

# 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?
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- | Yes                      | No                       |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a resident of Champaign County?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you a U.S. Citizen or Qualified Alien?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Are you on a SNAP or OWF Sanction?  |
| <input type="checkbox"/> | <input type="checkbox"/> | Has anyone in the household, 18 years or older, quit a job in the last 60 days?   |
| <input type="checkbox"/> | <input type="checkbox"/> | Have an outstanding fraud balance anywhere in the US (OWF, PRC)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | A member of this household is currently on strike?  |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | 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			