

Prevention, Retention and Contingency Program (PRC) Application School Readiness Program

This application must be received by Perry County Job and Family Services
by **June 5, 2017** to be considered for eligibility.

If you are not registered to vote where you live now, would you like to apply to register to vote here today? <input type="checkbox"/> Yes, I want to register to vote. <input type="checkbox"/> 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.	
Applicant's Name	Social Security Number
Address	Job and Family Services Case Number
City, State, Zip	Phone Number(s) where you can be reached

Complete the chart below for EVERYONE living in your home, including YOURSELF. (Use an additional piece of paper if necessary.) You may be required to submit the following information: ID of parent/guardian and last 4 weeks proof of income for everyone in the household.

Name	Relationship to Applicant	Age	Social Security Number
1			
2			
3			
4			
5			
6			

Family Size	Family's Gross Monthly Income	200% Federal Poverty Level
1		2010
2		2707
3		3404
4		4100
5		4797
6		5494

Please read this statement carefully and respond below:

I reside in Perry County and have at least one child that has not reached the age of 19 and is attending school full-time. All members of my household are citizens or qualified aliens. I am not in debt to the Department of JFS for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation /parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states. I understand that this is a special program based on available funding, and an eligible determination does not guarantee that I will receive the product. I understand that it may be necessary for me to submit proof of income and social security numbers for everyone in my household in order to be eligible for this program.

- I agree with the above statement (it is correct/true for me).
- I disagree with the above statement (it is **not** correct/true for me).

The information provided above is complete and correct to the best of my knowledge. I grant permission for the PCJFS to gather and report information as needed.

Signature of Applicant: _____ Date: _____

I also give my permission for my household members to be part of promotional photographs, videos and social media as well as photographs for PCJFS annual report.

Signature of Applicant: _____ Date: _____

Perry County Job and Family Services Use Only

Assistance Group is PRC-eligible (income is within the need standard and they “agree” with statement).

Assistance Group is ineligible for PRC funding.

Eligibility Determiner: _____ Date: _____

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Shirt and Shoe Sizes for Children entering K-12 Grades

Both sides of this form must be completely filled out in order to receive
back to school supplies for your child(ren).

Please consider that your child is going to grow and adjust the size appropriately.

Applications are due by June 5, 2017

2017-2018 School Year																	
Child's Name _____										<input type="checkbox"/> Boy		<input type="checkbox"/> Girl		Child's Age: _____		Next Year Grade _____	
Please allow room for your child to grow before marking the size.										Name of School: _____							
T-Shirt Sizes						Shoe Sizes											
(please write 1/2 in block if your child needs a half size or a W if your child needs a wide size)																	
Child		Adult				Child		Youth		Adult							
Small		Small		XLarge		8	11	1	4	7	10	13					
Medium		Medium		XXLarge		9	12	2	5	8	11						
Large		Large		XXXLarge		10	13	3	6	9	12						
2017-2018 School Year																	
Child's Name _____										<input type="checkbox"/> Boy		<input type="checkbox"/> Girl		Child's Age: _____		Next Year Grade _____	
Please allow room for your child to grow before marking the size.										Name of School: _____							
T-Shirt Sizes						Shoe Sizes											
(please write 1/2 in block if your child needs a half size or a W if your child needs a wide size)																	
Child		Adult				Child		Youth		Adult							
Small		Small		XLarge		8	11	1	4	7	10	13					
Medium		Medium		XXLarge		9	12	2	5	8	11						
Large		Large		XXXLarge		10	13	3	6	9	12						
2017-2018 School Year																	
Child's Name _____										<input type="checkbox"/> Boy		<input type="checkbox"/> Girl		Child's Age: _____		Next Year Grade _____	
Please allow room for your child to grow before marking the size.										Name of School: _____							
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2017-2018 School Year																	
Child's Name _____										<input type="checkbox"/> Boy		<input type="checkbox"/> Girl		Child's Age: _____		Next Year Grade _____	
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