

FOR AGENCY USE ONLY

Case Number _____	_____ Community Action Council
Case Name _____	_____ Family and Community Services
Application Date _____	() Regular PRC () Diversion _____ Catholic Charities
	_____ Coleman Professional

**PORTAGE COUNTY JOB AND FAMILY SERVICES
PREVENTION, RETENTION AND CONTINGENCY PROGRAM APPLICATION (PRC)**

Applicant Name _____ Current Address _____
 Telephone Number(s) _____

List all members of your household (everyone that lives at the above address)

NAME	SOCIAL SECURITY #	DATE OF BIRTH	INCOME
Self			

Any person who is eighteen (18) years or older or emancipated with at least one minor child and/or pregnant and must also be a resident of Portage County can apply for PRC services. Pregnancy must be verified.

Please answer the questions below:

Are you employed, if so, where? _____ Hours per week _____

Have you quit a job in the past 60 days, if so why? _____

Are you currently under any type of sanction through Job and Family Services? _____ Yes _____ No

What is the cause of your current situation? _____

What other agencies have you contacted for assistance with this emergency? _____

If you are eligible, the agency will limit assistance under this program to the actual documented amount of need, or the amount restricted for a specific service, or whichever is lower.

WARNING: By my signature below, I declare and state under penalty of perjury that the information on this application is true and complete to the best of my knowledge. I understand that the law provides penalty of fine and imprisonment (or both) for anyone convicted of accepting assistance he or she is not eligible for. Also, by my signature, I acknowledge that final approval of my PRC request is based on the established guidelines, availability of PRC funds, and is subject to the approval of the Director/Designee. I authorize the exchange of information between PCDJFS and the providers. I understand that all information contained in this application is confidential.

Signature of Applicant

Date

EMERGENCY SERVICES* - PLEASE CHECK WHICH SERVICE IS YOUR EMERGENT NEED:

1. _____ RENT/MORTGAGE - *circle need*

10. _____ CRIBS

Landlord's name, address & phone: _____

12. _____ LEGAL AID - Please call 800-998-9454

14. _____ RELOCATION

15. _____ DOMESTIC VIOLENCE

16. _____ EMERGENCY SHELTER

2. _____ CHILD CAR SAFETY SEAT

17. _____ HOMELESS SHELTER

3. _____ EMPLOYMENT EXPENSES (tools, licenses, uniforms)

19. _____ CHILD SAFETY KIT

4. _____ EDUCATION PROFICIENCY

23. _____ FAMILY DISASTER

5. _____ ADULT EDUCATION

24. _____ POSITIVE PARENTING

6. _____ UTILITY ASSISTANCE – Gas, Elec. Bulk Fuel or Water

25. _____ CLOTHING – Due to Reunification or Disaster

7. _____ HOME REPAIRS

28. _____ ACADEMIC SUPPORT

8. _____ SUMMER YOUTH WORK EXPERIENCE

29. _____ GAS CARD – Employment Required

INFORMED DECISION

(For Agency Use Only)

INCOME		PUBLIC ASSISTANCE INCOME	
GROSS WAGES/30 DAYS PRIOR TO APPL.		OWF GRANT	
		UNEARNED INCOME	
TOTAL		TOTAL	
PRC/ FPG FOR HH SIZE OF \$ _____		APPROVED DATE _____ DENIAL DATE _____	
DATE OF APPLICATION _____		30 DAY BUDGET PERIOD FROM _____ TO _____	

CONTRACTED AGENCY:

APPROVED DATE _____ DENIAL DATE _____ REASON _____

ADDITIONAL INFORMATION NEEDED IS: _____

FEDERAL POVERTY GUIDELINES EFFECTIVE 1/23/09

HOUSEHOLD SIZE OF: 2	\$2,429.00
3	\$3,052.00
4	\$3,675.00
5	\$4,299.00
6	\$4,922.00
7	\$5,545.00
8	\$6,169.00

 Staff Signature/Date

*The numerical order of the Emergency Services correlates to the numerical order in the PRC database and cannot be changed.