



**PREVENTION, RETENTION & CONTINGENCY (PRC)
APPLICATION**

Date Received	
Time Received	
Case Number	

Name of Applicant (Parent/Caretaker):		Telephone # where you can be reached	
Street Address:	City:	ZIP:	
Mailing Address (if different from above):		Email Address:	

Please explain what type and amount of assistance you are applying for, and what has caused this need?

List any other agencies you've contacted for help and explain what services were received (if any).

In the past year, have you received PRC assistance from this county, or any other county? YES No
Please explain:

In the past 30 days, please check if you have received: SNAP Food Assistance OWF Cash Assistance

Please complete the information below for **EVERYONE** living in your household, including yourself. You are required to verify all income, earned and/or unearned (such as Wages, Social Security, VA Pension, Worker's Compensation, Child Support, or lump sum payments) for all members of your assistance group for the previous 30 days. Minor's earned income is exempt.

Name <i>List all household members</i>	Relationship <i>To Applicant</i>	Birth Date	Social Security Number	Source of Income and Gross Monthly Amount <i>Example: ABC Employer: \$2,150</i>
	SELF			

If you are a Non-Custodial Parent, list your children's names & addresses below:

Name	Address	Birth Date	SSN



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Table with 2 columns: Label (Date Received, Time Received, Case Number) and empty input field.

I certify that I:

- 1. Have a minor/dependent child in my home or am pregnant.
2. Am a citizen of the United States or a qualified alien.
3. Have not fraudulently received assistance under any PRC, SNAP, Medicaid, TANF or OWF Programs.
4. Do not currently have any outstanding PRC, SNAP, Medicaid, TANF or OWF overpayment(s).
5. Am not a fugitive felon, probation/parole violator, or an incarcerated individual.
6. Am not a striker.
7. Am not an unmarried, non-graduate parent under the age of 18, or not attending high school or equivalent.
8. Have not fraudulently misrepresented residence in order to obtain assistance in two or more states.
9. Did not falsify my application or verification documents for PRC.
10. Will cooperate with any service plan connected to my PRC application.
11. 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 an Independent Contractor rendering services I have requested on this application.

I certify all the above information and understand that my signature (or electronic 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 requested services.

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 of Applicant/Parent/Caretaker

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

Monthly Federal Poverty Guideline amounts are used to determine income eligibility for PRC. The total gross countable income of all members of the assistance group (except earned income of a minor/un-emancipated child) must be equal to or less than 200% for the appropriate household size.

Current guidelines are available online at: jfs.co.delaware.oh.us