



PREVENTION RETENTION & CONTINGENCY (PRC) APPLICATION

Name of Applicant	Phone Number	Email Address	
Address	City	State	Zip

Please check all the types of assistance that you are applying for on this application:

- Shelter Assistance
- Vehicle Repair
- Water, Gas, and/ or Electric
- Employment & Training Readiness
- Employment Retention
- Kinship Caregiver Program
- Family Stability
- Subsidized Employment (SEP)
- Youth Employment
- Disaster Services
- Vehicle Fuel

Please explain specifically what you are requesting:

Provide the name(s) of other agencies you have contacted for help:

Did you receive help from any other agency?

Yes, please explain:

NO, please explain:

In the last 12 months, have you received PRC assistance from any other county? If so where?

In the past 30 days, have you received any of the following assistance?

- SNAP Food Assistance (Food Stamps)
- OWF Cash Assistance
- PRC Assistance

Is anyone in your household eligible for but not receiving court-ordered child support?

Yes If yes, please list the name(s) of individuals eligible for but not receiving child support:

No

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

Yes

No

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. A voter registration form is available.

Please complete the information below for EVERYONE living in your household, including yourself. You are required to verify ALL income, earned and/or unearned for ALL members of your assistance group for the previous 30 days. (Minor's earned income is exempt.)

Name	Relationship to Applicant	Monthly Income	Birth Date	SSN
	SELF			

If you are a Non-Custodial Parent, list your child(ren)'s information below:

Name	Relationship	Birth Date	SSN

I certify that I:

- Have a minor/dependent child in my home or am pregnant.
- Am a citizen of the United States or a qualified alien.
- Have not fraudulently received assistance under any PRC, SNAP, Medicaid, TANF or OWF Programs.
- Do not currently have any outstanding PRC, SNAP, Medicaid, TANF or OWF overpayment(s).
- Am not a fugitive felon, probation/parole violator, or an incarcerated individual.
- Am not a striker.
- Am not an unmarried, non-graduate parent under the age of 18, or not attending high school or equivalent.
- Am not an unmarried, non-graduate under the age of 18, not living in an adult supervised setting.
- Have not fraudulently misrepresented residence in order to obtain assistance in two or more states.
- Did not falsify my application for PRC.
- Will cooperate with any service plan connected to my PRC application.
- Agree to indemnify and hold harmless the Delaware County Department of Job and Family Services from any and all occurrences, losses, damages, claims, suits, or contingent or direct liabilities that may arise as a result of any and all acts performed or that fail to be performed by the Independent Contractor rendering services I have requested on this application. I certify that the above information is correct.

I certify all the above information and understand that my signature on this application provides Delaware County Department of Job & Family Services the authority to verify any/all information through any contacts necessary to determine my eligibility for the services I've requested.



Signature of Applicant

Date



Delaware County Department of Job and Family Services

Robert A. Anderson,
Director

Client Name: _____

SS#: _____

PRC FINANCIAL REVIEW

Monthly Income

Employment: _____

Cash Assistance: _____

SSI/SSD: _____

Food Assistance: _____

Workers Comp: _____

Unemployment: _____

Child Support: _____

Other: _____

Savings Acct: _____

Checking Acct: _____

Total Income: _____

Monthly Expenses

Rent/Mortgage: _____

Car Loan(s): _____

Gas/Heating Oil: _____

Repairs/Tires: _____

Electric: _____

Insurance: _____

Water/Sewer: _____

Credit Cards: _____

Cell Phone: _____

Other Loans: _____

Food: _____

Child Care: _____

Medical/Dental: _____

Other: _____

Total Expenses: _____

Prepared By: _____

Date: _____

DCDJFS, 145 NORTH UNION STREET, DELAWARE, OHIO 43015

(740) 833-2300

FAX: (740) 833-2299



Delaware County Department of Job and Family Services

**Robert A. Anderson,
Director**

RELEASE OF INFORMATION

Professional ethics and the Ohio Department of Job and Family Services regulation prohibit the exchange of information concerning an individual without the written permission of the individual involved.

Permission has been granted for the Delaware County Department of Job and Family Services by:

(Name)

(SSN#)

(Address)

(DOB)

The information to be exchanged includes but is not limited to: case data, employment verifications, work history, medical documentation, rent, mortgage and utilities, living arrangements, BMV and school training, enrollment, course work, tuition fees, attendance and grades.

I am voluntarily signing this Release of Information. I hereby grant permission to Delaware County Job & Family Services to make whatever contacts necessary to determine eligibility and verify information provided on the application for assistance.

I understand my right to privacy and hereby waive the right solely for the above purpose. This release is valid for one year from the date signed, and may be rescinded at any time; however, an individual cannot rescind consent retroactively. (ORC 5101.27)

(Signature)

(Date)

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