

# Prevention, Retention and Contingency (PRC) Program Application

Applicant Name	Social Security Number
Street Address	Phone Number
City, State, Zip	E-mail

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

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

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

## YOUR HOUSEHOLD MUST INCLUDE A MINOR CHILD FOR PRC

**A PRC household must include a minor child who resides with a parent, specified relative, legal guardian or legal custodian, or pregnant woman with no other minor children. You may also qualify if you are a non-custodial parent of a minor child residing in Lorain County, but the child is not living with you.**

Have you, or anyone living with you, ever received fraudulent OWF cash or PRC benefits? ☐ Yes ☐ No

Are you a Veteran receiving benefits from a Veteran's group or organization? ☐ Yes ☐ No

Are you a non-custodial parent court ordered to pay child support? ☐ Yes ☐ No

If yes, are you meeting your current monthly obligation or in Seek Work Program? ☐ Yes ☐ No

- You must be able to demonstrate that a specific change in circumstance occurred within the 3 months prior to the application for PRC benefits or services that has contributed to the current, demonstrated need. The change must be an unexpected, life-altering event which may include but is not limited to such things as: loss or decrease in household income, domestic violence, divorce, natural disaster or fire, individual providing monetary support is no longer in the home. Please describe your change in circumstances below:**

- Tell us what you are applying for. Only one service is allowed per application within a 12-month period.**

Auto Insurance – Liability up to 4 months coverage	Emergency Hot Water Tank Repairs or Replacement
Car Repairs – Not regular maintenance. See Note Below	Emergency Furnace Repairs or Replacement
Driver's Education Classes	Emergency HVAC Repairs
Other Employment Related Expenses	Property Taxes – ½ year delinquent or longer
School Fees	Pest Removal Services
GED Incentive Payment	

### **\*\*THINGS TO CONSIDER WHEN APPLYING\*\***

If applying for car repair, **you must have owned the car for 90 days**, the vehicle must be registered to that adult per Bureau of Motor Vehicles (BMV) and have current auto insurance coverage. If more than one vehicle is owned in the household, one is operable and only one individual is employed, we cannot repair the other non-working vehicle.

**3. Tell us about the people in your home. You must list everyone who lives with you even if they are not applying. Please be sure to list your name first. If you need additional space, use the text box at the bottom of this page.**

Name	Relationship to You	Social Security Number	Date of Birth	U.S. Citizen Write Y or N	Gross Monthly Income from All Sources	Income Source (Such as from a job, self-employment, SSI, Social Security, Pension etc.)
	Self					

**4. List your housing expenses here:**

Rent \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_ Water/sewer \$ \_\_\_\_\_  
Mortgage \$ \_\_\_\_\_ Taxes \$ \_\_\_\_\_ Insurance \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

**5. Complete the chart below for employment history of each adult household member in the past 1 year.**

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

**6. If any member of your household has any of the resources listed below, check yes beside the item, and complete the line. Otherwise, check no. Income verification is required, including payroll direct deposit cards.**

Resources	Yes	No	Person with Resource	Amount
Cash	<input type="checkbox"/>	<input type="checkbox"/>		\$
Savings Account	<input type="checkbox"/>	<input type="checkbox"/>		\$
Checking Account	<input type="checkbox"/>	<input type="checkbox"/>		\$
Credit Union Account	<input type="checkbox"/>	<input type="checkbox"/>		\$
Debit Payroll Card	<input type="checkbox"/>	<input type="checkbox"/>		\$
Other. Please Specify	<input type="checkbox"/>	<input type="checkbox"/>		\$

## 7. What other community agencies have you contacted for help?

Name of Agency	Assistance Requested	Assistance Received

By signing this application, I certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member applying for assistance. I understand and agree to provide documents to prove what I have said.

### NONDISCRIMINATION

Federal laws require that any agency administering federally funded programs and activities, cannot discriminate against you on the basis of race, color, national origin, sex, religion, political beliefs, disability, and age.

### AMERICANS WITH DISABILITIES ACT

If you have a physical or mental condition that substantially limits one or more major life activities, you may have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. Physical or mental conditions include, for example, a learning disability, mental retardation, a history of drug or alcohol addiction, depression, mobility impairment, or a hearing or vision impairment. You can let us know if you have a disability. If you cannot do something we ask you to do, we can help you do it, or we can change what you have to do.

Here are some of the ways we can help:

- We can call or visit if you are not able to come to our office.
- We can tell you what this letter means.
- If you are hearing impaired, we can provide a sign language interpreter when you come to the office.
- We can help you appeal any decisions that you do not agree with.

If you need some other kind of help, ask us. Call your caseworker.

### LIMITED ENGLISH PROFICIENCY

If your primary language (spoken or written) is not English, we can help you. Let us know if your primary language is not English.

Here are some of the ways we can help:

- We can provide you with an interpreter who can speak English and your language when you come to the office. One will be provided at no cost to you.
- We may be able to provide you documents in your own language. If we cannot, then we will provide you with an interpreter who can read the documents to you.

### INFORMATION ON CITIZENSHIP AND IMMIGRATION STATUS

If you are applying for PRC benefits, you must tell us about the citizenship and immigration status of only those persons you are seeking the benefits for. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC if they are otherwise eligible. You may also need to tell us about your family's income and answer other questions we may ask.

### INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER

Generally, if you are applying for PRC benefits, you must provide the social security number of only those persons you are seeking the benefits for. However, there may be instances where we need the social security numbers of members of the household to verify income or other eligibility criteria to determine eligibility even though they are not seeking PRC benefits themselves. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC if they are otherwise eligible.

Social security numbers may be used when contacting appropriate persons or agencies to determine your eligibility and verify information you have given for PRC, for example, income, disability benefits or other similar benefits and programs. Such information may affect your household eligibility for PRC. Your social security number may be used for a felony warrant match; a match of persons in violation of probation or parole by law enforcement agencies; or for purposes of investigations, prosecutions, and criminal or civil proceedings that are within the scope of law enforcement agencies' official duties.

### HOW DO I FILE A DISCRIMINATION COMPLAINT?

Your complaint can be filed with:

The Ohio Department of Job and Family Services Bureau of Civil Rights  
30 East Broad Street, 37th Floor Columbus, Ohio 43215-3414

Fax to: (614) 752 - 6381

The Bureau of Civil Rights (BCR) staff is available to offer assistance with writing and filing your complaint(s).  
You can call BCR at (614) 644-2703 or Toll Free 1-866-227- 6353, TTY (614) 995-9961 or Toll Free 1-866-221-6700.

**Please make sure all sections of the application have been completed. Incomplete applications or missing information may result in processing delays.**

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_