

PREVENTION, RETENTION AND CONTINGENCY (PRC) APPLICATION FOR SENECA COUNTY

Name of Applicant:				FOR AGENCY USE ONLY	
				Case Number:	
Street Address:	City	State	Zip code	COUNTY SENECA	Date Returned:
Telephone Number Where you can be reached:				WORKER ID	

1. Have you ever or are you currently receiving any assistance such as cash, food stamps, medical, child support, or Children's Services? **Yes** **No** If Yes, please list dates _____
2. Please circle the services you are requesting: Family Strengthening and Preservation Services (rent/mortgage), Diversion/Contingency Services (utilities), Disaster Services.
3. Specifically what are you requesting. _____
4. Give the name of other agencies you have contacted for help. _____
 Did they help 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. Is anyone in your household eligible for, but not receiving court ordered child support? ___YES ___NO
 If yes, list the name(s) of individuals not receiving child support. _____
6. Complete the chart for **everyone** living in your home, including yourself. You are required to **verify all** income, Earned and/or Unearned, (such as Social Security, VA Pension, Worker's Compensation, child support, or lump sum payments) for all members of your assistance group for the previous 30 days. (Minor's earned income is exempt.)

Your household must include a minor child.

Name	Relationship to Applicant	Birth Date	SSN	List Source of Income	Monthly Gross Income
	SELF				

If you are a Non-Custodial parent, list Name(s) and complete addresses for child(ren) residing in Seneca County:

Child's First and Last Name	Street Address	City	State
			OHIO
			OHIO
			OHIO

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I certify that I:

1. Have a minor/dependent child in my home or am pregnant.
2. Am a citizen of the United States or a qualified alien
3. Have not fraudulently received assistance under the OWF, Food Stamp, Medicaid or PRC Programs.
4. Am not a fugitive felon, probation/parole violator, or an incarcerated individual.
5. Am not a striker
6. Am not an unmarried, non-graduate parent under the age of 18, or not attending high school or equivalent.
7. Am not an unmarried, non-graduate under the age of 18, not living in an adult supervised setting.
8. Have not fraudulently misrepresented residence in order to obtain assistance in two or more states.
9. Did not falsify my application for PRC.
10. Will cooperate with any service plan connected to my PRC application. .
11. Agree to indemnify and hold harmless the Seneca County Department of Job and Family Services from any and all occurrences, losses, damages, claims, suits, or contingent or direct liabilities that may arise as a result of any and all acts performed or that fail to be performed by the Independent Contractor rendering services I have requested on this application. I certify that the above information is correct. If I am found to be eligible, the agency will limit assistance under the program to the actual, documented amount of need.

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.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

A voter registration form is attached. If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

I understand that my signature on this application gives the Seneca County Department of Job & Family Services the authority to make any contacts necessary to determine my eligibility for the services I have requested.

Signature of Applicant/Parent/Guardian

Date

MONTHLY FEDERAL POVERTY GUIDELINE (Effective January 26, 2012)

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 (except earned income of a minor/un-emancipated child) must be equal to or less than the set Monthly Federal Poverty Guidelines for the appropriate assistance group size. The 150% guideline will be used for family strengthening and preservation and diversion/contingency services applications. The 200% guideline will be used for disaster services.

HH size	150%	200%
2	1,892	2,522
3	2,387	3,182
4	2,882	3,842
5	3,377	4,502
6	3,872	5,162
7	4,367	5,822
8	4,862	6,482
9	5,357	7,142
10	5,852	7,802