



# OneEighty

Helping people change direction.

Local Resource Handbook 2026

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## **Getting Case Management Assistance at One-Eighty**

- Contact the case manager at 330-804-3313 or the front desk at 330-264-8498 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 attached Case Management Checklist, 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

[Wayne County Birth Certificate](#)

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### Basic

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Rent Assistance

Emergency Shelter

Utilities

Groceries

Food Stamps

Clothing/Shoes

Personal Hygiene Items

Baby Items

Cell Phone

Transportation assistance

Fuel Card

### Health Care

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## **Documentation**

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## **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 (\$27), 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: [Wayne County Birth Certificate](#)

This agency can help pay for birth certificates:

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 DEPARTMENT

## Application for Ohio Certified Birth Record Copies



Public Health

As of January 1, 2025, the fee for a search of an Ohio vital record is \$21.50 whether a record is located or not, per ORC 3705.24 (A) (1)(a)(ii). If no birth record is found, a certified "No Record" statement will be issued only if the applicant is requesting their own record or that of a minor child if they are the legal guardian.. Please ensure all pertinent information is included with your request, including full birth name, date of birth, and mother's name prior to first marriage.

MAIL COMPLETED APPLICATION WITH REQUIRED FEE TO:

WAYNE COUNTY HEALTH DEPARTMENT

Attn: Vital Statistics  
244 W. South St.  
Wooster, OH 44691  
330-264-9590

Birth Certificate

**\$27.00 per certified copy in person**

**\$27.00 per certified copy plus a \$2 processing fee if mailing**

### APPLICANT INFORMATION (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.

Applicant Name:		Email:	
Street Address:		Phone Number:	
City, State, & Zip:		Signature of Applicant:	

### RECORD INFORMATION (the person on the requested record for Ohio births only)

Full Name (indicate the child's full name as shown on the original birth record):		If Name Has Changed Since Birth, Indicate New Name:	
Date of Birth:		City and County Where the Birth Occurred:	
<input type="radio"/> Mother <input type="radio"/> Father	Name Before First Marriage:	<input type="radio"/> Mother <input type="radio"/> Father	Name:

### FEES (Please make checks/money orders payable to the Wayne County Health Department (There is a \$30 fee for returned checks)

#### BIRTH:

Please Indicate the Reason for Requesting this Record:		Number of Birth Record Copies:  $\underline{\hspace{2cm}} \times \$27.00 = \$\underline{\hspace{2cm}}$ <b>\$2 additional processing fee to mail</b>
<input type="checkbox"/> Dual Citizenship <input type="checkbox"/> Driver's License <input type="checkbox"/> Genealogy <input type="checkbox"/> Passport <input type="checkbox"/> International Legal Business <input type="checkbox"/> School <input type="checkbox"/> Out of Country Marriage <input type="checkbox"/> Work Permit		
TOTAL AMOUNT DUE: Make checks/money orders payable to the Wayne County Health Department.		\$ $\underline{\hspace{2cm}}$

## **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](#)

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](http://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.cxfmflow.com](http://ohiobmvappt.cxfmflow.com)

**For a Compliant ID card**, review the Acceptable Documents List:

[bmv.ohio.gov/dl-identity-documents.aspx](http://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](http://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](http://publicsafety.ohio.gov/local-office)

• **Renew ID cards online.** To renew online: [bmvonline.dps.ohio.gov](http://bmvonline.dps.ohio.gov)

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

[bmv.ohio.gov/dl-id-card.aspx](http://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](mailto: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:

[Click here to apply online from Progressive](#)

[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 [Click here for local office information](#)

\*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) Community Action, 905 Pittsburgh Ave. Wooster, OH 44691, 330-264-8677  
Community Action provides a variety of housing assistance options to help individuals access and maintain housing. [Click here for housing and homeless services Community Action](#). Also, call 330-749-2638; It does go directly to voicemail but calls made to that number are returned within 48 hours. Also, email Community Action regarding housing at [housing@cawm.org](mailto:housing@cawm.org) Services are primarily for those experiencing homelessness.
  
- 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](#) See the One-Eighty Case Manager regarding a pre-application to Wayne Metro Housing.

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)

# 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 a variety of housing assistance options to help individuals access and maintain housing. [Click here for housing and homeless services Community Action.](#) Also, call 330-749-2638; It does go directly to voicemail but calls made to that number are returned within 48 hours or email Community Action regarding housing at [housing@cawm.org](mailto:housing@cawm.org) Services are primarily for those experiencing homelessness.

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 periodic one-time payments to help individuals access and maintain housing. Contact the One-Eighty Case Manager 330-804-3313.

