



# Prevention, Retention and Contingency (PRC) Services APPLICATION

Complete the application below.

Allen County Job & Family Services, 1501 S. Dixie, PO Box 4506, Lima, OH 45802

FAX: 419.227.2448    allen\_social\_services@jfs.ohio.gov    Questions? Call 419.999.0224

Applicant Name (First Name, Middle Initial, Last Name)		Assistance Group Number	Application Date (the date app is signed)
Address (Number Street/Apt Number)			City/State/Zip
Phone Number	Email Address		Social Security Number
Have you received any assistance or services from another county? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, List county: _____ Month and year of last receiving assistance: _____ Type of services received: _____			
Write a brief explanation of needs you are requesting (Examples: training, car repair, transportation, etc.):			
If applying for an On-going Service, please describe your goal(s) you want to accomplish from receiving this service:			
If applying for a Contingency Service, describe the crisis that occurred in the past 60 days (See note on page 2)			

List Household Member Name(s)	Relationship to Applicant	Birth date	SS#	Income/Source	How Often Paid	Monthly Gross Salary*	Date Verified
1							
2							
3							
4							
5							
6							

**PRC: 200% FPG for AG - \$**

**TOTAL MONTHLY INCOME: \$**

*\*Verification required to support income sheet. Copies of all income and child support documentation must be submitted to ACDJFS within 30 days or your application may be denied.*

Please answer the questions below:		Caseworker Verification
AG receives OWF cash benefits	<input type="checkbox"/> Yes <input type="checkbox"/> No	
AG receives Food Assistance Program	<input type="checkbox"/> Yes <input type="checkbox"/> No	
AG member is eligible for free or reduced school lunches (Case Number _____)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a fugitive felon, probation or parole violator	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has a fraud overpayment (PRC or OWF)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Has a OWF or SNAP Sanction	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is unmarried, non-graduated parent under 18 years old, not attending high school or equivalent	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is unmarried parent under 18 years old not living in an adult supervised setting	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Fraudulently obtained assistance in two or more states	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Refuses to use available resources/excess income (Ex. cash, checking/savings accounts, dividends and interests, CDs, 401K or retirement, trust funds or estates, mutual funds, stocks and bonds, etc.)	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is on strike	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a resident of Allen County	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Is a U.S. citizen or Qualified Alien	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have an open Children Service case?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Complete if you are a Non-Custodial Parent:**

**Do you have minor child(ren) not living with you, but residing in the state of Ohio?**  Yes  No **If yes, complete table below:**

Check those in which you are actively working with:  OhioMeansJobs - Allen County  CSEA Seekwork  BB/BS Mentor Program

Name	Relationship	Birthdate	SS Number
1			
2			
3			
4			
5			
6			

**Complete if Requesting Work Transportation:**

Need to show: work schedule, pay, hours of employment and answer the following:

Do you live on a bus route?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a vehicle in the household?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is it insured?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, is it in running condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does anyone in your household have a valid driver's license?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the first date and time employment transportation is needed?	
Employer address:	
Is childcare drop-off needed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, childcare drop off address:	

**\*NOTE for Contingency services, the applicant must demonstrate a verifiable and documented personal or economic crisis which occurred in the previous 60 days, and which resulted in the need for Contingency services. Eligibility for Contingency services are conditional upon the crisis being outside of reasonably expected expenses, and documented by, at a minimum, receipt for payment toward addressing the stated crisis. If this crisis was a result of a criminal act, including the theft of such items as checks, cash or necessary AG goods, the applicant must furnish a police report made within 24 hours of the alleged criminal act.**

I \_\_\_\_\_, an adult age 18 or older, agree to have the staff of the agencies working with me exchange and disclose information on me in order to make determinations of my eligibility for benefits and to provide services which will assist me to become self-sufficient to the extent that such disclosure is permitted by state and federal law and necessary for administration of the programs provided for me to become self-sufficient. By my signature below I affirm to the best of my knowledge and belief these answers are complete and correct. I understand the law provides penalty of fine or imprisonment for anyone convicted of accepting assistance for which he or she is not eligible. I state under penalties of perjury that all the information on this application is true and correct to the best of my knowledge. I also acknowledge that I have received a copy of my rights regarding privacy, fraudulent assistance, faith-based choice and voter registration (Form1006). I also give permission for you to electronically verify my resources.

**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.**

<b>Applicant Signature</b>	<b>Date</b>
<input type="checkbox"/> Gave Client Form 1006	
<b>Caseworker Signature</b>	<b>Date</b>
<input type="checkbox"/> Approved <input type="checkbox"/> Pending <input type="checkbox"/> Denied Reason:	

INDIVIDUAL SERVICE PLAN AUTHORIZATION						
Service Name	Service Type	Code/Fund Source	Dates of Service		Authorized Recipients	Provided By
			Begin	End		

Service type: C = Contingency, O = Ongoing, S = Short-term,

<b>Supervisor Signature</b>	<b>Date</b>
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# Financial Literacy

Applicants are required complete a budget with Caseworker. Those requesting Short-term or Contingency, need to view the Financial Literacy video.  
 Applicant reviewed the Financial Literacy discussion sheet with Caseworker:  Yes  No

## BUDGET WORKSHEET

Budget Period:

**CURRENT:** One Month Prior to Application From: \_\_\_\_\_ To: \_\_\_\_\_ (Today's date)

**PROJECTED:** One Month Past Application From: \_\_\_\_\_ (Today's date) To: \_\_\_\_\_

INCOME/RESOURCES			EXPENSES		
	Current	Next 30 Days		Current	Next 30 Days
Employment			Rent/Mortgage		
Employment			Home Insurance		
Employment			Phone/Cell		
Child Support			Electric		
Social Security			Gas/Propane/Fuel/Oil		
SSI			Water		
OWF			Trash		
Food Stamps			Cable/Satellite		
Unemployment			Car Payment		
Workers Comp			Car Insurance		
VA			Gasoline/Oil		
Savings/Checking			Laundry		
CDs			Food (in addition to Food Stamp Allotment)		
Mutual Funds			Credit Card(s)		
Stocks/Bonds			Daycare/Sitter		
Other _____			Rent to Own		
Other _____			Medical		
Other _____			Clothing		
Other _____			Other: Crisis Cost/Unexpected Costs		
<b>TOTAL INCOME</b>			<b>TOTAL EXPENSES</b>		

**CURRENT INCOME:**

TOTAL INCOME: \$ \_\_\_\_\_

- TOTAL EXPENSES: \$ \_\_\_\_\_

= Net Remaining \$ \_\_\_\_\_

Crisis Confirmed?  Yes  No

Caseworker Initials \_\_\_\_\_

**PROJECTED INCOME:**

TOTAL INCOME: \$ \_\_\_\_\_

- TOTAL EXPENSES: \$ \_\_\_\_\_

= Net Remaining \$ \_\_\_\_\_

Can client maintain?  Yes  No

Caseworker Initials \_\_\_\_\_