Services for Children	#			
	\$			
Health Related & Home Health Services	#			
	\$			

\*Case Management is limited to CDJFS.

\*\*Child Care services is limited to household income between 185% and 200% of the FPL and eligibility requirements set forth in 5101:2-16.

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Categories of Eligibility				
Catalogue of Title XX Social Services (1)	Services without Regard to Income (2)	Services for Free (3)	Services for a Fee (4)	Total Individual and Cost (5)
Home-Based Services	#			
	\$			
Home Delivered Meals	#			
	\$			
Housing Services	#			
	\$			
Independent & Transitional Living Services	#			
	\$			
* * *Information & Referral	#			
	\$			
Legal Services	#			
	\$			
Pregnancy/Parenting Services for Young Parents	#			
	\$			
Prevention & Intervention	#			
	\$			
* * * *Protective Services for Adults	#			
	\$			
* * * *Protective Services for Children	#			
	\$			
Recreation Services	#			
	\$			
Residential Treatment Services	#			
	\$			
Special Services for Person with Developmental or Physical Disabilities or Persons with Visual or Auditory Impairments	#			
	\$			

\*\*\*Information and Referral may be provided without regard to income unless a fee is stipulated by the CDJFS.

\*\*\*Services without regards to income are determined by the CDJFS.

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Special Services for Youth Involved in or at Risk of Involvement in Criminal Activity	#			
	\$			
Substance Abuse	#			
	\$			
Transportation	#			
	\$			
<b>TOTAL</b>				\$
County Income Level Guidelines: _____				
<b>Service Date(s) (if different from annual)</b>				
Title of Service	Beginning Date		Ending Date	
Title of Service	Beginning Date		Ending Date	
Title of Service	Beginning Date		Ending Date	
Submitted by (Signature of CDJFS Director)			Date	
Approved by (Signature of County Commissioner)			Date	
Street Address of Hearing			Date of Public Hearing	
City, State, Zip Code			Time of Public Hearing	

Counties reserve the right to limit eligibility contingent upon the availability of funds and resources.

**Submit an original profile electronically to ODJFS mailbox**  
[JFS OFC SSBG Title XX County Profile Reports@jfs.ohio.gov](mailto:JFS_OFC_SSBG_Title_XX_County_Profile_Reports@jfs.ohio.gov)  
**by January 31**