

Prevention, Retention, and Contingency Program (PRC) Application

Perry County Job and Family Services

Name of Applicant	Present Address	For Agency Use Only	
SSN:		Case Number	
Phone # Where you can be reached!		Date Sent	Date Rec'd.
		Perry	Caseworker

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. 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				\$
7				\$
8				\$

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

Signature of Applicant	Date