

Guernsey County Prevention, Retention, and Contingency Program (PRC) Application

Applicant Name:	Case #:
Current Address:	Telephone:
City, State, Zip:	

1. Are you a resident of Guernsey County? Yes No
2. Are you a U.S. citizen? Yes No
3. Is anyone in the household a fugitive felon or a probation or parole violator? Yes No
4. If you are not registered to vote where you live now, would you like to register to vote today?
 Yes, I want to register to vote. No, I do not want to register to vote.
5. List the type of services or items you are requesting help with. Include the cost for each item.

Item or Service	Cost of Service	Item or Service	Cost of Service
1.	\$	2.	\$
3.	\$	4.	\$

6. List the personal and community resources (such as other agencies) you have contacted to meet this need:

7. In the chart below list **everyone** living in your home, including yourself. **You are required to declare all household income & Social Security Numbers.**

Name	Relationship to you	Birthdate	Social Security Number	Source of Income	Gross Monthly Income (Past 30 days)

8. Are you the parent of a minor child who is not listed above? If yes, what is the child's name, date of birth and relationship to you?
 Do not list children who have been adopted by someone else. _____

Fraud occurs when a person knowingly and willfully provides false information about his/her circumstances in order to receive PRC for which he/she is not eligible. **WARNING** - cases of suspected fraud are referred to the prosecuting attorney for possible criminal prosecution.

I authorize the release of information for the purpose of obtaining information necessary to determine eligibility and to release approval or denial information to the provider of the PRC Service. If you are eligible, the agency may limit assistance under this program to the actual documented amount of need.

Signature of Applicant:	Date:
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For Agency Use Only	
Case #:	BV-IPV:
App Date:	BV-PRC:
Group Size:	CSEA Co-OP:
Income:	FS/OWF Sanction:
200% Standard	Open/Current OWF? Yes _____ No _____
Intake Worker:	Ongoing Worker:

PRC History (IQEL-SS/Date 1 yr old//EA SFPR Case/CAT/SEQ)

Date	Countable Service	Amount
		Total \$:
		Available\$:

Case Worker Comments:

Changes reported to Case Manager: _____

Supervisor Signature: _____

Case Manager Approval: _____

Approved: _____

Denied: _____

CLRC: _____