

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.

Have you, or anyone living with you, ever received cash, food, or medical assistance? ☐ Yes ☐ No

If yes, who: _____ Where and When: _____

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

Is anyone in your household eligible for, but not receiving court ordered child support? ☐ Yes ☐ No

If yes, list name(s) of individuals not receiving court-ordered child support: _____

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

Tell us what service you are applying for by clicking on the individual boxes. (No more than two services are allowed per 12-month period)

☐ Employment Related Expenses ☐ Refrigerator/Stove ☐ Property Taxes ☐ School Fees
☐ Utilities ☐ Driver's Education Classes ☐ Washer/Dryer ☐ Home Repairs ☐ Car Repair
☐ Rent ☐ Pest Removal Services ☐ Auto Insurance ☐ GED Incentive ☐ Mortgage

1. Check any of these examples that may apply to your situation and explain further in the space provided.

| | | | | |
|--|--|--|--|---|
| <input type="checkbox"/> Housing/Rental Assistance | <input type="checkbox"/> Job loss/New Employment | <input type="checkbox"/> Gained Custody of Minor child | <input type="checkbox"/> Education or Training | <input type="checkbox"/> Fire in the Home |
| <input type="checkbox"/> Utility Shut-off Notice | <input type="checkbox"/> Domestic Violence | <input type="checkbox"/> Household Member Relocated | <input type="checkbox"/> Homelessness | <input type="checkbox"/> Natural Disaster |
| <input type="checkbox"/> Appliances | <input type="checkbox"/> Car Repair | <input type="checkbox"/> Other _____ | | |

2. What events in the last 12 months lead you to apply for assistance today?

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 more space, attach a separate piece of paper.

| 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 | | | | | |
| | | | | | | |
| | | | | | | |
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| | | | | | | |

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. | | | | | | |

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"/> | | \$ |
| Debt 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.

Applicant Signature _____

Date _____

PRC Verifications Needed**For All Applications:**

- Verification of Identity (For ex. Driver's license, State ID)
- Income verification for all members of household (last 30 days of paystubs, tax records, award letters, child support).
- Proof of any child support paid for children not living with you.
- Two current estimates for Car Repair/Auto Insurance, Home Repair, Pest Removal, Appliances.

If applying for Utilities, Mortgage, Home Repair, Pest Removal or Property Tax Assistance, you will **ALSO need:**

- Original most current utility, mortgage, or property tax bill (showing shutoff or past due).
- If you have been denied for HEAP, provide copy of denial letter.
- Most current bank statement(s) for all accounts.

If applying for Car Repair/Auto Insurance, you will **ALSO need:**

- Current copy of automobile insurance.
- Title/registration to motor vehicle.
- Hire date or business start date from employer or business records.
- Most current bank statement(s) for all accounts.

If applying for Employment Related Services or Driver's Education Classes, you will **ALSO need:**

- Verification of employment at least 20 hours per week or opportunity to start employment within 30 days of this application date.
- Most current bank statement(s) for all accounts.
- Documentation, from employer, of necessary items and cost for each item.

If applying for Appliances, you will **ALSO need:**

- If renting, copy of current Lease showing these appliances are not provided by the Landlord.
- Most current bank statement(s) for all accounts.

If applying for GED Incentive, you will **ALSO need:**

- Verification GED Program was completed within the last 90 days of this application date.
- Verification that applicant is in third trimester of pregnancy.

If applying for School Fees, you will **ALSO need:**

- Most current bank statement(s) for all accounts.
- Verification of all fee amounts and breakdown of what they are for.