

**Geauga County Job & Family Services
Prevention Retention and Contingency Program (PRC) Application
Geauga Youth Employment Program (GYEP)**

Name of Youth Applicant:		Youth's Age:		FOR JFS USE ONLY
Current Address	City	State OH	Zip Code	Assigned IM Worker:
Mailing address (if different than above):				Case Number:
Daytime phone #:	Evening phone #:		JFS Worker:	

- 1)** Is your household currently receiving any of the following forms of assistance? (check all that apply)
- WIC OWF Cash Publicly Funded Child Care Medicaid Food Stamps
- 2)** Total monthly household income; both earned and unearned, of all household members is at or below 200% Federal Poverty Level (FPL)? Yes No

Monthly Income

Household Size-2017	200% FPL
1	\$2,010
2	\$2,708
3	\$3,404
4	\$4,100
5	\$4,798
Each add 1	\$698

- 3)** Complete the chart below for anyone living in your home.

Name	SSN	Relationship to Applicant	Date of Birth
		SELF	

- 4)** I hereby certify that the above income information is true and accurate to the best of my knowledge and belief. By signing this application, I grant permission to Geauga County Job and Family Services and the employees thereof to contact my employer and/or other sources of income and/or to contact service providers to verify the actual amount of need. I understand that if the income information I have listed above is not true and accurate, I may forfeit my eligibility for PRC services and may be subject to legal action.

Signature of Applicant

Date

Signature of Parent/Guardian (if under age 18)

Date