

PREVENTION, RETENTION, CONTINGENCY APPLICATION (PRC)

READ BEFORE COMPLETING PRC APPLICATION

Name _____ SS# _____ Date _____

PRC is a special category of assistance offered by the Logan County Department of Job and Family Services. It is designed to help families with urgent needs, which, if left unattended, could result in the family requiring public assistance. By helping families address short-term needs, services will be provided with the exception that families will overcome immediate barriers to achieving and maintaining self-sufficiency and personal responsibility.

Any family or individual with a minor child in the home is potentially eligible for assistance through the PRC program.

Yes	No	
___	___	Are you working 32 hours per week, full time student with 12 credit hours or a combination of both?
___	___	Can you provide verification of all income (earned and unearned) which has been received by any member of the PRC household during the previous 30-day period, from the date of the application?
___	___	For Rent, can you provide the Landlord/Managers Eviction Statement, with the amount owed?
___	___	Do you have a shut off notice for utilities that are in your name?
___	___	Have you applied for the HEAP program through Bridges, if applicable?
___	___	If you need vehicle repaired is the Title in your name? Do you have a valid Driver's License & Insurance?
___	___	Have you applied for PRC anywhere in this state or another state in the past 12 months?

The eligibility determined for PRC services shall be made on a case-by-case basis at the discretion of the Logan County Department of Job & Family Services. Your application is good for 10 working days from the date application was received in our office.

Prevention, Retention and Contingency PRC Application

Date Received	
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Applicant Contact Information

First Name	Middle Initial	Last Name	
Current Street Address	P.O. Box	City, State, Zip	
Social Security #	Case #	Citizenship: Yes or No	Alien #
Telephone #	Message Number Name & Relationship of Contact		

Applicant must complete the following Information.

1. Explain the specific change in circumstance that has occurred to you and your family in the last 6 months that led to your PRC application, and give the amount you are requesting.

Total Estimated Amount Needed _____

2. Have you ever received public assistance from a Job & Family Service department? ☐ Yes ☐ No

3. Is anyone in your household presently under a sanction or disqualification from any JFS (OWF, FS, Medical) program? ☐ Yes ☐ No

4. For Vehicle Repair's, do you have a Valid Driver's License with Title & Insurance in your name?

☐ Yes ☐ No

5. For Rent/Deposits or Utilities, are they in your name? ☐ Yes ☐ No

6. If you are requesting assistance with Rent & Deposits please give explanation for relocation.

New Address: _____ City, State, Zip _____

7. Please check all other agencies you have contacted for help.

<input type="checkbox"/> Bridges Community Action Partnership (CAP) \$ _____ for _____	<input type="checkbox"/> Helping Hands Catholic Charities \$ _____ for _____	<input type="checkbox"/> Children Services/FCFC \$ _____ for _____
<input type="checkbox"/> West Liberty Cares West Liberty School Dist. \$ _____ for _____	<input type="checkbox"/> St. Vincent de Paul Bellefontaine \$ _____ for _____	<input type="checkbox"/> Salvation Army \$ _____ for _____
<input type="checkbox"/> St. Vincent de Paul Indian Lake School Dist. Only \$ _____ for _____	<input type="checkbox"/> Friends Serving Friends Indian Lake Residents Only \$ _____ for _____	<input type="checkbox"/> Veterans Services of L.C. \$ _____ for _____
<input type="checkbox"/> OTHER (Family, friends, church's, etc.) Please explain, <div style="text-align: right;">\$ _____</div>		

8. Complete the chart below verifying all persons including yourself & children living at this residence

Name	Relationship to Applicant	Age	Social Security #	Source of Income (Employment Earnings, Child Support, VA Benefits, SSA, SSI, etc..)
	SELF			

If you are eligible, the agency will limit assistance provided to the actual documented amount of need.

Any attempt to apply for P.R.C. benefits fraudulently shall be prosecuted under the Ohio Revised Code.

