

**GEAUGA COUNTY JOB AND FAMILY SERVICES
PREVENTION RETENTION AND CONTINGENCY PROGRAM (PRC) APPLICATION**

NAME OF APPLICANT	COUNTY GEAUGA	FOR JFS USE ONLY
STREET ADDRESS	CITY ZIP CODE	ASSIGNED WORKER
DAYTIME PHONE #	EVENING PHONE #	CASENUMBER

All sections must be completed. Leaving any sections blank will be considered an incomplete application.

1.) What services or benefits are you applying for?

2.) Are you currently able to work? ☐ Yes ☐ No

3.) Are you employed or actively seeking employment? ☐ Yes ☐ No

If you answered "No" to either of the above, please explain why not:

4.) Are you currently receiving any of the following forms of assistance? (check all that apply)

☐ WIC ☐ OWF Cash ☐ Publicly Funded Child Care

☐ Medicaid ☐ Food Stamps

5.) Complete the chart below for anyone living in your home. Include all sources of income (wages, child support, social security, etc...). You may be required to verify all income for all members of your household.

Name	SSN	Relationship to Applicant	Date of Birth	Source(s) of Income	Monthly Income
		SELF			\$
					\$
					\$
					\$
					\$

6.) If any member of your household has any of the resources listed below, check YES and complete the line.

You may be required to verify all resources.

Resource	Person With Resource	Amount
Cash on Hand <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Stock Or Bonds <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other, Specify		\$

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

7.) 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