

PREVENTION, RETENTION AND CONTINGENCY PROGRAM (PRC) APPLICATION

COVID-19 RESPONSE SERVICES
email address: champ_PRC@jfs.ohio.gov

VOTER REGISTRATION APPLICATION ATTACHED-ASSISTANCE AVAILABLE

If you are not registered to vote where you live, 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

Name	Address
Social Security Number	Telephone Number

I have received the following type(s) of public assistance from _____ County Department of Job and Family Services.

- TANF, Cash Assistance Food Assistance PRC Medicaid

I am applying for the one-time cash payment due to loss of employment as a result of the COVID-19 pandemic. Prior to COVID-19, I worked at: _____. I was notified on _____ that I would not be able to return to work, due to the COVID-19 pandemic. ****Please attach documentation you received from your employer.**

Please List all individuals that reside in your home and any associated income:

Name	Relationship	Social Security #	DOB	Source of Income	Monthly Income Amount
					\$
					\$
					\$
					\$
					\$
					\$

I certify, under penalty of perjury, that all my answers are correct and complete to the best of my knowledge. I understand and agree to provide documents to prove what I have said. I understand and agree that the Department of Job and Family Services may contact other persons or organizations to obtain the necessary proof of my eligibility and level of benefits. I understand that if I fail to follow my PRC Plan requirements, I may be subject to overpayment procedures and I may not be approved for PRC again.

Signature of Applicant

Date

For Agency Use Only:

Case Number: _____

Worker: _____