

Lake County Department of Job and Family Services

177 Main St. Painesville, OH 44077

PREVENTION, RETENTION, AND CONTINGENCY (PRC) APPLICATION

This program is designed to assist households by diverting them from ongoing cash assistance by providing short term non-assistance, assisting an employed member of the family to maintain employment, and to provide emergency needs which, if not met, may threaten the safety, health or well-being of one or more family members. Each applicant must have living with them, in their home - a minor child of their own, or be caring for a child in place of the parent(s) (parents not in the home) and meet the definition of specified relative, or have a child in their custody, or have guardianship of a child, or must be a pregnant woman with no other children.

Applicant's Name: _____

Applicant's Address: _____

Applicant's phone number: _____

Applicants SSN: _____ **Would you like to register to vote?** Yes No

What service(s) are you applying for:

Shelter:

- Delinquent rent or lot rent Payments
- Delinquent mortgage payments
- first month rent/security deposit
- Emergency Shelter

Utilities:

- Gas
- Electric
- Water/Sewer
- Fuel Oil

Transportation Expenses:

- Vehicle Repairs
- Towing cost
- Delinquent Vehicle payments

Household Furniture/Appliance/Repairs/Replacement:

- Kitchen table and chairs
- Appliance- Type _____
- Bed/Frame/Mattress/Box Springs/Crib & Crib Mattress
- Home repair/replacement- Type: _____

Job Related Expenses:

- Specify: _____

Kinship Caregiver Services:

For which child(ren): _____

On what date did this child(ren) begin living with you: _____

- Clothing Bed Linens Car Seat High Chair Crib/Bed Child Care

COVID19 Disaster Assistance:

Has your household been financially impacted by the COVID19 pandemic? Yes No

If yes, please explain how.

Household Composition:

Complete the chart below indicating every person that lives in your home, including yourself (the applicant). You must list everyone at this address, even if they are not related to you or applying for assistance. List your name first (applicant). Use back if necessary.

Name	Relationship to the applicant	Is this person a US citizen?	Date of birth	Age in years at the time of application	SSN#	Is this person pregnant?
	Applicant					

Income:

Report all income sources and amounts for every member of your household. The reported amount should be the gross amount, this is the amount of income before any deductions such as taxes, child support, health insurance, etc. In addition to employment (taxed or untaxed), you must also report all unearned income sources, such as: social security payments, SSI payments, child support payments, unemployment, workers compensation, pensions, etc. If your household does not have any income, you still must complete this section listing \$0. Leaving it blank will be an incomplete application.

Name	Source of income	Gross Amount In the Past 30 Days

Resources:

Report here the total amount of resources your household has at the time of this application. This is the total available money in things like cash, checking and savings accounts, stocks and bonds or investment accounts that you can access within the next 30 days. You must enter an amount here even if it is \$0 or your application will be incomplete.

Name	Resource Type:	Amount Available:

Misc:

The following additional information is needed to determine your household's eligibility for PRC.

Has anyone quit or refused employment in the last 60 days?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who? Why?
Does anyone have an overpayment of SNAP or Cash benefits that is over 60 days delinquent?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who?
Is anyone currently serving a sanction under the SNAP or cash assistance programs.	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who?
Is anyone paying court ordered child support payments for a child outside of the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Who? For what child? Monthly Amount?
Have you contacted any other agencies for assistance with the need you are applying for today? Do they plan to assist you?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Agency's Name?
Do you receive a utility reimbursement from LMHA?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount?

I attest the information provided on this application is accurate to the best of my knowledge and I understand that I will be held responsible for repaying payments made on my behalf under the Lake County PRC plan if it is discovered that I withheld or did not give truthful information on this application and was not eligible for services. **By signing and dating this application, I am giving permission to Lake County Department of Job and Family Services to make contact with any utility company, landlord, property manager, employer, financial institution, or other vendor in order to obtain or share information necessary to determine eligibility for the Lake County PRC program.**

Signature

Date

I am a JFS employee and I have taken this application over the telephone and have accepted the applicant's verbal signature for this application.

Employee's Name: _____ Date: _____

Your Civil Rights:

This institution is prohibited from discriminating on the basis of race, color, national origin, disability, age, sex and in some cases religion and political beliefs.

The U.S Department of Agriculture also prohibits discrimination based on race, color, national origin, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](#), (AD-3027), found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

- (1) mail: U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410
- (2) fax: (202) 690-7442; or
- (3) email: program_intake@usda.gov.

For any other information dealing with Supplemental Nutrition Assistance Program (SNAP) issues, persons should either contact the USDA SNAP Hotline Number at (800) 221-5689, which is also in Spanish or call the [State Information/Hotline Numbers](#) (click the link for a listing of hotline numbers by State); found online at: http://www.fns.usda.gov/snap/contact_info/hotlines.htm

To file a complaint of discrimination regarding a program receiving Federal financial assistance through the U.S. Department of Health and Human Services (HHS), write: HHS Director, Office for Civil Rights, Room 515-F, 200 Independence Avenue, S.W., Washington, D.C. 20201 or call (202) 619-0403 (voice) or (800) 537-7697 (TTY).

This institution is an equal opportunity provider.