

**SANDUSKY COUNTY PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION**

Name of Applicant	Street Address
Telephone Number	City, State, and Zip

1. Explain your need and estimate of the amount you are requesting: \_\_\_\_\_

2. Give the name of other agencies you have contacted for help: \_\_\_\_\_

Have any of these agencies helped you with this need? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, name the agency and/or agencies and tell how you were helped. If no, tell why you were not helped: \_\_\_\_\_

3. Are you working with Children Services? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, please list the name of your caseworker \_\_\_\_\_

4. Complete the chart below for anyone living in your home, including yourself:

Name	Citizen Y/N	Relation to Applicant	Social Security #	Date of Birth
1.				
2.				
3.				
4.				
5.				
6.				

4. You are required to verify income for all members of your household:

Name	Source of Income	Monthly Amount
1.		
2.		
3.		

**If you are not registered to vote where you live now, would you like to apply to register to vote here today? If you do not check either line, you will be considered to have decided not to register to vote at this time. \_\_\_\_\_ YES, I want to register to vote. \_\_\_\_\_ NO, I do not want to register to vote.**

By my signature below, I give my consent to the agency to make whatever contacts necessary to determine my eligibility for PRC and all information is true.

Signature	Date
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**FOR AGENCY USE ONLY**

Date application received \_\_\_\_\_ 30 day budget period: from \_\_\_\_\_ to \_\_\_\_\_

**REQUEST: List the items and/or services and the amount requested for each:**

Item or Service	Amount needed	Item or Service	Amount needed
	\$		\$

Reason for need: \_\_\_\_\_

**RESOURCES: List the community resources explored to meet this need. If any are utilized complete the chart:**

Source	Amount	Item/Service
1.	\$	
2.	\$	

**INCOME:**

Source	Amount available in budget period	Verification
1.	\$	
2.	\$	
3.	\$	

Total income of \$\_\_\_\_\_ Compared to PRC standard of \$\_\_\_\_\_ for HH size of \_\_\_\_\_  
 Public assistance violations? \_\_\_\_\_No \_\_\_\_\_Yes Disq. Period from \_\_\_\_\_ to \_\_\_\_\_  
 \_\_\_\_\_PRC approved Complete chart Voucher #\_\_\_\_\_ Voucher Amt. \$\_\_\_\_\_

Item/Service provided	Date of Approval	PRC Chapter

Vendor's Name	
Vendor's Address	

\_\_\_\_\_PRC denied Date denied\_\_\_\_\_ Date denial application sent\_\_\_\_\_

Reason for denial: \_\_\_\_\_

Signature of Caseworker	Date	Signature of Supervisor	Date
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