



PRC Application Cover Sheet

The Prevention/Retention/Contingency (PRC) program is designed to help families residing in Hamilton County overcome immediate employment-related barriers. Our goal is to help families achieve or maintain self-sufficiency, with the objective of lessening the need for ongoing public assistance.

PRC is not a cash payment or ongoing support such as that afforded by the Ohio Works First (OWF) or Disability Financial Assistance (DFA). Neither is it an entitlement.

PRC Program Eligibility

PRC applicants must:

- ✓ Be age 18 or older.
- ✓ Have at least one dependent child under 18 in the household (19, if the individual has not graduated High School), or be at least six months pregnant.
- ✓ Meet income eligibility requirements.
- ✓ Be gainfully employed or have an employment offer that can be secured with PRC assistance.
- ✓ Have an employment-related need such as:
 - Transportation
 - Clothing
 - Work Supplies
- ✓ Have a short-term training-related need such as:
 - School fees
 - Transportation
 - School Supplies
 - Uniforms

What we need from you when you apply for PRC

Please attach any of the following items that are applicable to you to the PRC application:

- ✓ Verification of Employment (last 60 days prior to application)
- ✓ Verification of Income
 - Paystubs
 - Employment verification letter
- ✓ Employment offer letter
- ✓ Lay-off or Business Closure notice
- ✓ Community Resource documentation

Application approval

Your application is more likely to be approved if you:

- ✓ Submit a complete application with needed documentation
- ✓ Respond to HCJFS requests for additional documentation
- ✓ Provide a current phone number and e-mail address
- ✓ Are available at your provided phone number for a brief interview, or return a call after we leave a message
- ✓ Review the eligibility and documentation requirements above

Prevention, Retention, and Contingency Program (PRC) Application

Name of Applicant	Present Address
Social Security Number	
Telephone Number Where You Can Be Reached	

For Agency Use Only	
Case Number	
Date Sent	Date Returned
County HAMILTON	Unique ID

1. Have you ever received any type of public assistance from a human services department? No; Yes - If Yes, complete the boxes below:

County where you received public assistance:	Type of assistance you received:	Date you received assistance:
--	----------------------------------	-------------------------------

2. Explain what you need, give an estimate of how much you need, and describe how meeting this need will help your family avoid dependence on public assistance.

I am requesting help with:	I need approximately:	This will help my family avoid depending on public assistance by:
	\$	

3. List the names of all other agencies you have contacted for help:

Agencies you contacted to help you with this need:	Was this agency able to help you?		EXPLANATION: If this agency helped you - explain how: If they did not help you - explain why not:
	Yes	No	

- | | | |
|--|------------------------------|------------------------------|
| 4. Is any member of your household indebted to HCJFS for an overpayment due to fraud? | <input type="checkbox"/> No; | <input type="checkbox"/> Yes |
| 5. Is any member of your household an unmarried, non-graduate parent under 18 not attending high school or equivalent? | <input type="checkbox"/> No; | <input type="checkbox"/> Yes |
| 6. Is any member of your household an unmarried parent under 18 not living in an adult-supervised setting? | <input type="checkbox"/> No; | <input type="checkbox"/> Yes |
| 7. Is any member of your household an alien not lawfully admitted for permanent residence? | <input type="checkbox"/> No; | <input type="checkbox"/> Yes |
| 8. Is any member of your household a fugitive Felon, parole or probation violator? | <input type="checkbox"/> No; | <input type="checkbox"/> Yes |
| 9. Is any member of your household not cooperating in establishing paternity or securing child support? | <input type="checkbox"/> No; | <input type="checkbox"/> Yes |
| 10. Has any member of your household been found guilty of fraudulently misrepresenting their residence to obtain benefits in two or more states (within the last ten years)? | <input type="checkbox"/> No; | <input type="checkbox"/> Yes |
| 11. Have you or any member of your household received PRC assistance within the last twelve months? | <input type="checkbox"/> No; | <input type="checkbox"/> Yes |

If one or more of questions 4 through 11 above are answered yes, indicate here which person(s) and condition(s):

12. Complete the chart below for anyone living in your home, including yourself. You are required to verify all income for all members of your household.

Name	Relationship to Applicant	Age	Source of Income	Monthly Amount of Income	Type of Liquid Resource (cash, savings, checking)	Amount of Resource
1.				\$		\$
2.				\$		\$
3.				\$		\$
4.				\$		\$
5.				\$		\$
6.				\$		\$
7.				\$		\$
8.				\$		\$

My signature below affirms that the information above is true and correct to the best of my knowledge and belief.

Signature of Applicant:	Date:
-------------------------	-------