

**PREVENTION, RETENTION & CONTINGENCY (PRC) APPLICATION**  
**SCHOOL SHOES & SUPPLIES ONLY**

Name of Applicant (Parent/Custodian):	Telephone # where you can be reached
Street Address:	City: ZIP:

- I am requesting School Shoes. Please select only one approved vendor:
- Kuebler Shoe Store (Tiffin)
  - Shoe Sensation (Tiffin)
- I am requesting School Supplies.  
 \*May not be eligible for school supplies if already received through another program.

Please submit a full PRC application for any other requested PRC services.

In the past 30 days, have you received any of the following assistance? If yes, you do NOT need to verify income below:

- SNAP Food Assistance (Food Stamps)
- OWF Cash Assistance
- PRC Assistance
- Tiffin-Seneca United Way (First Call for Help) School Supplies Program

Is anyone in your household eligible for but not receiving court-ordered child support? Yes No  
 If yes, please list the name(s) of individuals eligible for but not receiving child support:

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Please complete the information below for EVERYONE living in your household, 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.)

Name	Relationship to Applicant	Birth Date	SSN	Grade and Name of School Attended *only for those requesting school shoes.	Source of Income and Gross Monthly Amount
	SELF				

\*Please use another sheet if more space is needed.

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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.

I certify all of the above information and 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

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 available. 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.

**MONTHLY FEDERAL POVERTY GUIDELINE (Effective January 26, 2017)**

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.

HH size	200%
1	\$2,010
2	\$2,707
3	\$3,404
4	\$4,100
5	\$4,797
6	\$5,494
7	\$6,190
8	\$6,887
9	\$7,584
10	\$8,280