**Geauga County Job & Family Services**

**Prevention Retention and Contingency Program (PRC) Application**

***COVID-19***

|  |  |  |
| --- | --- | --- |
| Name of Applicant: | | County:  Geauga |
| Current Address City State Zip code | | |
| Mailing address (*if different than above*): | | |
| Daytime phone #: | Evening phone #: | |

**1)** What services or benefits are you in need of?

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

**2)** 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

**3)** 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 | 200% FPL |
| 2 | $2,874 |
| 3 | $3,620 |
| 4 | $4,367 |
| 5 | $5,114 |
| Add 1 | $747 |

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

|  |  |  |  |
| --- | --- | --- | --- |
| Name | SSN | Relationship to Applicant | Date of Birth |
|  |  | SELF |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**5)** 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. I understand my case may be chosen as part of a quality review to ensure income eligibility. I hereby certify that I have received a copy of Ohio Department of Job and Family Services Voter Registration and Explanation of State Hearing Procedures.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Applicant |  | Date |