



13183 State Route 13, Millfield, Ohio 45761-9901
(740) 797-2523 1-800-762-3775
<http://jfs.athensoh.org>

COMMISSIONERS: Lenny Eliason, Charlie Adkins, Chris Chmiel
EXECUTIVE DIRECTOR: Jean Demosky
An Equal Opportunity Employer / Service Provider

Important Information about your PRC Application

Before submitting your PRC application, please be sure you have completed the following:

- Answered application question #2 which asks you to state what type of emergency help you need and why you need it.
- Listed everyone currently living in your household.
- Provided Social Security Numbers for all adult members of your household.
- **Provided copies of your household income for the past 30 days. Even if this information has been previously turned in to ACDJFS, it must be turned in again with this PRC application.**
- **Provide the proper documentation related to the type of assistance you are requesting** (*e.g., a copy of the utility disconnect notice, a rental assistance form, or an estimate for services you are requesting*).

Once you have submitted your PRC application, allow for a minimum of 7 days for processing.

If you do not submit a **completed** application, your application may be denied.

If your application is approved, you will receive a call to pick up your voucher.

Thank You,
ACDJFS Staff

ATHENS COUNTY DEPARTMENT OF JOB & FAMILY SERVICES

- PREVENTION, RETENTION, CONTINGENCY PROGRAM (PRC)
- WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)
- COMPREHENSIVE CASE MANAGEMENT & EMPLOYMENT PROGRAM (CCMEP)
- OHIO WORKS INCENTIVE PROGRAM (OWIP)

| | |
|-------------------|---|
| Your Name: | Your Social Security Number: |
| Your Address: | Persons who are <i>not</i> eligible for PRC include: individuals who have an overpayment in Ohio Works First or PRC due to fraudulent actions |
| Telephone Number: | |

By my signature below, I attest that no member of my household is one of the above-described ineligible persons

- (1) Are you currently receiving any assistance from Athens County Dept. of Job and Family Services? Yes or No
- (2) Please state what type of emergency help you need and why you need it: _____

- (3) Have you recently applied for emergency help from other agencies or organizations? Yes or No
If yes, please list the organizations and what help you requested or received _____
- (4) Are you (or anyone in your household) a veteran? Yes or No If yes, who _____
If yes, have you applied for veteran's assistance at the Ohio Department of Job and Family Services? Yes or No
- (5) Is anyone in your household under a sanction from Ohio Works First? Yes or No
If yes, who _____
- (6) Has anyone in your household quit or refused a job, or training for a job, in the past 30 days? Yes or No
If yes, name, the date of the quit or refusal, and the reason for the quit or refusal _____

(7) Complete the chart below for **EVERYONE** living in your household (everyone under the same roof).

| Name of household member | Relationship to you | SSN # Adults Only | Pregnant? Y or N | Age | Cooperating with Child Support? Y or N | Source of Income | Monthly Income Amt. |
|--------------------------|---------------------|-----------------------------|---------------------|-----|---|------------------|------------------------|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Attach additional paper if more spaces needed

(8) If any member of your household has any of the resources listed below, check yes beside the item and complete the line. If none of the resources listed below are available to any member of your household, check no. You may be asked to provide verification of any resource.

| Resource | Person with Resource | Amount |
|--|----------------------|--------|
| Cash on Hand <input type="checkbox"/> Yes or <input type="checkbox"/> No | | |
| Savings Account <input type="checkbox"/> Yes or <input type="checkbox"/> No | | |
| Checking Account <input type="checkbox"/> Yes or <input type="checkbox"/> No | | |
| Other, Specify: <input type="checkbox"/> Yes or <input type="checkbox"/> No | | |

By my signature, I affirm that the information I have provided in this application is true to the best of my knowledge. I give my consent to the agency to make whatever contacts are necessary to determine my eligibility for PRC/WIOA and to verify any information that may be needed.

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

This side completed by agency

Date application received _____ 30-day budget period: From _____ to _____

| Item or Service | Amount Needed | Item or Service | Amount Needed |
|-----------------|---------------|-----------------|---------------|
| 1. | \$ _____ | 3. | \$ _____ |
| 2. | \$ _____ | 4. | \$ _____ |

Prevention - How will this assistance avoid applying for OWF? _____

Retention - How will this assistance provide for remaining employed? _____

Contingency - How will this assistance preserve the health & safety of household members? _____

Resources - List below any other community and personal resources utilized to meet this need: Family resources \$ _____

| Agency | Amount | Item/Service |
|--------|----------|--------------|
| 1. | \$ _____ | |
| 2. | \$ _____ | |

Calculation of Income

Assistance Group income total \$ _____

2. Less child support paid to another household \$ _____

Countable Income \$ _____

3. Compare to standard for household size: 150% Poverty Level is \$ _____

Assistance Group Is Is not financially eligible.

- CCMEP Approved** Date notice given/sent _____
- PRC Approved** Date notice given/sent (ODHS 4074) _____
- WIOA Approved** Date notice given/sent _____
- OWIP Approved** Date notice given/sent _____

| Item/Service Provided | Amount to be Paid | Date of Approval | Vendors Name and Address |
|-----------------------|-------------------|------------------|--------------------------|
| 1. | \$ _____ | | |
| 2. | \$ _____ | | |

Amount requested: _____ Amount Approved: _____

If amount approved is different from amount requested, explain _____

- CCMEP Denied** - Date of denial _____ Date Notice of Denial sent _____
- PRC Denied** - Date of denial _____ Date Notice of Denial (ODHS 7334) sent _____
- WIOA Denied** - Date of denial _____ Date Notice of Denial sent _____
- OWIP Denied** - Date of denial _____ Date Notice of Denial sent _____

Reason for Denial: _____

- Entered approval or denial and case notes in OBWP/voucher log**
- Entered approval or denial and case notes in OWCMS/CFIS**
- Entered approval or denial and case notes in PRC reporting tool**

| | | | |
|---------------------------------|------|---|------|
| Signature of Eligibility Worker | Date | Signature of Director/Designee when Waiver Approved | Date |
|---------------------------------|------|---|------|

Forward approved ORIGINAL application and all supporting documentation to fiscal unit

| | |
|-------|-------|
| Fund: | Code: |
|-------|-------|