

Prevention, Retention & Contingency (PRC) Application

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

Name of Applicant	Street	Agency Use Only	
Social Security Number	City, Zip Code	OB Case Number(s) /	
Telephone Number	Email	County 17	Unique ID
<i>Correspondence may be sent to your Email.</i>		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
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 and/or other community organizations 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****