

OneEighty

Helping people change direction.

Local Resource Handbook 2025

Table of Contents

- 1) [Getting Assistance at One-Eighty](#)
- 2) [Checklist](#)
- 3) Resources in this packet
 - A. [Documentation](#)
 1. [Birth Certificate](#)
 2. [State ID](#)
 3. [Driver's License](#)
 4. [SR 22 Auto Insurance](#)
 5. [BMV Reinstatement Fees](#)
 6. [Social Security Card](#)
 7. [SSI/SSD](#)
 - B. Basic Needs
 1. [Housing](#)
 2. [Rent](#)
 3. [Emergency Shelter](#)
 4. [Utilities](#)
 5. [Groceries/Food](#)
 6. [Food Stamps/Medicaid](#)
 7. [Clothing/Shoes/Furniture](#)
 8. [Cell Phone](#)
 9. [Transportation](#)
 - C. Health Care
 1. [Medical Doctor](#)
 2. [Health Insurance](#)
 3. [Dentist](#)
 4. [Eye Doctor](#)
 5. [Medication/Prescriptions](#)
 6. [Mental Health Counseling](#)
 7. [Addiction Counseling](#)
 8. [Residential Treatment](#)
 9. [Peer Support](#)
 10. [Victim Services/Advocacy](#)

D. Life Skills

1. [Employment](#)
2. [Education including Parenting, GED, Budgeting, Time Management and Anger Management](#)

E. Legal

1. [Legal Aid](#)
2. [Assistance with Wayne County Court Requirements](#)

Agency Directory

[One Eighty](#)

[The Counseling Center](#)

[Anazao](#)

[Community Action Wayne Medina County](#)

[SSI/SSDI](#)

[Community Legal Aid](#)

[The Salvation Army](#)

[Job and Family Services](#)

[People to People](#)

[Wayne County Metropolitan Housing authority](#)

[Wooster Hope Center](#)

[St. Mary's Church](#)

[Trinity Church](#)

[United Way of Wayne and Holmes Counties WHIRE Card](#)

[NAMI](#)

[Ohio Department of Children and Youth](#)

[Viola Startzman](#)

[Wayne County Court](#)

Getting Case Management Assistance at One-Eighty

- Contact the case manager at 330-804-3313 or the front desk at 330-264-3777 to schedule an appointment with the Case Manager
- [Click here to Contact One Eighty](#)
- Case Management Assistance is available to clients of One-Eighty on Monday 9:00 am - 12:00 pm and Tuesday from 10:30 am-3:30 pm. Clients must schedule the case manager outside of groups or individual sessions.
- Please review this resource packet, complete the Case Management Checklist attached, return the checklist to the front desk for the case manager and make an appointment with the case manager.

Case Management Checklist

Date _____

Name _____ Counselor _____

DOB _____ Email _____

Phone Number _____ Probation/Parole Officer _____

Please check your areas of need:

Documentation

_____ [Birth Certificate](#)

_____ [State ID](#)

_____ [Driver's License](#)

_____ [SR 22](#)

_____ [Social Security Card](#)

_____ [BMV Reinstatement fees](#)

_____ [SSI/SSDI](#)

Basic

_____ Housing

_____ Rent Assistance

_____ Emergency Shelter

_____ Utilities

_____ Groceries

_____ Food Stamps

_____ Clothing/Shoes

_____ Personal Hygiene Items

_____ Baby Items

_____ Cell Phone

_____ Transportation assistance

_____ Fuel Card

Health Care

_____ Finding a Medical Doctor

_____ Health Insurance

_____ Dentist

_____ Eye Doctor

_____ Medication/Prescriptions

_____ Mental Health Counseling

_____ Addiction Counseling

_____ Residential Treatment

_____ Peer Support

_____ Victim Services/Advocacy

Life Skills

_____ Employment

_____ Budgeting

_____ GED/Education

_____ Time Management

_____ Parenting classes

_____ Anger Management

Legal

_____ Legal Aid

_____ Assistance with Court Requirements

Documentation

[Birth Certificate](#)

[State ID](#)

[Driver's License Reinstatement/Fees](#)

[SR 22](#)

[Social Security Card](#)

[SSI/SSDI](#)

Birth Certificate

Step 1: Complete the birth certificate application found at the Wayne County Health Department. - *see link to application below*

Step 2: If you need assistance paying for the birth certificate (\$25), we will work with you to find assistance.

*Note: Wayne County can ONLY provide birth certificates for individuals born in Ohio. Out of State birth certificates must be ordered at the County of Birth Registrar Office.

Wayne County Health Department: 203 S. Walnut St. Wooster OH 44691

(330) 264-9590

Department Link: [Click here for the Wayne County Birth and Death Records site](#)

Application Link: [Click Here for Birth Certificate Application](#)

People to People: 454 E. Bowman St. Wooster OH 44691

(330) 262-1662 [Click here for more information on People to People](#)



WAYNE COUNTY HEALTH DEPT.

Vital Statistics

Records Request Instructions

Notice to All Vital Statistics Customers:	Pursuant to Ohio Revised Code 3705.29, it is unlawful to purposely obtain, possess, use, sell, furnish, or attempt to obtain, possess, use, sell, or furnish to another for the purpose of deception any certificate, record, or certified copy of it that relates to the birth of another person, whether living or dead.
--------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Who Can Order A Record:
Vital records (records of births, deaths, and fetal deaths) are public records in Ohio. This means that anyone who can submit the basic facts of a record may request a copy.

Placing An Order:
For the fastest response, we recommend placing your order in person. See our website at www.wayne-health.org to place a credit card order. You can contact Vital Statistics Ohio Department of Health at www.odh.ohio.gov/vs or call our customer service team at (614) 466-2531.

Please complete one application form for each record or search requested. Please submit your applications with all available identifying information. If you do not have sufficient information to allow us to identify the certificate, you may request a search be performed, rather than requesting a certified copy of the record

Birth Certificates:
Please complete the "Record Information" portion of the application with the information as you believe it to be listed on the original birth record. If there have been any changes to the name of the person on the record, also provide the new name. Please identify the parents on the record as "mother", "father", or "parent", and provide their names prior to their first marriage (also known as maiden name). Birth records will be issued as certified abstracts unless you indicate that you are requesting the certified copy for the specific purposes of obtaining dual citizenship, international marriage or legal proceedings, or genealogy.

Death Certificates and Social Security Numbers:
As of October 15, 2015, for the *first five years after the date of death* the social security number of the deceased will not be included on the death certificate unless the requestor is:

- The deceased's spouse, or lineal descendant
- The deceased's executor, attorney, or legal agent
- A representative of an investigative government agency
- A private investigator
- A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family
- A veteran's service officer
- An accredited member of the media

Individuals requesting a death certificate with the social security number included must indicate on their application that they are requesting the SSN be included, and submit satisfactory identification to the registrar or clerk.

Fees:
In accordance with section 3705.24 of the Ohio Revised Code, we are required by law to charge a fee for each certified copy of a vital record issued. The fee at this office for each certified copy of a birth, death, or fetal death record is \$25.00. *Please include an Ohio check or money order (do not send cash) made payable to "Wayne County Health Department."* **WE DO NOT ACCEPT OUT-OF-STATE CHECKS.** There is a \$30.00 fee for returned checks.

Wayne County Health Dept.
APPLICATION FOR CERTIFIED COPIES

RECORD INFORMATION: *(Information about the person you are requesting the record for)*

Full name on birth or death certificate:			If name was changed since birth, indicate new name: (i.e. adoption, legal name change, paternity, etc.)	
First	Full Middle	Maiden/Last		
Date of Birth:		Date of Death if needing Death Certificate:		City and County where birth/death occurred:
<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent	First Name	Full Middle	Maiden or Last	<input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Parent
	First	Full Middle	Maiden or Last Name	

CHARGES: \$25.00 each Our office accepts: Cash, Check, Money Order, Credit Cards (there is a credit card fee 2.5% or \$1.50 per transaction fee)

*Make payable to "Wayne County Health Department." **WE DO NOT ACCEPT OUT-OF-STATE CHECKS.** There is a \$30.00 fee for returned checks.*

Birth:	<p>If you do not need a birth certificate for any of the following reasons, SKIP THIS SECTION. Otherwise please indicate what the certificate is needed for:</p> <p> <input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Genealogy <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> International Legal Business </p>	<p>Number of copies requested:</p> <p>_____ x \$25.00 = \$ _____</p>
Death:	<p>All death certificates will be issued without a social security number unless identification is provided confirming you are one of the below listed authorized requestors:</p> <p> <input type="checkbox"/> The deceased's spouse or descendent <input type="checkbox"/> The deceased's executor, attorney, or legal agent <input type="checkbox"/> A representative of investigative government agency <input type="checkbox"/> A private investigator <input type="checkbox"/> A funeral director (or agent responsible for disposition of the body) acting on behalf of the deceased's family <input type="checkbox"/> A veteran's service office <input type="checkbox"/> An accredited member of the media </p> <p>You must attach a copy of your identification showing you are an authorized requestor along with a copy of a valid driver's license.</p>	<p>Number of copies requested:</p> <p>_____ x \$25.00 = \$ _____</p>
Fetal Death:		<p>Number of fetal death record copies requested:</p> <p>_____ x \$25.00 = \$ _____</p>
Total Amount Due:		\$ _____

PURCHASER'S INFORMATION: *(Information about the person requesting the record)*

Please print clearly as this will be used for your receipt, mailing address, and/or for future contact to complete your record request.

Purchaser's Name:			
Street Address:		Phone Number:	
City, State, & ZIP:		Purchaser's Signature:	

MAILING ADDRESS

Send completed application with required fee to:

Wayne County Health Dept.

Attn: Vital Statistics

244 W. South Street

Wooster, OH 44691

FOR OFFICE USE ONLY:

State File Number:	Date/Initials:
Cert. Paper Number:	Cash Check #

State ID

Step 1: Take your birth certificate, social security card, and proof of residence (letter from any agency) to the BMV.

Step 2: Complete application at the BMV

Step 3: Get your picture taken and confirm mailing address.

*Note: State IDs are free!

State of Ohio Site on State ID requirements: [Click Here for State ID requirements](#)

Local BMV office information: [Click Here for Wayne County BMV Office](#)

Wayne County DR #8515

Hours

Mon-Fri 8 a.m. - 5 p.m.

Sat 8 a.m. - 12 p.m.

Phone: [\(330\) 287-5640](tel:(330)287-5640)

200 Vanover St., Suite 3, Wooster, Ohio 44691

Securing an Ohio ID

The Ohio Bureau of Motor Vehicles issues Ohio Identification (ID) cards to Ohio residents who do not have a valid driver license. Ohio ID cards are valid for four years or eight years and there is no minimum age for obtaining one. Ohioans can obtain an ID by visiting a BMV deputy registrar licensing agency. To find a license agency closest to you: publicsafety.ohio.gov/local-office

Are you eligible for an ID?

Ohio residents, without a valid driver license, can receive an ID card. There is no minimum age for obtaining an ID card but individuals must provide proof of legal name, date of birth, social security number, legal presence, and Ohio residency.

Ohioans who are under 18 years of age must be accompanied by a parent or a guardian.

How should you prepare for a BMV visit?

Before visiting a licensing agency, be sure you have all the necessary documents to be issued an ID card. You can now Get In Line, Online when you visit the deputy registrar license agency to reserve your spot in line in advance of your BMV visit: ohiobmvappt.cxmflow.com

For a Compliant ID card, review the Acceptable Documents List:
bmv.ohio.gov/dl-identity-documents.aspx

Applicants must provide proof of:

1. Full legal name
2. Date of birth
3. Legal presence in U.S.
4. Social Security number (SSN)
5. Ohio street address—TWO documents, from different sources on the Acceptable Document List, proving Ohio street address are required for proof of Ohio residency.
6. Proof of name change (if applicable)

For a Standard ID card, review the Acceptable Documents List:

bmv.ohio.gov/dl-identity-documents.aspx

Applicants must provide proof of:

1. Full legal name
2. Date of birth
3. Legal presence in U.S.
4. Social Security number (SSN)
5. Ohio street address
6. Proof of name change (if applicable)

Will IDs be free?

Starting April 7, 2023, Ohioans who are 17 years and older can receive an ID card at no cost.

For Ohioans who are 16 years and younger, an ID card will cost:

- New / Renewal costs \$10.00 for a 4-year and \$19.00 for an 8-year.
- Duplicate or Online Reprint costs \$9.00 for a 4-year and \$9.00 for an 8-year.

Where can you renew your ID?

- **Deputy Registrar License Agency.** To find a license agency closest to you: publicsafety.ohio.gov/local-office
- **Renew ID cards online.** To renew online: bmvonline.dps.ohio.gov

For answers to frequently asked questions, scan the code or visit:

bmv.ohio.gov/dl-id-card.aspx



Driver's License Reinstatement

To look up your reinstatement requirements:

Step 1: Look up your BMV account : [Click here to log in to your BMV account](#)

Step 5: Select “registration requirements” to view what you need to do and fines you need to pay.

To pay off reinstatement fees:

Step 1: Go to <https://bmv.ohio.gov/>

Step 2: Select “Suspensions & Reinstatement” at the top of the page.

<https://www.bmv.ohio.gov/suspensions-reinstatements.aspx>

Step 3: Select “Reinstatement Fees & Amnesty” <https://www.bmv.ohio.gov/susp-fees-amnesty.aspx>

Step 4: Select “Fee Debt Reduction & Amnesty” <https://www.bmv.ohio.gov/susp-fees-amnesty.aspx>

Step 5: Select “Application for BMV Reinstatement Fee Amnesty Initiative (form BMV 2829)” and complete the application.

[Click here for BMV Form 2829 to apply for reinstatement fee amnesty](#)

Step 6: Submit paperwork via email to amnesty@dps.ohio.gov along with a printout of your JFS benefits AND a copy of your SR-22/insurance

Ohio BMV Columbus Phone Number (614) 752-7600

SR-22

An SR-22 is a form that's filed with your state to prove that you have car insurance meeting the minimum coverage required by law. Also known as a "Certificate of Financial Responsibility," "SR-22 Bond," or "SR-22 Form," an SR-22 isn't a type of insurance but rather an easy-to-get document from your state's department of motor vehicles.

