

PRC Application Cover Sheet

The Prevention/Retention/Contingency (PRC) program helps Hamilton County families overcome employment-related barriers. The program's goal is to help families achieve or maintain self-sufficiency, and lessen the need for ongoing public assistance.

PRC is not a cash payment or ongoing support like Ohio Works First (OWF). It is a one-time payment to help with employment-related barriers. If you submit a complete application (see below), it will be reviewed according to the PRC rules. A PRC worker will call you for your application appointment. PRC phone interviews are completed on a first come, first served basis.

Be sure to include a good contact number on the application. Failure to provide a good contact number could result in termination/denial of your PRC application.

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 is still attending high school).
- ✓ Meet income eligibility requirements.
- ✓ Be gainfully employed or have an employment offer that can be secured with PRC assistance.
- ✓ Have an employment-related or training-related need such as:
 - Transportation (gas cards or bus cards)
 - Needed Car Repairs
 - Work or school uniforms (must be required for work or school)
 - School fees or school supplies (text books)
- ✓ Have a need that could de-stabilize your employment or training, such as:
 - Rental assistance
 - Utility assistance
- ✓ Furniture Need baby items and mother must be at least 6 months pregnant or have a child under 4 months old
 - Limited infant products are available; PRC does not assist with baby clothing, diapers and other baby supplies.

PRC Application Requirements

You MUST attach documentation of your financial eligibility. If you do not include this documentation with your application, it will be rejected without review. Verification of Employment (last 60 days prior to application)

- Paystubs or similar proof of household income
- Employment verification letter

You MUST attach documentation of your need. If you do not include this documentation with your application, it will be rejected without review. Examples are provided below.

- ✓ Utility shut off notice in the name of an adult in the applicants household
- ✓ Pregnancy statement documenting pregnancy of at least six months
- ✓ Birth verification of a child under 18 months of age
- ✓ A current pending or recent job offer notice
- ✓ Verification of a school dress code for a child in your home or employment related uniform requirement for an adult in the home

The PRC program will NOT:

- ✓ Pay for rent, deposit, or utility payments (bills) unless:
 - Referred by a community partner with ongoing case management or
 - Accompanied by proof of ongoing income sufficient to pay ongoing bills, with a current eviction/shut off notice, with payment requested to a current county vendor, and with documentation that the need is tied to a flood, fire, natural disaster, infestation

Note: All PRC applications can be:

| | | |
|--|----------------------------|-----------------------------------------|
| | Dropped off or mailed to ➔ | 1916 Central Pkwy, Cincinnati, OH 45214 |
| | Faxed to ➔ | (513) 946-7270 |

Attachment: HCJFS 0399-A – Prevention, Retention, and Contingency Program (PRC) Application

Application for Prevention, Retention, and Contingency Program (PRC)

You must submit:

- ✓ Documentation of the help you need, and
- ✓ Documentation of family income that is sufficient to meet ongoing bills.

Important: Applications submitted without documentation will not be processed.

| | | |
|-------------------------------------------|-----------------|--------------------------------------------|
| Name of Applicant | Present Address | For Referral Partner Only |
| Social Security Number | | Referring Organization |
| Telephone Number Where You Can Be Reached | | Referring staff person |
| Email Address Where You Can Be Reached | | Phone and email for referring staff person |
| | | Intended funding source |

1. Explain what you need and describe how meeting this need will help your family maintain employment or avoid dependence on public assistance. List an estimate of how much you need.

| | |
|-------------------|---------|
| I need help with: | Amount: |
| | \$ |

2. List the community agencies you have contacted for help:

| Name of Agency | 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 | |
| | | | |
| | | | |

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------|
| 3. Is any member of your household indebted to HCJFS for an overpayment due to fraud? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. 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 |
| 5. 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 |
| 6. Is any member of your household an alien not lawfully admitted for permanent residence? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Is any member of your household a fugitive Felon, parole or probation violator? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 8. Is any member of your household not cooperating in establishing paternity or securing child support? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 9. 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 |
| 10. 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 you answered yes to any of these questions, tell us the name of the person(s): _____

11. 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. | | | | \$ | | \$ |

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

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