

Appendix E

SAMPLE PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION

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

1. Have you ever received any type of public assistance from a job and family services department?
? Yes ? No If yes, give the county JFS, the type of assistance received and the date received? _____

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

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

4. 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. _____

5. Complete the chart below for everyone 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 (Earnings, Child Support, VA Benefits, SSI, SSA, etc.)	Monthly Amount of Income
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$

6. Is anyone in your household eligible for, but not receiving court ordered child support? ? Yes ? No
If yes, list name(s) of individuals not receiving court-ordered child support.

SAMPLE PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC)

APPLICATION

7. Does anyone in your household own a car, have access to a car, or live near a bus line? ? Yes ? No
 If yes, list the name(s) of individuals and the means of transportation. _____

8. Complete chart below for employment history of each adult household member in the past 2 years.

Name	Employer Name	Type of Employment	Date Employment Began (month/year)	Date Employment Ended (month/year)	Reason for Leaving Employment	Currently Employed (Yes / No)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

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

Signature of Applicant	Date
------------------------	------

SAMPLE PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC)

APPLICATION

-----For Agency Use Only-----

Application received (mm/dd/yy)_____ 30 day budget period: (mm/dd/yy)_____ To mm/dd/yy)_____

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

Benefit or Service	Amount Needed	Benefit or Service	Amount Needed
1.	\$	4.	\$
2.	\$	5.	\$
3.	\$	6.	\$

Reason for Need _____

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

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

Income.

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

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

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

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

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
-------------------------	------	-------------------------	------