



## Prevention Retention and Contingency - **Application COVID-19**

Name of Applicant	Current Address
Social Security Number	
Telephone number where you can be reached	

FOR AGENCY USE ONLY	
Case Number	
Date Sent	Date Returned
County	Unique ID

Have you ever received any type of Public Assistance from a Job & Family Services Department? ☐ Yes ☐ No

If yes, give the County Department of Job & Family Services, the type of assistance received and the date received:

Have you ever applied for PRC services in Columbiana County (or completed this application before)? ☐ Yes ☐ No

Is anyone in your household presently under a sanction or disqualification from any JFS program? ☐ Yes ☐ No

If yes, please explain the person(s), circumstance(s), and date(s) involved: \_\_\_\_\_

**Is anyone in your household pregnant?** ☐ Yes ☐ No **If so, what is her due date?** \_\_\_\_\_

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

Name	Relationship to Applicant	Pregnant Yes/No	Date of Birth	Social Security Number	Source of Income	Monthly Amount of Gross Income Excluding Child
						\$
						\$
						\$
						\$
						\$
						\$
						\$

Are you the **Non-Custodial Parent** of a child? ☐ Yes ☐ No If yes, list child's name: \_\_\_\_\_

What do you need assistance with? \_\_\_\_\_

Reason for Need: \_\_\_\_\_

### Customer Information Acknowledgement

**Non Discrimination issues?** Customer initials \_\_\_\_\_ **State Hearing procedures issued?** Customer initials \_\_\_\_\_

**Voter Registration offered?** Customer initials \_\_\_\_\_

If you are eligible, Columbiana County Job & Family Services (CCJFS) will limit assistance under this program to the actual documented amount of need. By signing this document, you agree that all information on the above application is true and complete to the best of your knowledge. You also authorize CCJFS and the application/service provider to release and share this application and other pertinent information concerning you and your family's eligibility and services received.

Signature of Applicant/or Caseworker Verifying Self-Declaration/Verbal Authorization	Date
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Signature of Interviewer \_\_\_\_\_

## FOR CCJFS USE ONLY

☐ **PRC Approved**

Date notice of Approval sent (mm/dd/yr) \_\_\_\_\_

Item/Service & Amount Approved	Date of Approval	Vendor's Name & Address

☐ **PRC Denied**

Date notice of Denial sent (mm/dd/yr) \_\_\_\_\_

Item/Service Denied	Date of Denial	Reason for Denial

Signature of Caseworker	Date	Signature of Supervisor	Date
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IPV, Fraudulent OWF/PRC Assistance & Fiscal Collections reviewed?

☐ Yes ☐ No

Claims?

☐ Yes ☐ No

PRC Tool Reviewed?

☐ Yes ☐ No

PRC received prior?

☐ Yes ☐ No

Date & amount of PRC received? \_\_\_\_\_

### WORKSHEET

#### MONTHLY HOUSEHOLD INCOME/RESOURCES (Excluding Child Support)

Assistance Group Size \_\_\_\_\_

**Earned** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Unearned** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Total**

**150% FPG for AG** \_\_\_\_\_

**200% FPG for AG** \_\_\_\_\_

AG Size	FPG 200%
2	\$2,874
3	\$ 3,620
4	\$ 4,367
5	\$ 5,114
6	\$ 5,860