



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: Scott Zielinski  
*An Equal Opportunity Employer / Service Provider*

## Important information about your PRC application

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

- Answered 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 it has been previously turned in to us, it must be turned in again with this application.**
- **Provide the proper documentation related to the type of assistance you are requesting (for example, 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, it may take a minimum of 7 days for processing. If you do not submit a **completed** application, your application may be denied.

If 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:	<b>Persons who are <i>not</i> eligible for PRC include:</b> 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 # <b>Adults Only</b>	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 CRISE/AEOEA/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