Step 1: Contact any insurance company.

Step 2: Ask for a non-owner's bond (if you don't have a car)

Step 3: Call different insurance companies to get the best price. Possible Insurance agencies:

[Local Progressive agents click here](#)

[Local Nationwide agents click here](#)

[Local Hummel Group agents click here](#)

[Local Allstate Agents click here](#)

Social Security Card

Step 1: Gather state ID or letter from a doctor verifying your identity (must have name, date of birth, a wet (original) signature from a licensed doctor/nurse, and be on letterhead).

Step 2: Take documents to social security administration.

Step 3: Complete application.

Application Link online: [Click here to apply to replace social security card](#)

Online application requires uploading identity verification documents.

Call for an appointment at the Social Security Administration office in Wooster;
2345 Gateway Dr #B Wooster OH 44691

(800) 772-1213

Apply for Social Security Benefits

Application Link: [Click here to apply for Social Security Benefits](#)

*To apply for SSI or SSDI, go to the above link and fill out an application online.

Check your eligibility: [Click here to check SSA eligibility](#)

*If you do not have a computer, you can go to the Social Security Office to complete the application.

Office open Monday – Friday 8am – 5pm.

Social Security Administration: 2345 Gateway Dr #B Wooster OH 44691

(800) 772-1213 Call for an appointment at the local office.

*If you do not have transportation, you can complete the application over the phone by calling 1 (800) 772-1213.

Call Monday – Friday 8am-7pm

Basic

Housing

Rental Assistance

Emergency Shelter

Utilities

Groceries/Food

Food Stamps (SNAP)

Clothing/Shoes

Personal Hygiene Items

Baby Item

Cell Phone

Transportation assistance

Fuel Card

Housing

Multiple Agencies provide housing assistance in Wayne County Including:

- 1) One-Eighty, inc., 104 Spink Street, Wooster, OH 44691-specializing in providing short term housing assistance to the homeless (those sleeping in shelters and places not meant for habitation) and those fleeing domestic violence. Complete the attached housing pre-application to receive assistance and provide to the front desk.

- 2) Wayne County Metropolitan Housing Authority, 345 Market Street, Wooster OH 44691 330-264-2727. The agency provides long-term housing assistance to low-income individuals- [Click here to apply online for assistance](#)

Applicants will be required to provide the following documents* before being admitted into a program or applications will be considered incomplete:

- Birth Certificates for ALL family members*
- Social Security cards for ALL family members*
- Declaration of Citizenship Form (provided with application) for ALL family members*
- Identification Card (ID) for ALL family members 18+*
- DD214 (Military Discharge Form if applicable)
- Pay stub (if applicable)
- SSI Benefit award letter (if applicable)



Date: _____

Housing Department Pre-Application

The OneEighty Housing Department offers a few different services, and we want to make sure to connect you with the correct resource as quickly as possible. So, before we schedule you for an appointment, we would like to gather some information to determine what is the best option for you. We care about your needs and want to try and help as quickly and efficiently as possible.

If you do not want to complete this form but would like to connect with someone from the Housing Department, please call extension 6400 from the lobby phone or call into the main office at 330.264.8498 and ask to be connected with the Housing Voicemail line; then leave a detailed message and someone from the department will call within 48 business hours.

Please answer the following questions:

- 1) What county are you from? _____
 - a. If not Wayne Co., when did you arrive in Wayne Co.? _____
- 2) Are you fleeing or attempting to leave an unsafe situation? Yes No
- 3) Are you past due on rent? Yes No
 - a. Do you have an Eviction Notice? Yes No
- 4) Do you have a Metro voucher? Yes No
- 5) Are you currently homeless?
 - a. Are you living on the streets, parks, etc.? Yes No
 - i. If yes, where? _____
 - b. Are you couch surfing? Yes No
- 6) Are you involved in any Behavioral Health services (case management, counseling, treatment, etc.)?
 Yes No
- 7) Have you attempted to get assistance from any of the following community entities?
 - a. People-to-People Ministries? Yes No
 - b. St. Mary's? Yes No
 - c. Community Action Wayne/Medina? Yes No
 - d. Job and Family Services - PRC? Yes No
 - e. Salvation Army? Yes No

Your Name (first, last): _____

Contact number: _____ Email address: _____

Please provide any additional information about your situation below:

Please return this form to the front desk. Someone will review the form and call you within 48 business hours to discuss next steps. If you do not have a phone number, please, have a seat and wait for further instructions.

Wayne Metropolitan Housing Authority

Pre – Application Information

Please use the correct legal name for each member of your household as it appears on the Social Security Card.

1. Are you currently or have been told that you are sanctioned from receiving housing assistance by this agency or any other federally assisted housing agency? Yes No If yes, please apply after sanction has been lifted. For more information, please contact our agency at 330-264-2727.

Head of Household Name: _____ Telephone (Home/Cell): _____

Address: _____ Apt # _____ Email Address: _____

_____ / _____ / _____
City State Zip Code Date

2. List the Head of Household and all other members who will be living in the unit below:

Legal Name	Social Security Number	Relationship to Head of Household	Race	Sex	Date of Birth	Age
1		Head of Household				
2						
3						
4						
5						
6						
7						
8						
9						
10						

3. Ethnicity of Head of Household (check one): Hispanic or Latino Not Hispanic or Latino
4. Do you or any household member need special access? Hearing Access Mobility Access Sight Access
5. Please list the total household annual income? _____
6. Have you, or any household member, ever used any name(s) or Social Security Number(s) other than the one you are currently using?
 Yes No Name(s) previously used: _____
 If yes, list other name(s) or number(s) used: _____

Please check each preference on the reverse side that applies to your household.

CONTINUE ON REVERSE SIDE

1. _____ **Elderly and/or Disabled** -- Head of Household or Spouse who is 62+ years old or Disabled.
2. _____ **Veteran or Serviceman** - Veterans and Servicemen, including families of deceased veterans or servicemen.
3. _____ **Referral from partnering agencies:**

-Homeless families are those whom lack a fixed, regular and adequate nighttime residence and have a primary nighttime residence that is a supervised public or private shelter providing temporary accommodations.

-Hate Crimes - actual or threatened violence against a person or a person's property because of race, color, religion, sex, national origin or familial status;

-Displacement to avoid reprisals - if there is danger against a family member who provides information on criminal activity to a law enforcement agency;

-Displacement due to Federally Declared Natural Disaster;

-Displacement by Government action;

-Displacement due to actual or threatened physical violence from another household member

Verification of preferences will be required at the time you submit this application. If we DO NOT receive verification of any preference(s) you selected, the preference point(s) will NOT be applied to your pre-application.

Waiting Lists (Please Check Waiting List you would like to apply to below):

1. **Housing Choice Voucher/Section 8** - (Units owned by private landlords): _____
2. **Public Housing** - (Units that WMHA own and manage): _____

***Due to the weighted system, funding and other elements, it will be very difficult to estimate a timeframe for you to receive assistance.**

An applicant does not have any right or entitlement to be listed on the PHA waiting list, to any particular position on the waiting list, or to admission to the programs. (24 CFR § 982.202(c))

Rental Assistance

The following agencies provide rental assistance, each varying in amount and length of assistance:

1. Community Action, 905 Pittsburgh Ave. Wooster, OH 44691, 330-264-8677

Community Action provides short term rental assistance to help individuals access and maintain housing. [Click here to learn more about Community Action Wayne Medina](#)

2. St. Mary's Church, 527 Beall Ave. Wooster, OH 44691, 330-264-8824

Assistance via Society of St. Vincent DePaul.

[St. Mary's St. Vincent DePaul Society](#)

3. People-to-People, 454 East Bowman St. Wooster, OH 44691, 330-262-1662

Financial assistance provided 9:00 am to 11:30 am, 1:00 – 4:30 pm, M,W,F

[Click here for more information on People to People assistance](#)

4. One-Eighty, 104 Spink Street., Wooster, OH 44691, 330-264-8498

One Eighty provides short-term rental assistance and one-time payments to help individuals access and maintain housing.

[Click here to learn more about One-Eighty housing assistance.](#)

5. Salvation Army, 437 S. Market Street, Wooster, OH 44691

Brenda Drouhad, 2330-264-4704 ext. 201 [Click here to learn more about Salvation Army Housing Assistance.](#)

Emergency Shelter

The following emergency shelters are in Wooster:

1. Julia's Place, 104 Spink Street, Wooster, OH 44691, 330-263-1020 or 1-800-686-1122 (open 24 x 7) Available for homeless women and victims of domestic violence. [Click here for Domestic Violence or Sexual Assault services at One-Eighty](#)
2. Salvation Army, 437 S. Market Street, Wooster, OH 44691, 330-264-4704, Available for men, women and families. Da'Meca Neal, 330-264-4704 extension 211. [Click here to learn more about Salvation Army Housing Assistance.](#)
3. Homeward Bound (Severe Weather Shelter), Open December 1 -March 31 on qualifying nights. 981 Grosjean Road, Wooster, OH 44691 330-641-1078 [Click here to learn more about Homeward Bound Severe Weather Shelter.](#)

Utility Assistance

1. Community Action, 905 Pittsburgh Ave. Wooster, OH 44691, 330-264-8677

Community Action Wayne/Medina administers the Home Energy Winter and Summer Crisis Programs (HEAP, E-HEAP, SCP), Percentage of Income Payment Plan (PIPP) and a water assistance program. Income eligible Ohioans threatened with a utility disconnection may qualify for assistance with water, gas or electric payments. Check with community action on applications for assistance. [Click here to learn more about utility help from CAWM](#)

2. St. Mary's Church, 527 Beall Ave. Wooster, OH 44691 3330-264-8824
Assistance via Society of St. Vincent DePaul.

[St. Mary's St. Vincent DePaul Society](#)

3. People-to-People, 454 East Bowman St. Wooster, OH 44691 330-262-1662

People to People Ministries can provide one-time payments to help individuals in need of utility assistance. Financial assistance provided 9:00 am to 11:30 am, 1:00 – 4:30 pm, M,W,F on a case by case basis. [Click here for their Website](#)

4. Salvation Army, 437 S. Market Street, Wooster, OH 44691, 330-264-4704,
Brenda Drouhad, 2330-264-4704 ext. 201 [Click here to learn more about Salvation Army Utility Assistance.](#)

2025 Winter Crisis Program

November 1, 2024 - March 31, 2025

SCHEDULING IN-PERSON INTERVIEWS

To Schedule an In-Person Appointment

NEW

- CALL 330-299-0540
- Online at <https://cawm.itfrontdesk.com>

Same day Appointments available
Monday through Thursday
based on location and availability

WINTER CRISIS PROGRAM

is a one-time benefit during the winter months to help with reconnection or stopping disconnection of a utility service, transferring services, or obtaining new service. The program offers up to \$175 towards households' utility services. Funding is also available for first PIPP enrollment, PIPP defaults, and households with bulk fuel usage. Applicants wishing to apply for bulk fuel must have 25% or less fuel capacity and have an established account in their name at the time of application.

ELIGIBILITY: Applicants applying for Winter Crisis must be at or below 175% of the Federal Poverty Guidelines, reside in Wayne or Medina County, provide required documents, and schedule an appointment.

PIPP PLUS PROGRAM

Is a year-round payment plan that offers households affordable monthly payments to help maintain services. Each time a household makes their PIPP Plus payment on time and in full, they will receive credits towards old utility debt and prevent new utility debt from occurring.

ELIGIBILITY: Applicants must be at or below 175% of the Federal Poverty Guidelines, provide required documents, and receive utility services from a Regulated Utility Company.

2024-25 INCOME GUIDELINES

<u>Size of Household</u>	<u>30-DAY INCOME LIMIT</u>	<u>12-MONTH INCOME LIMIT</u>
1	\$2,196.25	\$26,355
2	\$2,980.83	\$35,770
3	\$3,765.42	\$45,185
4	\$4,550.00	\$54,600
5	\$5,334.58	\$64,015
6	\$6,119.17	\$73,430
7	\$6,903.75	\$82,845

60% SMI is used for household size of 8 or more members



OFFICE LOCATIONS:

**MEDINA OFFICE
(LOWER LEVEL OF
MDJFS BUILDING)
232 NORTHLAND DR.
MEDINA, OH
330-723-2229**

**HOURS: MON-WED 8AM - 5PM
THUR. BY APPOINTMENT ONLY**

**WOOSTER OFFICE
905 PITTSBURGH AVE.
WOOSTER, OH
330-264-8677**

HOURS: MON-THUR 8AM - 5PM

**RITTMAN OFFICE &
FOOD PANTRY
88 N. MAIN ST.
RITTMAN, OH
330-927-1871**

**HOURS: THUR. ONLY (WALK-INS)
8AM - 5PM**

**WEST SALEM OFFICE &
FOOD PANTRY
99 E. BUCKEYE ST.
WEST SALEM, OH
HOURS: MON. 8AM - 4PM**

**LODI OFFICE
110 HIGHLAND DR.
LODI, OH
HOURS: THURSDAY 8AM - 5PM
(DOORS LOCK AT 4:00 PM)**

CAW/M reserves the right to request additional information from individuals applying for assistance.*



ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2024 – MAY 2025

Ohio’s Energy Assistance Programs can help income eligible Ohioans manage their utility bills. The Home Energy Assistance Program (HEAP), and emergency HEAP provide the benefit directly to a customer’s utility bill. The Percentage of Income Payment Plan Plus (PIPP) is an extended payment plan in which customers pay a percentage of their income toward their utility bill each month. If you are looking to improve the energy efficiency of your home to help lower your energy bills, the Home Weatherization Assistance Program (HWAP) or Electric Partnership Program (EPP) can help. For HWAP and EPP, visit energyhelp.ohio.gov to find your local provider and contact them for additional information.

