

**JEFFERSON COUNTY  
DEPARTMENT OF JOB AND FAMILY SERVICES**

~ ~ ~ ~ **PRC APPLICATION CHECKLIST** ~ ~ ~ ~

ATTACHED IS AN APPLICATION FOR PRC ASSISTANCE. IN ORDER FOR THE JEFFERSON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES TO ASSIST YOU, THE FOLLOWING VERIFICATIONS **MUST BE PROVIDED AT THE TIME OF YOUR INTERVIEW.** FAILURE TO DO SO COULD DELAY OR CAUSE DENIAL OF YOUR PRC APPLICATION.

◀ **MANDATORY VERIFICATIONS REQUIRED AT THE TIME OF YOUR INTERVIEW** ▶

- PREVIOUS THIRTY (30) DAYS (FROM THE DATE OF YOUR APPLICATION) OF ALL HOUSEHOLD INCOME REC'D.
- VERIFICATION FROM TWO OTHER PUBLIC AGENCIES INDICATING THAT YOU HAVE REQUESTED ASSISTANCE AND WHETHER IT HAS BEEN APPROVED OR DENIED. IF ANY OTHER AGENCIES CAN HELP YOU, YOU MUST APPLY WITH THEM FIRST. (EX: CAC, SALVATION ARMY, CATHOLIC CHARITIES, URBAN MISSION, ETC.)

\* \* INDICATED BELOW ARE VERIFICATIONS THAT **MUST ALSO BE PROVIDED AT THE TIME OF YOUR INTERVIEW.** \* \*

**IF YOU ARE APPLYING FOR . . . . .**

**EMPLOYMENT-RELATED SERVICES (PREVENTION AND RETENTION)**

**1. VEHICLE REPAIRS, PARTS, SERVICE, TOWING CHARGES**

YOU WILL NEED

- TITLE/REGISTRATION TO VERIFY OWNERSHIP IN THE NAME OF THE APPLICANT.
- VERIFICATION OF CURRENT INSURANCE ON THE VEHICLE
- CURRENT DRIVER'S LICENSE FOR THE APPLICANT
- ESTIMATE (FROM REPUTABLE GARAGE) OF REPAIRS NEEDED

**2. PURCHASE OF SPECIAL TOOLS (EX: WRENCHES FOR A CAR MECHANIC)**

**3. PURCHASE OF WORK BOOTS, TOOL BELTS, SAFETY EQUIPMENT.**

YOU WILL NEED

- VERIFICATION OF THE ITEM(S) NEEDED (WITH PRICING)
- CONFIRMATION THAT SERVICES ARE NOT AVAILABLE THROUGH THE EMPLOYER

**4. TESTING FOR STATE LICENSE, BOARD CERTIFICATION, COMMERCIAL DRIVER'S LICENSE, ETC.**

**5. PRE-EMPLOYMENT DRUG TESTING**

**6. SPECIALIZED TRAINING CLASSES AND/OR SEMINARS**

YOU WILL NEED

- DOCUMENTATION OF NEED
- CONFIRMATION THAT SERVICES ARE NOT AVAILABLE THROUGH THE EMPLOYER

OVER ↘

IF YOU ARE APPLYING FOR.....

CONTINGENCY (EMERGENCY) SERVICES

1. COURT-ORDERED EVICTION

YOU WILL NEED

- THE COURT-ORDERED EVICTION NOTICE

2. UTILITY DISCONNECT/RECONNECT \*

YOU WILL NEED

- CURRENT VERIFICATION/UTILITY BILL SHOWING DISCONNECTION OR THE NEED FOR A RECONNECTION.

\* PRIOR TO THE APPROVAL OF PRC ASSISTANCE PAYMENT FOR HEATING FUEL OR UTILITIES, IT MUST BE VERIFIED THAT THE AMOUNT (\$500 MAXIMUM) IS SUFFICIENT TO PREVENT THE SHUT-OFF OR TO RESTORE SERVICE. DOCUMENTATION OF A CO-PAY, IF NEEDED, WOULD BE REQUIRED.

