

Ohio Department of Job and Family Services
PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION FOR STATE MODEL

Name of Applicant	Telephone Numbers Where You Can Be Reached
Current Address	(###) ###-#### (###) ###-####
Social Security Number	

For Agency Use Only	
Case Number	
Date Sent	Date Returned
County	Unique ID

1. Have you ever received public assistance from a human services department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the county JFS, type of assistance received and the date received?
2. Explain what you need and estimate the amount you are requesting.
3. Give the name of other agencies you have contacted for help.
4. Have any other agencies helped you with this need? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, name the agency and tell how you were helped. If no, tell why you were not helped.

5. Complete the chart below verifying all income for all the members of your household, including yourself.

Name	Relationship to Applicant	Age	Education (last grade completed)	Source of Income (Earnings, Child Support, VA Benefits, SSA, SSI, etc.)	Monthly Amount of Income
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$

6. Is anyone in your household eligible for, but not receiving court ordered child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list name(s) of individuals not receiving court-ordered child support.

7. Does anyone in your household own a car, have access to a car, or live near a bus line? Yes No If yes, list the name(s) of individuals and the means of transportation.

8. Complete the chart below for employment history of each adult household member in the past 2 years.

Name	Employer Name	Type of Employment	Date Employment Began (month/year)	Date Employment Ended (month/year)	Reason for Leaving Employment	Currently Employed (yes/no)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

If you are eligible, the agency will limit assistance provided to the actual documented amount of need.

Signature of Applicant	Date
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For Agency Use Only		
Date Application received (mm/dd/yy) _____	30 day budget period: (mm/dd/yy) _____	To (mm/dd/yy) _____

Request. List the benefits and/or services requested and the amount needed for each.

Benefit or Service	Amount Needed	Benefit or Service	Amount Needed
1.	\$		\$
2.	\$		\$
3.	\$		\$
4.	\$		\$
5.	\$		\$

Reason for Need.

Community Resources. List the community resources explored to meet this need. If any are utilized, complete the chart.

Agency	Amount	Benefit/Service
1.	\$	
2.	\$	

Income.

Source	Amount Available in Budget Period	Verification
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	

Total ____ (Compare to 50%, 150%, 175% or 200% of Federal Poverty Guideline)

PRC Approved. Complete chart. Benefit Issuance date ____ Benefit Amount \$ ____

Item/Service Provided	Date of Approval	Amount Paid	Vendor's Name and Address
		\$	
		\$	
		\$	

PRC Denied - Date of denial (mm/dd/yy) ____

Date Notice of Denial of Application sent (mm/dd/yy) ____

Reason for Denial

Signature of Caseworker	Date	Signature of Supervisor	Date
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