

This application is for: Prevention Services Retention Services Contingency Services Diversion Services
 Dislocated Worker from: Malta Windows Gould Dana Other _____

MORGAN COUNTY DEPARTMENT OF HUMAN SERVICES
Prevention, Retention and Contingency Application

| | | |
|------------------------|-----------------|---|
| | | Case Number _____ |
| Name of Applicant | Current Address | Telephone Numbers Where You Can Be Reached |
| Social Security Number | | 1. _____ 2. _____ |

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

Indicate the agencies that you have contacted to help with this need, and the amount they provided (if any).

Community Action \$ _____ Salvation Army \$ _____ Middleton Fund \$ _____
 Jesus Loves You Shop \$ _____ Other _____ \$ _____

Complete the chart below for everyone living in your home, including yourself. **You are required to verify all household income.**

| Name | Relationship | Date of Birth | SSN | Source of Income (Earnings, Child Support, SSI, etc.) | Gross Income for the Last 30 days |
|------|--------------|---------------|-----|--|-----------------------------------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Signature of Applicant _____ Date _____

FOR OFFICE USE ONLY: Circle Or

| | |
|--|--|
| <p>Reminder: Check to see if anyone in AG is under a sanction</p> <p>30 Day Budget Period _____ to _____</p> <p>Income Verified by: <input type="checkbox"/> Pay Stubs <input type="checkbox"/> Employer Statement <input type="checkbox"/> Computer Screens _____ <input type="checkbox"/> Other _____</p> | <p>Need Standard _____ 100 % For Assistance Group Size _____</p> <p>Total Gross Income _____</p> |
|--|--|

Previous PRC Used:

| | | | | | |
|--|---|---|---|---|------------|
| | P | R | C | D | Date _____ |
| | P | R | C | D | Date _____ |
| | P | R | C | D | Date _____ |
| | P | R | C | D | Date _____ |
| | P | R | C | D | Date _____ |

Eligibility Worker _____ Date of Approval / Denial _____

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Developmental Service Form

(***) You will receive notification as to whether or not you are eligible for these services)

*** You must complete the entire application

1. Adults Name(s):

| | | |
|------------|----------------|-----------|
| First Name | Middle Initial | Last Name |
| | | |
| First Name | Middle Initial | Last Name |
| | | |

2. Address:

| | | |
|--------|------|-------------|
| Street | City | OH State |
|--------|------|-------------|

3. Name(s) and Age(s) of Children age 18 and under:

| | | |
|------------|-----------|-----|
| First Name | Last Name | Age |
| | | |
| First Name | Last Name | Age |
| | | |
| First Name | Last Name | Age |
| | | |
| First Name | Last Name | Age |
| | | |
| First Name | Last Name | Age |
| | | |

5. Yearly income (Please accurately check mark most appropriate line below, as income alone may not exclude any household from eligibility for above service items).

| | |
|---------------------------|---------------------------|
| \$0 - \$10,000 _____ | \$50,001 - \$60,000 _____ |
| \$10,001 - \$20,000 _____ | \$60,001 - \$70,000 _____ |
| \$20,001 - \$30,000 _____ | \$70,001 - \$80,000 _____ |
| \$30,001 - \$40,000 _____ | \$80,001 - \$90,000 _____ |
| \$40,001 - \$50,000 _____ | \$90,001 or greater _____ |

6. Signature

| | |
|---------------------------------------|------|
| Signature of Adult or Authorized Rep. | Date |
|---------------------------------------|------|

| | | |
|--|------------------------|------------------------|
| OFFICE USE ONLY: Please indicate program | | |
| HMG-Early Start | HMG-Early Intervention | HMG-Welcome Home |
| L.I.C.E. Program | Ombudsman Services | Employer Reimbursement |
| 4-H or Scouting Registration/Camp | Kinship Care | Homemaker Services |
| Wellness - RSVP | Wellness Activities | Youth Job Training |

The services listed below are being provided to National Guard and Reserve Military members, due to the potential changes in their military and civilian pay, in an effort to attempt to ease the transition back from military and civilian pay, and vice-versa. This is not intended for the full-time, active-duty soldiers.

MILITARY MEMBERS SERVICES OR BENEFITS

| SERVICE OR BENEFIT | CAP Not to exceed \$4000 12 mos. From initial Application date) | ASSISTANCE GROUP | ECONOMIC NEED STANDARD | TARGETED GROUP |
|--|---|---|------------------------------|--|
| Mortgage or rent payments | not to exceed 3 payments | Parents with minor children Specified Relatives with minor children | 300% of FPL | Military Members And their Families |
| Utilities | to prevent disconnect | Non-custodial Parents | | |
| Auto payments | not to exceed 3 months payments | Parents with minor children | 300% of FPL | Military Members And their Families |
| Auto repairs | as needed | Specified Relatives with minor children | | |
| Gas vouchers | not to exceed 4 payments for seeking employment or continuing training | Non-custodial Parents | | |
| Auto insurance | not to exceed 3 payment months | | | |
| Suitable attire for job interviews and/or Employment | as needed | Parents with minor children | 300% of FPL | Military Members And their Families |
| Pre-employment drug testing and/or physicals | as needed | | | |
| Testing for licenses, board certificates, commercial driver's license, or application fees | as needed Not to include Driver's License Reinstatement Fees | Specified relatives with minor children | | |
| Relocation assistance | as needed | Non-custodial parents | | |

PURCHASE OF VEHICLE AGREEMENT

I, _____, understand that the Morgan County Department of Job and Family Services has agreed to purchase this automobile for me on _____(date).

I also understand that I am not to resale or trade this vehicle for a period no less than 6 months from the above date. If I do resale or trade this vehicle, I could be punished by law, and/or ineligible for Prevention, Retention, or Contingency (PRC) Services for life.

Signature of Recipient

Date

Signature of Eligibility Worker

Date

MORGAN COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

155 E. MAIN ST. ROOM 009
MCCONNELSVILLE, OHIO 43756
(740) 962-4616/1-888-257-9159
FAX: (740) 962-5344

PRC ATTACHMENT

_____ understand that with the receipt of PRC Assistance, I am obligated to pay back the money received or complete Community Service hours. If I choose to complete Community Service hours, I understand that I must locate a site at which I can complete my volunteer hours. Once that site is located, I will have the lower half of this form completed and return it to the Morgan County Department of Job and Family Services, 155 E. Main St. Room 009. McConnellsville, Ohio 43756 for approval. If the site does not meet the standards, set by the Morgan County Department of Job and Family Services, I understand that a site may be selected for me.

_____ have contacted the following for Volunteer Service:

(Information regarding the Site is to be completed by the Site person authorizing your Volunteer Service)

Site Name Address

Contact Person Phone Number

I have agreed to provide _____ hours in each of the next 12 months for Prevention or Retention Services or 18 months for Contingency Services as repayment for the PRC assistance that I have received.

PRC Assistance Group Member Date

Approved by Agency Worker Date