You can apply for the energy assistance programs by visiting energyhelp.ohio.gov and completing the online application, by completing this application and mailing it in, or by scheduling an appointment with your local energy assistance provider or HWAP/EPP provider. Applications completed online or by mail can take up to 12 weeks to process.

Here’s what you’ll need to complete this application:

- Proof of citizenship for each member of the household.
- Proof of income for each member of household for either the previous 30 days or 12 months.
- Copies of your most recent utility bills.
- Disability verification (if applicable).

A household is defined as any individual or group of individuals living together as one economic unit for whom residential energy is customarily purchased in common or who make undesignated payments for energy in the form of rent (Per Section 2603 (5) of the Low-Income Energy Assistance Act of 1981). If you live in federally subsidized housing and have a utility bill in your name, you may be eligible for assistance. A copy of the utility bill or documentation of responsibility (example: copy of your rental agreement/lease or signed letter from your landlord) is required.

For a dwelling unit to be eligible for energy assistance benefits, its primary heat source must be:

- A regulated or unregulated utility (gas and electric).
- A permanent, free-standing fuel tank (oil and propane).
- A legal fireplace (wood).
- A legally vented wood/coal stove or furnace.

Residents of any licensed medical facility (hospital, skilled nursing facility or intermediate care facility) or publicly operated community residence (example: YMCA) are not eligible. Boarding/rooming houses, group homes or emergency shelters are also not eligible.

If eligible, the HEAP benefit amount will depend on federal funding levels, how many people live with you, total household income and the main fuel used. In most cases, benefits are applied directly to the heating bill by the utility company. If you are reverifying your PIPP amount, it will be based on either 10% or 5% of your total household income for the past 30 days, depending on your heating source.

These are the programs you can apply for with this application:

- Home Energy Assistance Program (HEAP).
- Percentage of Income Payment Plan Plus (PIPP).
- Home Weatherization Assistance Program (HWAP).

JULY 2024 – MAY 2025 Income Guidelines

Size of Household			
1		\$26,355	\$30,120
2		\$35,770	\$40,880
3		\$45,185	\$51,640
4	(175%) (For PIPP, EPP, HEAP, WCP and SCP)	\$54,600	(200%) (For HWAP)
5		\$64,015	
6		\$73,430	
7		\$82,845	\$94,680

When determining households up to seven members for HEAP, SCP, and WCP, 175% of the Federal Poverty Guidelines (FPG) is used. For HEAP, SCP, and WCP households over eight members, 60% State Median Income (SMI) is used. PIPP for all household sizes is 175% of the FPG. When determining 200% of the FPG, households with more than eight members must add \$10,760 for each additional member.

How can I check the status of my application?

To check the status of your application, please visit energyhelp.ohio.gov and create an account.

Please note: HEAP benefits will be applied to your utility bill starting in January 2025.

If you have questions, please contact your local energy assistance provider or send us a message by visiting energyhelp.ohio.gov and clicking “contact us.”

Accepted Citizenship Documentation (DO NOT SEND ORIGINAL DOCUMENTS)

Proof of U.S. Citizenship	Proof of Legal Resident/Qualified Alien
<ol style="list-style-type: none"> 1. Birth Certificate/Hospital Birth Records/Birth Registration Card 2. Baptismal Records (Only when place and date of birth is shown) 3. Indian Census Record 4. Military Service Record 5. U.S. Passport 6. Verified Citizenship for Ohio Works First (OWF) Program 7. Voter Registration Cards 8. Social Security Cards (Social Security Cards administered by Social Security Administration that are valid for work authorization status only will not be accepted for citizenship verification) 	<ol style="list-style-type: none"> 1. Naturalization Papers/Certifications of Citizenship 2. INS ID Card 3. Alien Registration Cards/Re-entry permits 4. INS Form I-151, IR1-9, or I-551 (Form I-151 will not be valid after August 1, 1993) 5. INS Form I-94 if annotated with either: a) Sections 203(a)(7), 207, 208, 212(d)(5), 243(h), or 241(b)(3) of the Immigration and Nationality Act: or b) One or a combination of the following terms: Refugee, Parolee, or Asylee 6. Permanent Visa INS Form G-641, "Application for verification of Information from INS Records," when annotated at bottom by INS representative as lawful admission for humanitarian reasons 7. Documentation that alien is classified pursuant to Sections: 101(a)(2), 203(a), 204(a)(1)(a), 207, 208, 212(d)(5), 241(b)(3), 243(h), or 244(a)(3), of the Immigration and Nationality Act 8. Court order stating deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act 9. INS Form I-688

Accepted Proof of Income

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income
<input type="checkbox"/> Award/Benefit letter <input type="checkbox"/> Payment printout/statement from issuing agency <input type="checkbox"/> Copy of check or bank statement including deposit <input type="checkbox"/> Most recent filed IRS Form 1040 or Tax Transcript <input type="checkbox"/> Most recent IRS Form 1099	<input type="checkbox"/> All pay stubs received 30 days from the date of the application that include gross and year-to-date amounts received (including active military pay) <input type="checkbox"/> Completed and signed Employment Verification Form* <input type="checkbox"/> Payroll Printout <input type="checkbox"/> Most current pay statement (Leave and Earning Statement (LES))	<input type="checkbox"/> Copy of check/award amount letter <input type="checkbox"/> ODJFS documents/eligibility letter with amounts and dates <input type="checkbox"/> Most recent IRS Form 1099 <input type="checkbox"/> Housing Authority Documentation <input type="checkbox"/> Pay stubs received within the previous 30 days from the date of the application <input type="checkbox"/> Payment printout/statement from issuing agency	<input type="checkbox"/> Statement from Financial Institution <input type="checkbox"/> Copy of check or bank statement showing deposit <input type="checkbox"/> Most recent IRS Form 1099	<input type="checkbox"/> Pay stubs indicating amount received within the previous 12 months from the date of the application <input type="checkbox"/> Self-Employment Income and Expense Form* for the previous 12 months <input type="checkbox"/> Most recent filed IRS Form 1040 and Schedules <input type="checkbox"/> Most recent IRS Form 1099 <input type="checkbox"/> Seasonal Employment Verification Form*

*All forms marked with an asterisk can be found at energyhelp.ohio.gov.

Privacy Act Notice

DISCLOSURE: The disclosure of Social Security numbers is mandatory to receive HEAP benefits.

AUTHORITY: 45 CFR 96.84 (c); 42 U.S.C. 405(c)(2)(C)(i)

USE: The state will use Social Security numbers in the administration of the Home Energy Assistance Program to verify information supplied on the application to prevent, detect and correct fraud, waste, and abuse. The information is also used to respond to requests for information from agency programs funded by block grants to states for Temporary Assistance for Needy Families or agencies requesting information for child support or to establish paternity. The applicant may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

Primary Household Member Personal Information Section*

Enter the information completely. Do not send originals. PLEASE USE DARK BLUE OR BLACK INK. Failure to fill out the application completely, provide all the required documentation and sign the application (on the last page) will delay the processing of your application.

Date Received									
Client Number									

First Name*	M.I.	Last Name*
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Social Security Number*	U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No	Military Status <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> No Military Service	Date of Birth (MM / DD / YYYY)*
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Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins
--------------------------------------------------------------------	----------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------

Race	<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander
	<input type="checkbox"/> American Indian/Alaskan Native & Black/African American	<input type="checkbox"/> Asian/White	<input type="checkbox"/> Other Multi-Race
	<input type="checkbox"/> American Indian/Alaskan Native & White	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White
	<input type="checkbox"/> Black/African American/White		

Non-Cash Benefits	<input type="checkbox"/> Supplemental Nutrition Assistance Program (SNAP) / Food Stamps	<input type="checkbox"/> Housing Choice Voucher	<input type="checkbox"/> Women, Infants, and Children (WIC)	Number of Household Members
	<input type="checkbox"/> Affordable Care Act Subsidy	<input type="checkbox"/> HUD-VASH	<input type="checkbox"/> Other	
	<input type="checkbox"/> Child Care Voucher	<input type="checkbox"/> Permanent Supportive Housing		

Family Type	<input type="checkbox"/> Single Parent/Male	<input type="checkbox"/> Non-related Adults with Children	Housing Type	<input type="checkbox"/> Own	Residence Structure	<input type="checkbox"/> Mobile Home
	<input type="checkbox"/> Single Parent/Female	<input type="checkbox"/> Multigenerational Household		<input type="checkbox"/> Rent		<input type="checkbox"/> Single-Family
	<input type="checkbox"/> Two-Parent Household	<input type="checkbox"/> Other				<input type="checkbox"/> Multi-Family Low Rise (3 stories or less)
	<input type="checkbox"/> Single Person					<input type="checkbox"/> Multi-Family High Rise (4 stories or more)

Email Address	Phone Number (including area code) ()
---------------	------------------------------------------------

Preferred Method of Contact <input type="checkbox"/> Email <input type="checkbox"/> Postal

Mailing Address (number and street including route)*	Apt/Lot/Unit/Floor
------------------------------------------------------	--------------------

City*	State*	ZIP Code*	County*
-------	--------	-----------	---------

Is Utility Service Address the Same?* <input type="checkbox"/> Same as above <input type="checkbox"/> Different (list below)

Current Service Address (if different from above; number and street including route)	Apt/Lot/Unit/Floor
--------------------------------------------------------------------------------------	--------------------

City	State	ZIP Code	County
------	-------	----------	--------

Do You Receive Rental Assistance?* <input type="checkbox"/> Yes <input type="checkbox"/> No	Landlord Organization (if you rent)
---------------------------------------------------------------------------------------------	-------------------------------------

Landlord First Name*	Landlord Last Name*	Landlord Phone Number (including area code) ()
----------------------	---------------------	---------------------------------------------------------

Landlord Mailing Address (number and street including route)*	Apt/Lot/Unit/Floor
---------------------------------------------------------------	--------------------

City*	State*	ZIP Code*	County*
-------	--------	-----------	---------

* Indicates information required in order to process your application.

Primary Household Member Income Section*

Failure to fill out the application completely, provide all the required documentation and sign the application will delay the processing of your application.

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income [†]	Other Earned Income [†]
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$

† These categories MUST provide 12 months of income documentation

Household Members and Income Section

If you have additional household members (anyone living in your household at the same address), please complete Household Members and Income Section of the application (this section), on pages 2-4. If you have more than five household members, print an additional household member section page from energyhelp.ohio.gov or pick up another application at your energy assistance provider.

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying		Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins			
Race		<input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Asian <input type="checkbox"/> Asian/White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander <input type="checkbox"/> Other Multi-Race <input type="checkbox"/> White		U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No	

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income [†]	Other Earned Income [†]
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources	<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay	<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit	<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other	<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)
Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$	Gross Income for the Past 30 Days \$
Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$	Gross Income for the Past 12 Months \$

† These categories MUST provide 12 months of income documentation

Household Members and Income Section - Continued

Fill out the table below for all household members. Use additional section (on page 4) as needed for other household members with income.

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)*			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American		<input type="checkbox"/> White					
<input type="checkbox"/> Black/African American/White									
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income [†]		Other Earned Income [†]	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit		<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other		<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal-employment (includes teachers, construction workers, etc.)	
Gross Income for the Past 30 Days		Gross Income for the Past 30 Days		Gross Income for the Past 30 Days		Gross Income for the Past 30 Days		Gross Income for the Past 30 Days	
\$		\$		\$		\$		\$	
Gross Income for the Past 12 Months		Gross Income for the Past 12 Months		Gross Income for the Past 12 Months		Gross Income for the Past 12 Months		Gross Income for the Past 12 Months	
\$		\$		\$		\$		\$	

† These categories MUST provide 12 months of income documentation

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native		<input type="checkbox"/> Asian		<input type="checkbox"/> Native Hawaiian/ Other Pacific Islander		U.S. Citizen / Legal Resident (Qualified Alien)*			
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American		<input type="checkbox"/> Asian/White		<input type="checkbox"/> Other Multi-Race		<input type="checkbox"/> Yes <input type="checkbox"/> No			
<input type="checkbox"/> American Indian/Alaskan Native & White		<input type="checkbox"/> Black/African American		<input type="checkbox"/> White					
<input type="checkbox"/> Black/African American/White									
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income [†]		Other Earned Income [†]	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit		<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other		<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)	
Gross Income for the Past 30 Days		Gross Income for the Past 30 Days		Gross Income for the Past 30 Days		Gross Income for the Past 30 Days		Gross Income for the Past 30 Days	
\$		\$		\$		\$		\$	
Gross Income for the Past 12 Months		Gross Income for the Past 12 Months		Gross Income for the Past 12 Months		Gross Income for the Past 12 Months		Gross Income for the Past 12 Months	
\$		\$		\$		\$		\$	

† These categories MUST provide 12 months of income documentation

Household Members and Income Section – Continued

Fill out the table below for additional household members.
Print additional pages, as needed, for other household members with income.

