

**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. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.**

**PORTAGE COUNTY DEPARTMENT OF JOB & FAMILY SERVICES  
PREVENTION, RETENTION AND CONTINGENCY PROGRAM APPLICATION (PRC)**

Applicant Name \_\_\_\_\_ Current Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

List all members of your household (everyone that lives at the above address)

NAME	SOCIAL SECURITY #	DATE OF BIRTH	INCOME
Self			

Any person who is eighteen (18) years or older or emancipated with at least one minor child and/or pregnant and must also be a resident of Portage County can apply for PRC services. Pregnancy must be verified.

**Please answer the questions below:**

Is anyone in the household employed, if so, where? \_\_\_\_\_ Hours per week \_\_\_\_\_

Have you quit a job in the past 60 days, if so why? \_\_\_\_\_

Are you currently under any type of sanction through Job and Family Services? \_\_\_\_\_ Yes \_\_\_\_\_ No

What is the cause of your current situation? \_\_\_\_\_

If you are eligible, the agency will limit assistance under this program to the actual documented amount of need, or the amount restricted for a specific service, or whichever is lower.

**WARNING: By my signature below, I declare and state under penalty of perjury that the information on this application is true and complete to the best of my knowledge. I understand that the law provides penalty of fine and imprisonment (or both) for anyone convicted of accepting assistance he or she is not eligible for. Also, by my signature, I acknowledge that final approval of my PRC request is based on the established guidelines and availability of PRC funds. I authorize the exchange of information between PCDJFS and the providers. I understand that all information contained in this application is confidential.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**EMERGENCY SERVICES\* - PLEASE CHECK WHICH SERVICE IS YOUR EMERGENCY NEED:**

- |  |   |
|--|---|
| 1. _____ EMPLOYMENT EXPENSES (tools, licenses, uniforms)         | 9. _____ RELOCATION   |
| 2. _____ EDUCATION PROFICIENCY (Ages 14-19)                      | 10. _____ DOMESTIC VIOLENCE                                   |
| 3. _____ ADULT EDUCATION   | 11. _____ HOUSING ASSISTANCE                                  |
| 4. _____ UTILITY ASSISTANCE:                                     | ( <b>MUST CALL HESS at 330-296-1111 to apply</b> )            |
| <u>Check applicable utility:</u>                                 | Rent Assistance   |
| <input type="checkbox"/> Gas                                     | Homeless Shelter  |
| <input type="checkbox"/> Electric                                | Emergency Shelter   |
| <input type="checkbox"/> Bulk Fuel                               | 12. _____ CHILD SAFETY KIT (Under the age of 2 unless         |
| <input type="checkbox"/> Water                                   | verification of disability, or mother in her third trimester) |
| 5. _____ HOME REPAIRS (Home ownership required)                  | 13. _____ FAMILY DISASTER                                     |
| 6. _____ CRIBS (Under the age of 2 unless verification of        | 14. _____ CLOTHING – Reunification/Disaster/Domestic Violence |
| disability provided or mother in her third trimester)            | 15. _____ ACADEMIC SUPPORT                                    |
| 7. _____ LEGAL AID - <b>Please call 800-998-9454</b>             | 16. _____ TRANSPORTATION (Gas Card/Bus Pass) –                |
| 8. _____ BACK-TO-SCHOOL PROGRAM                                  | <b>Employment Required</b> (30 hrs. weekly minimum)           |
| (Available August 1 <sup>st</sup> – September 30 <sup>th</sup> ) | <b>Authorized representative to pick up gas cards:</b>        |

\* The numerical order of the Emergency Services correlates to the numerical order in the PRC database and cannot be changed.

**ELIGIBILITY DETERMINATION**  
(For Agency Use Only)

INCOME		PUBLIC ASSISTANCE INCOME	
GROSS WAGES/30 DAYS PRIOR TO APPL.		OWF GRANT	
		UNEARNED INCOME	
TOTAL		TOTAL	
PRC/ FPG FOR HH SIZE OF \$ _____		APPROVED DATE _____	DENIAL DATE _____
DATE OF APPLICATION _____		30 DAY BUDGET PERIOD FROM _____ TO _____	

APPROVED DATE \_\_\_\_\_ DENIAL DATE \_\_\_\_\_ REASON \_\_\_\_\_

ADDITIONAL INFORMATION NEEDED IS: \_\_\_\_\_

**200% OF FEDERAL POVERTY GUIDELINES - EFFECTIVE 01/25/2016**

HOUSEHOLD SIZE OF:	1	\$1,980.00
	2	\$2,670.00
	3	\$3,360.00
	4	\$4,050.00
	5	\$4,740.00
	6	\$5,430.00
	7	\$6,122.00
	8	\$6,815.00

\_\_\_\_\_  
PCDJFS Staff Signature / Date

**State Hearing Requests**

If you disagree with any determination of this application, you have the right to file for a State Hearing. Please see the attached JFS04059 form for complete information on this process.