

COLUMBIANA COUNTY
Application – Prevention, Retention and Contingency (PRC) Program
Contract Services

Applicant's Name			Social Security Number		
Applicant's Address			Telephone Number		
City	State	Zip Code	////////////////////////////////////		

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

A.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Applicant and all Assistance Group (AG) members are residents of Columbiana County
B.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Applicant has a child younger than 19 living in Columbiana County
C.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	All AG members are citizens or lawful resident aliens
D.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is any AG member in debt to the Columbiana County DJFS for an OWF overpayment due to fraud? (Does not apply to Families working their Children Services case plan)
E.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is any AG member an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement?
F.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is any AG member a fleeing felon or probation/parole violator?
G.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is Any AG member failing to cooperate in establishing paternity or securing support?
H.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Has any AG member been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten (10) years)?
I.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Is the participant a Foster Child? If yes, who has custody? Custody date:

List applicant and all dependents residing in the home or minor children for whom you have a legal obligation to support.

Name	Relationship to Applicant	Age	Source of Income	Gross Monthly Income
1.	Applicant			
2.				
3.				
4.				
5.				
6.				
7.				
8.				
Total				
Need Standard				

In order to preserve or improve my prospects for self-sufficiency, I am applying for PRC to obtain services available through contracts which the Columbiana County Department of Job and Family Services maintains with various community service vendor/sub-recipients. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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Household Size	Monthly Income	Household Size	Monthly Income
1	\$ 2,082	5	\$ 5,029
2	\$ 2,819	6	\$ 5,765
3	\$ 3,555	7	\$ 6,502
4	\$ 4,292	8	\$ 7,239

AG is PRC Eligible – Above questions A,B and C are - Yes and D,E,F,G, H and I are - No.

These AG members are ineligible: _____ Reason (s): _____
 (Note: These individuals cannot receive services nor are they counted in the AG size, however, their income must be included)

AG is PRC ineligible – Reason (s): _____

Eligibility Determiner	Date
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