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander				U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Asian/White <input type="checkbox"/> Other Multi-Race									
<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White <input type="checkbox"/> White									
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income [†]		Other Earned Income [†]	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit		<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other		<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)	
Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$	

Full Name*		Social Security Number*				Date of Birth (MM / DD / YYYY)*			
Relationship to person applying									
Disabled* <input type="checkbox"/> Yes <input type="checkbox"/> No		Gender <input type="checkbox"/> Female <input type="checkbox"/> Male		Ethnicity <input type="checkbox"/> Hispanic, Latino or Spanish Origins <input type="checkbox"/> Not Hispanic, Latino or Spanish Origins					
Race <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian/ Other Pacific Islander				U.S. Citizen / Legal Resident (Qualified Alien)* <input type="checkbox"/> Yes <input type="checkbox"/> No					
<input type="checkbox"/> American Indian/Alaskan Native & Black/African American <input type="checkbox"/> Asian/White <input type="checkbox"/> Other Multi-Race									
<input type="checkbox"/> American Indian/Alaskan Native & White <input type="checkbox"/> Black/African American <input type="checkbox"/> Black/African American/White <input type="checkbox"/> White									
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income [†]		Other Earned Income [†]	
<input type="checkbox"/> Social Security <input type="checkbox"/> Supplemental Security (SSI) <input type="checkbox"/> Social Security Disability Insurance (SSDI) <input type="checkbox"/> Pension (Private and VA) <input type="checkbox"/> Widow/Widower's Benefit <input type="checkbox"/> Alimony <input type="checkbox"/> Black Lung Pension <input type="checkbox"/> Lump Sum payout from these sources		<input type="checkbox"/> Wages <input type="checkbox"/> Active Military Pay		<input type="checkbox"/> Unemployment <input type="checkbox"/> Utility Assistance <input type="checkbox"/> Workers' Compensation <input type="checkbox"/> Employment Disability Payout <input type="checkbox"/> Strike Benefit		<input type="checkbox"/> Cash withdrawn from IRAs / Annuities / Other Investments <input type="checkbox"/> Interest Income <input type="checkbox"/> Lump Sum Payouts (Estate and Trust Settlements / Divorce Settlements / Insurance Payout / Lottery Winnings) <input type="checkbox"/> Dividends <input type="checkbox"/> Capital Gains <input type="checkbox"/> Other		<input type="checkbox"/> Self-employment (includes owning own business, babysitting, home party sales, odd jobs, Ohio Electronic Child Care, etc.) <input type="checkbox"/> Seasonal employment (includes teachers, construction workers, etc.)	
Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$		Gross Income for the Past 30 Days \$	
Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$		Gross Income for the Past 12 Months \$	

Household Deductions Section*

Total Household Income Deductions (Choose all that apply)	<input type="checkbox"/> Attorney fees for estate or trust settlements	<input type="checkbox"/> Health Care Spending Accounts	<input type="checkbox"/> Reimbursement for work expenses
	<input type="checkbox"/> Child Support paid-out	<input type="checkbox"/> Medicaid Spend Down (deductibles)	<input type="checkbox"/> Self-employment IRS allowable business expenses
	<input type="checkbox"/> Health Insurance Premiums	<input type="checkbox"/> Medicare Premiums	<input type="checkbox"/> Short- and long-term disability
		<input type="checkbox"/> Prescription Plans	
Total Deductions for the past 30 Days		Total Deductions for the past 12 Months	
\$		\$	

Please note: Documentation of deduction(s) is required.

Total Household Eligible Income Section*

Please add the total income received for each adult household member then subtract the total household deductions.

Total Household Income (add amounts from Household Income Section on pages 3 & 4)	Past 30 Days \$	Past 12 Months \$
Total Household Deductions (from Household Deductions Section on page 5)	Past 30 Days - \$	Past 12 Months - \$
Total Eligible Income	Total Household Income minus Total Household Deductions above \$	Total Household Income minus Total Household Deductions above \$

If applicable, please explain the difference in the past 30 days income from the past 12 months income.

Please note: Income from child support received and VA disabilities are not countable income. For a complete list of excluded income, please visit energyhelp.ohio.gov. Documentation of excluded income may be required to complete your application.

Utility Information Section*

How do you heat your home?	<input type="checkbox"/> Natural Gas	<input type="checkbox"/> Fuel Oil or Kerosene	<input type="checkbox"/> Electric (Includes baseboards)
	<input type="checkbox"/> Propane or Bottle Gas (L.P. Gas)	<input type="checkbox"/> Coal, Wood, or Pellets	<input type="checkbox"/> Other
Company/Vendor	Account Number	Costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder's First Name	Account Holder's Last Name	Relationship to Primary Client	
If you are currently enrolled in PIPP, do you wish to reverify on this account? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you wish to enroll in PIPP and have a regulated utility provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Please provide your electric utility provider information (if not provided above):

Electric Company/Vendor	Account Number	Costs included in rent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Shared Meter? <input type="checkbox"/> Yes <input type="checkbox"/> No
Account Holder's First Name	Account Holder's Last Name	Relationship to Primary Client	
If you are currently enrolled in PIPP, do you wish to reverify on this account? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you wish to enroll in PIPP and have a regulated utility provider? <input type="checkbox"/> Yes <input type="checkbox"/> No	

ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2024 – MAY 2025

Terms of Agreement

- I agree**
- To pay my Percentage of Income Payment Plan Plus (PIPP) amount for my electric and/or natural gas service every month.
 - To go to my local energy assistance provider or to energyhelp.ohio.gov to reapply at least once a year with updated household information, and income documentation in order to remain eligible.
 - To contact my local energy assistance provider or go online to energyhelp.ohio.gov to report any changes to my total household income or number of household members, within 30 days of the change.
 - To accept any energy efficiency programs offered by Development or its designated providers, if eligible.
 - To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to Development and agencies performing weatherization services and/or provide other energy related services.
 - To allow Development to release my name, address, telephone number, household member information, and current status to the utility companies, and other energy assistance providers.
 - To allow Development to share my usage and demographic data with organizations contracted by Development to evaluate the programs administered by Development.
- I understand**
- I will not be re-verified if I owe any PIPP payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.
 - If I miss three or more consecutive payments, I will receive a notice on my bill and have one billing cycle after the notice to make up payments or be dropped from PIPP.
 - If I do not re-verify my income at least once every 12 months, I will be dropped from PIPP.
 - If I do not make up missed PIPP payments by my stated anniversary date, I will be dropped from PIPP (I understand the PIPP verification and anniversary dates are printed on the utility bills each month).
 - If I make my PIPP payments in full and on time every month, I will receive a credit for 1/24th of my total past-due amount, and I will not need to pay the difference between my PIPP payment and my actual bill amount.
 - If I reapply for PIPP and I am not eligible, or if I choose to be removed from PIPP, I can enroll in Graduate PIPP for up to 12 months after the date I am removed and still receive credits toward my past-due amounts owed on my utility accounts.
 - If I move out of the service area for my gas/electric company, I can enroll in the Post PIPP program to make payments on my closed account and receive credits toward the past-due amounts.
 - I am legally responsible for all past-due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP, the past due amounts will become due. If these past-due amounts are not paid in full, the utility companies may use any standard means of collection for the past-due amounts on my accounts.
 - I may appeal if my application is not decided upon within 12 weeks. I also may appeal within 30 days if I disagree with my benefit amount or if I was denied assistance.

General Authorization

An applicant who provides inaccurate income or household composition information risks: being dropped from PIPP and/or other energy assistance programs; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility (ies) for the full account balance.

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Department of Development or any designated agent or employee of the Director, or the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio Department of Development or any designated agent or employee of the Director, or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. The applicant expressly waives notice of the disclosure(s). The applicant expressly waives the confidentiality provisions of the Ohio Revised Code which might otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, the Ohio Department of Development, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures herein. This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation, the Director of the Ohio Department of Development, and the Director of the Ohio Department of Jobs and Family Services.

I understand that by signing this application, I grant the Ohio Department of Development, or its authorized providers, access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I further grant Ohio Department of Development, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements.

I declare under penalty of perjury the information submitted in this application is true and correct.

PLEASE SIGN AND MAIL APPLICATION TO:

**Office of Community Assistance, Home Energy Assistance Program
P.O. Box 1240, Columbus, Ohio 43216**

X Sign Here _____ **Application Date** _____

DOCUMENTATION NEEDED TO APPLY FOR SERVICES:

(All documentation is required each time you apply for services)

- Agency Interview is required for crisis appointments
- Social Security Numbers for all household members
- Birth dates for all household members
- Disability documentation, if applicable
- Proof of U.S. Citizenship for all household members– Birth Certificate, Baptismal records (must show place and date), U.S. Passport, Voter registration card, Military Service Record, Verified Citizenship from OWF Program, Indian Census Record, Social Security Card

OR

- Proof of Legal Resident/Qualified Alien-Naturalization Papers/Certification of Citizenship, INS ID Card, Alien Registration Cards/Re-entry permits, Permanent Visa, INS Form
- Most recent utility bills and/or account numbers
- Household income documentation for 30 days or 12 months prior to the application date. Self-employment and seasonal households must provide 12 months of documentation including most recent filed IRS 1040 with all schedules.
- **Reporting Zero income:** Must provide written statement from income source with contact info (name, address, phone and date) detailing how your bills are paid (rent, food, utility etc.) for past 30 days. If applicable, must provide current Subsidized housing Contract Cover Letter/ Annual Lease Addendum, Rental Lease and Food Stamp printout.
 - Please know that further documentation maybe requested, such as “Wage and Income Transcript for all household members over 18 years of age.
 - Must provide proof of all past due bills

Examples of Accepted Income

Please note: This is **only an example** of typical income sources and is not inclusive of all income documentation that may be required. If you have any questions about your income documentation, ask to speak to a HEAP staff member before you apply for services.

Employment Wages: Last (2) check stubs for monthly wages. Last (3) check stubs for bi-weekly wages. Last (5) check stubs for weekly wages or Employment Verification from employer showing GROSS income for the last 30 days.

Utility Allowances: Subsidized Housing HAP Contract/Annual Lease Addendum

Social Security, SSI & SSDI: Current Award Letter, copy of check or bank statement

Pensions, VA, Alimony: Current Award Letter, copy of check or bank statement

Unemployment, Employment Disability, Worker’s Compensation: Last (2) stubs if paid monthly. Last (3) stubs if paid bi-weekly. Last (5) stubs if paid weekly or Award Letter showing benefit amount and time period.

Self-employment Income: Self-employment form for the past 12 months and complete prior year IRS 1040 including all schedules that were submit to the IRS.

Seasonal Employment: past 12 month’s income from the date of the application.

[All documentation is needed for assistance. Other qualifications may apply.](#)

Transportation

There are two transportation options, (a bus service or a taxi-pass) both through Community Action Wayne/Medina County in Wooster:

905 Pittsburgh Ave., Wooster, OH 44691 330-264-8677.

All riders need a transportation ID from Community Action, steps to obtain the ID:

Step 1: Gather ID, Social Security Card, proof of residency in Wooster, food stamp card, and \$1 for ID printing & take documents to Community Action.

Step 3: Complete application for transportation ID

Step 4: Get picture taken.

[Click Here for the Online Application for a Transportation ID](#)

(Print out form)

This ID is necessary to use taxi passes or the bus.

Taxi passes cost \$2 each and you can contact the following for a taxi ride if you have an ID:

- Hallstar -330-262-0123
- Precious Angels- 330-231-1996
- Wooster Express- 330-202-9000

The fixed route bus is free with your transportation ID. Link to the routes:

[Click here for the fixed route schedule and map](#)

[Click here for Provide a ride](#)

[tel: 888 -288-7050](#)



Transportation Eligibility Form

Brought to you by Community Action of Wayne & Medina

905 Pittsburgh Avenue, Wooster, OH 44691

330.264.8677 - transportation@cawm.org - <https://www.cawm.org>

Community Action of Wayne & Medina oversees various transportation programs in Wayne County. We collaborate with numerous local agencies, some of which provide transportation services. Please provide us with the following information, and we will attempt to match you with a suitable program. Remember to print clearly.

What category of transportation assistance are you looking for? [check all that apply]

- Employment: work, including job training
- Education: schools, colleges, universities
- Healthcare: hospitals, clinics, dental, mental health
- Shopping: grocery stores, markets, and retail outlets, for daily needs
- Social & Recreational: attending social events, hobbies, gyms, pools
- Public & Community Services: post office, library, JFS, Metro Housing, food bank
- Personal Errands: such as going to the bank, laundromat, lawyers
- Childcare: dropping off or picking up children from daycare, before/after school care
- Religious & Cultural Centers: places of worship as well as cultural centers
- Transportation Hubs: connecting to airports, train stations, bus terminals
- Quality of Life: local events, museums, parks, cinemas, restaurants
- Other:

Briefly explain your needs, include the locations and frequency. The more information you give, the more likely we will be able to place you. Use additional paper if needed.

For example, I need transportation for going...

... to and from work Monday through Friday 8am to 5pm at 123 Main St in Shreve

... to multiple doctors in [list when & where] and monthly grocery shopping

Different information is needed for various programs. Please fill out as much as possible.

Full Name

Home Address [with city]

Mailing Address [if different]

Phone Number

Email

Veteran Yes or No

Disabled Yes or No

Date of Birth

Age

Gender

Social Security #

Any Mobility Devices [cane, wheelchair, oxygen tank, etc]?

Any Personal Care Assistant who may ride with you?

Anything else you'd like us to know?

Applicant Income Amount: _____ weekly biweekly monthly annually

Income Type: work unemployment SSI/SSDI Pension Social Security Other

Total monthly income in the home: _____

Income Notes:

of people in household: _____

Family Type: Single Person Single Parent with Kid/s Couple Couple with Kid/s Other

Do you receive rental assistance? Yes No If yes, how much?

Do you receive food assistance? Yes No If yes, how much?

Do you receive cash assistance? Yes No If yes, how much?

Housing Type: Rent Own Shelter/Homeless Housing cost each month: _____

Landlord Name & Contact Information: _____

If homeless, which agency are you working with? _____

Health Insurance: Medicaid Medicare Uninsured Other:

Does your Health Insurance cover any transportation? Medical Non-Medical Unsure None

Education Level 0-8th 9-12th Grad / GED Some College College Grad

Ethnicity: African American / Black Hispanic Asian White Native American Other

Do you have access to a safe, working vehicle & the ability to transport yourself?

yes, always yes, most of the time no, hardly ever no, never

Do you have anyone who would be able to take you, with or without gas assistance?

yes, always yes, most of the time no, hardly ever no, never

We use various methods such as calls, texts, and emails to stay in touch with clients regarding local Transportation Programs, enrollment processing, scheduling updates, and more. **If you prefer not to receive these communications, please indicate by checking the relevant box below:**

all are OKAY Do NOT email me Do NOT text me Do NOT call me

Additional Household Members [use additional paper if needed]

Person 2

Person 3

Person 4

	Person 2	Person 3	Person 4
Name			
Relationship			
Veteran			
Disabled			
Date of Birth			
Gender			
Social Security #			
Mobility Device			
Income per month			
Health Insurance			
Ethnicity			
Also Applying?			
Notes:			

I certify this information is true and correct to the best of my knowledge. I release any or all information necessary for verification, referral, and program purposes.