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:

Julia's Place, 104 Spink Street, Wooster, OH 44691, 330-263-1020 or 1-800-686-1122 (open 24 x 7). Available for victims of domestic violence and homeless women and their children. [Click here for Domestic Violence or Sexual Assault services at One-Eighty](#)

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.](#)

Homeward Bound (Severe Weather Shelter), Open December 1 -March 31 on qualifying nights. 981 Grosjean Road, Wooster, OH 44691  
[Click here to learn more about Homeward Bound Severe Weather Shelter.](#)  
Contact 330-439-2990.

## **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 (attached) for assistance. [Click here to learn more about utility help from CAWM](#)

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

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.](#)



## **ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2025 – MAY 2026**

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) may help. For HWAP and EPP, visit [energyhelp.ohio.gov](http://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](http://energyhelp.ohio.gov) and completing the online application, by completing this application and mailing it with copies of documentation to the P.O. Box below, 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. Please visit [energyhelp.ohio.gov](http://energyhelp.ohio.gov) for additional information.

### **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 2025 – MAY 2026 Income Guidelines**

#### **Size of Household**

1		\$27,387		\$31,300
2		\$37,012		\$42,300
3		\$46,637		\$53,300
4	(175%) <b>(For PIPP, EPP, HEAP, WCP and SCP)</b>	\$56,262	(200%) <b>(For HWAP)</b>	\$64,300
5		\$65,887		\$75,300
6		\$75,512		\$86,300
7		\$85,137		\$97,300
8		\$94,762		\$108,300

When determining households up to eight 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 and EPP for all household sizes is 175% of the FPG. When determining 200% of the FPG for HWAP, households with more than eight members must add \$11,000 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](http://energyhelp.ohio.gov) and create an account.

**Please note: Applications are processed in the order received and may take up to 12 weeks from the date of your signed application.  
HEAP benefits may be applied to your utility bill starting January 2026.**

**IMPORTANT: The HEAP Program runs from July 1, 2025 – May 30, 2026.** Applications dated June 1, 2026 – June 30, 2026, will be processed for PIPP, EPP and/or HWAP only. Customers seeking HEAP must submit a new application starting July 1.

If you have questions, please contact your local energy assistance provider or send us a message by visiting [energyhelp.ohio.gov](http://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"> <li>1. Birth Certificate/Hospital Birth Records/Birth Registration Card</li> <li>2. Baptismal Records (Only when place and date of birth is shown)</li> <li>3. Indian Census Record</li> <li>4. Military Service Record</li> <li>5. U.S. Passport</li> <li>6. Verified Citizenship for Ohio Works First (OWF) Program</li> <li>7. Voter Registration Cards</li> <li>8. Social Security Cards (Social Security Cards administered by Social Security Administration that are valid for work authorization status only <b>will not</b> be accepted for citizenship verification)</li> </ol>	<ol style="list-style-type: none"> <li>1. Naturalization Papers/Certifications of Citizenship</li> <li>2. INS ID Card</li> <li>3. Alien Registration Cards/Re-entry permits</li> <li>4. INS Form I-151, IR1-9, or I-551 (Form I-151 will not be valid after August 1, 1993)</li> <li>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</li> <li>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</li> <li>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</li> <li>8. Court order stating deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act</li> <li>9. INS Form I-688</li> </ol>

## 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](http://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.**

For Office Use Only

Date Received

Client Number

First Name*	M.I.	Last Name*
-------------	------	------------

Social Security Number*	U.S. Citizen/Legal Resident (Qualified Alien)*	Military Status	Date of Birth (MM / DD / YYYY)*
<input type="text"/>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> No Military Service	<input type="text"/>

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)	<input type="checkbox"/> Affordable Care Act Subsidy <input type="checkbox"/> HUD-VASH <input type="checkbox"/> Other	Number of Household Members
	<input type="checkbox"/> Child Care Voucher		

Family Type	<input type="checkbox"/> Single Parent/Male <input type="checkbox"/> Non-related Adults with Children <input type="checkbox"/> Own <input type="checkbox"/> Mobile Home	<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
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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 – Cell and/or Landline (including area code)* (      )	
----------------------	---------------------	---	--

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

City*	State*	ZIP Code*	County*
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**\* Indicates information required in order to process your application.**

Missing information may delay processing of 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 <sup>†</sup>	Other Earned Income <sup>†</sup>
<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.)
<sup>†</sup> <b>These categories MUST provide 12 months of income documentation</b>				
Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$	Gross Income for the <b>Past 30 Days</b> \$
Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$	Gross Income for the <b>Past 12 Months</b> \$

## 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](http://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"/> Asian <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> 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									
Fixed Income		Earned Employment Income		Supplemental Income		Other Sources of Income <sup>†</sup>		Other Earned Income <sup>†</sup>			
<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 <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$			
Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$			

## 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			
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 <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$
Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$

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			
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 <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$
Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$

## 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"/> 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 <sup>†</sup>			Other Earned Income <sup>‡</sup>		
<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 <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$			Gross Income for the <b>Past 30 Days</b> \$		
Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$			Gross Income for the <b>Past 12 Months</b> \$		

