

## Ashland County Dept. of Job & Family Services Prevention, Retention & Contingency (PRC) Application

**Applicant Name:**

**Social Security #:**

**Address:**

**Phone # where you can be reached:**

The Ashland County Dept. of Job & Family Services Prevention, Retention & Contingency (PRC) Program is not ongoing OWF (TANF) assistance. PRC services are:

- 1) Services that have no direct monetary value to an individual family and that do not involve implicit or explicit income support; and
- 2) One time, short-term assistance which is limited to the amount actually required to meet the presenting obstacle to employment up to \$1500 per 12 consecutive month period of eligibility.

Any number of individual payments can be made during this period as long as they are distinctive, non-ongoing occurrences and do not exceed \$1500 for the PRC Assistance Group (AG) over the 12 month period. A PRC AG is a group of individuals containing at least one minor child treated as a unit for the purpose of determining eligibility for the PRC program.

- 1) The following information is necessary to determine your assistance group and must be completed for everyone living at your home, including yourself:

Name	Social Security #	Date of Birth	Relationship to Applicant	Gross Income received in past 30 days

- 2) Are you or anyone in your home currently receiving any form of assistance or help from this or any other Job & Family Services or comparable agency in another state?

YES                       NO

If yes, please state type and amount of assistance and agency from which it was received: \_\_\_\_\_.

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- 3) Have you or anyone in your home received any form of assistance or help from this or any other Job & Family Services or comparable agency in another state in the last 12 months?

YES  NO

If yes, please state type and amount of assistance and agency from which it was received. \_\_\_\_\_

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- 4) Are you or anyone in your home presently under a sanction or disqualification from any Job & Family Services program?

YES  NO

If yes, state who, type and reason for sanction, and date sanction started: \_\_\_\_\_

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- 5) Do you or any member of your home have any outstanding OWF or PRC fraud overpayment balances?

YES  NO

If yes state who, amount and explain: \_\_\_\_\_

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- 6) What is your obstacle to Employment: \_\_\_\_\_

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Requested item or service: \_\_\_\_\_

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Community Resources that applicant has contacted to assist with this obstacle:

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How will this item/service remove the obstacle to employment? \_\_\_\_\_

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Vendor	Address	Phone	Who did you talk to?	Price each	Price Delivered

A minimum of THREE quotes must be provided

7) What is your obstacle to Employment: \_\_\_\_\_

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Requested item or service: \_\_\_\_\_

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Community Resources that applicant has contacted to assist with this obstacle:

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How will this item/service remove the obstacle to employment? \_\_\_\_\_

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Vendor	Address	Phone	Who did you talk to?	Price each	Price Delivered

A minimum of THREE quotes must be provided

8) What is your obstacle to Employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested item or service: \_\_\_\_\_  
\_\_\_\_\_

Community Resources that applicant has contacted to assist with this obstacle:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will this item/service remove the obstacle to employment? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Vendor	Address	Phone	Who did you talk to?	Price each	Price Delivered

A minimum of THREE quotes must be provided

9) What is your obstacle to Employment: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requested item or service: \_\_\_\_\_  
\_\_\_\_\_

Community Resources that applicant has contacted to assist with this obstacle:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How will this item/service remove the obstacle to employment? \_\_\_\_\_

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

Vendor	Address	Phone	Who did you talk to?	Price each	Price Delivered

A minimum of THREE quotes must be provided

I certify that the information that I have provided is true and correct to the best of my knowledge. I also understand that if the county department of job and family services denies my application, I have the right to request a state hearing.

Applicant Signature	Date
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