

**PRC APPLICATION  
(Prevention Retention and Contingency)**

**Checklist Issued with Application**

Marion County Job & Family Services

363 W. Fairground St. ~ Marion, OH 43302-1759 ~ Ph 740-387-8560 ~ Fax 740-387-2175

<b>Applicant Name</b>	<b>Current Address</b> Street: City/St/Zip: County:	<b>Agency Use Only</b>	
<b>Applicants Social Security Number</b>		<b>Case No:</b>	<b>Date Entered Pipeline</b>
<b>Telephone Numbers</b>		<b>Date Received In Agency</b>	
		<b>Case Manager</b>	

**VOTER REGISTRATION APPLICATION ATTACHED – ASSISTANCE AVAILABLE**

If you are not registered to vote where you live now, would you like to apply to register 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.**

The purpose of this document is (first) to assist you in exploring the existing community services available to you to eliminate the barriers you identify that prevent you and your family from maintaining your self-sufficiency; and (second) to allow us to gather the information we need to determine “if” and “how” we may work with and assist you. Please indicate what your current need is: \_\_\_\_\_

Please indicate actions you have taken and the community agencies you have already contacted to assist in meeting your current need: \_\_\_\_\_

What is your plan to prevent this from reoccurring: \_\_\_\_\_

**Please provide the following information for everyone living in your household, starting with yourself:**

Name	Relationship To Applicant	Date Of Birth	Age	Social Security Number	U.S. Citizen Yes/No	If Pregnant Write Yes	Check the box(s) for each benefit listed below that is CURRENTLY being received by the person listed
Applicant Name	Self						<input type="checkbox"/> OWF Cash <input type="checkbox"/> DFA Cash <input type="checkbox"/> Food Stamps <input type="checkbox"/> JFS Child Care Assistance
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**If additional space is needed, please attach an additional page.**

**Benefits will be verified**

If you are a noncustodial parent and you have your own minor child or children that do not live with you, and (1) you are court ordered to pay child support for them, and (2) they live in Ohio, please complete the following:

Minor's Name(s) \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_

Minor's Name(s) \_\_\_\_\_ DOB: \_\_\_\_\_ Address: \_\_\_\_\_

**PRC APPLICATION continued**

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Have you or anyone in your household been found guilty of fraudulently receiving ADC/OWF/PRC/BOOST cash assistance (or) been determined to have committed an ADC/OWF/PRC Intentional Program Violation?  No  Yes.  
If yes, who: \_\_\_\_\_

If you need help with a utility & it is turned off, check \_\_\_\_\_. If you need help with rent & do not have a place to stay, check \_\_\_\_\_.

If you received PRC in another Ohio County in the past 12 months please explain: \_\_\_\_\_  
\_\_\_\_\_

Please provide the following information for everyone in your household, including yourself, that receives  
**EARNED INCOME** from employment, self-employment, etc.

Name	Source	How Often Received	Gross Amount Received Each Pay

If there is no income in your household, please check this box  and explain how you are paying your monthly bills:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

All income received in the past 30 days and all income expected to be received in the future must be reported and verified.

By my signature below, I certify that the above information for myself and all members of my household is true and correct and that all income and potential resources have been reported; I also understand that misrepresentation of any information may subject me to collectible overpayments and other allowable sanctions and deliberate misrepresentation or fraud may also subject me to prosecution under applicable state and federal laws; furthermore, I give MCJFS employees and agents permission to contact any person, business, agency or entity required to verify my eligibility; furthermore, I agree to participate in the collection of any information required for a quality control review, programmatic review, audit or data set requirements; and furthermore, I authorize MCJFS employees and its agents and any service or benefit provider permission to share all relevant information in my case file(s); I also acknowledge, that I understand and that I have received a copy of the PRC Rights.

**Your Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_