Any voucher or check issued with a specific intent that is redeemed, cashed, or used for anything other than this intended P.R.C. emergency application shall be charged with a theft offense. By signing this application, I agree to provide documentation/verifications necessary to prove eligibility within 10 working days from the date application is received. Failure to provide requested documentation may result in denial of the application.

Applicant(s) Signature _____ Date _____

FAMILY MONTHLY BUDGET

NAME _____ DATE _____

Record your monthly spending habits below, it's important to have a written budget when you are struggling to make ends meet each month. This will help you create your own spending plan.

MONTHLY INCOME	
Applicant's Monthly Income	Amount:
Additional Household Monthly Income	Amount:
Other Income (Child Support, Alimony, etc.)	Amount:
Total Monthly Income	Total:

EXPECTED MONTHLY EXPENSES	
Home	Amount
Monthly Rent or Mortgage	\$
Rental or Mortgage Insurance	\$
Property Tax (If pay monthly)	\$
Gas or Propane	\$
Electric	\$
Water & Sewer	\$
Garbage Collection	\$
House Phone	\$
Cell Phone	\$
Cable or Satellite	\$
Internet	\$
Repairs/Maintenance	\$
Transportation	Amount
Car Payment	\$
Insurance	\$
Public Transportation	\$
Gas/Fuel	\$
Parking	\$
Repairs	\$
Daycare & School Fees	Amount
Child Care Cost	\$
School Lunches	\$
School Fees	\$
Health Care	Amount
Health Insurance	\$
Prescriptions/Over Counter Drugs	\$
Dental/Eye	\$
Co-Payments or Out of Pocket Expenses	\$
Life Insurance	\$
Veterinarian Fees	\$

FAMILY MONTHLY BUDGET

Groceries & Restaurants & Household	Amount
Groceries (Beyond FS Supplement)	\$
Household Supplies	\$
Restaurant or Fast Food	\$
Animal Food Cost	\$
Personal	Amount
Clothing x everyone in the household	\$
Salon/Barber	\$
Personal Hygiene/Beauty	\$
Entertainment/Recreation	Amount
Health/Fitness	\$
Kid Camps/Sports/Swimming Pool	\$
DVD/Video Rentals	\$
Movies/Plays	\$
Concerts	\$
Toys/Sports Equipment	\$
Monthly Subscriptions	\$
Financial Obligations	Amount
Credit Card	\$
Store Credit Card	\$
Rent to Own	\$
Payday Lender	\$
Church/Charity	\$
School Loans	\$
Child Support	\$
Alimony	\$
Court Fee's	\$
Vacations & Holiday	Amount
Transportation/Plane/Vehicle	\$
Accommodations	\$
Food	\$
Souvenirs/Entertainment	\$
Vacation/Christmas Savings	\$
Miscellaneous/Buffer	Amount
	\$
	\$
	\$
Total Monthly Budget	\$
Total Monthly Income	\$
	\$

FAMILY MONTHLY BUDGET

Provide a detailed statement as to what you & your family have done or can do to prevent your current situation from re-occurring.

If your monthly income doesn't cover your monthly expenses what changes can be made.

For Agency Use Only

Prevention, Retention and Contingency

Name of Applicant _____ Date of Application _____

30-day budget period _____ to _____ Verification Due Date _____

(m/d/y)

(10 Working Days From Date Application Received)

Verified Eligibility

<input type="checkbox"/> Sanctions	<input type="checkbox"/> Fraud	<input type="checkbox"/> Previous PRC's	<input type="checkbox"/> Child Support
<input type="checkbox"/> Household	<input type="checkbox"/> Monthly Budget	Amount Date For What	<input type="checkbox"/> Verification Check List
<input type="checkbox"/> Kinship Caregiver	<input type="checkbox"/> Involved with Children Services (Case plan)	<input type="checkbox"/> Voter Registration	<input type="checkbox"/> Other (Explain):

Please include all (Earned & Unearned) Income for everyone that lives at this residence.

