

## PREVENTION, RETENTION AND CONTINGENCY PROGRAM (PRC) APPLICATION

Name of Applicant	Present Address	For Agency Use Only:
Social Security Number		Case Number
Telephone # Where You Can Be Reached:		PRC Application Date
		County
		User ID

**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.**

**If you do not check either box, you will be considered to have decided not to register to vote at this time.**

1. Have you ever received any type of public assistance from a Job & Family Services Department?  Yes  No    If yes, give the county DJFS, the 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  No    If yes, name the agency and tell how you were helped. If no, tell why you were not helped. \_\_\_\_\_
5. Is anyone in your household presently under a sanction or disqualification from any Job & Family Services program?  Yes  No    If Yes, give the name and the date the sanction or disqualification began. \_\_\_\_\_
6. Has anyone in your household quit or refused a job in the last 90 days?  Yes  No    If Yes, give name, the date of the quit or refusal, and the reason for the quit or refusal. \_\_\_\_\_
7. Is there anyone in your household who is currently a fugitive felon, or a probation or parole violator?  Yes  No    If Yes, please explain. \_\_\_\_\_
8. Complete the chart below for anyone living in your home, including yourself. You are required to verify all income & resources for all members of your household

Name	Social Security Number	Date of Birth	Amount of Income	Source of Income	Amount of Resource	Source of Resource
1.						
2.						
3.						
4.						
5.						
6.						

**Release of Information**

I understand and agree that the CDJFS may contact other persons or organizations to obtain, verify or provide necessary information regarding my eligibility.

**Rights and Responsibilities**

**I have received a copy of JFS 4059 – Explanation of State Hearing Procedures.** \_\_\_\_\_

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

Signature of Applicant:	Date:
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**PREVENTION, RETENTION AND CONTINGENCY PROGRAM (PRC)**

Date Application received (mm/dd/yr) \_\_\_\_\_ 60 Day Budget Period: From (mm/dd/yr): \_\_\_\_\_  
 To(mm/dd/yr): \_\_\_\_\_

**Request** List the items and/or services requested and the amount needed for each.

Item or Service	Amount Needed	
1.		
2.		
3.		
4.		

Reason for need \_\_\_\_\_

**Community Resources** List the community resources explored to meet this need. If any are utilized, complete the chart.

Agency	Amount	Item/Service	Taxi Service? – Yes/No

**Income**

Source	Amount Available in Budget Period	Verification	
1.	\$		
2.	\$		
3.	\$		
4.	\$		

Income Calculation: \_\_\_\_\_ Total Compare to \_\_\_\_\_ % Federal Poverty Guidelines  
 Equal to \_\_\_\_\_ % or less = Eligibility \_\_\_\_\_ Exceeds \_\_\_\_\_ % = Ineligibility \_\_\_\_\_

**Resources**

Source	Amount Available in Budget Period	Verification	Referral

Resource Calculation \_\_\_\_\_ Total Resources \_\_\_\_\_ PRC Need \_\_\_\_\_  
 \_\_\_\_\_ Countable Resources \_\_\_\_\_  
 \_\_\_\_\_ Countable Resource \_\_\_\_\_ PRC Payment = \_\_\_\_\_

**PRC Approved:** Complete Chart Voucher # \_\_\_\_\_ Date \_\_\_\_\_ Voucher Amount \$ \_\_\_\_\_

Purchase Order #	Item/Service Provided	Date of Approval	Amount Paid	Vendor=s Name and Address
			\$	
			\$	

**PRC Denied:** Date of Denial (mm/dd/yr) \_\_\_\_\_ Date Notice of Denial of Application sent (mm/dd/yr) \_\_\_\_\_  
 Reason for Denial: \_\_\_\_\_

Signature of Caseworker:	Date:	Signature of Supervisor:	Date:
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