

PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION

Name of Applicant	Present Address	For Agency Use Only	
Social Security Number		Case Number	
Telephone Number Where You Can Be Reached		Date Sent	Date Returned
		County	Unique ID

Have you ever received any type of public assistance from a Job and Family Services Department? Yes No If yes, give the county DJFS, 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 human services program? Yes No If so, give the name and the date the sanction or disqualifications began. _____

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	Age	Source of Income	Monthly Amount of Income
				\$
				\$
				\$
				\$
				\$
				\$
				\$
				\$

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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For Agency Use Only
PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC)

Date Application Received (mm/dd/yr) _____ 30 day budge period: (mm/dd/yr) _____ To (mm/dd/yr) _____

Request. _____ List the items and/or services requested and the amount needed for each.

Item or Service	Amount Needed	Item or Service	Amount Needed
1.	\$		\$
2.	\$		\$
3.	\$		\$
4.	\$		\$
5.	\$		\$

Reason for Need. _____

Community Resources. List the community resources explored to meet this need. If any are utilized, complete the chart.

Agency	Amount	Item/Service
1.	\$	
2.	\$	

Income

Source	Amount Available in Budget Period	Verification
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	

Total _____ (Compare to 150% of Federal Poverty Guidelines)

9 PRC Approved. Complete Chart. Check/Warrant# (Date) _____ (/ /) Check/Warrant Amount \$ _____

Item/Service Provided	Date of Approval	Amount Paid	Vendor's Name and Address
		\$	
		\$	
		\$	

9 PRC Denied-Date of denial (mm/dd/yr) _____ Date Notice of Denial of Application sent (mm/dd/yr) _____ Reason for Denial: _____

Signature of Caseworker	Date	Signature of Supervisor	Date
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EDUCATION INFORMATION

Name of Institution

High School/GED: _____

Vocational School: _____

College: _____

Graduate School: _____

Other: _____

Grade Completed (circle):

Grade Completed: 9 10 11 12

Certificate: _____

Grade Completed: 13 14 15 16

Degree: _____

Grade Completed: 17 18 19 20

Degree: _____

Cert./Degree: _____

Graduate? Year?

" yes " no _____

EMPLOYMENT INFORMATION

Are you currently employed? " yes " no

Start with current/most recent employer:

Company Name:	Dates of Employment (include month & year): From: / To: /	
Company Address (include city & state):	Hourly Rate:	Hours/Week:
Job Title & Description of Work:	Reason for Leaving:	

Company Name:	Dates of Employment (include month & year): From: / To: /	
Company Address (include city & state):	Hourly Rate:	Hours/Week:
Job Title & Description of Work:	Reason for Leaving:	

Company Name:	Dates of Employment (include month & year): From: / To: /	
Company Address (include city & state):	Hourly Rate:	Hours/Week:
Job Title & Description of Work:	Reason for Leaving:	

What services are you requesting from the Northwest Ohio Job Center? _____

The information on this form is true and correct to the best of my knowledge. Any false information provided could result in the loss of the Northwest Ohio Job Center's resources and services.

Signature: _____

Date: _____

HELP ME GROW – PRC REFERRAL/APPLICATION

PCDJFS 9/01

Date: _____

Referral/ Welcome Home _____
Application from: Early Intervention _____
Early Start _____

The following household has requested referral to/ has received **Help Me Grow** services:

Household Name: _____

Address: _____

Child/Children in the home:

Name: _____ Date of Birth: _____ Age: _____

Phone No: (419) _____ Message Phone: _____

Check each benefit that is currently being received by the household member:

_____ **WIC** _____ **OWF(ADC)** _____ **SSI** _____ **FOOD STAMPS**
_____ **FREE/REDUCED SCHOOL LUNCHES** _____ **MEDICAID CARD (not Medicare)**
_____ **ENROLLED IN HEAD START**

Who receives it _____

If you have checked any benefit above, stop here and sign as the parent/legal guardian at the bottom of this referral/application. If not, please continue.

Number of family members in your household _____

Monthly household income _____

I understand that the funding for **Help Me Grow** may be from State or Federal sources and that any information regarding my eligibility and participation is subject to verification reviews, quality control reviews, programmatic reviews, and audits. I further agree to participate in the collection of any required information and by my signature, I hereby authorize **Help Me Grow** and the appropriate agency and/or agencies to release and to share this information.

Signature Parent/Legal Guardian

*****OFFICE USE ONLY*****

Help Me Grow Services Approved: _____ Yes _____ No

Approval Date: _____ Amount: \$ _____

Services Provided: _____

_____ If Help
Me Grow Services are denied; the reason for denial: _____

**THE WELLNESS PROGRAM
PRC REFERRAL/APPLICATION**

PCDJFS 05/02

Date: _____

The following household has requested referral to/has received **WELLNESS** services:

Household Name: _____

Address: _____

Child/Children participating in the Wellness Program

Name: _____ Date of Birth: _____ Age: _____

Phone No: (419) _____ Message Phone: _____

I understand that the funding for **WELLNESS** may be from State or Federal sources and that any information regarding my eligibility and participation is subject to verification reviews, quality control reviews, programmatic reviews, and audits. I further agree to participate in the collection of any required information and by my signature, I hereby authorize **WELLNESS** and the appropriate agency and/or agencies to release and to share this information.

