

# Prevention, Retention and Contingency Program (PRC) Application

Name of Applicant	Present Address	<b>FOR AGENCY USE ONLY</b>	
SSN:		<b>Case Number</b>	
Phone # Where you can be reached!		<b>Date Sent</b>	<b>Date Rec'd.</b>
		<b>Perry</b>	<b>Caseworker</b>

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

Yes, I want register to vote.  No, I don't 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.

1. Have you ever received any type of public assistance from a Job and Family Services Department?  Yes  No  
 If yes, give the County JFS, the type of assistance received and the date received. \_\_\_\_\_

2. Explain what you need and estimate the amount you are requesting. \_\_\_\_\_

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

4. Have any other agencies helped you with this need?  Yes  No  
 If yes, give the name and tell how you were helped. If no, tell why you were not helped. \_\_\_\_\_

5. Is anyone in your household presently under a sanction or disqualification from any Job and Family Services Program?  Yes  
 No If yes, give the name and the date the sanction or disqualification began. \_\_\_\_\_

6. Has anyone in your household quit or refused a job in the last 90 days?  Yes  No If yes, give the name, the date of the quit or refusal, and the reason for the quit or refusal. \_\_\_\_\_

7. Is anyone in your household eligible for, but not receiving court ordered child support?  Yes  No If yes, list the name(s) of individuals not receiving court-ordered child support \_\_\_\_\_

8. Are you currently paying court ordered child support?  Yes  No

9. Does anyone in your household own a car or have access to a car?  Yes  No If yes, list the name(s) of individuals and the means of transportation. \_\_\_\_\_

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

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

Name	Relationship to Applicant	Age	Source of Income	Monthly Amount of Income
1				\$
2				\$
3				\$
4				\$
5				\$
6				\$

If you are eligible, the agency will limit assistance under this program to actual documented amount of need.

**Signature of Applicant**

**Date**