

Portage County Job & Family Services

Prevention, Retention and Contingency PRC Application

Applicant Contact Information

First Name	Last Name
Street Address	City, State and Zip
Social Security #	Date of Birth
Telephone #	Email Address

Complete the chart below for anyone living in your home, including yourself.

Name	Social Security #	Relationship to Applicant	Date of Birth	Monthly Income Amount	Source of Income
		SELF		\$	
				\$	
				\$	
				\$	
				\$	
				\$	

Is anyone in the household pregnant? YES NO If yes, who? _____

ALL household income should be provided and will be considered during the eligibility determination process

To be considered for PRC eligibility, an applicant must be at least 18 years of age or older; an emancipated minor with at least one minor child; pregnant with no other children (must be verified); and a resident of Portage County.

Explain the specific change in circumstance that has occurred to you and your family in the last year that lead to your PRC application:

PLEASE CHECK WHICH EMERGENCY SERVICE YOU ARE APPLYING FOR:

- | | |
|---|--|
| <input type="checkbox"/> ACADEMIC SUPPORT (Grades 9-12) | <input type="checkbox"/> FAMILY DISASTER |
| <input type="checkbox"/> ADULT EDUCATION | <input type="checkbox"/> HOME EXTERMINATION |
| <input type="checkbox"/> BASIC NEEDS (formula, diapers, clothing, etc.) | <input type="checkbox"/> HOME REPAIRS |
| <input type="checkbox"/> CHILD CARE CO-PAYMENT | <input type="checkbox"/> RELOCATION |
| <input type="checkbox"/> CLOTHING (Reunification/Disaster Assistance/Domestic Violence) | <input type="checkbox"/> STATE-DECLARED NATURAL DISASTER |
| <input type="checkbox"/> DRIVER'S EDUCATION (ages 15-24) | <input type="checkbox"/> TRANSPORTATION (Gas Card/Bus Pass) |
| <input type="checkbox"/> EDUCATION PROFICIENCY (Ages 14-19) | <input type="checkbox"/> <u>Employment Required</u> (min. 20 hours/week) |
| <input type="checkbox"/> EMPLOYMENT EXPENSES (tools, licenses, uniforms) | <i>Authorized representative to pick up gas cards:</i> |
| <input type="checkbox"/> EMPLOYMENT INCENTIVE PROGRAM | _____ |

FAMILY SUPPORT SERVICES

- (Ages 3 and under unless verification of disability or in 3rd trimester of pregnancy) Bulk Fuel
- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Infant Safety & Newborn Care;
Social/Emotional/Motor Development (0-6 mos.) | <input type="checkbox"/> Electric |
| <input type="checkbox"/> Mealtime/Picky Eaters (6-9 mos.) | <input type="checkbox"/> Gas |
| <input type="checkbox"/> 1 st Year Milestone Moments Reward (12-18 mos.) | <input type="checkbox"/> Water/Sewer |
| <input type="checkbox"/> 2 nd Year Milestone Moments Reward (22-28 mos.) | |
| <input type="checkbox"/> 3 rd Year Milestone Moments Reward (32-38 mos.) | |

UTILITY ASSISTANCE

**For HOUSING ASSISTANCE, contact HESS at 330-296-1111.
For LEGAL SERVICES, contact Legal Aid at 1-800-998-9454.**

If you are not registered to vote where you live now, would you like to apply to register to vote or change your address today?

- YES NO

If you are determined PRC 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, 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 and availability of PRC funds. I authorize the exchange of information between PCJFS and the providers. I understand that all information contained in this application is confidential.

Signature of Applicant

Date

For Agency Use Only

Date Application Received	30 Day Budget Period
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Are all household members on the PRC application currently receiving SNAP/Cash benefits? Yes No
If yes, no further income verification is necessary.

SNAP Case # _____

Source of Income	Amount Available in Budget Period	Verification
	\$	
	\$	
	\$	
Total Income	\$	Compare to 200% of Federal Poverty Guidelines

Does applicant meet all eligibility criteria? Yes No

P.R.C. Approved
Services Approved:

Date Approval Notice Sent _____

P.R.C. Denied
Services Denied:

Date Denial Notice Sent _____

Reason for Denial:

PCJFS Signature / Date