

# ERIE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

221 West Parish Street

Sandusky, Ohio 44870

<http://www.erie-county-ohio.net/jfs/welcome.htm>

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## PREVENTION, RETENTION, & CONTINGENCY CHECK LIST

1. When applying for Prevention Retention and Contingency (PRC), it is the applicant's responsibility to complete all necessary documents, furnish all available facts, information, and cooperate to the fullest extent in the eligibility determination process per Erie County Prevention Retention Contingency Plan / HB 408.
2. It is the responsibility of this agency to take the appropriate action on your application in a prompt and courteous manner. Only in unavoidable circumstances will actions be delayed more than 10 days from the date we receive your signed application. After the eligibility determination has been made, a notice will be mailed to the applicant.

**In order to make a determination, we will need the following:**

**PRC Rent/Transportation/Clothing:**

\_\_\_\_\_ Completed application

\_\_\_\_\_ Valid ID (Drivers License or State ID for adults & School letter or shot records for children,) Birth Certificate, and Social Security card for all applicants and their dependents

\_\_\_\_\_ Proof of all household income: For earned income, provide last 4-6 current pays.

\_\_\_\_\_ Verification of all unearned income

\_\_\_\_\_ Landlord Information (only for PRC rent)

**PRC Education additional items:**

\_\_\_\_\_ Diploma / G.E.D.

\_\_\_\_\_ Course information including verification of cost and fees

**Your application was received on \_\_\_\_\_ . The above verifications must be received by \_\_\_\_\_ or your application will be denied.**

\_\_\_\_\_  
Received by

\_\_\_\_\_  
Date

\_\_\_\_\_  
Phone number

Ohio Department of Job and Family Services  
**PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION FOR STATE MODEL**

Name of Applicant	Telephone Numbers Where You Can Be Reached
Current Address	(        ) _____ - _____  (        ) _____ - _____
Social Security Number	<u>Date of Birth:</u>

<b>For Agency Use Only</b>	
Case Number	
Date Sent	Date Returned
County	Unique ID

1. Have you ever received public assistance from a human services department? assistance received and the date received?	Yes	No	If yes, give the county JFS, type of
2. Explain what you need and estimate the amount you are requesting.			
3. Give the name of other agencies you have contacted for help.			
4. Have any other agencies helped you with this need?      Yes      No      If yes, name the agency and tell how you were helped. If no, tell why you were not helped.			

5. Complete the chart below verifying all income for all the members of your household, including yourself.

Name	Relationship to Applicant	Age	Education (last grade completed)	Source of Income ( <i>Earnings, Child Support, VA Benefits, SSA, SSI, etc.</i> )	Monthly Amount of Income
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$

6. Is anyone in your household eligible for, but not receiving court ordered child support? receiving court-ordered child support.	Yes	No	If yes, list name(s) of individuals not

7. Does anyone in your household own a car, have access to a car, or live near a bus line? Yes \_\_\_\_\_ No If yes, list the name(s) of individuals and the means of transportation.

8. Complete the chart below for employment history of each adult household member in the past 2 years.

Name	Employer Name	Type of Employment	Date Employment Began (month/year)	Date Employment Ended (month/year)	Reason for Leaving Employment	Currently Employed (yes/no)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

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

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Email Address: \_\_\_\_\_

**For Agency Use Only**

Date Application received (mm/dd/yy) \_\_\_\_\_ 30 day budget period: (mm/dd/yy) \_\_\_\_\_ To (mm/dd/yy) \_\_\_\_\_

**Request.** List the benefits and/or services requested and the amount needed for each.

Benefit or Service	Amount Needed	Benefit or Service	Amount Needed
1.	\$		\$
2.	\$		\$
3.	\$		\$
4.	\$		\$
5.	\$		\$

Reason for Need.

**Community Resources.** List the community resources explored to meet this need. If any are utilized, complete the chart.

Agency	Amount	Benefit/Service
1.	\$	
2.	\$	

**Income.**

Source	Amount Available in Budget Period	Verification
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	

**Total** \_\_\_\_ (Compare to 50%, 100%, 150%, 175% or 200% of Federal Poverty Guideline)

**PRC Approved.** Complete chart. Benefit Issuance date \_\_\_\_\_ Benefit Amount \$ \_\_\_\_

Item/Service Provided	Date of Approval	Amount Paid	Vendor's Name and Address
		\$	
		\$	
		\$	

PRC Denied - Date of denial (mm/dd/yy) \_\_\_\_\_ Date Notice of Denial of Application sent (mm/dd/yy) \_\_\_\_

Reason for Denial

Signature of Caseworker	Date	Signature of Supervisor	Date
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# SIMPLE BUDGET FOR PRC APPLICATION

## Income

Wages: \$ \_\_\_\_\_

Child Support: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Income: \$ \_\_\_\_\_

Less Total

Expenses: \$ \_\_\_\_\_

Balance: \$ \_\_\_\_\_

## Expenses

Rent: \$ \_\_\_\_\_

Utilities: \$ \_\_\_\_\_

Gas: \$ \_\_\_\_\_

Electric: \$ \_\_\_\_\_

Phone: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Household: \$ \_\_\_\_\_

Transportation: \$ \_\_\_\_\_

Insurance: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

Total Expenses: \$ \_\_\_\_\_

## CONTINGENCY STATEMENT

My need for \_\_\_\_\_ is a contingency (an emergent need that threatens the health or decent living arrangement to the extent that it prohibits children from being cared for in their own homes or inhibits job preparation, work and marriage). It is unexpected and unavoidable because: \_\_\_\_\_

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I will be able to function without additional agency help because: \_\_\_\_\_

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**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION  
POLICE/CRIMINAL RECORD CHECK**

NAME (Last) (First) (Middle)

ADDRESS

SOCIAL SECURITY NO. DATE OF BIRTH PLACE OF BIRTH

I understand that I am willingly and voluntarily permitting an investigation of my background to be conducted to verify the presence or lack of any past violations of law.

I understand that the purpose of this check is to promote my success toward gaining employment and for the **Erie County Department of Job and Family Services** by establishing that I have a good reputation and record within my community.

I hereby give my consent for this information exchange and authorize the **Erie County Department of Job and Family Services** to contact either local or state police or sheriff departments or courts in this or another state to gain this information.

I understand that this release will remain in effect until 6 months from signature date.

(Specify date, event, or condition upon which it will expire - WITHIN 180 DAYS)

unless revoked by me in writing prior to that date.

SIGNATURE

DATE

CASEWORKER NAME

DATE