[illegible]

Total Monthly Income \$ _____

(Compare to 200% of Federal Poverty Guidelines) Household of _____ = \$ _____ Monthly

If PRC is Approved

Date Approval Letter Sent_____

Vendor Name & Address	Amount Paid

PRC	PRC Denial	PRC Denial Date	PRC Denial Letter Sent

Reason for Denial _____

Signature of Caseworker	Date	Signature of Supervisor	Date
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**Monthly
Poverty
Measure
Effective
2019**

Assistance Group Size	200 % Monthly FPG
1	\$2082
2	\$2819
3	\$3555
4	\$4292
5	\$5029
6	\$5765
7	\$6502
8	\$7239
9	\$7975
10	\$8712
11	\$9449
12	\$10185

**Federal
Guideline

September**

Note/Referral Section:

- ☐ Refer to Parenting classes at Family Children First Council
- ☐ Refer to Budgeting class on-line with United Way, must provide proof before re-applying
- ☐ Refer to Bridges for financial sessions, must provide proof before re-applying
- ☐ Refer to OOD
- ☐ Refer to WIOA
- ☐ Refer to Child Care
- ☐ Refer to Job Coach/Job Developer
- ☐ Refer to CCMEP (age 18-24)
- ☐ Refer to Logan County DJFS other services (SNAP, Medicaid, Child Support)
- ☐ Refer to OhioMeansJobs Logan County
- ☐ Refer to Mental Health/ Drug & Alcohol Counseling
- ☐ Other referral: _____

Ohio Department of Job and Family Services
VOTER REGISTRATION
NOTICE OF RIGHTS AND DECLINATION

County Department of Job and Family Services
Logan County Department of Job and Family Services

Name

Date

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.

☐ Yes, I want to update my address.

☐ NO, I do not want to register to vote.

☐ NO, I am already registered 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.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

(This portion to be retained by agency)

(This portion to be given to applicant/recipient)

If you have not received any verification of your voter registration from the county board of elections in which you reside within 21 days from the date you registered, you may inquire about the status of your registration by contacting your county board of elections.

If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the prosecuting attorney of your county or with the Secretary of State:

Ohio Secretary of State
180 E. Broad Street
Columbus, OH 43215
(614) 466-2585
Toll Free: (877) 767-6446

Address of County Prosecutor
117 E. Columbus Ave.

City, State and Zip Code of County Prosecutor
Bellefontaine, OH 43311

Phone Number of County Prosecutor
(937)593-3755

=Voter Registration and Information Update Form=

Please read instructions carefully. Please type or print clearly with blue or black ink.
For further information, you may consult the Secretary of State's website at: www.OhioSecretaryofState.gov or call (877) 767-6446.

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be *received or postmarked* by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Numbers 1 and 2 below are required by law. You *must* answer both of the questions for your registration to be processed.

Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the *last four digits* of your Social Security number on line 10. If you have neither, please write "None."

Please see information on back of this form to learn how to obtain an absentee ballot.

Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

FOLD HERE

I am: ☐ Registering as an Ohio voter ☐ Updating my address ☐ Updating my name

1. Are you a U.S. citizen? ☐ Yes ☐ No

2. Will you be at least 18 years of age on or before the next general election? ☐ Yes ☐ No

If you answered NO to either of the questions, do not complete this form.

3. Last Name

First Name

Middle Name or Initial

Jr., II, etc.

4. House Number and Street (Enter new address if changed)

Apt. or Lot #

5. City or Post Office

6. ZIP Code

7. Additional Mailing Address (if necessary)

8. County (where you live)

9. Birthdate (MO-DAY-YR) (required)

10. Ohio Driver's License No. OR
Last Four Digits of Social Security No.
(one form of ID required to be listed or provided)

11. Phone No. (voluntary)

12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street

Previous City or Post Office

County

State

13. CHANGE OF NAME ONLY Former Legal Name

Former Signature

14.

I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.

Your Signature ↓

Date

MO / DAY / YR

FOR BOARD
USE ONLY
SEC4010 (Rev. 4/15)
City, Village, Twp.

Ward

Precinct

School Dist.

Cong. Dist.

Senate Dist.

House Dist.