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 <sup>†</sup>			Other Earned Income <sup>‡</sup>		
<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 <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$		Gross Income for the <b>Past 30 Days</b> \$			Gross Income for the <b>Past 30 Days</b> \$		
Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$		Gross Income for the <b>Past 12 Months</b> \$			Gross Income for the <b>Past 12 Months</b> \$		

## Household Deductions Section\*

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

**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](http://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 do you 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 do you have a regulated utility provider? <input type="checkbox"/> Yes <input type="checkbox"/> No			

# ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2025 – MAY 2026

## 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](http://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](http://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 eligible for EPP, I agree and/or understand that enrollment to accept EPP services is required to maintain eligibility for PIPP Plus.
- 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, 43216 Columbus, Ohio**

**X Sign Here** \_\_\_\_\_

**Application Date** \_\_\_\_\_

## **Transportation**

WayGo Bus service, by the City of Wooster and medical transportation are options for transportation associated with One-Eighty services. Also, below are a number of community resources for transportation.

### **1) WayGo Bus**

WayGo bus service provides a fixed route at a cost of \$1.00 per ride and on-demand service at a cost of \$5.00 per ride for service within the City of Wooster and within 1 mile of the City Limits. The website for WayGo is here: The service also has a brochure for interested parties that can be accessed here: [WayGo Website](#) [WayGo Brochure](#)

The service includes an App to be downloaded that enables easy access and use. Instructions on app use are found here: [Instructions on Waygo App Use](#) and the application itself: [Application for WayGo](#)

Here is a link to the fixed route map: [WayGo Fixed Route Map](#)

Here is a link to the on-demand service YouTube video: [WayGo On-Demand Service YouTube Video](#)

Waygo questions can be directed to:

Dispatch Line: 330-800-5210

For Questions: 330-263-5255

### **2) Community and Medical Transportation**

This is a detailed brochure on a variety of community resources and medical transportation.  [Transportation.pdf](#)

This is a link to list of medical companies and their phone numbers for medical related non-emergency transportation: [Non-emergency Medicaid Transportation](#)

 [Anthem Blue Cross and Blue Shield.docx](#)



## Rider Guidelines & Policies

- Seatbelts are required for all riders
- No smoking, eating, drinking, weapons or offensive behavior
- Please bring exact fare; drivers do not make change
- **Shared rides:** Allow extra time for other stops
- **No service on these holidays:** New Year's Day, Martin Luther King Jr. Day, Presidents Day, Memorial Day, Juneteenth, Independence Day, Labor Day, Thanksgiving Day, Christmas Day

## How to Ride BOOKING YOUR DEMAND RESPONSE RIDE

- Use the Rides on Demand app or call Dispatch at 330-800-5210



- Book up to two weeks in advance
- For demand response, less than 24-hour notice may be accepted if vehicles are available
- Vehicles will arrive within a 15-minute pickup window
- Return rides should be scheduled in advance

### BE READY

Please be at your pickup location five minutes before your scheduled time. The driver will wait five minutes before continuing their route.

### NO-SHOW & CANCELLATIONS

Please call to cancel at least one hour in advance. No-shows for 25 percent or more of scheduled trips in 30 days may result in suspension. You may appeal by calling dispatch.

## Civil Rights & Complaints

### TITLE VI

WayGo operates without regard to race, color or national origin.

### ADA (AMERICANS WITH DISABILITIES ACT)

WayGo does not discriminate based on disability.

To file a Title VI or Americans with Disabilities Act complaint, contact:

Kevin White  
Public Transportation Manager  
kwhite@woosteroh.com  
330-263-5255

City Hall – 538 N. Market St.,  
Wooster, Ohio 44691

### REASONABLE MODIFICATIONS

Requests for service modifications can be made at booking. Call 330-263-5255 for more info or to file a complaint.

# WAYGO

Wooster-Wayne Community Transit

## System Brochure

Your ride around Wooster and Wayne County

### Introducing WayGo!

WayGo is the new, affordable way to get around Wooster and nearby areas in Wayne County. With fixed routes and demand response options, we're making local travel easier for everyone.

### Contact Us

Dispatch Line - 330-800-5210

For questions please call 330-263-5255 or visit Wooster City Hall 538 N. Market Street Wooster, Ohio 44691

TTY: 1-800-750-0750

Brochure available in other formats and languages upon request.

## What is WayGo?

WayGo is Wooster and Wayne County's public transportation system, offering:

### Fixed Route Bus Service

Runs hourly on a loop through Wooster, making regular stops along the way.

### Demand Response Service

For curb-to-curb pick-up and drop-off outside of the fixed route service area.

WayGo demand response currently serves areas one mile outside of Wooster city limits with a goal to expand throughout Wayne County in the future.

All services are shared-ride and ADA accessible. Riders may be picked up or dropped off along the way.



