

Application for PRC Assistance

Fairfield County Job & Family Services, 239 West Main Street, Lancaster, Ohio 43130

(740) 652-7889 Fax (740) 689-4848 Email: prc23@jfs.ohio.gov

This application must be fully completed, along with an Income vs. Expense Worksheet.

First	Last	Middle Initial
Address		
City	State	Zip
Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Email		
Social Security Number	Phone Number	Email:

1. Complete the spaces below for all individuals living in your home, including yourself. You are required to verify all income for all members of your household. Please list all social security numbers.

Name	Relationship	DOB	Social Security Number	Monthly Income
	SELF			
Household Total Monthly Income:			Total Income	

2. Does anyone living in your household, including yourself, have any liquid assets such as savings/checking accounts, PayPal, Cash App, Direct Express, Direct Deposit Card, stocks, bonds, or 401K funds: Yes No

Name	Type of Asset/Resource	Current Balance

3. Is anyone in your household pregnant?
 Yes No If yes, list who?

Name

4. Is anyone in your household receiving child support?
 Yes No If yes, list name(s) of individuals receiving child support.

Name of Child	Amount

5. Are you involved with Child Protective Services?
 Yes No If yes, what is the name of your caseworker?

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6. What services are you needing assistance with and the amount?

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The information I have provided in this application is accurate to my knowledge. I understand my application is valid for 10 business days.

Signature of Applicant:	Date:

**Fairfield County Job & Family Services
Income vs. Expense Worksheet**

Please complete for all members in the household for the past 30 days.

Last 30 Days Income- Household Resources		Amount	
Employment		\$	
Unemployment Compensation		\$	
Workers' Compensation		\$	
SSI/Social Security		\$	
Child Support		\$	
OWF Monthly Cash Assistance		\$	
Food Stamp Direction Card		\$	
Money received from family and friends		\$	
Resources (checking account, savings account, etc.)		\$	
Other (specify)		\$	
Total:		\$	
Household Expenses		Amount Owed	I have paid this
Rent/Mortgage			Y N
Rent/Homeowner Insurance			Y N
Electric			Y N
Household Gas			Y N
Water/Sewer/Trash			Y N
Home Phone/ Cell Phone			Y N
Grocery (out-of-pocket expense)			Y N
Cable Television/Internet			Y N
Other			Y N
Transportation Expenses		Amount Owed	I have paid this
Vehicle Payment(s)			Y N
Auto Maintenance			Y N
Auto Insurance			Y N
Gasoline			Y N
Medical Expenses		Amount Owed	I have paid this
Doctor Visits			Y N
Health Insurance			Y N
Prescriptions			Y N
Other medical			Y N
Personal Expenses		Amount Owed	I have paid this
Childcare			Y N
Child Support			Y N
Loans			Y N
Credit Cards			Y N
Laundry			Y N
Cigarettes			Y N
Legal Fees/Court Fines			Y N
Other			Y N
FOR OFFICE USE ONLY	Total:		
	Difference:		

This Section is for Agency Use Only: PRC Authorization/Denial Form

Phone: _____

E-mail: _____

Application Expires _____

Name of Applicant _____ Case Number _____

Date of Application ___/___/___ 30 Day Budget Period _____ to _____

PRC issued within previous 12 rolling months? Check PRC Reporting Tool Yes No

If yes, month, date & category: _____

Utility payment history:	Month	Amt Paid	Source
	_____	_____	_____

CSEA – SETS checked? Yes No Last 30 days received \$ _____

Fraud list? Yes No If yes, details: _____

Currently in receipt of benefits? Yes No

If yes, category and amount: _____

Currently on sanction? Yes No If yes, details: _____

Liquid Assets verified? Yes No Amount \$ _____

Co-Pay Received? Yes No Amount \$ _____

Completion of S.T.A.R.S Yes No Date _____

Certification Program Requested Type _____ Start Date _____

Protective Services Worker and Case Status _____

Household Income

Name:	Name:	Name:
Gross Income	Gross Income	Gross Income

Total HH Income:
FPL:

Entered into the PRC Reporting Tool: Yes No Date _____ Pledge Completed _____

PRC Approved **PRC Denied** **Prevention** **Retention** **Contingency**

1. Vendor's Name:		Address	
Account Number		Name on Account	
Voucher Begin Date:	Voucher Ending Date:	Amount:	
Reason for Denial:			

Caseworker Signature	Date	Supervisor Signature	Date
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Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.

For further information, you may consult the Secretary of State's website at: www.OhioSecretaryofState.gov or call 1-877-767-6446.

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Numbers 1 and 2 below are required by law. You must answer **both** of the questions for your registration to be processed.

Registering in Person

If you have a current valid Ohio driver's license, you must provide that number on line 10. If you do not have an Ohio driver's license, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, paycheck, government check or government document (other than a notice of voter registration mailed by a board of elections) that shows your name and current address.

Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

Please see information on back of this form to learn how to obtain an absentee ballot.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

FOLD HERE

I am: Registering as an Ohio voter Updating my address Updating my name

1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will you be at least 18 years of age on or before the next general election? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered NO to either of the questions, do not complete this form.

3. Last Name	First Name	Middle Name or Initial	Jr., II, etc.
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4. House Number and Street (Enter new address if changed)	Apt. or Lot #	5. City or Post Office	6. ZIP Code
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7. Additional Mailing Address or P.O. Box (if necessary)	8. County (where you live)
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9. Birthdate (MO-DAY-YR) (required)	10. Ohio Driver's License No. OR Last Four Digits of Social Security no. (one form of ID required to be listed or provided)	11. Phone No. (voluntary)
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12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street		
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Previous City or Post Office	County	State
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13. CHANGE OF NAME ONLY Former Legal Name	Former Signature
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14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.	Your Signature ↓ Date <u> </u> / <u> </u> / <u> </u> MO DAY YR	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; padding: 5px;">FOR BOARD USE ONLY</td> </tr> <tr> <td style="text-align: center; padding: 5px;">SEC4010 (Rev. 6/14)</td> </tr> <tr> <td style="padding: 5px;">City, Village, Twp.</td> </tr> <tr> <td style="padding: 5px;">Ward</td> </tr> <tr> <td style="padding: 5px;">Precinct</td> </tr> <tr> <td style="padding: 5px;">School Dist.</td> </tr> <tr> <td style="padding: 5px;">Cong. Dist.</td> </tr> <tr> <td style="padding: 5px;">Senate Dist.</td> </tr> <tr> <td style="padding: 5px;">House Dist.</td> </tr> </table>	FOR BOARD USE ONLY	SEC4010 (Rev. 6/14)	City, Village, Twp.	Ward	Precinct	School Dist.	Cong. Dist.	Senate Dist.	House Dist.
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To ensure your information is updated, please do the following:

1. Print this form.
2. Complete all required fields.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections. For your county board's address please visit www.OhioSecretaryofState.gov/boards.htm.

If you have additional questions, please call the office of the Ohio Secretary of State at 877-SOS-OHIO (767-6446).

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: www.OhioSecretaryofState.gov or by calling 1-877-767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document, other than a notice of an election or a voter registration notification sent by a board of elections, that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: www.OhioSecretaryofState.gov or call 1-877-767-6446.

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