Ashland County Dept. of Job & Family Services Prevention, Retention & Contingency (PRC) Application

Applicant Name:	For Agency Use Only
	CASE #
Social Security #:	Date of APPL:
	Worker ID:
Address:	
Phone # where you can be reached:	

The Ashland County Dept. of Job & Family Services Prevention, Retention & Contingency (PRC) Program is not ongoing OWF (TANF) assistance. PRC services are:

- 1) Services that have no direct monetary value to an individual family and that do not involve implicit or explicit income support; and
- 2) One time, short-term assistance which is limited to the amount actually required to meet the presenting obstacle to employment up to \$1500 per 12 consecutive month period of eligibility.

Any number of individual payments can be made during this period as long as they are distinctive, non-ongoing occurrences and do not exceed \$1500 for the PRC Assistance Group (AG) over the 12 month period. The PRC AG shall include at least one minor child (who has not yet attained age eighteen (18), or an individual who has not attained age nineteen (19) and is enrolled and attending an accredited high school / secondary school on a full time basis) who resides with a parent, or specified caretaker. The AG may include other members of the household who may or may not be related to the minor child but who significantly enhance the family's ability to achieve self sufficiency. The unborn fetus, for PRC purposes, shall be considered to meet the definition of a minor child. A PRC AG shall include all other residents in the home who will directly benefit from the PRC benefit and / or service. This includes those individuals normally prohibited from inclusion from an OWF (Ohio Works First) assistance group as listed in Ohio Administrative Code, Section 5101:1-23-01(D).

1) The following information is necessary to determine your assistance group and must be completed for everyone living at your home, including yourself:

Name	Social Security #	Date of Birth	Relationship to Applicant	Gross Income received in past 30 days

	st all sources of incom <u>Ill</u> household members	_	d support, VA benefits, SSI, SSA,			
2)	Are you or anyone in your home currently receiving or in the past 12 months received any form of assistance or help from this or any other Job & Family Services or comparable agency in another state?					
	□ YES	□ NO				
If yes, pl			gency from which it was received:			
3)	Are you or anyone ir any Job & Family Se		ler a sanction or disqualification from			
	□ YES	□ NO				
If yes, st	ate who, type and rea	son for sanction, and date	sanction started:			
4)	Do you or any memloverpayment balance ☐ YES		outstanding OWF or PRC fraud			
If yes, st	ate who, amount and	explain:				
	Are you currently ma	king payments on that ba	lance now? □YES □ NO			
5)	Explain what you ne	ed and estimate the amoເ	nt you are requesting:			
Benefit or Service:		Amount needed:	Reason for Need:			
1.		\$				
2.		\$				
3.		\$				
4.		\$				
5.		\$				

List	community resource	es explored to meet t	his need:		
——————————————————————————————————————	will this item/service	e affect your job?			
Service Provider	Address	Phone	Who did you talk	Price each	Price
1)			to?		Delivered
2)					
3)					
1)					
2)					
3)					
1)					
2)					
3)					
A m	 inimum of THREE r	elatable quotes must sour		ch request not	the sole
6.)	Please provide belo	w a statement indica	ting what caused th	is emergency:	
u	certify that the informat nderstand that if the co ght to request a state h	ion that I have provided is unty department of job ar earing.	s true and correct to the nd family services denie	best of my knowles my application,	edge. I also I have the
Applicant	Signature		Date	е	