

**HURON COUNTY JOB AND FAMILY SERVICES  
PREVENTION, RETENTION, AND CONTINGENCY (PRC)  
APPLICATION/TITLE XX**

Applicant Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Present Address: \_\_\_\_\_

\_\_\_\_\_

County: \_\_\_\_\_

1. What services are you requesting and in what amount? \_\_\_\_\_

\_\_\_\_\_

2. Do you have a child support order from Huron County, OH courts or through the Huron County CSEA? \_\_\_\_\_

3. Have you contacted any other community resources for help? If so, please list those resources: \_\_\_\_\_

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Please complete the information below for ANYONE living in your home. You are required to verify all income for ALL members of the household. LIST ALL HOUSEHOLD MEMBERS AND INCLUDE YOURSELF.

NAME	SOC SEC NO.	RELATIONSHIP	DOB	SOURCE OF INCOME	AMOUNT OF INCOME

Do you want to register to vote or update your current voter registration? \_\_\_ Yes \_\_\_ No

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_

**HURON COUNTY JOB AND FAMILY SERVICES USE ONLY  
PREVENTION, RETENTION, AND CONTINGENCY (PRC) Page 2**

Date Application Received \_\_\_\_\_ 30-Day Budget Period \_\_\_\_\_

**REQUEST** List the item and/or services requested and the amount needed for each.

ITEM OR SERVICES	AMOUNT NEEDED	VERIFICATION

**COMMUNITY RESOURCE** List the Community Resources explored to meet this need.

AGENCY	AMOUNT	BENEFIT/SERVICE

**INCOME** List for **ALL** members in household

SOURCE	AMOUNT AVAILABLE	VERIFICATION

**Total** \_\_\_\_\_ (Compare to 150% of Federal Poverty Guidelines)

**PRC Approved** Complete chart.

ITEM/SERVICE	APPROVAL DATE	AMOUNT	VENDOR NAME

**PRC Denied** - Date of denial \_\_\_\_\_ Date Denial Notice Sent \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

**TITLE XX SERVICE PLAN**

SERVICE NEEDED	SERVICE PROVIDER	SERVICE CODE

**SIGNATURE OF WORKER** \_\_\_\_\_ **DATE** \_\_\_\_\_

**SIGNATURE OF SUPERVISOR** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(If amount exceeds \$500)

**SIGNATURE OF DIRECTOR** \_\_\_\_\_ **DATE** \_\_\_\_\_  
(If amount exceeds \$1,000)

# PRC Checklist

- ❖ **Residence:** Verify residence with a current rent receipt, rental agreement, lease agreement, or current utility bill.
- ❖ **Household Income:** This must be verified for the entire household. Proof of all income for the past 30 days prior to application. Pay stubs, Child Support, Social Security Income, Metro Utility Vouchers, Monetary gifts etc. must be current and verified by the source of income.
- ❖ **Social Security numbers:** Social security numbers for every individual in the household must be documented. (card, ID, Pay stub, tax papers)
- ❖ **Other Community Resources:** Proof of application/request for services from 3 community resources other than HCDJFS must be verified. Applicant is responsible to provide proof of the result of such application or request from those agencies. This includes financial aid for educational funding requests.
- ❖ **Estimates (car repairs):** Applicant must provide 3 itemized, written estimates from reputable places of business when requesting PRC funding for car repairs. Also need proof of insurance, title, Ohio drivers license and “blue book” value must be verified.
- ❖ **Verification:** Must provide the utility bill, rent or information etc. that you are requesting assistance with.
- ❖ **Other verifications may be requested:** \_\_\_\_\_

Group Size	150% FPG	Group Size	150 % FPG
1	1354	5	3224
2	1822	6	3692
3	2289	7	4159
4	2757	8	4627

**Bring all items on the checklist and complete budget on back of this form when applying. A face to face interview with an Employment Services Counselor is required within 10 days of the date stamp of the application. Apply at Entrance “A”. We determine eligibility based on self sufficiency as outlined in the Huron County PRC plan.**

# INCOME AND EXPENSES WORKSHEET

<u>My Income</u>	<u>My Expenses</u>
<u>Wages</u>	<u>Rent/Mortgage</u>
<u>OWF assistance</u>	<u>Property Tax</u>
<u>Foodstamp assistance</u>	<u>Property Insurance</u>
<u>Child Support</u>	<u>Life insurance</u>
<u>SSI/SS</u>	<u>Car Payment</u>
<u>Other</u>	<u>Car Insurance</u>
	<u>Other Loan Payments</u>
	<u>Child Care Costs</u>
	<u>Other</u>
	<u>Flexible Expenses:</u>
	<u>Savings</u>
	<u>Gas/Oil</u>
	<u>Electric</u>
	<u>Water</u>
	<u>Trash</u>
	<u>Phone</u>
	<u>Cable</u>
	<u>Food</u>
	<u>Transportation/Car expenses</u>
	<u>Personal Expenses</u>
	<u>Other</u>
<u>Total Income</u>	<u>Total Expenses</u>
	<u>Difference</u>