

PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION FOR FULTON COUNTY

Voter Registration Application Attached: Assistance available to complete if needed.

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

Name of Applicant	Present Address
Social Security Number	
Telephone Number Where You Can Be Reached	

For Agency Use Only	
Case Number	
Date Sent	Date Returned
County FULTON	

- Have you ever received any type of public assistance from a job & family services department? Yes No If yes, give the county JFS, the type of assistance received and the date received _____
- Explain what you need and estimate the amount you are requesting. _____
- Give the name of other agencies you have contacted for help. _____
- 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. _____
- Is anyone in your household presently under a sanction or disqualification from any job & family services program? Yes No If so, give the name and the date the sanction or disqualification began. _____ Monthly Amount of Income _____
- Has anyone in your household quit or refused a job in the last 90 days? Yes No If yes, give name, the date of the quit or refusal, and the reason for the quit or refusal. _____
- Complete the chart below for anyone living in your home, including yourself. You are required to verify all income for all members of your household.

Name	Relationship to Applicant	Date of Birth	Social Security Number	Source of Income	Monthly Amount of Income
1.				\$	
2.				\$	
3.				\$	
4.				\$	
5.				\$	
6.				\$	
7.				\$	

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

Signature of Applicant	Date
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NOTICE OF APPROVAL OF YOUR APPLICATION FOR ASSISTANCE

Name [REDACTED]	Case Name [REDACTED]	
Mailing Address [REDACTED]	Case Number [REDACTED]	Program PRC
City, State, Zip [REDACTED]	County Fulton	Mailing Date 06-03-2014

Your application for PRC Gasoline Card dated 06-02-2014 has been approved effective 06-03-2014.

YOU CAN PICK UP THE GASOLINE CARD, DURING NORMAL BUSINESS HOURS, 8:00 AM TO 4:30 PM, UNLESS OTHER ARRANGMENTS ARE MADE. YOU MUST BRING THIS APPROVAL LETTER AND YOUR PHOTO ID WITH YOU.
You have been approved to receive a \$ 100.00 gas card.

The reason for this action is: You meet PRC Gasoline card eligibility requirements.

The rules that require this action are: Fulton County JFS PRC Plan

If you do not understand this proposed action, or you want to talk to a caseworker about it, you may call:
This notice is to tell you about action we are taking on your case.

Case Worker [REDACTED]	District Toledo	Phone Number 419-337-0010 or 800-344-3575
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Your Right to a State Hearing

If you do not understand this action, you should contact your caseworker. After discussing the reasons for the action with them, it is possible that we will change our decision or that you will then agree with the action.

If you do not agree with this action, you have a right to a state hearing.

A state hearing lets you or your representative (lawyer, welfare right worker, friend or relative) give your reasons against the action. We will also attend or be represented at the hearing to present our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

If you want a hearing, we must receive your hearing request within 90 days of the mailing date of this notice.

If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you or your attorney can make a request by telephone.

If you want Information on free legal services, but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association, toll free, at 1-800-598-5888, for the local number.

If you want a hearing, sign your name, and send this form to the Ohio Department of Job and Family Services, Bureau of State Hearings, PO Box 182825, Columbus, OH 43218-2825.

I want a county conference, and a state hearing on this action.

I want a state hearing only.

Signature [REDACTED]	Date [REDACTED]	Phone number 419- [REDACTED]
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JFS 04074 (5/01)

Agency use only

I have received the \$100.00 gas card on _____ Card # _____

Signature _____