**The mission of WayGo is to serve the people of Wayne County by providing safe, reliable, and inclusive transportation. Connecting residents to jobs, healthcare, education, and community resources—enhancing quality of life and strengthening the fabric of our local communities.**

## Fares & Accessibility

### PER ONE-WAY RIDE

	General Public	Seniors(62+), Vertans, People with Disabilities
Fixed Route	\$1.00	Free
Demand Response	\$5.00	\$3.00

To receive the reduced fare, riders must provide proof of eligibility during their first trip. Once verified, your status will be saved in our dispatch system for future rides

### Acceptable forms of verification include:

State-issued ID showing date of birth (for seniors)  
SSA benefits verification or award letter  
VA Disability letter  
Signed and dated doctor's note on official letterhead  
Reduced fare ID from another transit agency

\*All documents must be signed, dated, and provided on official letterhead where applicable.

## Fixed Route Service

**Monday through Friday:** 7 a.m.–8 p.m.

**Saturday:** 10 a.m.–6 p.m.

**Fare:** \$1 for the general public

Free for seniors(62+), veterans, and people with disabilities

### ROUTE INFO

Buses depart hourly from the Wayne County Public Library and make regular stops. For a map and schedule visit [RideWayGo.com](http://RideWayGo.com)

## Accessibility

All WayGo vehicles are wheelchair accessible and equipped with ramps or lifts for mobility devices and walkers.



## PARATRANSIT SERVICE

Paratransit service is available for Wooster and Wayne County residents and visitors.

### To apply for service, please contact:

Kevin White  
Public Transportation Manager  
[kwhite@woosteroh.com](mailto:kwhite@woosteroh.com)  
330-263-5255

### Or pick up an application at City Hall:

538 N. Market St., Wooster, Ohio 44691

## Need a More Flexible Ride?

WayGo demand response is a curb-to-curb service that picks you up and drops you off in areas one mile beyond city limits, with special service to and from the Wayne County Career

### SERVICE HOURS

**Monday through Friday:** 7 a.m.–8 p.m.

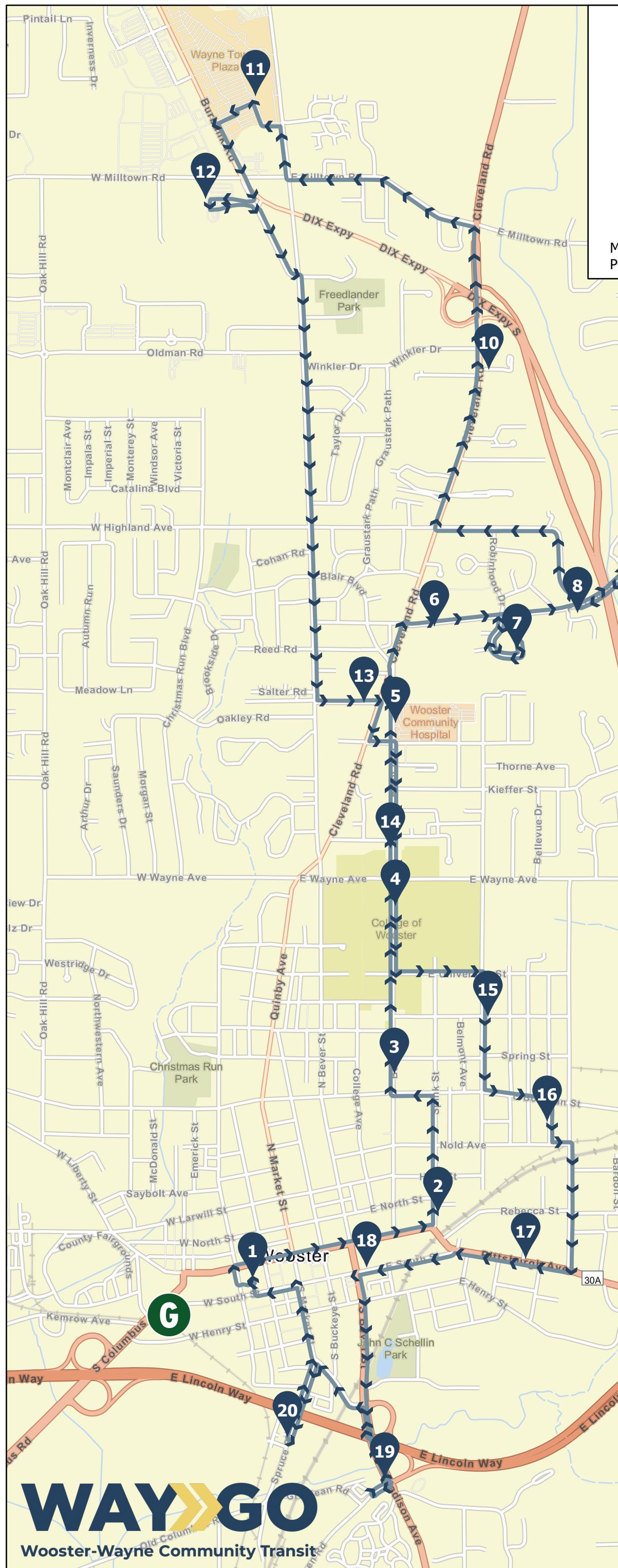
**Saturday:** 10 a.m.–6 p.m.

