PRC APPLICATION

(Prevention, Retention and Contingency)

Checklist Issued with Application

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| **Applicant Name** | **Current Address** | **AGENCY USE ONLY** |
| Street: | Case No: |
| Applicant Social Security |
| City/State: | Date Received in Agency: |
| Telephone Numbers |
| Home: | Zip Code: | Case Manager: |
| Cell: | County: |
| Other: |

**VOTER REGISTRATION APPLICATION ATTACHED – ASSISTANCE AVAILABLE**

If you are not registered to vote where you live now, would you like to apply to register here today?

YES, I want to register vote.  NO, I do not want to register to vote currently.

If you do not check either box, you will be considered to have decided not to register to vote at the time.

The purpose of this document is (first) to assist you in exploring the existing community services available to you to eliminate the barriers you identify that prevent you and your family from maintaining your self-sufficiency; and (second) to allow us to gather the information we need to determine “if” and “how” we may work with and assist you. Please indicate what your current need is:

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Please indicate actions you have taken and the community agencies you have already contacted to assist in meeting your current need:

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What is your plan to prevent this from reoccurring?

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| Please provide the following information for everyone living in your household, starting with yourself: | | | | | | | | |
| Name | Relationship to Applicant | Date of Birth | Age | Social Security Number | U.S. Citizen  Yes/No | If Pregnant Write Yes | CHECK the box(s) for each benefit listed below that is currently being received by the person listed | |
|  |  |  |  |  |  |  | OWF Cast  Food Stamps | DFA Cash  Child Care Assistance |
|  |  |  |  |  |  |  | OWF Cast  Food Stamps | DFA Cash  Child Care Assistance |
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|  |  |  |  |  |  |  | OWF Cast  Food Stamps | DFA Cash  Child Care Assistance |

If you are a non-custodial parent and you, have you own minor child or children that do not live with you, and (1) you are court ordered to pay child support for them, and (2) they live in Ohio, please complete the following:

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| --- | --- | --- |
| Minor’s Name | Date of Birth | Address |
|  |  |  |
| Minor’s Name | Date of Birth | Address |
|  |  |  |

Have you or anyone in your household been found guilty of fraudulently receiving ADC/OWF/ PRC/BOOST cash assistance (or been determined to have committed and ADC/OWF/PRC Intentional Program Violation? No Yes

If yes, who: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you need help with a utility and it is turned off, check . If you need help with rent and do not have a place to stay, check .

If you received PRC in another Ohio County in the past 12 months, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| Please provide the following information for everyone in your household, including yourself, that receives  **EARNED INCOME** from employment, self-employment, etc. | | | |
| Name | Source | How Often Received | Gross Amount Received Each Pay |
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If there is no income in your household, pleas check this box  and explain how you are paying your monthly bills:

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**All income received in the past 30 days and all income expected to be received in the future must be reported and verified.**

By my signature below, I certify that the above information for myself and all members of my household is true and correct and that all income and potential resources have been reported; I also understand that misrepresentation of any information may subject me to collectible overpayments and other allowable sanctions and deliberate misrepresentation or fraud may also subject me to prosecution under applicable state and federal laws: furthermore, I give CCJFS employees and its agents and any service or benefit provider permission to share all relevant information in my case file(s); I also acknowledge, that I understand and that I have received a copy of the PRC Rights.

|  |  |  |  |
| --- | --- | --- | --- |
| Your Signature: |  | Date: |  |

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We encourage applicants who have personal resources to utilize them prior to PRC funds. Every effort must be made to explore the availability of resources within the local community prior to the authorization of PRC.

**PRELIMINARY INFORMATION REQUIRED TO BE CONSIDERED FOR PRC ASSISTANCE**

* PROOF OF ID FOR APPLICANT
* COMPLETED PRC APPLICATION
* VERIFICATION OF ALL EARNED AND UNEARNED INCOME FOR A 30 DAY PERIOD OF ALL HOUSEHOLD MEMBERS

VEHICLE REPAIRS

* Title to vehicle (vehicle must be in applicant’s name)
* Registration
* Proof of insurance
* Driver’s License

If approved, 2 estimates from approved vendor list (this will be given to you from the worker once eligibility has been determined) a maximum of $1,000.00.

APPLIANCES (stove/refrigerator)

* Statement from landlord that residence is not furnished with requested appliance
* Either estimate for purchase of new/used appliances or cost to repair (once eligibility has been determined)

RENT/DEPOSIT

* Statement as to why you are moving from current residence
* Proof of section 8 housing

\*\*APPLICANT IS NOT AUTORIZED TO MOVE INTO NEW RESIDENCE UNTIL AUTHORIZED BY CCDJFS\*\*

RENT/EVICTION

* Three Day Eviction Notice
* A maximum of two (2) months back rent
* Court eviction will only be paid if the individual will continue to reside at the residence

\*\*IF A SUBSEQUENT EVICTION OCCURS, A LEGAL EVICTION NOTICE MAY BE REQUIRED\*\*

UTILITIES

* Disconnect notice
* Payment will be authorized if payments have been made for the last three (3) consecutive months
* Payment of heating source is limited until after HEAP; Applicant must apply for HEAP during HEAP availability

REINSTATEMENT FEES

Reinstatement fees will be covered only if all conditions have been made by the applicant. Exclusions will include DUI convictions

* BMV letter stating why license is revoked and remedial course completed by applicant.