Signature of Applicant & Date

[if applicable] Signature of Guardian/Caretaker & Date

[if applicable] Guardian/Caretaker's Name & Contact Number

[if applicable] Guardian/Caretaker's Relationship to Applicant

DOCUMENT CHECKLIST - Different documents are needed for different programs. To increase your likelihood of a quick enrollment, please turn in as much of these documents as you can.

- 1 This Eligibility Form** completed and signed, with all household member information
- 2 Photo of Person** applying
- 3 Proof of Identity** like a state-issued photo ID
- 4 Proof of Disability** [if applicable]
- 5 Proof of Veteran/Active Duty Military** [if applicable]
- 6 Proof of Residency** showing you live within Wayne County
- 7 Proof of Citizenship** or Legal Residency for all household members.
- 8 Proof of any Income** received in the past 30 days for any adults in the household.

Employment: use paystubs. Retirement or SSD/I: use an award letter or a recent bank statement that shows your name, the account number, and the deposit info. If there's no income in the home, you'll need to request & fill out a 'Self Declaration of Zero Income Form'.

Return this form as soon as possible.

Mail this & copies of any documents [please do not send originals] to
Attn: Transportation, Community Action, 905 Pittsburgh Ave, Wooster OH 44691

Email photos of this & any documents to transportation@cawm.org

Visit us in person Monday - Thursday from 8am - 5pm.

Turn this & copies of any documents in to the front desk.

Fax this & any documents to 330.264.0391 Attn: Transportation

Online <https://www.cawm.org/get-help/transportation/>

You can find more information, apply, and upload copies of any documents.

City of Wooster Fixed Route Transportation

Current Transportation ID from Community Action Wayne Medina required to ride.

Hours of Operation 7:00a.m. - 9:00p.m.

Monday through Saturday

Stop #	Time Hourly	Location
1	:01	One Eighty/ Spink
2	:02	Spink & Nold
3	:03	Discount Drug Mart (Beall & Bowman)
4	:04	Williamsburg Apartments
5	:06	Save-A-Lot
6	:11	College Hills
7	:13	Spruce Hill Apartments (Portage)
8	:16	Marc's
9	:20	Northgate @ Cleveland Road
10	:25	Walmart Plaza
11	:28	Buehler's Milltown

Stop #	Time Hourly	Location
12	:32	Reed & Burbank
13	:35	Wayne & Beall
14	:37	East University and Palmer
15	:39	Goodwill/ McKinley
16	:40	Community Action
17	:42	Town Place Apartments
18	:45	OSU Fisher Auditorium
19	:47	Campus Drive
20	:53	Family Dollar
21	:55	Buehler's Market St.



To enroll in The City of Wooster Transportation Program, registration is required.

An enrollment application can be found on line at <https://www.cawm.org/programs-and-services/transportation-assistance/city-of-wooster/>

Or visit Community Action at 905 Pittsburgh Ave., Wooster, Ohio 44691

Proof of identity and residency within the City of Wooster is required. Driver's License, Voter ID, Utility Bill, Rental Agreement, Real Estate Tax Form, Pay Stub, or Bank Statement.

Call 330-264-8677 for more information.

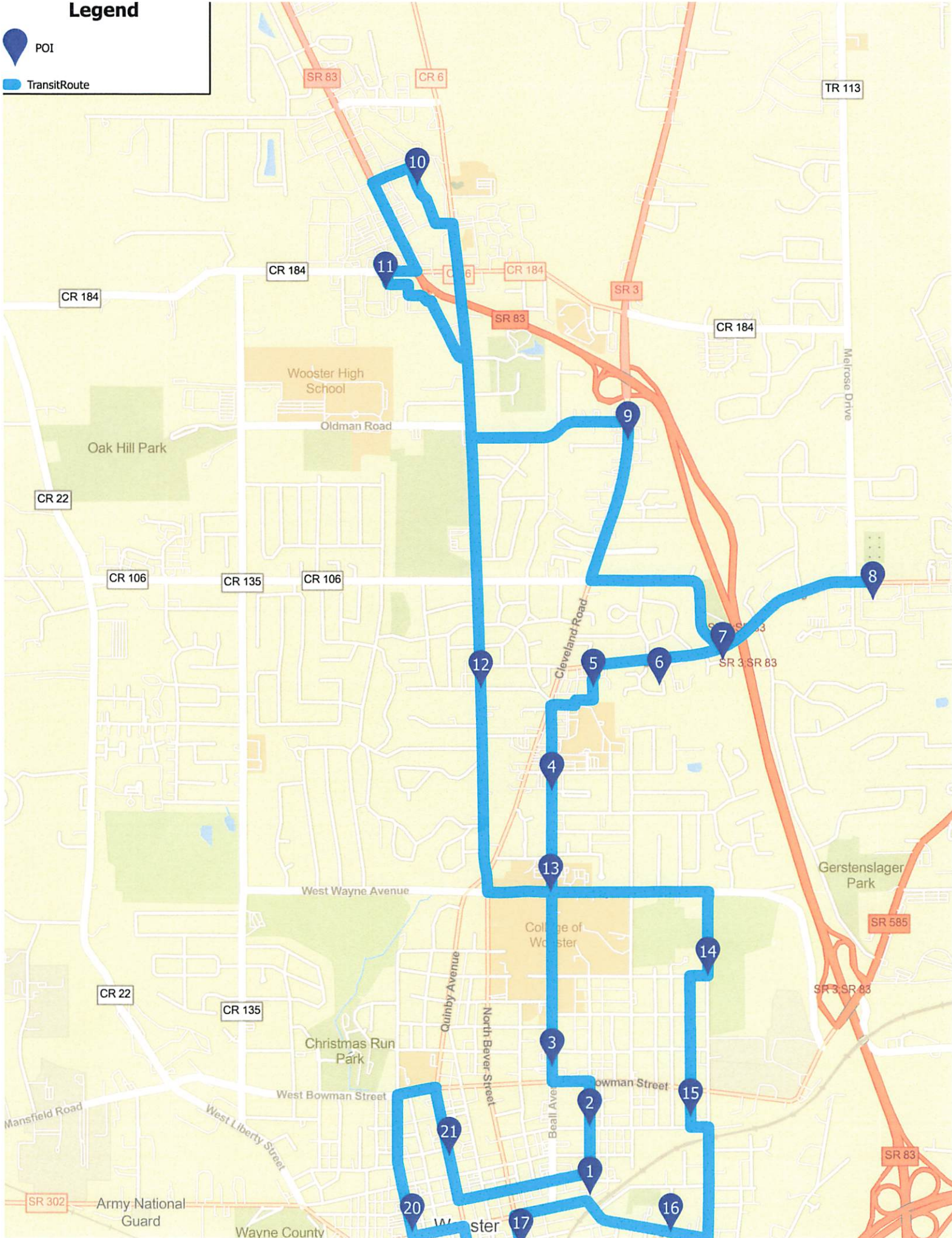
Legend



POI



TransitRoute



Groceries/Food

All food pantries require evidence of residency in Wayne County

[Wayne County Food Pantries and Meal Sites Online Directory](#)

Food Pantries

- 1) The Hope Center:
807 Spruce Street, Wooster, OH 44691, 330-683-2242, Hours:
Wednesday 12-3 PM
Thursday 6-8 PM
Friday 10 am-12 pm
<https://woosterhopecenter.org/>
- 2) People to People
454 E. Bowman St. Wooster, OH 44691, 330262-1662, Hours:
Monday-Friday 9:00 am-11:30 am and 1:30 pm-4:30 pm
<https://www.ptpm.net/clients> eligible every 30 days
- 3) Church of Christ Food Pantry, 715 Heyl Road Wooster, OH 44691 330-262-2022. Call to set up pick-up time/day
- 4) Hand Of Grace Church United Pentecostal Church
4497 Melrose Dr. Wooster OH 330-345-8550 Hours:
Wednesday 7:30 pm
Sunday 10:00 a.m.-6:30 pm
Second Saturday of each month- 10:00 a.m.-1:00 pm
<https://handsofgracewooster.com/>
- 5) Seventh Day Adventist Church, 445 N. Bever St. Wooster, OH 44691 330-264-3117 Hours- Tuesdays 2:30-4:00 pm Once every 6 weeks
- 6) Zion Lutheran Church, 301 N. Market Street, Wooster, OH 44691 330-262-5606 Hours- 5:00 – 5:30 pm One bag per month

Hot Meals

- 1) Trinity Church, 150 E. North St., Wooster, OH 44691 330-264-9250
Breakfast Monday-Friday 8:30 a.m.-9:30 am
- 2) Salvation Army- 437 S. Market St., Wooster, OH 44691 330-264-4704
Lunch Monday-Friday 12:00 pm – 12:45 pm
- 3) St. James Episcopal-201 N. Market St., Wooster, OH 44691 330-262-4476
Lunch Saturday 11:30-12:30 pm
- 4) Second Baptist Church -245 S. Grant St., Wooster, OH 44691 330-264-6033
Dinner every 4th Friday 5-6:30 pm
- 5) Seventh Day Adventist Church 445 N. Bever St., Wooster, OH 44691
330-264-3117
Soup and Sandwich Tuesday 3:00-4:00 pm
- 6) United Methodist Church-Meals Together 243 N. Market St., Wooster, OH
44691 330-363-5641
Dinner every Thursday 4:30-5:30 pm
- 7) Zion Lutheran Church-301 N. Market St. Wooster OH 44691
330-262-5606
Dinner every Sunday 5:45-6:15 pm
- 8) Wooster Hope Center 342 Nold Ave., Wooster, OH 44691 330-683-2242
First Saturday of the month 12:00-1:00 pm

Community Boxes

Community Pantry Boxes are located throughout the community:

- Corner of Highland Ave & Burbank Road
- Buckeye Street (at the small park)
- Oak Chapel Methodist Church on Old Lincoln Way
- Wooster Bible Church, Columbus Street
- Spink Street, at the community garden

WAYNE COUNTY FOOD PANTRIES & MEAL SITES

NOTE: Check websites and Facebook for possible changes

APPLE CREEK UNITED METHODIST CHURCH 

(330) 698-3101

269 W. Main St. Apple Creek 44606

3rd Saturdays of the month, 9:30-11:00 AM

Southeast Local residents only. Call ahead 330-698-3101

ST. PETER'S UNITED CHURCH OF CHRIST 

(330) 698-2661

68 W. Main St. Apple Creek 44606

1st, 2nd, and 4th Fridays of the month, Noon-4:00 PM

Not income based. Available to everyone.

CRESTON COMMUNITY CHURCH/ SALVATION ARMY 

(330) 241-0505

111 Sterling St. Creston 44217

1st and 3rd Saturdays, 10:00-11:00 AM.

No geographic restrictions.

CRESTON UNITED METHODIST CHURCH 

(330) 435-4701

166 S. Main St. Creston 44217

Thursdays, 5:30-6:30 PM

No eligibility requirements

DALTON BAPTIST CHURCH 

(330) 828-8302

400 Lincoln way Dr. Dalton 44618

Mondays, 10:00-10:30 AM

Photo ID; any county; 200% poverty level or below

DOYLESTOWN UNITED METHODIST CHURCH 

(330) 658-7744

153 Church St. Doylestown 44230

4th Saturday, 8:30-11:00 AM or by appointment

For Chippewa Township; Photo I.D. and utility bill

AUSBURG LUTHERAN CHURCH 

(330) 682-2581

140 W. Water St. Orrville 44667

Tuesdays, 12:00-1:00 PM Sack lunch

No proof of income

Not in operation Second week June – First week of August

(Follows school year approximately)

CHRIST CHURCH FRIENDSHIP MEALS 

(330) 683-0715

301 N. Main St. Orrville 44667

Thursdays, 5:15-6:30 PM

ORRVILLE CHRISTIAN CHURCH 

(330) 682-3686

925 N Elm St. Orrville 44667

Last Monday of month, 5:30-7 PM,

May, Nov, and Dec call office for details

Wayne County residents. Photo I.D. and income eligible

ORRVILLE SALVATION ARMY 

(330) 683-3138

401 W. High St. Orrville 44667

Call office to arrange pick-up time

Monday - Friday, 8:30 AM-3:30 PM.