### FARES (ONE-WAY)

\$5 General Public /  
\$3 Elderly(62+), Veterans  
and People with Disabilities

### HOW TO BOOK

- Use the app or call dispatch at 330-800-5210. Two-hour notice is preferred.
- Trips may be scheduled up to two weeks in advance.



## WayGo Fixed Route Map



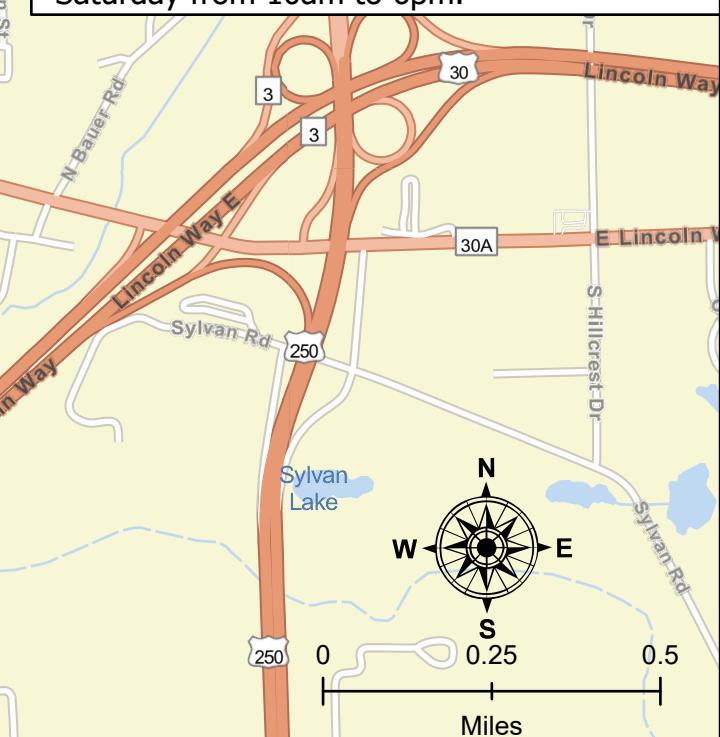
**G** Wooster GoBus Stop located at the Marathon Bellstore 220 S. Columbus Road. More information at [RideGoBus.com](http://RideGoBus.com)

Map Produced: 8/19/2025  
Please check RideWayGo.com for Route updates.

Stop #	Stop Name	Time
1	Wayne County Public Library	:00
2	OneEighty	:03
3	Drug Mart (Beall Ave)	:04
4	Babcock Hall (College of Wooster)	:06
5	Wooster Hospital / Viola Startzman Clinic	:08
6	Portage Rd & Orchard St	:09
7	College Hills Retirement Village	:10
8	Spruce Hill Apartments	:12
9	Portage Plaza	:14
10	Cleveland Rd & Northgate Dr	:18
11	Walmart	:22
12	Buehler's – Milltown Rd	:29
13	Kurtz St & Cleveland Rd	:34
14	Bloomington Ave & Beall Ave	:36
15	Gasche St & Stibbs St	:38
16	Goodwill Headquarters	:40
17	Community Action (CAWM)	:42
18	Town Place Apartments	:43
19	Madison Ave & Timken Rd	:46
20	Wooster Hope Center	:49

\* Times are estimates. Bus may be late, but not early.

but not early.  
Service operates from  
7am to 8pm Monday - Friday  
Saturday from 10am to 6pm.



## **Groceries/Food**

*All food pantries require evidence of residency in Wayne County*

See web locations:

[Online Food Pantry Information updated to 8.16.25](#)

[Online Food Pantry Information](#)

### **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, 330-262-1662, 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) Hand Of Grace Church United Pentecostal Church

4497 Melrose Dr. Wooster OH 330-345-8550 330-641-5303

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/>

4) 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

5) 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 4<sup>th</sup> 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\*\*\*

Grouped by city. Updated 8.16.2025 by AWCinc.org

APPLE CREEK UNITED METHODIST CHURCH  
(330) 698-3101



269 W. Main St. **Apple Creek** 44606  
3<sup>rd</sup> 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  
Fridays of the month, 11:00-12:30 PM  
Not income based. Available to everyone.

