

The attached application is used to apply for emergency assistance through the Lucas County Department of Job and Family Services PRC plan.

Basic eligibility requirements include:

- You must have a minor child (including pregnancy in third trimester) living in your PRC household;
- The household must not include a member who is sanctioned from the OWF;
- The voucher cannot be used to reimburse for services that are already paid; and
- The family income cannot exceed 200% of the Federal Poverty Guidelines; as of **January 2017**

Assistance Group Size	200% Monthly Federal Poverty Level
1	\$2010
2	\$2707
3	\$3404
4	\$4100
5	\$4797
6	\$5494
7	\$6190
8	\$6887
9	\$7584
10	\$8280
11	\$8977
12	\$9674

In addition, a **work requirement of 20 hours per week** is needed for some programs such as **car repair and employment materials**.

Please complete the first two pages of this application packet. Attach copies of your verifications including:

- An ID for you, the applicant;
- Documentation regarding your emergency;
- Verification of any and all income received in the 30 days before the date of application;
- Documentation to prove a child is in your household and;
- Lucas County residency
- Social security numbers for all household members.

Each service has its own specific set of rules and guidelines. Voucher eligibility cannot be determined without a complete application and verifications. Non-custodial parents, current on Child support order(s) may be eligible on a limited program basis. If you feel you may qualify, please apply, but we may contact you for additional information or verification.

Please return the completed application to the PRC Area.

You may call the PRC office at **419-213-8800** if you have any questions. The PRC fax number is **419-213-8820**.

PRC Checklist

***Picture identification and proof of income for the last 30 days is needed for ALL applications**

***Minor child (ren) or 3rd trimester pregnancy is needed for vouchers.**

Car Repair:

- _____ Must be employed a minimum of 20 hours per week at state minimum wage
- _____ Must be employed for a minimum of 2 weeks
- _____ Only one car per household and registered in applicants name (must be sole means of transportation)
- _____ *Valid* Ohio Driver's License
- _____ Proof of liability insurance
- _____ Provide copy of registration and title or lease agreement. (Title or lease must be in applicant's name for minimum of ninety (90) days)
- _____ 2 written estimates if car is in running condition
- _____ 1 written estimate with proof of tow, if car is not running
- _____ Statement from repair shop stating: All repairs must be mechanical in nature.
 1. Will accept a voucher
 2. Will offer at least a 30 day warranty
 3. No sales tax
 4. If balance of repair is over \$800, estimate must indicate that payment arrangements have been made.

Employment Materials (uniforms, footwear, tools and equipment):

- _____ Must have minor child (ren) and must be employed a minimum of 20 hours per week at state minimum wage
- _____ Must apply within 30 days of new job or promotion requiring materials
- _____ Itemized written estimate of materials up to \$500.00 and willing to accept JFS voucher
- _____ Statement from employer showing hire date, number of hours working, and that materials are required for employment

G.E.D. Incentive: \$200.00

- _____ Families with minor child (ren), pregnant women or non-custodial parents
- _____ Copy of G.ED certificate (must be applied for within 90 days of receiving)
- _____ Must complete W-9 to redeem G.E.D. incentive

****Other verifications may be requested ****

PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION FOR STATE MODEL – PAGE 1

Name of Applicant _____
 Address _____
 City/State/Zip _____
 Telephone Numbers Where You Can Be Reached
 Home Phone _____
 Cell Phone _____

For Agency Use Only	
Case Number	
Date Sent	Date Received
County	Unique ID
Voucher Number	

1. Have you ever received any type of public assistance from a Job & Family services department? Yes No
 If yes, give the county JFS, the type of assistance received, and the date received:

2. What PRC assistance are you requesting, and what amount is needed?

3. Complete the chart below for everyone living in your home, including yourself.
 You are required to verify all income for all of the members in your household.

NAME	Relationship	SSN	D.O.B.	U.S. Citizen (Y/N)	Source of Income <small>(Earnings, Child Support, VA Benefits, SSA, SSI, etc.)</small>	Monthly Amount Income
	self					

4. Are you or anyone you are applying for, pregnant? Yes No If yes, who? _____

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

PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION FOR STATE MODEL – PAGE 2

6. 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.

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 member in the past 2 years.

Name	Currently Employed (Y/N)	Current/ Previous Employer	Type of Employment	Date Employment Began (mo/yr)	Date Employment Ended (mo/yr)	Reason for Leaving

9. Signature of person who completed this application by signing this application:
- I understand the questions on this form and certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge, including information about the citizenship or alien status of each household member applying for assistance.
 - I understand and agree to provide documents to prove what I have said.
 - I understand and agree that the CDJFS may contact other persons or organizations to obtain the necessary proof of my eligibility and level of assistance.
 - I understand that in some instances, I may be asked to give consent to the CDJFS to make whatever contacts are necessary to determine my eligibility.

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

Signature of Applicant:	Date:
-------------------------	-------

If you are authorized for PRC services, you may be eligible for food stamp benefits. Please contact Lucas County Job & Family Services if you wish to apply. Keep this letter to verify that you have been authorized for PRC services. It will make a difference in the way your food stamp eligibility is determined. In addition, LCJFS may need to request additional verification to determine eligibility for the Food Stamp program.