

PREVENTION, RETENTION, AND CONTINGENCY APPLICATION A

Name of Applicant		Present Address		FOR AGENCY USE ONLY	
Social Security Number				Case Number	
Telephone Number where you can be reached				Date of application	
				County Licking	Unique ID

Do you live in Licking County? _____ Are you a U.S. Citizen _____

Do you have children under the age of 18? _____ If your child is 18 is he/she in high school? _____

Do your children live with you? _____ If not, do you pay child support? _____

Is anyone in your household pregnant? _____ If so, what is her due date? _____

Have you ever received any type of Public Assistance, including PRC, from a Job & Family Services Department? Yes No

If yes, give the County DEPARTMENT OF JOB & FAMILY SERVICES, the type of assistance received and the date received:

Is anyone in your household presently under sanction or disqualification from any JFS program? Yes No

If you answered "yes" to the above questions, please explain the person(s) and circumstances(s) involved: _____

Complete the chart below for *anyone living in your home*, including yourself. You are required to verify all income and resources 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.					\$
8.					\$

Do you receive child support (if yes, include in the table above)? Yes No

If yes, please indicate case number _____ and County responsible for the order _____

Are you currently receiving food stamps? Yes No Medicaid? Yes No

Please mark any programs or services listed below that would benefit you or someone in your family.

- | | | |
|---|---|--|
| <input type="checkbox"/> Help in finding a job/better job | <input type="checkbox"/> Parenting information | <input type="checkbox"/> Early Start services (for families with children under age 3) |
| <input type="checkbox"/> Budgeting classes | <input type="checkbox"/> Help with reading skills | <input type="checkbox"/> Housing assistance |

Were you referred to us for PRC services by another agency? Yes No

If yes, please identify the agency _____

What do you need help with?

Item or Service	Amount Needed	Reason for Need
1.	\$	
2.	\$	
3.	\$	
4.	\$	

PLEASE COMPLETE THE MONTHLY INCOME & MONTHLY EXPENSE SECTIONS BELOW

HOUSEHOLD MONTHLY INCOME/RESOURCES			HOUSEHOLD MONTHLY EXPENSES		
	Gross	Net		Regular Monthly &	Proposed Expenses
Employment			Rent/Mortgage		
Employment			Home Ins.		
Employment			Phone/Cell/Pager		
Child Support			Electric		
Social Security			Gas/Propane/Fuel Oil		
SSI			Water		
OWF			Trash		
Unemployment			Cable/Satellite		
Workers Comp			Car Payment		
VA			Car Insurance		
Other			Gasoline/Oil		
TOTALS			Laundry		
FOOD STAMPS			Child Care		
<u>Agency Use Only</u> 150% ____ Standard Employment definition met? <input type="checkbox"/> Yes <input type="checkbox"/> No			Rent to Own		
			Credit Card(s)		
			Food		
			Taxables		
			Check Advance		
			Medical		
			Other		
			TOTALS		

If you are eligible, the Agency will limit assistance under this program to the actual documented amount of need. By signing this document, you agree that all information in the above application is true & complete to the best of your knowledge. You also authorize the Licking County Dept of Job & Family Services, & the application /services provider to release & share this application & other pertinent information concerning you & your family's eligibility & other services received.

Signature of applicant	Date
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PRC Approved PRC Denied Denial Reason _____ Date of Approval/Denial (mm/dd/year) _____
 Date Approval/Denial Notice Sent (mm/dd/year) _____

Signature of Caseworker	Date	Supervisor Signature	Date
Budgeting Approved	Date	Supervisor	

Name of Applicant	Current Address
Social Security Number	
Telephone Number where you can be reached	

FOR AGENCY USE ONLY	
Case Number	
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 Department of Job & Family Services, the type of assistance received and the date received: _____

Have you ever applied for PRC services in Licking County (or completed this application before)? Yes No

Is anyone in your household presently under a sanction or disqualification from any JFS program? Yes No

If yes, please explain the person(s), circumstance(s), and date(s) involved: _____

Is anyone in your household pregnant? Yes No If so, what is her due date? _____

Complete the chart below for anyone living in your home, including yourself. You are required to verify all income and resources for all members of your household.

Name	Relationship to Applicant	Date of Birth	Social Security Number	Source of Income/Resource	Monthly Amount of Gross Income
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$

What do you need assistance with? _____

Reason for Need: _____

Customer Information Acknowledgement

Non-discrimination issued? Customer initials _____ **State Hearing procedures issued?** Customer initials _____

Voter Registration offered? Customer initials _____

If you are eligible, Licking County Job and Family Services (LCJFS) will limit assistance under this program to the actual documented amount of need. By signing this document, you agree that all information on the above application is true and complete to the best of your knowledge. You also authorize LCJFS and the application/service provider to release and share this application and other pertinent information concerning you and your family's eligibility and services received.

