Ohio Department of Job and Family Services

**PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION FOR STATE**

**MODEL**

|  |  |
| --- | --- |
| Name of Applicant | Telephone Numbers Where You Can Be Reached  *( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_*  *( ) \_\_\_\_\_\_\_\_ - \_\_\_\_\_\_\_\_\_\_\_\_\_\_* Date of Birth: |
| Current Address |
| Social Security Number |

|  |  |
| --- | --- |
| **For Agency Use Only** | |
| Case Number | |
| Date Sent | Date Returned |
| County | Unique ID |

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|  |  |  |  |
| --- | --- | --- | --- |
| 1. Have you ever received public assistance from a human services department? Yes No If yes, give the county JFS, type of  assistance received and the date received? | | | |
| 2. | Explain what you need and estimate the amount you are requesting. |  |  |
| 3. | Give the name of other agencies you have contacted for help. |  |  |
| 4. | Have any other agencies helped you with this need? Yes  were not helped. | No | If yes, name the agency and tell how you were helped. If no, tell why you |

5. Complete the chart below verifying all income for all the members of your household, including yourself.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship to Applicant** | **Age** | **Education *(last grade completed)*** | **Source of Income *(Earnings, Child Support, VA Benefits, SSA, SSI, etc.)*** | **Monthly Amount of Income** |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |
|  |  |  |  |  | $ |

|  |
| --- |
| 6. 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. |

1. Does anyone in your household own a car, have access to a car, or live near a bus line? Yes No If yes, list the name(s) of individuals  
   and the means of transportation.

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1. Complete the chart below for employment history of each adult household member in the past 2 years.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name** | **Employer Name** | **Type of Employment** | **Date**  **Employment**  **Began**  ***(month/year)*** | **Date Employment Ended *(month/year)*** | **Reason for Leaving Employment** | **Currently Employed *(yes/no)*** |
|  |  |  |  |  |  |  |
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|  |  |  |  |  |  |  |

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

|  |  |
| --- | --- |
| Signature of Applicant | Date |

Email Address:

**For Agency Use Only**

Date Application received *(mm/dd/yy)* 30 day budget period: *(mm/dd/yy)* To *(mm/dd/yy)*