Signature Parent/Participant

*****OFFICE USE ONLY*****

Wellness Services Approved: _____ Yes _____ No

Approval Date: _____

If Wellness Services are denied; the reason for denial: _____

Brune 6300

**PAULDING COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
PREVENTION, RETENTION, AND CONTINGENCY PROGRAM APPLICATION**

Name of Applicant
Address
Mailing Address (if different from above)
City, State, Zip
Telephone number where you can be reached

FOR AGENCY USE ONLY	
Case Number	
Date Sent	Date Received
Paulding County	Unique ID

- Are you a resident of Paulding County? ____ Yes ____ No
- Are you a U.S. Citizen? ____ Yes ____ No
- Are you a qualified alien? ____ Yes ____ No Registration Number _____
- Have you ever received any type of public assistance from a human services/ Job and Family Services department? ____ Yes ____ No If yes, give the county DJFS, the type of assistance received and the date received.
- Do you currently owe DJFS for any fraudulent overpayments? ____ Yes ____ No.
- Complete the chart below for anyone living in **YOUR** household, including yourself. List all projected income for all members of your household for the next 30 days.

Name	Relationship to Applicant	Social Security #	Date of Birth	Employer/Other Income Source	Projected Income for the next 30 days Earned & Unearned
1.	SELF				\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$

- What is the nature of your loss? Include name of employer if affected. Please be as detailed as possible.

8. Explain what you need and the dollar amount you are requesting. Provide as detailed information as possible.
Any person misrepresenting information will be prosecuted for fraud.

Shelter Assistance

\$ _____ Rent/Rent deposit-Landlord _____
Address _____
Property address _____
\$ _____ Mortgage payment-Lender _____
Address _____
\$ _____ Payment of interest on mortgage-Lender _____
Lender address _____
\$ _____ Payment of property taxes-Due Date _____
\$ _____ Emergency shelter / temporary shelter - Location _____
Address _____
\$ _____ Payment of moving expenses - Company _____
Address _____

Utility Assistance

\$ _____ Payments to prevent shut off - Company _____
Address _____
\$ _____ Payments for initial hook up - Company _____
Address _____
\$ _____ Purchase bulk fuel - Company _____
Address _____ \$ _____
Installation or repair of telephone - Company _____
Address _____

Home repair or replacements affecting basic structure (provided to the homeowner only)

\$ _____ Item: _____
\$ _____ Item: _____
\$ _____ Item: _____
\$ _____ Item: _____
\$ _____ Item: _____

Appliances or fixture repairs or replacements

\$ _____ Item: _____
\$ _____ Item: _____
\$ _____ Item: _____
\$ _____ Item: _____
\$ _____ Item: _____

Repair or purchase of furnace, air conditioning, or water heater (provided to the homeowner only)

\$ _____ Item: _____
\$ _____ Item: _____

Purchase or replace essential household contents

\$ _____ Item: _____
\$ _____ Item: _____
\$ _____ Item: _____
\$ _____ Item: _____
\$ _____ Item: _____

Essential clothing for members of the Assistant Group

\$ _____ Person: _____
Items: _____
\$ _____ Person: _____
Items: _____

Essential non-consumable products, excluding tobacco products and alcohol

\$ _____ Items: _____

Other needs not listed separately above (must be approved by the PRC team)

\$ _____ Need: _____

\$ _____ Need: _____

\$ _____ Need: _____
_____ 9.

Give the name of other agencies you have contacted for help. _____

_____ 10.

Have any other agencies help 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. _____

CERTIFICATIONS: Receipt of assistance from programs such as Ohio Works First (OWF), Disability Assistance (DA) and entitlement programs such as Medicaid and Food Stamps does not preclude my eligibility for receipt of benefits and services within the PRC program. I have received appropriate information about, referrals to, and access to Medicaid, Food Stamps, Child Care Assistance, and other programs that provide benefits that could help me successfully transition to work.

I hereby certify that I have experienced a loss equal to or exceeding the amount for which I have applied. All of the information on this application is true and complete to the best of my knowledge. I understand that I may be required to provide documentation of purchases. I understand that if I purposely give false or misleading information on this application that the entire amount of PRC issued is an overpayment, and I can be prosecuted for fraud.

Signature of Applicant	Date
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FOR AGENCY USE ONLY

Date application received: _____

Income:

Source	Amount Available in Budget Period	Verification	Source	Amount Available in Budget Period	Verification
1.	\$		5.	\$	
2.	\$		6.	\$	
3.	\$		7.	\$	
4.	\$		8.	\$	

Total: \$ _____ (Compare to 250% of Federal Poverty Guideline) **Date PRC Approved:** _____

Date PRC Denied: _____ Reason for Denial: _____

Complete chart below.

Benefit/Service Provided	Amount Approved	Voucher Number	Customer's Name and Address
1. Shelter Assistance	\$		
2. Utility Assistance	\$		
3. Home repair or replacements affecting basic structure	\$		
4. Appliances or fixture repairs or replacements	\$		
5. Repair or purchase of furnace, air conditioning, or water heater	\$		
6. Essential clothing for members of the Assistance Group	\$		
7. Other -	\$		

Signature of Caseworker	Date	Signature of Administrator	Date
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