Signature of Applicant	Date
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Signature of Interviewer _____

FOR LCJFS USE ONLY

PRC Approved

Date notice of Approval sent (mm/dd/yr) _____

Item/Service Approved	Date of Approval	Vendor's Name & Address

PRC Denied

Date notice of Denial sent (mm/dd/yr) _____

Item/Service Denied	Date of Denial	Reason for Denial

Signature of Caseworker	Date	Signature of Supervisor	Date
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SFPR – PRC last received? _____

BVIC reviewed? Yes No **Claims?** Yes No

WORKSHEET

MONTHLY HOUSEHOLD INCOME/RESOURCES

Earned _____

Assistance Group Size _____

Unearned _____

TOTAL _____

150% FPG for AG _____

200% FPG for AG _____

AG Size	FPG 150%	FPG 200%
2	\$1992	\$2655
3	\$2512	\$3349
4	\$3032	\$4042
5	\$3552	\$4735

TANF Workforce Services

By signing this Agreement, I verify the following information is true and accurate (*please check all statements that apply*):

- I am a U.S. citizen or legal alien
- I do not have an outstanding OWF or PRC fraud overpayment balance or an existing Intentional Program Violation (IPV)
- I am not a fugitive felon
- A minor child, or child age 18 and still attending high school, is living in the household
- I pay child support for a minor child, or child age 18 and still attending high school
- My family's income falls within the stated guidelines below

My Family Size Is _____

My Family's Gross Monthly Income \$ _____

Number of people in your family (include spouse and all children)	PRC Eligibility & Title XX/TANF Transfer Services Monthly gross income is less than or equal to...
2	\$2,655
3	\$3,349
4	\$4,042
5	\$4,735
6	\$5,429
7	\$6,122
8	\$6,815

200% FPG as of 1/22/15

 Signature of Applicant

 Date

 Applicant Print Name

 Case Worker Signature

Application Approved: Yes No



Prevention Retention and Contingency - Application D

**TANF Child Welfare/ Kinship Navigator
TitleXX/TANF Transfer Services Application**

By signing this Agreement, I verify the following information is true and accurate (*please check all statements that apply*):

- I am a U.S. citizen or legal alien.
- I am not a fugitive felon
- My family's income falls within the stated guidelines below

My Family Size Is _____

My Family's Gross Monthly Income \$ _____

Number of people in your family (include spouse and all children)	PRC Eligibility & Title XX/TANF Transfer Services Monthly gross income is less than or equal to...
2	\$2,655
3	\$3,349
4	\$4,042
5	\$4,735
6	\$5,429
7	\$6,122
8	\$6,815

200% FPG as of 1/22/15

Signature of parent/guardian Date

Print Name

Customer Information Acknowledgement

Non-discrimination issued? Customer initials _____ **State Hearing procedures issued?** Customer initials _____

Voter Registration issued? Customer initials _____

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Family is requesting/receiving:

- Kinship Navigator services
- TANF Child Welfare services
- Title XX/TANF Transfer Services

PRC Eligible? Yes No
Approval/Denial Letter Issue Date: _____
Caseworker: _____

Participant Name	Participant date of birth	FOR AGENCY USE ONLY	
Parent/guardian of minor applicant	Present Address	Case Number	
Social Security Number		Date Sent	Date Returned
Telephone Number where you can be reached		County	Unique ID

Does your family have an open OWF cash assistance or Food Assistance case? Yes No
 Is the youth participant a U.S. citizen or legal alien? Yes No
 Are any members of the household fugitive felons or probation/parole violators Yes No
 Do any members of the household have an existing Intentional Program Violation Yes No

Complete the chart below for anyone living in your home, including yourself. You are required to verify all income and resources for all members of your household.

Name	Relationship to youth participant	Date of Birth	Social Security Number	Source of Income/Resource	Monthly Amount of Gross Income
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$

If you are eligible, LCJFS will limit assistance under this program to the actual documented amount of need. By signing this document, you agree that all information on the above application is true and complete to the best of your knowledge. You also authorize the Licking County Job and Family Services and the employer/service provider to release and share this application and other pertinent information concerning you and your family's eligibility and other services received.

Signature of Youth Participant	Date
Signature of Parent/Guardian of minor youth	Date

By signing this application, I give permission for the above named minor participant to register as a user on OhioMeansJobs.com.

Signature of Interviewer _____ Agency Name _____

FOR JFS/OMJ USE ONLY

PRC Approved

PRC Denied

Date & reason of Denial (mm/dd/yy) _____ Date Notice of Approval/Denial of Application Sent (mm/dd/yr) _____

Signature of Caseworker	Date	Signature of Supervisor	Date
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WORKSHEET

MONTHLY HOUSEHOLD INCOME/RESOURCES*

Earned _____

Assistance Group Size _____

*Attach CRISE Screen prints for presumptive income eligibility

Unearned

TOTAL _____

200% FPG for AG _____

Assistance Group Size	200% FPG (January 2015)
1	\$1962
2	\$2655
3	\$3349
4	\$4042
5	\$4735
6	\$5429
7	\$6122
8	\$6815