Proof of Orrville, Dalton, Kidron, N. Lawrence,

Marshallville residence; Photo ID

ORRVILLE MENNONITE CHURCH

(330) 682-5801

1305 W. Market St. Orrville 44667

Mondays, 5:30-6:30, No requirements



COMMUNITY ACTION WAYNE/MEDINA – RITTMAN

(330) 927-1871

88 N. Main St., Suite 201 Rittman 44270

Thursdays, 8:00 AM-4:00 PM, weekly closed 12-1 daily

Photo ID and Proof of income; Wayne County or Medina County

SS card or birth certificate for all household members



CROWN HILL MENNONITE CHURCH

(330) 927-1716

9693 Benner Rd. Rittman 44270

Last Thursday of month, 2-5 PM; Last Friday of month, 10 AM-1 PM

Photo ID and Proof of income



EASTERN ROAD CHURCH OF GOD

(330) 927-0448

2600 Eastern Rd. Rittman 44270

Tuesdays and Saturdays 9:00 AM – 12:00 PM food pantry

Photo ID and Income guidelines



RITTMAN UNITED METHODIST CHURCH

(330) 925-4015

211 N. Metzger Ave. Rittman 44270

3rd Wednesday of month, 4-5:30 PM

Food Pantry and Community Dinner

Rittman residents only; Photo ID



THE SERVER

51 N. Main St. Rittman 44270

Mondays-Thursdays, 9:00 AM-2:00 PM

Coffee, tea, and a small bite to eat. No requirements



SHREVE UNITED METHODIST CHURCH

(330) 567-2051

430 N. Main St. Shreve 44676

Meal offered 3rd Wednesday of the month 5:30-6:30

Proof of Shreve or close resident



STERLING UNITED METHODIST CHURCH

(330) 939-2751

13584 Kauffman Ave. Sterling 44276

Last Sunday of month, 5:00-6:00 PM

Norwayne School District



MOHICAN CHURCH OF THE BRETHREN

(419) 846-3932

7759 N. Elyria Rd. West Salem 44287

3rd Thursday of each month, 5:30 PM-7:00 PM

Grocery bag distribution 6-7 PM

Anyone in need is welcome



WEST SALEM OUTREACH & FOOD PANTRY

(419) 853-4588

99 E. Buckeye St. West Salem 44287

1st Friday of month, 10:30 AM- 12:00 PM & 5:00-5:30 PM

Greater West Salem area & NW School District



WEST SALEM ST. STEPHEN CATHOLIC CHURCH

(419) 853-4946

44 Britton St. West Salem 44287

Wednesdays, 5:30 PM



FIRST PRESBYTERIAN CHURCH OF WOOSTER


(330) 264-9420


621 College Ave. Wooster 44691


Meals for All program


Last Monday of each month, 5:30-6:30 pm, no requirements





PEOPLE TO PEOPLE MINISTRIES 
(330) 262-1662
454 E. Bowman St. Wooster 44691
Monday-Friday 9:00 AM –11:30 & 1:00- 4:30 PM. Proof of Wayne
Co. residency past 90 days & proof of past 30 days of income


SALVATION ARMY-WOOSTER CORPS 
(330) 264-4704
437 S. Market St. Wooster 44691
Mondays-Fridays, 12:00-12:45 PM
Open to public; No income requirements

SEVENTH DAY ADVENTIST CHURCH 
(330) 264-3117
445 N. Bever St. Wooster 44691
Wednesdays, 3:00-5:00 PM, Meal


TRINITY UNITED CHURCH OF CHRIST 
(330) 264-9250
150 E. North St. Wooster 44691
Mondays-Fridays, 8:30-9:30 AM, Eat in meals
Open to public; No income requirements

WOOSTER HOPE CENTER 
(330) 683-2242
807 Spruce St. Wooster 44691
Wed 12-3 PM; Thursday 6-8 PM; Friday 10- 12 PM
Photo ID; Wayne County residence; 200% poverty level or below

WOOSTER UNITED METHODIST CHURCH 
(330) 262-5641
243 N. Market St. Wooster 44691
Thursdays 4:30-5:15 PM
No income requirements

ZION LUTHERAN CHURCH WOOSTER 
(330) 262-5606
301 N Market St. Wooster 44691
One Sunday per month, 5:30-6:15 PM, Meal
Check website for dates
Photo ID showing Wayne County; Income Eligible

 = **FOOD PANTRY**

 = **MEAL SITE**

Updated 10.12.2023

Food Stamps / Medicaid

Step 1: Review and collect documents to enable application for SNAP benefits.
Office Location of Wayne County Job and Family Services: 356 W North St.
Wooster OH 44691 (330) 287-5800.

Note there are several verification documents required for the application (see below for links to application):

- *Residency for all household members*
- *All income and allowable expenses for all household members, and*
- *Basic information such as identity, Social Security Number(s) and Birth Verification(s) for any household member applying for assistance*

Step 2: Complete the application and return it with documents to the receptionist at Job and Family Services.

Step 3: You will receive a letter in the mail with a scheduled phone interview appointment.

Step 4: Call (844) 640-6446 within 30 days of your phone interview date

Step 5: Provide Wayne County Job and Family Services with any necessary documentation they need.

Step 6: Receive an approval letter in mail.

Online Application or print application:

[Click here to apply for Benefits from Ohio Department of Jobs and Family Services in Wooster](#)

Clothing/Shoes/Furniture

- Goodwill [Click here for the Goodwill website](#)
149 W Milltown Road
Wooster, OH 44691 330-262-7196

[Store Locations and hours click here](#)

- Caring Closet Smithville, Wooster [Click here for the Caring Closet website](#)

The Boutique is Open Tuesday-Saturday 10am - 6pm and Sunday 12pm - 4pm

330.439.5800 questions@caringclosetwooster.org

- People to People [Click here for their Website](#)
454 E. Bowman Street, Wooster, OH 44691 330-262-1662
Open 9:00 am – 4:30 pm
Clothing (once every 3 months)
Walk in anytime Monday-Friday 9am -11:30am and 1:00 pm –
4:30 pm

Furniture:

- Habitat Store: [Click here for details on this store in Wooster](#)



Habitat for Humanity in Wayne County

2700 Akron Rd, Wooster, OH 44691

330-264-4999

Store & Donation Hours:
Monday - Saturday 9 am - 5 pm

- Wooster: Furniture Friendtique Thrift Store: [Click here for details on this store.](#) 330-262-2012 • 223 W Liberty St., Wooster, OH 44691
- Good Will Store: [Click here for store contact information](#) _Call the stores regarding specific items
- Summit County Store: [Click here for details son this Cuyahoga Falls Store](#)

Medical, Eye, & Dental appointments (that accept Medicaid)

Medical appointment:

1. Viola Startzman Clinic

1739 Cleveland Road Wooster OH 44691

(330) 262-2500 [Click here for more information on Viola Startzman](#)

2. Bloomington Medical Center [Click here for more information on Bloomington Medical Center](#)

2326 Eagle Pass, Wooster, Ohio 44691

(330) 202-3477

3. Milltown Family Physicians

[Click here for more information on Milltown Family Physicians](#)

128 E. Milltown Rd #105, Wooster, Oh 44691

(330) 345-8060

4. Cleveland Clinic

[Click here for more information on the Cleveland Clinic Wooster](#)

1740 Cleveland Rd, Wooster, Ohio 44691

(330) 287-450

Eye Appointment:

1. Walmart Eye Center

[Click here for more information on the Walmart Eye Center](#)

3883 Burbank Rd, Wooster OH 44691

(330) 345-8955

Dentist Appointment:

Viola Startzman Clinic [Click here for more information on Viola Startzman Dental](#)

1874 Cleveland Rd. Wooster OH 44691

(330) 262-2500

Legal Aid

Community Legal Aid

345 N. Market St., Suite 101 Wooster OH 44691

330-983-2697 330-535-4191

Monday -Thursday 9am – 12pm and 1-3 PM

Friday 9am - 12 pm

Online Application: www.communitylegalaid.org/apply

Note: They do not assist with custody/visitation or cases involving children

**They do assist with divorces; however, the cost is between \$300 - \$500.

Providing legal assistance for a variety of civil legal matters; they provide services to people with legal issues in the following counties:

- Columbiana
- Mahoning
- Medina
- Portage
- Stark
- Summit
- Trumbull
- Wayne

Cell Phone

*If you already have a lifeline funded cell phone, you will need to contact your phone provider and cancel service through them.

If you have never had a lifeline program funded phone, you can apply only through any free phone carrier.

- Assurance Wireless <https://www.assurancewireless.com/>
- SafeLink <https://www.safelinkwireless.com/>
- TruConnect <https://www.truconnect.com/>
- Airtalk Wireless <https://airtalkwireless.com/lifeline-program>
- Cintex Wireless <https://apply.cintexwireless.com/my-state/ohio>

[Click here for a flyer on 3 ways to apply](#)

Be prepared to document eligibility in the online application via Medicaid, SNAP or income level.

More information on the lifeline program:

<https://www.lifelinesupport.org/>

National Verifier site- consumers interested in this service must demonstrate income qualifications via Medicaid, snap or income level.

Lifeline program in Ohio:

<https://www.occ.ohio.gov/factsheet/telephone-lifeline-programs-ohio>

FCC Information:

<https://www.fcc.gov/lifeline-consumers>

Lifeline

Receive up to \$9.25 off your phone or Internet service

Lifeline is a federal program that helps lower the monthly cost of your phone or Internet service.*

INDIVIDUAL ELIGIBILITY

You qualify for a discount if:

- You participate in any **ONE** of these government benefit programs:
 - Supplemental Nutrition Assistance Program (SNAP)
 - Medicaid
 - Federal Public Housing Assistance (FPHA)
 - Veterans Pension and Survivors Benefit
 - Supplemental Security Income (SSI)

— OR —

- Your income is at or below 135% of the federal poverty guidelines

HOUSEHOLD ELIGIBILITY

A household is a group of people that share income and expenses.

- You are only allowed to get **one** Lifeline discount per household.
- If you share housing, complete the **Household Worksheet**.
- The worksheet is available on our website, **LifelineSupport.org**. You can also ask your Lifeline service provider.

THREE WAYS TO APPLY



APPLY ONLINE Find the online application at **LifelineSupport.org**.

OR



MAIL YOUR APPLICATION Print an application from **LifelineSupport.org**. Fill out and mail it with proof of eligibility to:

Lifeline Support Center
PO Box 1000
Horseheads, NY 14845

OR



CONTACT A PHONE OR INTERNET COMPANY

Find a company that provides Lifeline at **LifelineSupport.org**. Click *Companies Near Me*.

If you live in **CA (CaliforniaLifeline.com)**, **OR (Lifeline.Oregon.gov)**, or **TX (TexasLifeline.org)**, visit the website for your state to find out how to apply.

HOW TO SHOW YOU ARE ELIGIBLE

You may need to show proof that you qualify for Lifeline, such as:

- **A copy of your SNAP or program letter OR**
- **A copy of your pay stub or tax return** to prove your income is at or below 135% of the federal poverty guidelines.

*If you live on Tribal Lands, you may receive an additional discount toward your service.

If you have a disability and need assistance with your application, contact the Lifeline Support Center.



Universal Service
Administrative Co.

LIFELINE SUPPORT CENTER

(800) 234-9473 | 9 AM-9 PM ET | 7 DAYS PER WEEK
LifelineSupport@usac.org | www.LifelineSupport.org

Lifeline is a Federal Communications Commission (FCC) program to help make communications services more affordable for eligible consumers. The Universal Service Administrative Company (USAC) administers the Lifeline program. USAC is responsible for helping you apply for the program, understand eligibility requirements, and keep your benefit current through an annual recertification process.

Available for Public Use

Employment Resources

For information regarding local employment resources, please visit the following agencies:

- Goodwill Industries
 - 1034 Nold Ave. Wooster OH 44691
 - (330) 264-1300

- Job & Family Services
 - 365 W North St. Wooster OH 44691
 - (330) 287-5800

- PLI Staffing
 - 148 E Liberty St. Suite 225 Wooster OH 44691
 - (330) 245-4482

- SURGE Staffing
 - 538 E Liberty St. Wooster OH 44691
 - (330) 601-1110

- Mancan
 - 435 Beall Ave. Wooster OH 44691
 - (330) 264-5375

[Click Here for job openings on Mancan Staffing](#)

- Ohio Means Jobs Job Seekers

[Click here for job openings for Ohio Means Jobs](#)

List of Felon Friendly Employers (Companies that hire felons)

This list below shall serve as a starting point for felons and ex-convicts in finding a job after leaving prison. The companies listed below are known to also offer jobs for felons and that apparently does not, however, guarantee that you will be able to land a job there. You will have to check out their hiring website, do the research and follow the application process like normal.

- Aamco
- Ace Hardware
- Allied Van Lines
- American Greetings
- Anderson Windows
- Apple Inc.
- Aramark
- AT&T
- Avon Products
- Baskin-Robbins
- Bed, Bath & Beyond
- Black & Decker
- Blue Cross & Blue Shield Association
- Braum's Inc
- Bridgestone
- Buffalo Wild Wings
- Campbell's Soup
- Canon
- Carl's Jr
- Caterpillar Inc.
- CDW
- Chili's
- Chipotle
- Cintas
- Community Education Centers
- ConAgra Foods
- Dairy Queen
- Delta Faucet
- Denny's
- Dole Food Company
- Dollar Rent a Car
- Dollar Tree
- Dr. Pepper
- Dunlop Tires
- Dunkin' Donuts
- DuPont
- Duracell
- Epson
- ERMCO, Inc.
- Family Dollar
- Firestone Complete Auto Care
- Pilot Flying J
- Fruit of the Loom
- Fujifilm
- General Electric
- General Mills
- Georgia-Pacific
- Goodwill
- Grainger
- Greyhound
- Hanes
- Hilton Hotels
- Home Depot
- IBM
- In-N-Out Burger
- Jack in the Box
- K-Mart
- Kelly Moore Paints
- KFC
- Kohl's
- Kraft Foods
- Kroger
- LongHorn Steakhouse
- Lowe's
- LSG Sky Chefs
- McDonald's
- Men's Wearhouse
- Metals USA
- Miller Brewing Company
- Motorola
- The New York Times
- Olive Garden
- PepsiCo
- Phillip Morris Inc.

- Pilgrim's
- Red Lobster
- Red Robin
- Safeway
- Trader Joes
- Tyson Foods
- U-Haul
- US Steal Corporation
- Volunteers of America
- Walgreens
- Wendy's
- Wyndham Hotels
- Salvation Army
- Sara Lee
- Sears
- Shell Oil
- Shoprite
- Sony
- Subway
- Toys "R" Us
- Xerox
- Albertsons
- Applebees
- Bahama Breeze
- Best Western
- Carrier Corporation
- Chick-fil-A
- Chrysler
- Dart Containers
- Deer Park Spring Water
- Eddie Vs Prime Seafood
- Embassy Suites
- Food Services of America
- Frito-Lay

- Genentech
- Golden Corral
- Great Clips
- HH Gregg
- IHOP
- Ikea
- J.B. Hunt Transport
- Jiffy Lube
- Jimmy Johns
- Nordstrom
- O'Charleys
- Pactiv
- Pappadeaux
- PetSmart
- Preferred Freezer Services
- Praxair
- Radisson
- Restaurant Depot
- Reyes Beverage Group
- Rubbermaid
- Ruby Tuesday
- Rumpke
- Seasons 52
- Sysco
- Teleperformance
- Tesla
- US Foods
- WinCo Foods
- Yard House

Hopefully, this list of jobs for felons as well as jobs that hire felons will be useful for you.

