

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.

**PORTAGE COUNTY JOB AND FAMILY SERVICES
 PREVENTION, RETENTION AND CONTINGENCY PROGRAM APPLICATION (PRC)**

Applicant Name _____ Current Address _____

Telephone Number(s) _____ City _____ Zip _____

List all members of your household (everyone that lives at the above address)

NAME	SOCIAL SECURITY #	DATE OF BIRTH	INCOME
Self			

Any person who is eighteen (18) years or older or emancipated with at least one minor child and/or pregnant and must also be a resident of Portage County can apply for PRC services. Pregnancy must be verified.

Please answer the questions below:

Is anyone in the household employed, if so, where? _____ Hours per week _____

Have you quit a job in the past 60 days, if so why? _____

Are you currently under any type of sanction through Job and Family Services? _____ Yes _____ No

What is the cause of your current situation? _____

What other agencies have you contacted for assistance with this emergency? _____

If you are eligible, the agency will limit assistance under this program to the actual documented amount of need, or the amount restricted for a specific service, or whichever is lower.

WARNING: By my signature below, I declare and state under penalty of perjury that the information on this application is true and complete to the best of my knowledge. I understand that the law provides penalty of fine and imprisonment (or both) for anyone convicted of accepting assistance he or she is not eligible for. Also, by my signature, I acknowledge that final approval of my PRC request is based on the established guidelines, availability of PRC funds, and is subject to the approval of the Director/Designee. I authorize the exchange of information between PCDJFS and the providers. I understand that all information contained in this application is confidential.

 Signature of Applicant

 Date

EMERGENCY SERVICES* - PLEASE CHECK WHICH SERVICE IS YOUR EMERGENT NEED:

- | | |
|---|--|
| 3. _____ EMPLOYMENT EXPENSES (tools, licenses, uniforms) | 14. _____ RELOCATION |
| 4. _____ EDUCATION PROFICIENCY (Ages 14-19) | 15. _____ DOMESTIC VIOLENCE |
| 5. _____ ADULT EDUCATION | 17. _____ HOMELESS SHELTER |
| 6. _____ UTILITY ASSISTANCE: Check applicable utility: | 19. _____ CHILD SAFETY KIT (3 years or younger) |
| <input type="checkbox"/> Gas | 23. _____ FAMILY DISASTER |
| <input type="checkbox"/> Electric | 25. _____ CLOTHING –Reunification/Disaster/Domestic Violence |
| <input type="checkbox"/> Bulk Fuel | 28. _____ ACADEMIC SUPPORT |
| <input type="checkbox"/> Water | 29. _____ TRANSPORTATION (Gas Card/Bus Pass) – |
| 7. _____ HOME REPAIRS (Home ownership required) | Employment Required (30 hrs. weekly minimum) |
| 10. _____ CRIBS (2 years or younger) | |
| 12. _____ LEGAL AID - Please call 800-998- 9454 | |

ELIGIBILITY DETERMINATION
(For Agency Use Only)

INCOME		PUBLIC ASSISTANCE INCOME	
GROSS WAGES/30 DAYS PRIOR TO APPL.		OWF GRANT	
		UNEARNED INCOME	
TOTAL		TOTAL	
PRC/ FPG FOR HH SIZE OF \$ _____		APPROVED DATE _____ DENIAL DATE _____	
DATE OF APPLICATION _____		30 DAY BUDGET PERIOD FROM _____ TO _____	

CONTRACTED AGENCY: _____

APPROVED DATE _____ DENIAL DATE _____ REASON _____

ADDITIONAL INFORMATION NEEDED IS: _____

FEDERAL POVERTY GUIDELINES EFFECTIVE 1/20/2011

HOUSEHOLD SIZE OF: 2	\$2,452.00
3	\$3,089.00
4	\$3,725.00
5	\$4,362.00
6	\$4,999.00
7	\$5,635.00
8	\$6,272.00

Staff Signature/Date

*The numerical order of the Emergency Services correlates to the numerical order in the PRC database and cannot be changed.