**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 |       |
|       |       |       |       |
|       |       |       |       |
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|       |       |       |       |

**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 |