

PREVENTION, RETENTION AND CONTINGENCY PROGRAM (PRC) APPLICATION
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 of Applicant	Present Address	For Agency Use Only		
Social Security Number		Case Number		
Telephone number where you can be reached		Date	PRC	ESA
		Champaign County	Worker ID	

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

- OWF, Cash Assistance Food Assistance PRC Medicaid

I need help with:	I need approximately:	This will help my family avoid depending on Public Assistance by:
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I have requested help from another agency for this need. Where _____ . I received _____

I have requested help from another agency and was refused. Where _____ . Why _____

I have not requested help anywhere else for help with this need.

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

Name	Relationship	SS#	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 _____