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

Applicant Name:
Social Security #:
Address:
Phone # where you can be reached:

For Agency Use Only
CASE #_____
Date of APPL:_____
Worker ID: _____

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 $2000 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

Please list all sources of income to include earnings, child support, VA benefits, SSI, SSA, etc. for all household members on Page 1.

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, please state type and amount of assistance and agency from which it was received:

_____

_____

_____

3) Are you or anyone in your home presently under a sanction or disqualification from any Job & Family Services program?

☐ YES ☐ NO

If yes, state who, type and reason for sanction, and date sanction started: _____

_____

_____

4) Do you or any member of your home have any outstanding OWF or PRC fraud overpayment balances?

☐ YES ☐ NO

If yes, state who, amount and explain: _____

_____

Are you currently making payments on that balance now? ☐YES ☐ NO

5) Explain what you need and estimate the amount you are requesting:

Benefit or Service:	Amount needed:	Reason for Need:
1.	$	
2.	$	
3.	$	
4.	$	
5.	$	

List community resources explored to meet this need:

_____

_____

_____

How will this item/service affect your job? _____

_____

_____

Service Provider	Address	Phone	Who did you talk to?	Price each	Price Delivered
1)					
2)					
3)					
1)					
2)					
3)					
1)					
2)					
3)					

A minimum of THREE relatable quotes must be provided for each request not the sole source

6.) Please provide below a statement indicating what caused this emergency:

I certify that the information that I have provided is true and correct to the best of my knowledge. I also understand that if the county department of job and family services denies my application, I have the right to request a state hearing.

Applicant Signature	Date