Portage County Job & Family Services

Prevention, Retention and Contingency PRC Application- BACK TO SCHOOL

Please submit completed applications to Portage_PRC@jfs.ohio.gov

Applicant Contact 1	Information					
First Name			Last N	ame		
Street Address			City, State and Zip			
Social Security #			Date of Birth			
Telephone #			Sex Male Female			
<u>-</u>						
	pelow for anyone living in your				11	
Name	Social Security #	ecurity # Relationshi to Applicar		Date of Birth	Monthly Income Amount	Source of Income
		11			\$	
					\$	
					\$	
					\$	
					\$	
					\$	
* <u>ALL</u> househ	old income should be provide	ed and will be co	nsidere	d during the eligil	bility determination	n process *
Name	School	Grade			n (Cuyahoga Falls) ent)	
Name	School	School Grade		Gabe's (Kent)		
			=	Authorized	Pick-up Person if a	pplicable is unavailab
Preschool aged c	children are NOT eligible fo	or this service	*			
If you are not regist	tered to vote where you live no	ow, would you li	ke to ap	ply to register to	vote or change you	ır address today?
YES	□NO					
	d PRC eligible, the agency will a specific service, or whicheve		under th	is program to the a	ictual documented a	mount of need, or the
WARNING: Ry my	y signature below, I declare aı	nd state under n	analty a	of norings that the	information on th	is application is true
	e best of my knowledge. I un					
anyone convicted of	f accepting assistance he or sh	e is not eligible	for. Als	o, by my signatur	e, I acknowledge t	hat final approval of
	based on the established guid					
etween PCJFS and	d the providers. I understand	unat an informa	аноп со	iitaineu in this apj	oncation is confide	แนสเ.
Email Address (RE	QUIRED FOR CORRESPON	NDENCE)		_		
Signature of Applicant				Date		

Revised 5/11/2020 F020-25

For Agency Use Only

Date Application Received	30 D	ay Budget Period	
Are all household members listed on th f yes, no further income verification is		_	☐ Yes ☐ No
200% of Federal Poverty Guidelines Effective 1/13/2021)			
Household Size of:	Source of Income	Amount in Budget Period	Verification
1 \$2147.00 2 \$2904.00		\$	
3 \$3660.00 4 \$4417.00		\$	
5 \$5174.00		\$	
6 \$5930.00 7 \$6687.00	Total Income	\$	Compare to 200% of
8 \$7444.00	Total income	J.	Federal Poverty Guidelines
☐ PRC Approved	Date Approval Notice Sen	t	
Services/Amount Approved:			
☐ PRC Denied	Date Denial Notice Sent _		
Services Denied:			
Reason for Denial:			
		PCJFS/PRC Signatu	ire and Date