

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

Name of Applicant	Current Physical Address and Mailing Address	For Agency Use Only	
Social Security Number		Case Number	
		Date Sent	Date Returned
Telephone Number and Email Address		County <div style="text-align: center; font-size: 1.2em;">Sandusky/72</div>	

1. Are you currently participating with SNAP (food assistance), Ohio Works First (cash assistance) or Comprehensive Case Management & Employment Program? Yes No If yes, type of assistance received: _____
 2. Explain your need and estimate the amount you are requesting: _____
 3. What is the unexpected/unavoidable situation that has occurred that you are requesting this service? _____
 4. Provide the name of other agencies you contacted for help: _____
- Have any of these agencies helped you with this need? Yes No If yes, name the agency and how you were helped. If no, why were you not helped? _____
5. Are you working with Children Services? Yes No If yes, please list the name of your caseworker _____
 6. Complete the chart below for anyone living in your home, including yourself:

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

7. You are required to verify income for all members of your household (earnings, Child Support, Social Security, etc.):

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 signing 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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Budget for PRC Application

Income

Wages: \$ _____

Child Support: \$ _____

Other: \$ _____

Total Income: \$ _____

Less Total Expenses: \$ _____

Balance: \$ _____

Expenses

Rent/Mortgage: \$ _____

Utilities: \$ _____

Gas: \$ _____

Electric: \$ _____

Phone: \$ _____

Other: \$ _____

Household: \$ _____

Transportation: \$ _____

Insurance: \$ _____

Other: \$ _____

Total Expenses: \$ _____

CONTINGENCY STATEMENT (**MUST BE COMPLETED**)

My need for _____ is a contingency (an emergent need that threatens health or decent living arrangement to the extent that it prohibits children from being cared for in their own homes or inhibits job preparation, work, and marriage). It is unexpected and unavoidable because:

I will be self-sufficient without additional agency help because: _____

Signature

Date