

PREVENTION, RETENTION & CONTINGENCY (PRC) APPLICATION

BACK-TO-SCHOOL SHOE PROGRAM ONLY

Name of Applicant (Parent/Caretaker):		Telephone # where you can be reached
Street Address:	City:	ZIP:
Mailing Address (if different from above):		Email Address (This will be used for all contact):

I am requesting Back-to-school Shoes/Boots at the approved vendor, Shoe Sensation (Tiffin).

In the past 30 days, have you received any of the following assistance?

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 Wages, 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.)

TOTAL NUMBER LIVING IN HOUSEHOLD

Name (List everyone in the household)	Relationship to Applicant	Birth Date	SSN	Grade Level	Name of K-12 School Attending 2024/2025	Source of Income and Gross Monthly Amount
	SELF					

If you are a Non-Custodial Parent, list your children's **names & addresses** below:

Name	Relationship	Birth Date	SSN	Address

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

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 any PRC, SNAP, Medicaid, TANF or OWF Programs.
4. Do not currently have any outstanding PRC, SNAP, Medicaid, TANF or OWF overpayment(s).
5. Am not a fugitive felon, probation/parole violator, or an incarcerated individual.
6. Am not a striker.
7. Have not fraudulently misrepresented residence in order to obtain assistance in two or more states.

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- 8. Did not falsify my application or verification documents for PRC.
- 9. Will cooperate with any service plan connected to my PRC application.
- 10. 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 the above information and understand that my signature (or electronic signature) on this application provides Seneca County Department of Job & Family Services the authority to verify any/all information through any contacts necessary to determine my eligibility for the services I've requested.

By checking this box I have agreed to submit this application by electronic means. An electronic signature has the same legal effect and can be enforced in the same way as a written signature. By checking this box and typing my name below, I am electronically signing my application.

Signature of Applicant/Parent/Caretaker

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 1/11/2024)**

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 household size.

Household size	200%
1	\$2,510
2	\$3,407
3	\$4,304
4	\$5,200
5	\$6,097
6	\$6,994
7	\$7,890
8	\$8,787
9	\$9,684
10	\$10,580