

PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION FOR STATE MODEL

Name of Applicant	Current Address
Social Security Number	
Telephone Numbers Where You Can Be Reached () _____ area code () _____ area code	

For Agency Use Only	
Case Number	
Date Sent	Date Returned
County	Unique ID

1. Have you ever received any type of public assistance from a human services department? ___ Yes ___ No If yes, give the county DHS, 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 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	Education (last grade completed)	Source of Income (Earnings, Child Support, VA Benefits, SSA, SSI, etc.)	Monthly Amount of Income
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$

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. _____

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

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

Income.

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

Total _____ (Compare to 50%, 150%, 175% or 200% of Federal Poverty Guideline)

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
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Monthly Federal Poverty Guideline Measure Effective March 18, 1999

Monthly Federal Poverty Guideline amounts are used to determine income eligibility for PRC. The total gross countable income of all members of the assistance group must be equal to or less than 50%, 150%, 175 % or 200% of the Monthly Federal Poverty Guideline amount for the appropriate assistance group size.

Assistance Group Size	50% Monthly FPG	150% Monthly FPG	175% Monthly FPG	200% Monthly FPG
1	343	1030	1202	1373
2	461	1382	1613	1843
3	578	1735	2024	2313
4	696	2087	2435	2783
5	813	2440	2847	3253
6	931	2792	3258	3723
7	1048	3145	3669	4193
8	1166	3497	4080	4663
9	1283	3850	4492	5133
10	1401	4202	4903	5603
11	1518	4555	5314	6073
12	1636	4907	5725	6543
13	1753	5260	6137	7013
14	1871	5612	6548	7483
15	1988	5965	6959	7953

Numbers are rounded up from \$.50
PRC Rev. 10/99 Cash Assistance Policy