

Portage County Job & Family Services
Prevention, Retention and Contingency PRC Application

Applicant Contact Information

First Name	Last Name
Street Address	City, State and Zip
Social Security #	Date of Birth
Telephone #	Email Address

Complete the chart below for anyone living in your home, including yourself.

Name	Social Security #	Relationship to Applicant	Date of Birth	Monthly Income Amount	Source of Income
		SELF		\$	
				\$	
				\$	
				\$	
				\$	
				\$	

Is anyone in the household pregnant? YES NO If yes, who? _____

ALL household income should be provided and will be considered during the eligibility determination process

To be considered for PRC eligibility, an applicant must be at least 18 years of age or older; an emancipated minor with at least one minor child; pregnant with no other children (must be verified); and a resident of Portage County.

Explain the specific change in circumstance that has occurred to you and your family in the last year that lead to your PRC application:

PLEASE CHECK WHICH EMERGENCY SERVICE YOU ARE APPLYING FOR:

- | | |
|---|--|
| <input type="checkbox"/> ACADEMIC SUPPORT (Grades 9-12) | <input type="checkbox"/> HOME EXTERMINATION |
| <input type="checkbox"/> ADULT EDUCATION | <input type="checkbox"/> HOME REPAIRS |
| <input type="checkbox"/> BASIC NEEDS (formula, diapers, clothing, etc.) | <input type="checkbox"/> PROPERTY TAXES |
| <input type="checkbox"/> CLOTHING (Reunification/Disaster Assistance/Domestic Violence) | <input type="checkbox"/> RELOCATION |
| <input type="checkbox"/> DRIVERS EDUCATION (Ages 15-24) | <input type="checkbox"/> STATE-DECLARED NATURAL DISASTER |
| <input type="checkbox"/> EDUCATION PROFICIENCY (Ages 14-19) | <input type="checkbox"/> TRANSPORTATION (Gas Card/Bus Pass/Ride Share) |
| <input type="checkbox"/> EMPLOYMENT EXPENSES (tools, licenses, uniforms) | <u>Employment Required</u> (min. 20 hours/week) |
| <input type="checkbox"/> EMPLOYMENT INCENTIVE PROGRAM | Authorized representative to pick up gas cards: |
| <input type="checkbox"/> FAMILY DISASTER | |

FAMILY SUPPORT SERVICES

(Ages 3 and under unless verification of disability or in 3rd trimester of pregnancy)

- Infant Safety & Newborn Care; Social/Emotional/Motor Development (0 to 6 months)
- Mealtime/Picky Eaters (6-9 mos.)
- 1st Year Milestone Moments Reward (12-18 mos.)
- 2nd Year Milestone Moments Reward (22-28 mos.)
- 3rd Year Milestone Moments Reward (32-38 mos.)

UTILITY ASSISTANCE

- Bulk Fuel
- Electric
- Gas
- Water/Sewer

For HOUSING ASSISTANCE, contact HESS at 330-296-1111.

For LEGAL SERVICES, contact Legal Aid at 1-800-998-9454.

If you are not registered to vote where you live now, would you like to apply to register to vote or change your address today?

- YES NO

If you are determined PRC 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 PCJFS and the providers. I understand that all information contained in this application is confidential.

Signature of Applicant

03/18/2022

Date

F040-80

For Agency Use Only

Date Application Received	30 Day Budget Period
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Are all household members listed on the PRC application currently in receipt of SNAP benefits? Yes No

If yes, no further income verification is necessary.

SNAP Case # _____

Source of Income	Amount Available in Budget Period	Verification
	\$	
	\$	
	\$	
Total Income	\$	Compare to 200% of Federal Poverty Guidelines

Does applicant meet all eligibility criteria? Yes No

P.R.C. Approved

Date Approval Notice Sent _____

Services Approved:

P.R.C. Denied

Date Denial Notice Sent _____

Services Denied:

Reason for Denial:

PCJFS Signature / Date