CRESTON COMMUNITY CHURCH/ SALVATION ARMY  
(330) 435-4485



111 Sterling St. **Creston** 44217  
1<sup>st</sup>, 3<sup>rd</sup>, and 5<sup>th</sup> Saturdays, 10:00-11:00 AM  
No geographic restrictions

CRESTON CANAAN UNITED METHODIST CHURCH  
(330) 435-4701



166 S. Main St. **Creston** 44217  
2<sup>nd</sup> and 4<sup>th</sup> Thursdays, 5:00-6:00 PM  
Also, Grab & Go Pantry Cupboard on property.  
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) 658-2224



153 Church St. **Doylestown** 44230  
4th Saturday, 8:30-11:30 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 during School Year, 12:00-1:00 PM Sack lunch  
No proof of income  
Not in operation Second week June – End of August

CHRIST CHURCH FRIENDSHIP MEALS  
Friendshipmealsinc@gmail.com



301 N. Main St. **Orrville** 44667  
2<sup>nd</sup>, 3<sup>rd</sup>, 4<sup>th</sup>, and 5<sup>th</sup> Thursdays, 5:15-6:30 PM

FIVE VOICES FOOD PANTRY  
516 W. High St. **Orrville** 44667



Fivevoicesorrville.org  
3<sup>rd</sup> Saturday of month, 10:00 AM-12:00 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 MENNONITE CHURCH  
(330) 682-5801



1305 W. Market St. **Orrville** 44667  
Mondays, 5:30-6:30, No requirements

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



COMMUNITY ACTION WAYNE/MEDINA – RITTMAN

(330) 927-1871

88 N. Main St., Suite 201 **Rittman** 44270

Thursdays, 8:00 AM-5:00 PM, closed 12-1

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 RELIEF CENTER

(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-Fridays, 9:00 AM-2:00 PM, no requirements



SHREVE COMMUNITY CHURCH

(330) 567-2051

430 N. Main St. **Shreve** 44676

Food Pantry Wednesdays, 9:00-11:00 AM

Meal offered 3<sup>rd</sup> Wednesday of the month 5:30-6:30 PM

Proof of Shreve or close resident



MOHICAN CHURCH

(419) 846-3932

7759 N. Elyria Rd. **West Salem** 44287

3<sup>rd</sup> Thursday of each month, 5:30 PM-7:00 PM

Grocery bag distribution

Anyone in need is welcome



WEST SALEM ST. STEPHEN CATHOLIC CHURCH

(330) 853-4946

44 Britton St, **West Salem** 44287

Wednesdays, 5:30 PM



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



COMMUNITY ACTION WAYNE/MEDINA – WEST SALEM

99 E. Buckeye St. **West Salem** 44287

Mondays, 8:00 AM-4:00 PM, closed 12-1

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

SS card or birth certificate for all household members



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 lunch, 12:00-12:45 PM

Open to public; No income requirements

SALEM LUTHERAN CHURCH WOOSTER



(330) 345-6727

4873 Cleveland Rd. **Wooster** 44691

Mondays, 6:00 PM, Lower level

Free community meal and Bible Study

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 breakfast

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

WAYNE COUNTY HEALTH DEPARTMENT POP-UP FOOD PANTRY



244 W. South St. **Wooster** 44691

2<sup>nd</sup> Tuesday of month, 11:00 AM-1:00 PM

ID required

ZION LUTHERAN CHURCH WOOSTER



(330) 262-5606

301 N Market St. **Wooster** 44691

Third Sunday of the month, 5:30-6:15 PM

Meal in Room 100

Photo ID showing Wayne County; Income Eligible



= FOOD PANTRY



= MEAL SITE

Updated 8.16.2025 by AWCinc.org

## **SNAP/ Medicaid/Healthcare Marketplace**

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 the mail.

Online Application or print application:

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

Health Care Marketplace web site: <https://www.healthcare.gov/get-coverage/>

## **Signing Up for Medicaid in Ohio**

**Phone 330-287-5800 or 1-844-640-6446**

**Online: <https://ssp.benefits.ohio.gov/apspssp/ssp.portal>**

To apply for Medicaid in Ohio over the phone, you'll need to contact the Ohio Benefits Customer Service Center (also known as County Shared Services) at **1-844-640-6446**. This line is available Monday through Friday, typically from 8 a.m. to 5 p.m. Eastern Time, though hours may vary—call to confirm. A representative will guide you through the application process, which can take 30–45 minutes or longer depending on your household size and circumstances. You'll be asked questions similar to those on the official paper or online form (ODM 07216), and the process is designed to determine eligibility for Medicaid programs like coverage for adults, children, families, pregnant individuals, or those with disabilities.

After the initial call, you may need to follow up by mailing, faxing, or uploading verification documents to complete your application. Ohio processes applications in the order received, and it can take up to 45 days for a decision (or 90 days for cases involving disabilities or long-term care). If approved, coverage can start retroactively from the date of application.

### ***Information and Documents You'll Need Ready***

Have the following details on hand for everyone in your household (including spouse, children, or others on your tax return). The representative will ask for verbal responses during the call, but you'll likely need to provide proof afterward. Gather originals or copies in advance to speed things up.