Educational Resources

Financial Literacy

[Click here for Ohio Guide to Education and Financial Literacy Classes](#)

GED

[Aspire at the Wayne County Career Center](#)

[Online GED Classes](#)

[State of Ohio Options for GED Testing](#)

Parenting

[Catholic Charities Free Parenting Class](#)

[Wayne County Childrens Services Family and Kinship Assistance](#)

[Parenting class from the Pregnancy Care Center of Wooster](#)

[Parenting class from the Counseling Center of Wooster](#)

[National Parent Helpline](#) tel: 855-427-2736

Time Management

[Linked In Learning time management](#)

[Arizona State University stress and time management course](#)

Anger Management

[Online Anger Management Course](#)

Agency Directory

[One Eighty](#)

[The Counseling Center](#)

[Anazao](#)

[Community Action Wayne Medina County](#)

[SSI/SSDI](#)

[Community Legal Aid](#)

[The Salvation Army](#)

[Job and Family Services](#)

[People to People](#)

[Wayne County Metropolitan Housing authority](#)

[Wooster Hope Center](#)

[St. Mary's Church](#)

[Trinity Church](#)

[United Way of Wayne and Holmes Counties WHIRE Card](#)

[NAMI](#)

[Ohio Department of Children and Youth](#)

[Viola Startzman](#)

[Wayne County Court](#)

One Eighty

104 Spink Street Wooster, OH 44691 330-264-8498

Monday & Thursday 8:00 am – 8:00 pm

Tuesday, Wednesday & Friday 8:00 am – 5:00 pm

Services:

Housing

- Housing Navigator
- Housing Case Management
- Complete Pre-screening form at Front Desk

Counseling

- Substance Use and Mental Health outpatient counseling
- Schedule appointment to complete a diagnostic assessment

Case Management

- Available for clients receiving counseling services
- Contact Chris Easton 330-804-3313

Residential Treatment

- Contact Pathway (men) to complete residential screening 330-804-6040
- Contact WRTC (women) to complete residential screening 330-804-6030

Victims Services/detox

- The Substance Use Crisis Hotline 330-466-0678

Peer Support

- Peer Support hotline 330-464-1423
- Request more information from your counselor

Oasis- Recovery Club

- Sober Environment [Click here for calendar of events and hours](#)
- AA/NA/HA Meetings

The Counseling Center

2285 Benden Drive, Wooster, OH 44691 330-264-9029

Open Monday – Friday 8:00 am – 8:00 pm

Services:

Adult Case Management 330-263—0380

- Adult case management, also known as Community Psychiatric supportive Treatment services (CPST), focuses on assisting in identification and access to services such as medical, psychiatric, social, financial and educational.

Community Education and Prevention

- Early Childhood Mental Health Consultation
 - Jail-Based Counseling and Case Management
 - Parent Education
 - Child and Family Development
 - Suicide Prevention Education
 - Community Education & Consultation
 - Court Mandated Divorce Workshop
 - School Based Intervention
 - Family Stability Support
- Individuals interested in these programs should contact the Director of
Community Education and Prevention Services
Outpatient Treatment-Counseling and Psychotherapy
Psychiatric Services
- Services prescribe and monitor the use of medication as one way of dealing with serious symptoms that are part of many mental health matters.

Crisis Services

- 330-264-9029
- Available 24/7

Anazao

2587 Back Orrville Road

Wooster, OH 44691

330-264-9597

Services:

Substance Use Counseling and Case Management

Mental Health Counseling and case management

Transportation to and from appointments at Anazao

Community Action Wayne Medina County

905 Pittsburgh Ave. Wooster, OH 44691 330-264-8677

Open Monday – Thursday 8am – 5pm

Services:

Energy and Economic Assistance

Heap Assistance with Energy Bills

- Complete the application by going to community action or complete the application online: www.energyhelp.ohio.gov
- Winter Crisis Program- A one-time benefit from November 1- March 31 with shut-off notices, disconnections, new service, or less than a 25% supply of bulk fuel.
- Summer Crisis Program-One time benefit to assist with electric bills during the months of June, July, and August. Qualifications and benefits change yearly, check online site: [Utility Assistance Programs](#)

PIPP- assistance with gas or electric bills- complete application at Community Action or online: [PIIP program Link](#)

Emergency Rental Assistance

If you are threatened with a utility disconnection, you may qualify for assistance with water, gas or electric bill payments

Qualifications include:

- Qualified for unemployment, reduction in household income or increase in household expenses related to Covid-19
- Facing eviction or late notice from their landlord
- Experiencing imminent homelessness or housing instability
- Threatened with disconnection of utilities
- Must be able to prove hardship as a result of Covid-19

Child and Family Development

Head Start

Most classes operate on a part-day, part-year basis with two 3.5 hour sessions per day, one in the morning and one in the afternoon. Orrville, Rittman, West Salem and Lodi. The program year is late August until mid-May.

Comprehensive Services for Children

Comprehensive services is a team approach to serving families that are enrolled in the Head Start program. Comprehensive services are provided for children and caregivers in the areas of education, nutrition, health, mental health disabilities, parent engagement and more.

Car Seat Safety

Two staff are certified car seat safety technicians and provide classes that are open to the community and teach how to properly install and use a car seat, safety laws and more. As a compliment to the car seat classes, staff also visit classrooms to teach children the importance of passenger safety using Buckle Bear, the car safety ambassador.

[Housing and Community Services](#)

- Emergency Rental Assistance
- Housing Weatherization and Repair

[Transportation](#)

- Wooster City Taxi
- Wayne County Transit
- Wooster City Bus

SSI/SSDI

Application Link: <https://www.ssa.gov/apply>

*To apply for SSI or SSDI, go to the above link and fill out an application online.

Check your eligibility: [Click here to check SSA eligibility](#)

*If you do not have a computer, you can go to the Social Security Office to complete the application.

Office open Monday – Friday 8am – 5pm.

Social Security Administration: 2345 Gateway Dr #B Wooster OH 44691

(800) 772-1213 Call for an appointment at the local office

*If you do not have transportation, you can complete the application over the phone by calling 1 (800) 772-1213.

Call Monday – Friday 8am-7pm

Community Legal Aid

345 N. Market St., Suite 101 Wooster OH 44691

330-983-2697 330-535-4191 Call for an appointment

Monday -Thursday 9am – 12pm and 1-3 PM

Friday 9am - 12 pm

Online Application: www.communitylegalaid.org/apply

Note: They do not assist with custody/visitation or cases involving children

**They do assist with divorces; however, the cost is between \$300 - \$500.

Providing legal assistance for a variety of civil legal matters including housing, health, family matters, bankruptcy and consumer debt, public benefits, criminal & traffic matters and employment related matters, human trafficking immigration, elder, taxes or education issues; they provide services to people with legal issues in the following counties:

- Columbiana
- Mahoning
- Medina
- Portage
- Stark
- Summit
- Trumbull
- Wayne

The Salvation Army

437 S. Market St. Wooster, OH 44691 330-264-4704

Open 24 hours

Services:

Emergency Shelter

Available for men, women and families

Severe Weather Shelter

Open December 1-March 31st

Living Room

Open Monday-Friday 10 am – 2pm

Lunch served at noon

Laundry Facilities available

Shower Facilities available

Rent/Utility Assistance

Contact Brenda 330-264-4701 ext. 101

Case Management

For clients staying at the shelter

Wayne County Job and Family Services

356 W. North Street Wooster OH 44691 330-287-5800

Open 7:30 am – 4:30 pm

Services:

- Food Assistance
- Cash Assistance
- Medical Assistance
- Child Care
- Social Services
- Benefit Recovery
- Workforce
- Adult Protective Services

People to People Ministries

454 E. Bowman Street, Wooster, OH 44691 330-262-1662

Open 9:00 am – 4:30 pm

Services:

- Food (once per month)
 - Monday-Friday 9am -11:30am and 1:00 pm – 4:30 pm
- Clothing (once every 3 months)
 - Walk in anytime Monday-Friday 9am -11:30am and 1:00 pm – 4:30 pm
- Financial Assistance
 - Monday, Wednesday, Friday 9am -11:30am and 1:00 pm – 4:30 pm

The following documents are required at each visit:

- Proof of Wayne County residence
- Social Security Number*
- Proof of Income

*Social Security number not required for food assistance.

Wooster Hope Center

807 Spruce Street Wooster, OH 44691 330-683-2242 ext. 2

Open Wednesday, Thursday & Friday-see hours below for specific services

Services

Food Pantry (once per week)

- Wednesday 12 pm-3pm
- Thursday 6pm – 8pm
- Friday 10am – 12 -pm

Hygiene Pantry

- First Monday of every month 8:30 – 11:30 a.m.

Hair Cuts

- Call to schedule an appointment: 330-683-2242

St. Mary's Church

527 Beall Avenue Wooster, OH 44691 330-264-8824

Open 9:30 a.m. – 4:00 pm

Services

- Rent Assistance
- Utility Assistance

The process to get assistance requires an interview:

- Call the church office to ask for assistance and provide necessary information
- Bring ID or drivers license
- You will receive a phone call from a blocked number to set-up an in-person interview, which can be done in a public place or your home.
- After the interview is complete, the St. Mary's volunteer will determine if you are eligible for assistance
- St. Mary's will typically assist with a portion of the need. Reach out to People-to-People and One-Eighty housing department to cover the remaining balance.

Trinity Church

150 E. North Street, Wooster, OH 44691 330-264-9250

Open 8am – 10am

Services

- Breakfast Monday-Friday served 8:30 am – 9:30 am
- Car Ownership Program (on hold as of August, 2023)
- Community Outreach

Find Case Managers from One Eighty and Viola Startzman Clinic at Trinity on Thursday mornings

United Way of Wayne and Holmes Counties

WHIRE Street Card see attached

A SERVICE OF / UN SERVICIO DE:



United Way of Wayne and Holmes Counties

Now Available
Ya disponible



CALL 2.1.1 OR 330.263.6363
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GET ANSWERS. GET HELP.
OBTÉN RESPUESTAS. CONSIGUE AYUDA.

First Call for Help in Holmes and Wayne Counties
Primera llamada de ayuda en los condados de Holmes y Wayne

