JEFFERSON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

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

Name of Applicant	Current Address	Case Number
Social Security Number		Date Received
Telephone number where you can be reached:		Email Address

1. If you are not registered to vote where you live now, would you like to apply to register to vote here today? ☐ Yes ☐ No
   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 PRC from a Job & Family Service agency in the last 12 months? ☐ Yes ☐ No If yes, give the name and address of the agency, the type of assistance and the date received. _____

3. Explain what you need and estimate the amount you are requesting: _____

4. Have any other agencies helped you with this need? ☐ Yes ☐ No Explain: _____

LIST ALL HOUSEHOLD MEMBER'S NAMES	DATE OF BIRTH	AGE	MONTHLY INCOME AMOUNT	SOURCE OF MONTHLY INCOME
1)				
2)				
3)				
4)				
5)				
6)				

Applications and verifications can be obtained and returned at JCDJFS 125 S. 5th St. Steubenville OH 43952, online at www.jcdjfs.com, faxed to 740-282-5765 or emailed to jeffersondocs@jfs.ohio.gov

Please indicate if anyone in your household meets the following criteria:

- Fugitive felons and probation and parole violators; ☐ **Yes** ☐ **No**
- Individuals who are not a citizen of the United States or a qualified alien; Individuals with any outstanding over-payment (TANF, SNAP, 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**
- Assistance groups containing a sanctioned individual, under any program administered by the JCDJFS, unless the sanctioned individual is employed at the time of the application for Contingency benefits. ☐ **Yes** ☐ **No**
- An un-married, non-graduate parent under 18 not attending high school or equivalent or not living in an adult supervised setting; ☐ **Yes** ☐ **No**
- 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**
- 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**

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

Signature	Date:

AGENCY USE ONLY

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
	$	3)	$
	$	4)	$

Reason for Need: _____

Income:

SOURCE	AMOUNT AVAILABLE IN BUDGET PERIOD	VERIFICATION
	$	
	$	
	$	

Calculation of Income:

1) Earned Income Total - $_____
2) Unearned Income Total - $_____
3) TOTAL AMOUNT OF INCOME AVAILABLE- $_____

4) Compare to Federal Poverty Level (150%)
5) Kinship at 200% FPL $_____
6) PRC Household Size: _____
7) Currently in receipt of SNAP ☐ Currently in receipt of Medicaid ☐

Information matched in OB:

☐ Address ☐ Income ☐ Household members ☐ Sanction ☐ Shelter & utility expenses

APPROVAL 12-MONTH AUTHORIZATION PERIOD: FROM: ____/____/___ TO: ____/____/___Household members:

ITEM/SERVICE PROVIDED	AMOUNT PAID	APPROVAL DATE	VENDOR'S NAME & ADDRESS

Information matched in OB:

☐ Address ☐ Income ☐ Household members ☐ Sanction ☐ Shelter & utility expenses

DENIAL:

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

Reason for Denial: _____

Processed by:	Date	Signature of Supervisor	Date: