

PREVENTION, RETENTION & CONTINGENCY (PRC) APPLICATION
WINTER CLOTHING PROGRAM ONLY

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

I am requesting Winter Clothing. Please select only one approved vendor:

- Walmart (Tiffin)
- Rural King (Tiffin)

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

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:

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	K-12 School Attending	Grade Level	Source of Income and Gross Monthly Amount
	SELF					

*Please use another sheet if more space is needed.

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.

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Notice of Important Information:

- If approved, your Purchase Authorization for WINTER CLOTHING will only be valid for purchase of the following approved items as outlined in our PRC Plan: Coats, snow pants, gloves/mittens, hats, scarves, thermal tops or bottoms, long-sleeved shirts, jackets, sweatshirts, sweaters, pants, boots (including hiking boots, western boots, insulated boots, etc.) and socks.
- Purchase Authorization is only valid for use by the benefit recipient named on the form.
- Purchase Authorization and Photo ID must be presented to vendor PRIOR to use.
- Only valid for one time usage and only for the amount listed on the form. Any expense incurred by you above that amount will be your responsibility.
- Allegations of fraud will be investigated. Such fraudulent activities include, but are not limited to, providing false information during eligibility determination, misuse of purchase authorization for non-allowable items, etc. If fraud is determined through an investigation, the agency may establish overpayment cases, pursue collections from you, and you may also become ineligible for future program assistance. Fraud investigations may also be referred to the Prosecutor’s Office for pursuit of criminal charges.

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 DJFS 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.
12. I have read this document, including the Notice of Important Information above.

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

2018 Federal Poverty Guidelines 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.

Household size	200% FPL
1	\$2,024
2	\$2,744
3	\$3,464
4	\$4,184
5	\$4,904
6	\$5,624
7	\$6,344
8	\$7,064
9	\$7,784
10	\$8,504