EMERGENCY PHONE NUMBERS / NÚMEROS DE TELÉFONO DE EMERGENCIA			CLOTHING, SHOES & FURNITURE / ROPA, ZAPATOS Y MUEBLES		
W	ADULT PROTECTIVE HOTLINE	(330) 287-5865	H	CLOTHES CLOSET	(330) 674-0876
H	CHILD & ELDER ABUSE REPORTING	(330) 674-1111	H	GOODWILL - MILLERSBURG	(330) 674-9222
W	CHILD ABUSE REPORTING	(330) 345-5340	W	GOODWILL- WOOSTER	(330) 262-7196
W	COMMUNITY LEGAL AID	(866) 584-2350	H	HARVEST THRIFT- SUGARCREEK	(330) 852-7467
H,W	MENTAL HEALTH/CRISIS HOT LINE	(330) 264-9029	W	MISSION THRIFT	(330) 804-0038
H,W	CRISIS/SUICIDE PREVENTION HOTLINE	988 ; (800) 273-8255	W	PEOPLE TO PEOPLE MINISTRIES	(330) 262-1662
H	DOMESTIC VIOLENCE, RAPE, SEXUAL ASSAULT CRISIS	(330) 263-1020 ; (800) 686-1122	W	PREGNANCY CARE CENTER	(330) 264-5880
W	DOMESTIC VIOLENCE, RAPE, SEXUAL ASSAULT HOTLINE	(330) 264-8498 ; (800) 686-1122	H	SALVATION ARMY - MILLERSBURG	(330) 674-5151
H,W	EMERGENCIES	911	W	SALVATION ARMY - ORRVILLE	(330) 683-3138
H,W	HOMELESS/RUNAWAY HOTLINE	(800) 786-2929	W	SALVATION ARMY - WOOSTER	(330) 264-4704
H,W	HUMAN TRAFFICKING RESOURCE	(888) 373-7888	H	SAVE & SERVE	(330) 674-1323
H,W	CRISIS SERVICE/STABILIZATION LINE FOR YOUTH AGES 21 AND UNDER (MRSS)	(888) 418-6777	H	SHARE AND CARE THRIFT	(330) 893-3890
H,W	POMERENE HOSPITAL	(330) 674-1015	COUNSELING SERVICES / SERVICIOS DE ASESORAMIENTO		
H,W	POISON CENTER	(800) 222-1222	H,W	ANAZAO COMMUNITY PARTNERS	(330) 264-9597
H,W	SUICIDE CRISIS RESPONSE	(330) 264-9029	H	DIRECTION HOME - HOLMES CO.	(800) 945-4250
H,W	VETERAN CRISIS LINE	(800) 273-8255 PRESS 1	W	DIRECTION HOME - WAYNE CO.	(800) 421-7277
W	WAYNE CO.CHILDREN'S SERVICES	(330) 345-5340	H	CHRISTIAN CHILDREN'S HOME OF OHIO	(330) 345-7949
W	WAYNE CO. SHERIFF	(330) 287-5750	H	CONNECTIONS MENTORING	(330) 674-5841
H,W	WOOSTER COMMUNITY HOSPITAL	(330) 263-8100	H,W	CATHOLIC CHARITIES	(330) 262-7836
SUBSTANCE ABUSE TREATMENT / TRATAMIENTO POR ABUSO DE SUSTANCIAS			H	FAMILY LIFE COUNSELING	(330) 275-0573
H,W	ALCOHOLICS ANONYMOUS	(330) 253-8181	H	HELP ME GROW HOLMES CO.	(330) 674-5035
W	ANAZAO COMMUNITY PARTNERS	(330) 264-9597	W	HELP ME GROW WAYNE CO.	(330) 262-7836
W	ONEEIGHTY	(330) 264-8498	H,W	NAMI OF WAYNE & HOLMES COUNTIES	(330) 264-1590
H	OPERATION 6:12	(330) 600-0072 ext. 1	H,W	PATHWAYS OF HOPE (BEREAVEMENT)	(330) 264-4899
H,W	DETOX RAMP PROGRAM - RECOVERY AND ADDICTION MEDICINE PROGRAM	(330) 466-0678	H	ONEEIGHTY - HOLMES CO.	(330) 674-1020
EMPLOYMENT ASSISTANCE / ASISTENCIA DE EMPLEO			W	ONEEIGHTY - WAYNE CO.	(330) 264-8498
W	COMMUNITY ACTION WAYNE/MEDINA	(330) 264-8677	H,W	STATE SUPPORT TEAM REGION 9	(330) 493-6082
H,W	GOODWILL INDUSTRIES	(330) 264-1300	H,W	THE COUNSELING CENTER	(330) 264-9029
H	JOB & FAMILY - HOLMES CO.	(330) 674-1111	HEALTH CARE RESOURCES / RECURSOS DE CUIDADO A LA SALUD		
W	JOB & FAMILY - WAYNE CO.	(330) 287-5800	H	BUREAU FOR CHILDREN WITH MEDICAL HANDICAPS	(330) 674-5035
H	LYNN HOPE INDUSTRIES	(330) 674-0556	W	FREEDLANDER SPEECH & HEARING	(330) 263-2541
H,W	OPPORTUNITIES FOR OHIOANS WITH DISABILITIES	(800) 282-4536	H	HOLMES CO. HEALTH DISTRICT	(330) 674-5035
H,W	OHIO MEANS JOBS	(330) 264-5060	H	JOB & FAMILY - HOLMES CO.	(330) 674-1111
FINANCIAL & UTILITY ASSISTANCE / ASISTENCIA FINANCIERA Y DE SERVICIOS PÚBLICOS			W	JOB & FAMILY - WAYNE CO.	(330) 287-5800
W	COMMUNITY ACTION WAYNE/MEDINA - WOOSTER	(330) 264-8677	H, W	PATHWAY CARING FOR CHILDREN (FOSTER & ADOPTION)	(330) 493-0083
W	COMMUNITY LEGAL AID	(800) 998-9454	H	POMERENE HOSPITAL	(330) 674-1015
H	KNO-HO-CO ASHLAND CAC	(330) 674-6479	H,W	PREGNANCY CARE CENTER	(330) 264-5880
H	LOVE, INC.	(330) 473-6017	H,W	VIOLA STARTZMAN CLINIC	(330) 262-2500
H,W	OHIO CONSUMERS' COUNSEL	(877) 742-5622	H,W	WCCCA	(330) 263-6363
W	PEOPLE TO PEOPLE MINISTRIES	(330) 262-1662	W	WAYNE COUNTY HEALTH DEPT.	(330) 264-9590
W	SALVATION ARMY - CRESTON	(330) 435-4485	W	WOOSTER COMMUNITY HOSPITAL	(330) 263-8100
H	SALVATION ARMY- MILLERSBURG	(330) 674-5151	W	WOOSTER LIONS CLUB - EYECARE	(330) 263-6363
W	SALVATION ARMY- ORRVILLE	(330) 683-3138	HOUSING RESOURCES & SERVICES / RECURSOS Y SERVICIOS DE VIVIENDA		
W	SALVATION ARMY - WOOSTER	(330) 264-4704	H	HABITAT FOR HUMANITY - HOLMES CO.	(330) 674-4663
W	ST. VINCENT DEPAUL	(330) 264-8824	W	HABITAT FOR HUMANITY - WAYNE CO.	(330) 264-4999
H	JOB & FAMILY PRC - HOLMES CO.	(330) 674-1111	H,W	OHIO HOME RESOURCE FUND	(888) 995-4673
W	JOB & FAMILY PRC - WAYNE CO.	(330) 287-5800	H	ONEEIGHTY - MILLERSBURG	(330) 674-1020
TRANSPORTATION ASSISTANCE / ASISTENCIA DE TRANSPORTE			W	ONEEIGHTY - WOOSTER	(330) 264-8498
W	COMMUNITY ACTION WAYNE/MEDINA	(330) 264- 8677	W	SALVATION ARMY - WOOSTER	(330) 264-4704
H	DARB SNYDER SENIOR CENTER	(330) 674-0580	H,W	WAYNE METRO. HOUSING AUTHORITY	(330) 264-2727
H,W	GILCREST TRANSPORTATION	(330) 601-0363	RE-ENTRY / REENTRADA		
W	SALVATION ARMY- ORRVILLE (ORRVILLE RESIDENTS ONLY)	(330) 683-3138	H,W	ANAZAO COMMUNITY PARTNERS	(330) 264-9597
H,W	PRECIOUS ANGEL TRANSPORTATION	(330) 601-0345	Visit https://www.uwwh.org/get-help		

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United Way of Wayne and Holmes Counties



Orrville Area United Way

Rev. 2/13/2024

KEY H = HOLMES COUNTY W= WAYNE COUNTY



Scan this QR code for available resources

FOOD ASSISTANCE & PERSONAL ITEMS / ASISTENCIA ALIMENTARIA Y ARTÍCULOS PERSONALES		
W	COMMUNITY ACTION WAYNE/MEDINA- RITTMAN	(330) 927-1871
W	COMMUNITY ACTION WAYNE/MEDINA-WOOSTER	(330) 264-8677
W	CROWN HILL MENNONITE CHURCH	(330) 927-1716
H	GLENMONT FOOD PANTRY	(330) 377-5025
H	JOB & FAMILY SNAP PROGRAM HOLMES CO.	(330) 674-1111
W	JOB & FAMILY SNAP PROGRAM WAYNE CO.	(330) 287-5800
H	MARTHA'S CUPBOARD (DIAPERS, CLEANING SUPPLIES, ETC.)	(330) 275-1962
W	MATTHEW 25 PROJECT	(330) 641-9008
W	PEOPLE TO PEOPLE MINISTRIES	(330) 262-1662
W	SALVATION ARMY - ORRVILLE	(330) 683-3138
H	THE LOVE CENTER FOOD PANTRY	(330) 674-2504
W	WEST SALEM OUTREACH	(419) 853-4588
H	WIC - HOLMES CO.	(330) 674-8455
W	WIC - WAYNE CO.	(330) 264-1942
W	WOOSTER HOPE CENTER	(330) 683-2242
W	ZION LUTHERAN CHURCH - WOOSTER	(330) 262-5606



CALL 2.1.1 OR 330.263.6363

LLAME AL 2-1-1 O AL 330-263-6363

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OBTÉN RESPUESTAS. CONSIGUE AYUDA.

First Call for Help in Holmes and Wayne Counties
Primera llamada de ayuda en los condados de Holmes y Wayne

Visit <https://www.uwwh.org/get-help> for available resources
OR Scan this QR code for resources



SERVED MEALS EACH WEEK / COMIDAS SERVIDAS CADA SEMANA		
MONDAY - FRIDAY / LUNES - VIERNES		
	<u>BREAKFAST</u>	8:30 AM - 9:30 AM
	TRINITY UNITED CHURCH OF CHRIST	(330) 264- 9250
W	150 E. NORTH ST. WOOSTER, OH 44691	
	<u>LUNCH</u>	12:00 PM - 12:45 PM
	WOOSTER SALVATION ARMY	(330) 264-4704
W	437 S. MARKET ST. WOOSTER, OH 44691	
	<u>LUNCH</u>	11:00 AM- 12:00 PM
	DARB SNYDER SENIOR CENTER	(330) 674-0580
H	170 PARKVIEW DR. MILLERSBURG, OH 44654	SUGGESTED DONATION
TUESDAY / MARTES		
	<u>LUNCH</u>	12:00 PM - 1:00 PM
	AUGSBURG LUTHERAN CHURCH	(330) 682-2581
W	150 E. WATER ST. ORRVILLE, OH 44676	
WEDNESDAY / MIERCOLES		
	<u>LUNCH</u>	3:00 PM - 5:00 PM
	SEVENTH DAY ADVENTIST CHURCH	(330) 264-3117
W	445 N. BEVER ST. WOOSTER, OH 44691	
THURSDAY / JUEVES		
	DINE IN, CARRY OUT LIMITED	4:30 PM - 5:30 PM
	UNITED METHODIST CHURCH	(330) 262-5641
W	243 N. MARKET ST. WOOSTER, OH 44691	WAYNE CO. RESIDENTS ONLY
	DRIVE-THRU <u>DINNER</u>	5:30 PM - 6:30 PM
	CHRIST UNITED CHURCH OF CHRIST	(330) 683-0715
W	301 N. MAIN ST. ORRVILLE, OH 44667	
FRIDAY / VIERNES		
	<u>DINNER</u>	5:00 PM - 6:30 PM
	SECOND BAPTIST CHURCH	(330) 264-6033
W	245 S. GRANT ST. WOOSTER, OH 44691	
SATURDAY / SABADO		
	<u>LUNCH</u>	12:00 PM - 1:00 PM
	DAY BREAK COMMUNITY CHURCH	(330) 683-2242
W	342 NOLD AVE. WOOSTER, OH 44691	
OTHER FOOD RESOURCES / OTROS RECURSOS ALIMENTARIOS		
H	DARB SNYDER SENIOR CENTER (330) 674-0580	
W	MATTHEW 25 PROJECT (330) 641-9008 (MONTHLY FOOD DELIVERY)	
H,W	MEALS ON WHEELS (330) 832-7220 , (800) 466-8010	

OTHER SERVED MEALS / OTRAS COMIDAS SERVIDAS		
1ST FRIDAY OF EACH MONTH		
	<u>WEST SALEM OUTREACH</u>	<u>LUNCH</u> 10:30 AM -12:00 PM
		<u>DINNER</u> 5:00 PM - 5:30 PM
W	99 E. BUCKEYE ST. WEST SALEM, OH 44287	(419) 853-4588
3RD WEDNESDAY EACH MONTH		
	SUPPER/FOOD PANTRY	4:00 PM - 5:30 PM
	RITTMAN UNITED METHODIST CHURCH	(330) 925-4015
W	211 N. METZGER AVE. RITTMAN, OH 44270	RITTMAN RESIDENTS ONLY
3RD SATURDAY OF EACH MONTH		
	<u>LUNCH</u>	10:00 AM - 12:00 PM
	WEST SALEM OUTREACH	(330) 683-2242
W	99 E. BUCKEYE ST. WEST SALEM, OH 44287	MUST HAVE PHOTO ID & ARE BELOW 200% POVERTY LEVEL
3RD SUNDAY EACH MONTH		
	<u>DINNER</u>	5:30 PM - 6:30 PM
	ZION LUTHERAN CHURCH	(330) 262-5606
W	301 N. MARKET ST. WOOSTER, OH 44691	
LAST MONDAY EACH MONTH		
	<u>DINNER</u>	5:30 PM - 6:30 PM
	FIRST PRESBYTERIAN CHURCH	(330) 264-9420
W	621 COLLEGE AVE. WOOSTER, OH 44691	
4TH TUESDAY EACH MONTH		
	<u>DINNER</u>	5:00 PM - 6:30 PM
	GLENMONT FOOD PANTRY	(330) 377-5025
W	150 E. WATER ST. ORRVILLE, OH 44676	PROGRAM TEMPORARILY DRIVE THRU

KEY H = HOLMES COUNTY W= WAYNE COUNTY

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United Way of Wayne and Holmes Counties

Orrville Area United Way

Ohio Department of Children and Youth

Parent & Youth Ambassadors for social system referrals and benefit navigation

Contact Crista Riffle 740-818-1751, criffle@coadinc.org

Parent & Youth Ambassadors

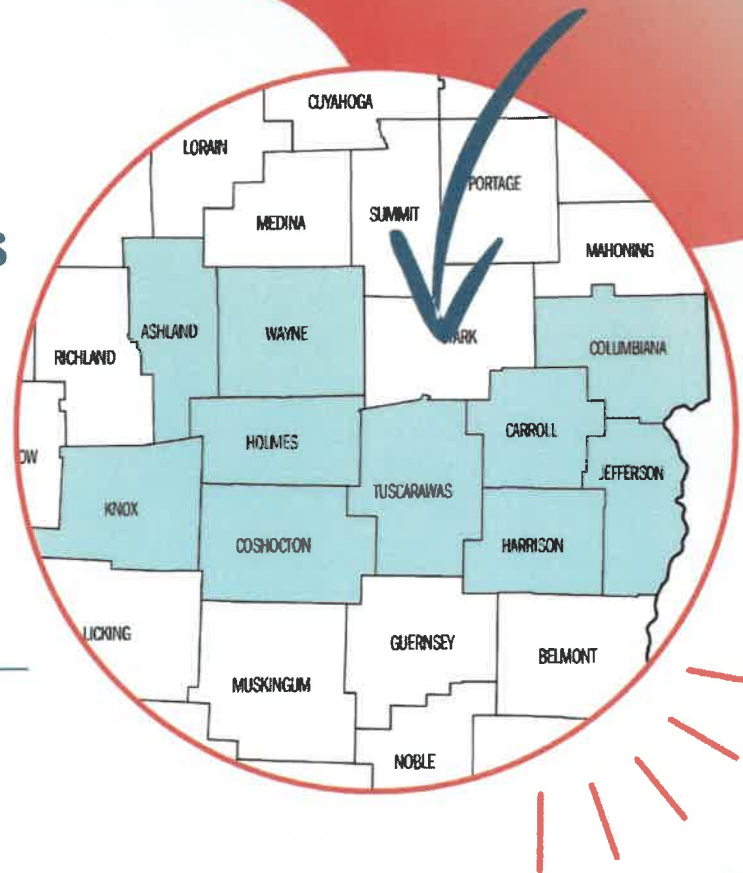
- ✓ In-person resource
- ✓ Lived experience
- ✓ Support & referrals

CONTACT US:

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lbeatty@coadinc.org
740-818-1757

Crista Riffle
criffle@coadinc.org
740-818-1751

AREA WE SERVE



PYAs provide a single, in-person resource that allows families to have their questions answered and access the needed support quickly.

They all have lived experience in social systems and will respond to inquiries (phone, chat, in person) by providing assistance for concrete support, service referrals, and benefit navigation.



Department of
Children & Youth

Wayne County Courts