<b>Category</b>	<b>Specific Information/Documents Needed</b>	<b>Why It's Required</b>
<b>Personal Identification</b>	<ul style="list-style-type: none"><li>- Full name (first, middle, last, suffix)</li><li>- Date of birth</li><li>- Social Security Number (SSN) or document number if no SSN (e.g., for non-citizens)</li></ul>	To verify identity and citizenship/immigration status. You must be a U.S. citizen, national, or qualified non-citizen living in Ohio.

	<ul style="list-style-type: none"> <li>- Gender</li> <li>- Race/ethnicity (optional, for reporting purposes)</li> <li>- Proof: SSN card, birth certificate, passport, or immigration documents (e.g., green card, alien ID)</li> </ul>	
<b>Contact Details</b>	<ul style="list-style-type: none"> <li>- Home address (must be in Ohio)</li> <li>- Mailing address (if different)</li> <li>- Phone number</li> <li>- Email address</li> </ul>	To send notices, approvals, or requests for more info. Keep this updated to avoid delays.
<b>Household and Tax Information</b>	<ul style="list-style-type: none"> <li>- Names, relationships, and details for all household members or those on your federal tax return (even if not applying)</li> <li>- Tax filing status (e.g., single, married filing jointly)</li> <li>- MAGI (Modified Adjusted Gross Income) tax worksheet if applicable</li> </ul>	To determine household size and eligibility group (e.g., parents, children under 19, expansion adults up to 138% of federal poverty level).
<b>Income</b>	<ul style="list-style-type: none"> <li>- All sources: Wages, self-employment, unemployment, SSI/SSDI, child support, pensions, etc.</li> <li>- Amounts (gross/monthly) for the last 30 days or expected for next year</li> <li>- Proof: Recent pay stubs (last 30 days), employer letter, SSI award letter, tax returns (last 2 years), bank statements</li> </ul>	To check if income is at or below limits (e.g., \$20,120/year for a single adult in 2025; varies by household). Unreported income can lead to denial.

<b>Assets/Resources</b> (if applicable, e.g., for aged/blind/disabled programs)	- Bank accounts, stocks, bonds, vehicles, property (excluding primary home) - Proof: Bank statements, vehicle titles, investment statements	Required for non-expansion groups; limits are typically \$2,000 for individuals (\$3,000 for couples). Not needed for most expansion or family coverage.
<b>Health and Insurance</b>	- Current health insurance (e.g., private, Medicare, CHIP) - Pregnancy status (if applicable) - Disabilities or special needs - Proof: Insurance cards, Medicare award letters	To coordinate benefits and identify programs like OhioRISE for youth with complex needs or long-term care waivers.
<b>Other</b>	- Pregnancy due date (if applicable) - Child support cooperation consent (unless it would harm you/children) - Voter registration interest	For targeted programs; cooperation helps enforce child support but can be waived.

**Tips for a Smooth Phone Application Call prepared:** Use a quiet space and have notes or a family member to help answer questions. The call may include an interview to clarify details. **Language help:** If you need an interpreter, mention your preferred language when calling—they offer support for over 200 languages. **Follow-up:** After applying, you'll get a case number. Check status online at [benefits.ohio.gov](http://benefits.ohio.gov) (requires an OHID account) or by calling the same number. Respond to any "to-do" lists for verifications within 10–14 days.

- **If denied:** You can appeal within 90 days; contact legal aid via Ohio Legal Help for free assistance.
- **Alternatives if phone doesn't work:** Apply online at [benefits.ohio.gov](http://benefits.ohio.gov) (fastest) or request a paper form by calling 1-800-324-8680 (Ohio Medicaid Consumer Hotline).

For the most current details, visit [Medicaid.Ohio.gov](http://Medicaid.Ohio.gov) or call during business hours. Eligibility rules can change, so the representative will confirm based on your situation.

Contact Elizabeth Casey, (330) 804-4206 for assistance in seeking benefits.

## Clothing/Shoes/Furniture

- Goodwill [Click here for the Goodwill website](#)

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](mailto: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](#)



- Wooster: Furniture Friendtique Thrift Store: [Click here for details on this store](#). 330-262-2012 • 223 W Liberty St., Wooster, OH 44691

- Goodwill Stores - <https://www.goodwillconnect.org/in-store>  
Call the stores regarding specific items.
- Care and Share Website [Care and Share website click here](#)  
[Message Care and Share here](#)
- Summit County: [Click here for details on Core Furniture Bank](#)

## **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 or (330)264-8713

## **Legal Aid**

Community Legal Aid

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

Call the helpline at (800) 998-9454

Call the Wooster office to make an appointment 330-535-4191

Online Application: [Click here to apply online](#)

Note: They do not assist with custody/visitation or cases involving children, criminal, juvenile offenders or traffic cases.

