

Prevention, Retention, and Contingency Program (PRC) Application Request for Assistance with an Emergent Need

Name of Applicant	Present Address
Social Security Number	
Telephone Number Where You Can Be Reached	

For Agency Use Only	
Case Number	
Date Sent	Date Returned
County CLINTON	Unique ID

1. Please answer the questions below.

- A. You are a parent, relative or primary caretaker for minor children living with you and have an emergency that would threaten the health, safety or well-being of your family if not resolved. No; Yes
- B. You are a non-custodial parent, your children live in Ohio and you are cooperating with the Child Support Enforcement Agency. No; Yes

2. Have you ever received any type of public / emergency assistance from a Job and Family Services agency? No; Yes

If Yes, complete below:

County where you received public / emergency assistance:	Type of assistance you received:	Date you received assistance:
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3. Explain what you need, how much you need, and describe how meeting this need will help your family avoid dependence on public assistance. Attach available documentation.

I am requesting help with:	I need approximately:	This will help my family avoid depending on public assistance by:

4. Explain how this emergency was created.

5. List the names of all other agencies you have contacted for help and the outcome of the contact.

6. Is any member of your household indebted to CCJFS for an overpayment due to fraud? No; Yes
7. Is any member of your household an alien not lawfully admitted for permanent residence? No; Yes
8. Is any member of your household a fugitive Felon, parole or probation violator? No; Yes
9. Is any member of your household a non-custodial parent that is not cooperating with the child support agency? No; Yes
10. Has any member of your household been found guilty of fraudulently misrepresenting their residence to obtain benefits in two or more states (within the last ten years)? No; Yes
11. Have you or any member of your household received PRC assistance within the last twelve months? No; Yes
12. If one or more of questions 6 through 12 above are answered yes, indicate here which person(s) and condition(s):

13. Complete the chart below for anyone living in your home, including yourself. You are required to verify all income for all members of your household.

Name	Relationship to Applicant	Age	Source of Income	Monthly Amount of Income
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$

My signature below affirms that the information above is true and correct to the best of my knowledge and belief.

Signature of Applicant:	Date:
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