

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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- | | | | | |
|--------------------------|-----|--------------------------|----|---|
| <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | |
| <input type="checkbox"/> | | <input type="checkbox"/> | | Are you a resident of Champaign County? |
| <input type="checkbox"/> | | <input type="checkbox"/> | | Are you a Kinship Care Provider for a child with past or current CPS involvement? |
| <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 benefits?

- 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 you and the people that live with you.

Person Receiving Income	Source of Income	Amount/Month
(Self)		

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

Monthly Household Budget

This is a budget to help you become aware of what you spend in a months' time. Please fill this out based on a monthly time period. Try to be as accurate as you can, so we can better assist you in becoming aware of your expenses and your barriers to paying your monthly bills. If expense is a onetime only expense, then it must be divided by 12 to make it a monthly expense.

Monthly Income

Job #1 \$ _____
 Job #2 \$ _____
 Social Security \$ _____
 Cash Assistance \$ _____
 Child/Spousal Support \$ _____
 Unemployment Benefits \$ _____
 Money from Another Person \$ _____
 Other Income \$ _____
Total: _____

Monthly Household Bills

Rent/Mortgage \$ _____
 Home/Rental Insurance \$ _____
 Electric \$ _____
 Gas Bill \$ _____
 Cable \$ _____
 Water/Sewer \$ _____
 Trash \$ _____
 Internet \$ _____
 Laundromat Expenses \$ _____
 House Phone \$ _____
 Cellular Phone \$ _____
Total: \$ _____

Monthly Transportation Expenses

Car Payment \$ _____
 Car Insurance \$ _____
 Car Repair/Maintenance \$ _____
 Gasoline/Rides/Transit \$ _____
Total: \$ _____

Monthly Debt Payments

Credit Card \$ _____
 Student Loan Payments \$ _____
 Personal Loans \$ _____
 Child Support Paid \$ _____
 Alimony Paid \$ _____
 Rent to Own Items \$ _____
Total: \$ _____

Monthly Miscellaneous Expenses

Groceries (Out of Pocket) \$ _____
 Fast Food/Restaurants/Snacks \$ _____
 Household Goods/ Cleaning Supplies \$ _____
 Diapers/Formula \$ _____
 Clothing \$ _____
 Haircuts \$ _____
 Tanning Package \$ _____
 Manicure/Pedicure \$ _____
 Doctor/Dentist Visits (co-pays) \$ _____
 Prescriptions \$ _____
 Pet Food/Grooming \$ _____
 School Fees/Lunches/Books \$ _____
 Daycare/Babysitter \$ _____
 Allowance (children) \$ _____
 Other Expense #1 \$ _____
Total: \$ _____

Monthly Fun/ Entertainment

Movies \$ _____
 Memberships \$ _____
 Sports (Self and Children) \$ _____
 Magazines \$ _____
 Newspapers \$ _____
 Books \$ _____
 Vacation/Camping \$ _____
 Hobbies \$ _____
 Tobacco Products \$ _____
 Alcoholic Beverages \$ _____
 Lottery Tickets \$ _____
 Tattoos/Piercings \$ _____
Total: \$ _____

Total INCOME: _____

Total EXPENSES: _____

Total Difference: _____