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IF THE MAXIMUM AMOUNT OF \$500 IS NOT ENOUGH  
TO COVER YOUR NEED, THE PRC WILL BE DENIED.  
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# **PRC DOES NOT COVER**

- APPLIANCES – STOVE, REFRIGERATOR., ETC.
- UNIFORMS – WORK CLOTHES
- DEPOSITS FOR RENT OR UTILITIES
- BUS PASSES – (TRANSPORTATION IS AVAILABLE THRU CAC “PARA TRANSIT SERVICES”)

**PRC APPLICANTS WHO ARE INELIGIBLE INCLUDE:**

(CIRCLE)

1) FUGITIVE FELONS AND PROBATION AND PAROLE VIOLATORS	YES	NO
2) A PERSON FOUND TO HAVE FRAUDULENTLY MISREPRESENTED THEIR RESIDENCE IN ORDER TO OBTAIN ASSISTANCE IN TWO OR MORE STATES IS INELIGIBLE FOR TEN YEARS.	YES	NO
3) INDIVIDUALS WHO ARE NOT A CITIZEN OF THE UNITED STATES OR A QUALIFIED ALIEN	YES	NO
4) INDIVIDUALS WITH ANY OUTSTANDING OVER-PAYMENT (I.E. OWF, TANF, ADC, FOOD STAMPS, MEDICAID, DAY CARE, CSEA, ETC.) WHO WERE DETERMINED GUILTY OF FRAUDULENT RECEIPT OF SUCH BENEFITS OR WHO WERE DETERMINED TO HAVE COMMITTED AN INTENTIONAL PROGRAM VIOLATION (IPV) TO RECEIVE SUCH BENEFITS.	YES	NO
5) INDIVIDUALS INELIGIBLE FOR OTHER PROGRAMS DUE TO DELIBERATE NON-COMPLIANCE WITH THE TERMS OF THEIR ASSISTANCE	YES	NO
6) ASSISTANCE GROUPS CONTAINING A SANCTIONED INDIVIDUAL WILL NOT BE ELIGIBLE FOR CONTINGENCY BENEFITS DURING THE 30 DAY PERIOD BEGINNING WITH THE DATE THE SANCTION HAS ENDED UNLESS THE SANCTIONED INDIVIDUAL IS EMPLOYED AT THE TIME OF THE APPLICATION FOR CONTINGENCY BENEFITS	YES	NO
7) ASSISTANCE GROUPS CONTAINING AN ADULT WHO HAS NOT/IS NOT COMPLYING WITH ESTABLISHING PATERNITY OR OBTAINING CHILD SUPPORT IS INELIGIBLE UNTIL CSEA CRITERIA HAS BEEN MET	YES	NO
8) AN ASSISTANCE GROUP THAT CONTAINS AN ADULT, OR MINOR HEAD OF HOUSEHOLD, WHO HAS QUIT A JOB WITHOUT GOOD CAUSE OR WHO HAS BEEN TERMINATED FROM A JOB FOR WILLFUL ACTIONS ON THEIR PART IS INELIGIBLE FOR PRC BENEFITS FOR 60 DAYS BEGINNING WITH THE DATE OF THE QUIT OR TERMINATION	YES	NO
9) AN UN-MARRIED, NON-GRADUATE PARENT UNDER 18 NOT ATTENDING HIGH SCHOOL OR EQUIVALENT	YES	NO
10) AN UN-MARRIED PARENT UNDER 18 NOT LIVING IN AN ADULT SUPERVISED SETTING	YES	NO

NAME \_\_\_\_\_

DATE \_\_\_\_\_

**PREVENTION, RETENTION-AND-CONTINGENCY (PRC) APPLICATION**

Name of Applicant	Present Address	Case Number	
Social Security Number		Date Sent	Date Received
Telephone numbers where you can be reached: ( ) _____ ( ) _____		County (41)  JEFFERSON	Eligibility Worker/ID

- 1) If you are not registered to vote where you live now, would you like to apply 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.**
  
- 2) Have you ever received any type of public assistance such as ADC (OWF), Disability Assistance, Food Stamps, or PRC from a human service agency?     Yes     No  
 If yes, give the name and address of the agency, the type of assistance received and the date received. \_\_\_\_\_  
 \_\_\_\_\_
  
