

Application for PRC Assistance

Fairfield County Job & Family Services, 239 West Main Street, Lancaster, Ohio 43130
(740) 652-7889 Fax (740) 689-4848

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

First	Last	Middle Initial
Address		
City	State	Zip
Social Security Number		Phone Number

VOTER REGISTRATION ASSISTANCE AVAILABLE

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

- YES, I want to register to vote.**
 NO, I do not want to register to vote.

If you do not check either box, you will be considered to have decided not to register to vote at this time.

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

For Office Use Only.

Caseworker record gross income (earned and unearned) :

Total Income

2. Does anyone living in your household, including yourself, have any liquid assets such as saving accounts, checking accounts, stocks, bonds or 401K funds: Yes No

Name	Type of Asset/Resource	Current Balance

3. Has anyone in the household quit a job or refused employment within the past 90 days?
 Yes No If yes, list employer and give explanation.

Name of Employer	Reason

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

Name of Child	Amount

5. Explain what you need and estimate the amount you are requesting.

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The information I have provided in this application is accurate to my knowledge.

Signature of Applicant:

Date:

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

Name of Applicant _____ Case Number _____

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

PRC issued within previous 12 rolling months? Yes No

If yes, month, date & category: _____

Utility 3 month payment history: (If applicable)	Month	Amt Paid	Source
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

CSEA – SETS checked? Yes No

Fraud list? Yes No

If yes, detail: _____

Currently in receipt of benefits? Yes No

If yes, category and amount: _____

Currently on sanction? Yes No

If yes, date & occurrence: _____

Liquid Assets verified? Yes No

50% Co-Pay Received? Yes No Amount \$ _____

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

1. Vendor's Name:		Address	
City	State	Zip	Phone
Account Number		Name on Account	
Voucher Begin Date:	Voucher Ending Date:	Amount:	
Reason for Denial:			
Caseworker Signature		Supervisor Signature	
Date		Date	