

Prevention, Retention, and Contingency Program (PRC) Application Request for Assistance With Work Supports

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 |
| C. You are currently employed and need work support assistance to retain your employment. | NO YES |
| D. You began new employment in the last 30 days or have been hired with a future start date. | NO YES |

2. Have you ever received any type of emergency assistance or work support assistance from a Job and Family Services agency?

No; Yes - If Yes, complete below:

County where you received assistance:	Type of assistance you received:	Date you received assistance:
---------------------------------------	----------------------------------	-------------------------------

3. Explain what type(s) of work support you need and give an estimate of how much you need. Work support is designed to assist you with retaining your current job or supporting you with your new employment.

I am requesting help with:	I need approximately:	This will help with me begin or retain my employment by:
	\$	

4. Employment Information.

Employer Name	Employer Phone and Address	How long have you been employed here?	How many hours do you work a week or how many hours were you hired to work?	Does your employment income cover your household expenses? If not, explain how you are self-sufficient?

- | | |
|---|---|
| 5. Is any member of your household indebted to CCJFS for an overpayment due to fraud? | <input type="checkbox"/> No; <input type="checkbox"/> Yes |
| 6. Is any member of your household an alien not lawfully admitted for permanent residence? | <input type="checkbox"/> No; <input type="checkbox"/> Yes |
| 7. Is any member of your household a fugitive Felon, parole or probation violator? | <input type="checkbox"/> No; <input type="checkbox"/> Yes |
| 8. Is any member of your household a non-custodial parent that is not cooperating with the child support agency? | <input type="checkbox"/> No; <input type="checkbox"/> Yes |
| 9. 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)? | <input type="checkbox"/> No; <input type="checkbox"/> Yes |
| 10. Have you or any member of your household received PRC assistance within the last twelve months? | <input type="checkbox"/> No; <input type="checkbox"/> Yes |
11. If one or more of questions 6 through 12 above are answered yes, indicate here which person(s) and condition(s):

12. 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:
-------------------------	-------