



# DEPARTMENT OF JOB AND FAMILY SERVICES

185 Shady Lane Drive, Norwalk OH 44857 ♦ www.huroncountydjfs.org  
419-668-8126 or 1-800-668-5175 ♦ Fax 419-668-4738

## Prevention, Retention, and Contingency (PRC)

Applicant Name (First Name, Last Name)		Case Number	Date
Address		City/State/Zip	
Phone Number	Email Address		Social Security Number
Have you received any assistance or services from another county? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, list county: _____ Month and year of last receiving assistance: _____			
Type of services received: _____			
Write a brief explanation of services you are requesting:			
Please describe the crisis that occurred in the past 60 days:			

Household Member(s)	Relationship	Date of Birth	Social Security Number	Source of Income	Amount of Income	Frequency of Income
	SELF					
<b>Agency Use Only:</b>					<b>Total monthly income:</b>	
200% FPG for AG: \$ _____					\$	

**Please complete if you are a non-custodial parent:**

Do you have a minor child(ren) not living with you, but residing in the state of Ohio?  Yes  No If yes, complete table below:

Check those in which are you are actively working with:  OhioMeanJobs Huron County  CSEA Seek Work

Child(ren)	Relationship	Date of Birth	Social Security Number	City & State

<b>Please answer the following:</b>	
Are you or anyone in your household a veteran? If so, who: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an open Children Services case? If so, caseworker: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you paying child support? If so, county/state: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a Kinship Caregiver or Provider?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive SNAP benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive OWF benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your child(ren) receive free or reduced school lunches? School: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a fraud overpayment (PRC or OWF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you contacted 3 outside resources before applying for PRC? If so, who: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an OWF or SNAP sanction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you fraudulently obtained assistance in two or more states?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have available resources/excess income (ex: cash, checking/savings)? If so, amount: \$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on strike from employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a U.S. citizen or Qualified Alien?	<input type="checkbox"/> Yes <input type="checkbox"/> No

By signing this application, I hereby give permission for Huron County Department of Job and Family Services (HCDJFS) to contact any person and/or agency necessary for verification purposes to make a determination of my eligibility for benefits. I allow HCDJFS to contact any person and/or agency necessary to assist me to the extent that such disclosure is permitted by state and federal law, and necessary for administration of the programs provided for me to become self-sufficient. I affirm to the best of my knowledge my answers are true and correct. I understand the law provides penalty or imprisonment for anyone convicted of accepting assistance for which he or she is not eligible. I also acknowledge that I have received a copy of my rights and responsibilities. I also give permission to have my income and resources electronically verified.

**If you are not registered to vote where you live now, would you like to apply to register to vote here today?**

Yes, I want to register to vote  No, I do not want to register to vote

**If you do not check either box, you will be considered to have decided not to register to vote at this time.**

Applicant Signature:	Date:
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<b>Agency Use Only:</b>		
Date of Application:	Type: <input type="checkbox"/> PRC <input type="checkbox"/> Kinship <input type="checkbox"/> PCSA <input type="checkbox"/> Non-custodial	
Disposition: <input type="checkbox"/> Approved <input type="checkbox"/> Denied, reason: _____		
Service	Amount	Vendor

Signature of PCSA caseworker (if applicable):	Date:
Signature of PRC caseworker:	Date:
Signature of Supervisor (amount at or above \$500)	Date:
Signature of Director (amount at or above \$1,000):	Date:

# Budget Worksheet

Income/Resources			Expenses		
	Past 30 Days	Next 30 Days		Past 30 Days	Next 30 Days
Employment			Rent/Mortgage		
Employment			Home Insurance		
Employment			Phone		
Child Support			Electric		
Social Security			Gas/Propane		
SSI			Water/Sewer		
OWF			Trash		
SNAP			Cable		
Unemployment			Car Payment		
Workers Comp			Car Insurance		
VA			Gasoline		
Savings/Checking			Laundry		
Other: _____			Food		
Other: _____			Daycare		
Other: _____			Medical		
Other: _____			Other: _____		
<b>Total Income</b>			<b>Total Expenses</b>		

Agency Use:	
<p>Current Income:</p> <p style="text-align: right;">Total Income: \$ _____</p> <p style="text-align: right;">Total Expenses: \$ _____</p> <p style="text-align: right;">Net Remaining: \$ _____</p>	<p>Projected Income:</p> <p style="text-align: right;">Total Income: \$ _____</p> <p style="text-align: right;">Total Expenses: \$ _____</p> <p style="text-align: right;">Net Remaining: \$ _____</p> <p>Meet ongoing needs? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>