\*\*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



# Record Sealing and Expungement

Community Legal Aid can help with criminal record sealing and expungement for those who are finding barriers to housing, employment and financial stability.



FREE for those who qualify

CONTACT US NOW TO GET STARTED ON A PATH TO A BRIGHTER FUTURE

Call our HelpLine  
800-998-9454

Apply online  
[communitylegalaid.org/apply](http://communitylegalaid.org/apply)



Expungement and record sealing is made possible thanks to the support of the OneOhio Recovery Foundation

## 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](http://LifelineSupport.org). You can also ask your Lifeline service provider.

### THREE WAYS TO APPLY



**APPLY ONLINE** Find the online application at [LifelineSupport.org](http://LifelineSupport.org).

OR



**MAIL YOUR APPLICATION** Print an application from [LifelineSupport.org](http://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](http://LifelineSupport.org). Click *Companies Near Me*.

If you live in **CA** ([CaliforniaLifeline.com](http://CaliforniaLifeline.com)), **OR** ([LifelineOregon.gov](http://LifelineOregon.gov)), or **TX** ([TexasLifeline.org](http://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](mailto:LifelineSupport@usac.org) | [www.LifelineSupport.org](http://www.LifelineSupport.org)

## **Employment Resources**

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

- Goodwill Industries [Click here for Goodwill Career Development Services](#)
  - 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 (checked number)

[Click here for jobs from Surge Staffing Wooster](#)
- 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 Steel 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

[State of Ohio Treasurer Guide to Financial Literacy](#)

### 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](#)

[NAMI](#)

[Ohio Department of Children and Youth](#)

[Viola Startzman](#)

[Wayne County Court](#)

[Opportunities for Ohioans with Disabilities](#)

[Ohio Start Program](#)

## 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:

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](http://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 care 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 Use website for transportation needs

## 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](http://www.communitylegalaid.org/apply)

Note: They do not assist with custody/visitation or cases involving children, juvenile offenders, criminal or traffic cases.

\*\*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 31<sup>st</sup>

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](#) [WHIRE Sign up for help here](#)

A SERVICE OF / UN SERVICIO DE:



United Way of Wayne  
and Holmes Counties



CALL 2.1.1 OR 330.263.6363

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

**WHIRE**

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 WCCCCA	(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 <a href="https://www.uwwh.org/get-help">https://www.uwwh.org/get-help</a>		

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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

**WHIRE**

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

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	
	<u>WEDNESDAY / MIERCOLES</u>	
	<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	<b>WAYNE CO. RESIDENTS ONLY</b>
	DRIVE-THRU DINNER	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

**KEY H = HOLMES COUNTY W= WAYNE COUNTY**

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INTERNET / TV / PHONE



We go the extra smile.



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](mailto:criffle@coadinc.org)

# Parent & Youth Ambassadors



In-person resource



Lived experience



Support & referrals

## CONTACT US:

Laryssa Beatty

[lbeatty@coadinc.org](mailto:lbeatty@coadinc.org)

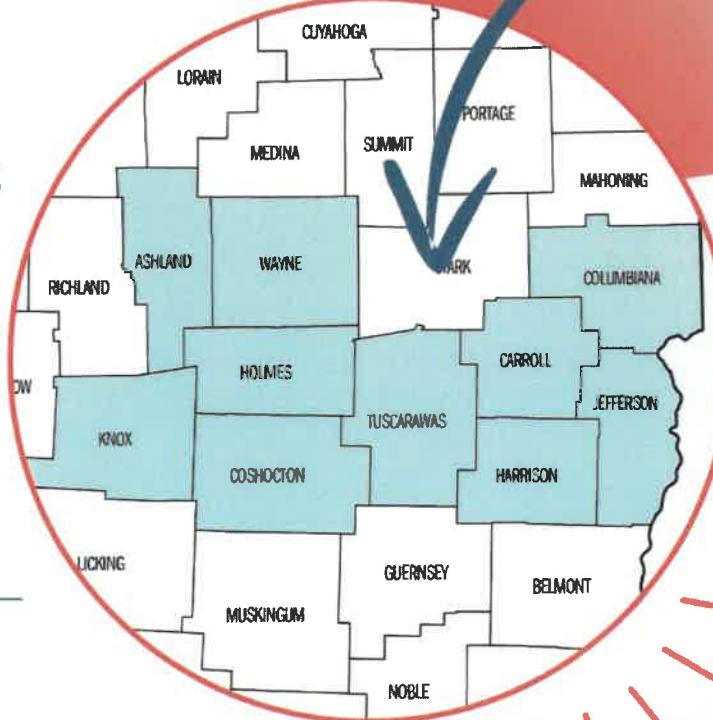
740-818-1757

Crista Riffle

[criffle@coadinc.org](mailto: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.

## Wayne County Courts