



## Prevention, Retention and Contingency (PRC) and Title XX Application

Allen County Job & Family Services, 951 Commerce Pkwy., Lima, OH 45804

FAX: 419.228.0420    Email: allen\_social\_services@jfs.ohio.gov    Questions? Call 419.999.0224

Applicant Name (First Name, Middle Initial, Last Name)		Case Number	Application Date ( <i>date signed app is received by agency</i> ):
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 services you are requesting (Examples: training, car repair, transportation, etc.):			
If applying for an Ongoing 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 ( <b>See note on page 2</b> )			

**\*\*\*Documented verification and all household income must be submitted to ACDJFS within 30 Days or your application may be denied.**

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

<b>AGENCY USE:</b>	<b>TOTAL MONTHLY INCOME:</b>	<b>\$</b>
<b>TITLE XX: 185% FPG for AG: \$</b>	<b>PRC: 200% FPG for AG: \$</b>	

Please answer the questions below:	Caseworker Verification
Do you receive OWF cash benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive Food Assistance / SNAP?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive free or reduced school lunches? School _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a fugitive felon, probation or parole violator?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a fraud overpayment (PRC or OWF)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have an OWF or SNAP Sanction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an unmarried, non-graduated parent under 18 years old, not attending high school or equivalent?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you an unmarried parent under 18 years old not living in an adult supervised setting?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you fraudulently obtained assistance in two or more states?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have 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.)? If yes, what resources: _____ Amount: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you on strike from employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a resident of Allen County?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you 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

<b>AGENCY USE:</b> <input type="checkbox"/> PRC <input type="checkbox"/> TXX	Applicant watched financial literacy video: CW Initials _____ Date _____
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**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

Child(ren) Name	Relationship	Birthdate	SS Number	City & State
1				
2				
3				
4				
5				

**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 (Rent, Utilities, Refrigerator, or Stove):** The applicant must demonstrate a verifiable and documented personal or economic crisis which occurred in the last 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>
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<b>Caseworker Signature</b>	<b>Date</b>
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Approved  Pending  Denied Reason: \_\_\_\_\_

Gave Client Form 1006  Gave Client Transportation Guidelines Form

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

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

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

All 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		
	Past 30 Days	Next 30 Days		Past 30 Days	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 \_\_\_\_\_