

**JEFFERSON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES  
COVID- PREVENTION RETENTION AND CONTINGENCY (COVID-PRC) APPLICATION**

NAME OF APPLICANT	PRESENT ADDRESS	<input type="checkbox"/> CASE NUMBER
SOCIAL SECURITY NUMBER		DATE RECEIVED
PHONE NUMBER(S) WHERE YOU CAN BE REACHED: (____) _____ (____) _____		COUNTY (41)  <b>JEFFERSON</b>

1) Complete the chart below for everyone living in your home, including yourself.

HOUSEHOLD MEMBERS	SOCIAL SECURITY NUMBER	DATE OF BIRTH	GROSS INCOME FOR THE LAST 30 DAYS	SOURCE OF INCOME
1)				
2)				
3)				
4)				
5)				

2.  Emergency assistance, diversion payments (explain) \_\_\_\_\_ \$ \_\_\_\_\_
- Emergency housing or short- term homelessness assistance \$ \_\_\_\_\_
- Burial assistance for: \_\_\_\_\_ \$ \_\_\_\_\_
- Utility assistance \$ \_\_\_\_\_

I CERTIFY THE INFORMATION THAT I HAVE PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO UNDERSTAND THAT IF THE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES DENIES MY APPLICATION, I HAVE A RIGHT TO REQUEST A STATE HEARING.

Signature: ✕	Date: ✕
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**STOP**

↓ **AGENCY USE ONLY** ↓

**STOP**

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30-DAY BUDGET PERIOD:   /  /   TO   /  /  

**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:**

PRC HOUSEHOLD SIZE: \_\_\_\_\_

- 1) EARNED INCOME TOTAL ----- \$ \_\_\_\_\_
- 2) UNEARNED INCOME TOTAL ----- \$ \_\_\_\_\_
- 3) **TOTAL AMOUNT OF INCOME AVAILABLE**----- \$ \_\_\_\_\_
- 4) COMPARE TO FEDERAL POVERTY GUIDELINE (200%) ----- \$ \_\_\_\_\_

**APPROVAL** FOR COVID PRC IN AMOUNT OF \$ \_\_\_\_\_, PAYABLE TO : \_\_\_\_\_

**DENIAL** - REASON: \_\_\_\_\_ DENIAL NOTICE SENT: \_\_\_\_\_

RECOMMENDED BY : \_\_\_\_\_ DATE: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_