

## Prevention, Retention & Contingency (PRC) Application

\*\*Falsified applications will disqualify you from any PRC benefits for 12 months\*\*

Name of Applicant	Current Address (Number, Street, and City)	<b>Agency Use Only</b>	
Social Security Number	Email: _____	Case Number	
Telephone Number ( _____ ) _____ - _____  ( _____ ) _____ - _____		County <b>17</b>	Unique ID
		30 Day Budget Period	

1. Have you or anyone in your household ever received any type of public assistance from a Job & Family Services?  YES  NO  
If YES, give the county JFS, the type of assistance received and the date received \_\_\_\_\_  
\_\_\_\_\_
  
2. Explain what you need and estimate the amount you are requesting for PRC \_\_\_\_\_  
\_\_\_\_\_
  
3. Have any other agencies helped you with this need?  YES  NO  
If YES, name the agency and tell how they helped you \_\_\_\_\_  
If NO, tell why you were not helped \_\_\_\_\_
  
4. Is anyone in your household presently under sanction or disqualified from any Job & Family Services programs?  YES  NO
  
5. Are you or anyone in your household pregnant?  YES  NO  
Name of person and due date: \_\_\_\_\_

**INCLUDING YOURSELF, COMPLETE the chart below for EVERYONE living in your home even if they are NOT applying for benefits.**

*You are required to verify all income for the past 30 days for **EVERY** member of your household*

NAME	Relationship to Applicant	Age	Social Security Number	Source of Income (Paid employment, Child Support, VA Benefits, SSI, SSA, SSD, etc.) AND amount received
	SELF			

6. Is your household receiving assistance of Metro?  YES  NO      Is your household getting a utility allowance?  YES  NO  
Has your household received HEAP this year?  YES  NO  
If YES, how much Metro \_\_\_\_\_ How much utility allowance \_\_\_\_\_ How much HEAP \_\_\_\_\_

Complete the employment chart below for everyone living in your home, including yourself, even if they are NOT applying for benefits.

You are required to verify all income for the past 30 days for **EVERY** member of your household

NAME	Employer Name	Start Date (Month/Year)	End Date (Month/Year)	Reason for Leaving Employer	Currently Employed (YES / NO)

7. Has anyone in your household quit or refused a job in the last 60 days?  YES  NO  
If YES, state who quit, when this happened and why \_\_\_\_\_
8. Is anyone in your household eligible for, but not receiving court ordered child support?  YES  NO  
If YES, List name(s) of individuals not receiving court-ordered child support \_\_\_\_\_
9. Does anyone in your household own or have access to a vehicle?  YES  NO  
If YES, list name(s) and means of transportation \_\_\_\_\_
10. Is anyone in your household fleeing to avoid prosecution, custody, or confinement after conviction of a crime or an attempt to commit a crime which is a felony under the laws of the state of which the individual is fleeing?  YES  NO  
If YES, list name(s) of person \_\_\_\_\_
11. Are you or any member of your household violating a condition of parole / probation under federal or state law?  YES  NO  
If YES, list name(s) of person \_\_\_\_\_
12. Would you or any member of your household 18 years and older like to register to vote?  YES  NO  
\*\*Please fill out attached Voter's Registration Form and return with the application.
13. Do you or any member of your household have a Checking Account?  YES  NO  
How much is in the account? \_\_\_\_\_
14. Do you or any member of your household have a Savings Account?  YES  NO  
How much is in the account? \_\_\_\_\_
15. Do you or any member of your household have cash on hand?  YES  NO  
How much cash do you have on hand? \_\_\_\_\_

*I affirm that I have answered these questions truthfully and to the best of my knowledge and I understand that if I receive benefits that I am not entitled to, Crawford County Job & Family Services will pursue recovery of these funds and I will be responsible for paying back any amount received wrongfully. I agree to allow Crawford County Job & Family Services to share information, including but not limited to income information, amongst all Job & Family Services units for purpose of program eligibility and compliance, and/or child support determination. Further, I give consent to JFS to make whatever contacts are necessary to determine my eligibility for assistance and to verify information I have given in my application.*

**SIGNATURE OF APPLICANT** \_\_\_\_\_ **DATE** \_\_\_\_\_

If you are determined eligible, Crawford County JFS will limit assistance under the program to the actual documented amount in need.  
**\*\*NOTE: The PRC program has up to 10 business days to APPROVE/DENY applications once all documentation has been turned in\*\***