- 3) Explain what you need and estimate the amount you are requesting: \_\_\_\_\_
  
- 4) Give the name of other agencies you have contacted for help: \_\_\_\_\_  
 \_\_\_\_\_
  
- 5) Have any other agencies helped you with this need?     Yes     No  
 If yes, name the agency and tell how you were helped. If no, tell why you were not helped. \_\_\_\_\_  
 \_\_\_\_\_
  
- 6) Is anyone in your household presently under a sanction from any of the following programs? Food Stamps, JOBS or ADC(OWF)?  
 Yes     No    If yes, give their name and the date the sanction began. \_\_\_\_\_
  
- 7) Has anyone in your household quit or refused a job or training for a job?     Yes     No    If yes, give their name, the date of the quit or refusal and the reason for the quit or refusal. \_\_\_\_\_  
 \_\_\_\_\_
  
- 8) Complete the chart below for anyone living in your home, including yourself. You are required to verify all income for all members in your household.

HOUSEHOLD MEMBERS	RELATIONSHIP	AGE	SOURCE OF INCOME	MONTHLY AMOUNT
1)	SELF			
2)				
3)				
4)				
5)				
6)				
7)				

- 9) Is anyone in your household eligible for, but not receiving court-ordered child support?     Yes     No  
 If yes, list name(s) of individual not receiving court-order child support. \_\_\_\_\_  
 \_\_\_\_\_
  
- 10) Does anyone in your household own a car, have access to a car, or live near a bus line?     Yes     No  
 If yes, list the name(s) of individuals and the means of transportation. \_\_\_\_\_  
 \_\_\_\_\_

If you are eligible, the agency will limit the assistance provided to the actual documented amount of need.

Signature: _____	Date: _____
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30-DAY BUDGET PERIOD: FROM \_\_\_\_\_ TO \_\_\_\_\_

Request ---- List the item(s) and/or services requested and the amount needed for each.

ITEM OR SERVICE	AMOUNT NEEDED	ITEM OR SERVICE	AMOUNT NEEDED
1)	\$ _____	3)	\$ _____
2)	\$ _____	4)	\$ _____

Reason for Need: \_\_\_\_\_  
 \_\_\_\_\_

Community Resources ----- List the community resources explored to meet this need.

AGENCY	AMOUNT	ITEM/SERVICE
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

Earned Income:

SOURCE	AMOUNT AVAILABLE IN BUDGET PERIOD	VERIFICATION
1)	\$ _____	_____
2)	\$ _____	_____
3)	\$ _____	_____

Unearned Income:

SOURCE	AMOUNT AVAILABLE IN BUDGET PERIOD	VERIFICATION
1)	\$ _____	_____
2)	\$ _____	_____
3)	\$ _____	_____

Calculation of Income:

- 1) Earned Income Total ----- \$ \_\_\_\_\_
- 2) Unearned Income Total ----- \$ \_\_\_\_\_
- 3) TOTAL AMOUNT OF INCOME AVAILABLE ----- \$ \_\_\_\_\_
- 4) Compare to Federal Poverty Guideline (100%) ----- \$ \_\_\_\_\_
- 5) PRC Household Size: \_\_\_\_\_

APPROVAL - 12-MONTH AUTHORIZATION PERIOD: FROM: \_\_\_\_/\_\_\_\_/\_\_\_\_ TO: \_\_\_\_/\_\_\_\_/\_\_\_\_

ITEM/SERVICE PROVIDED	AMOUNT PAID	APPROVAL DATE	VENDOR'S NAME & ADDRESS
1)	\$ _____	_____	_____
2)	\$ _____	_____	_____
3)	\$ _____	_____	_____

DENIAL

Denial Date: \_\_\_\_/\_\_\_\_/\_\_\_\_. ODHS 7334, (Notice of Denial of Application) Mailed: \_\_\_\_/\_\_\_\_/\_\_\_\_.

Reason for Denial: \_\_\_\_\_  
 \_\_\_\_\_

Processed by: _____	Title _____	Date _____	Signature of Supervisor _____	Date: _____
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