**Champaign County Prevention, Retention and Contingency (PRC) Application**

|  |  |
| --- | --- |
| Applicant Name: | Date: |
| Address: | City, State, Zip: |
| Phone Number: | Email Address: |

|  |  |
| --- | --- |
| What assistance are you applying for today? | How much are you requesting? |

Yes No

Are you a resident of Champaign County?

Are you a U.S. Citizen or Qualified Alien?

Are you on a SNAP or OWF Sanction?

Has anyone in the household, 18 years or older, quit a job in the last 60 days?

Have an outstanding fraud balance anywhere in the US (OWF, PRC)?

A member of this household is currently on strike?

Have any other people or community organizations helped you with this need? If yes, provide their name and tell how. If no, explain why not\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received PRC assistance from another County? If yes, list county \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you currently receive the following type of public assistance from Champaign County Job and Family Services?

OWF, Cash Assistance Food Assistance PRC Medicaid

Provide information below for all residents in your household, including yourself. You must provide income verification for the last 30 days. (Copy of paystubs or other income records)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship to applicant | SSN | Date of Birth | Age |
|  | Self |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

Complete ONLY if you are a non-custodial parent:

Do you have a minor child(ren) not living with you but residing in the state of Ohio? Yes No

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Child(ren) | SSN | Date of Birth | Age | County of Residence |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

You must verify any income received by the people that live with you.

|  |  |  |
| --- | --- | --- |
| Person Receiving Income | Source of Income | Amount/Month |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Voter Registration Notification

Would you like to register to vote? \_\_\_ Yes, I want to register to vote. \_\_\_ No, I do not want to register to vote.

If you do not mark yes or no, you will be considered not to want to register to vote.

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 give my consent to Champaign County Department of Job and Family Services to make whatever contacts are necessary to determine my eligibility for assistance and to verify information I have given in this application.

I understand that this application will be considered without regard to race, color, ancestry, sex, age, handicap, religion or national origin. I affirm that to the best of my knowledge and belief the answers on this application are complete and correct. I understand the law provides penalty of fine or imprisonment (or both) for anyone convicted of accepting assistance for which he or she is not eligible. I state under penalty of perjury that all information is true and complete to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Applicant Signature Date