

**Tuscarawas County Job and Family Services
PREVENTION, RETENTION AND CONTINGENCY (PRC)
PROGRAM APPLICATION**

VOTER REGISTRATION APPLICATION – ASSISTANCE AVAILABLE

If you are not registered to vote where you live now, would you like to apply to register to vote here today?

YES, I want to register to vote.

NO, I do not want to register to vote.

If you do not check either box, you will be considered to have **decided not to register to vote** at this time.

Clients must always be given the JFS 07217 (Notice of Rights and Declination) form.

FOR AGENCY USE ONLY

Name of Applicant	Current Street Address	Case Number	
Social Security Number	City	Determination	
Telephone Number Where You Can Be Reached	Zip Code	County	Worker

1. Have you ever received any type of public assistance from a human services department? YES NO
If yes, give the name of the county Job & Family Services and the type of assistance received.

2. Explain what you need and estimate the amount you are requesting.

3. Did you contact any other agencies for help with this need? If yes, list names of agencies. YES NO

4. Have any other agencies helped you with this urgent need? YES NO
If yes, name the agency and tell how you were helped. If no, tell why you were not helped.

5. Complete the chart below for anyone living in your home, including yourself. You are required to verify all income for all members of your household.

Name	Relationship	SSN	DOB	Education (last grade completed)	Source of Income (Earnings, Child Support, VA Benefits, SSA, SSL, etc.)	Amount of Income	How Often Received
	Self					\$	
						\$	
						\$	
						\$	
						\$	

Name	Checking	Balance	Savings	Balance
	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$
	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$	<input type="checkbox"/> YES <input type="checkbox"/> NO	\$

6. Do you have the responsibility to support any minor children who are not residing with you? YES NO
If yes, please complete the following:

Child's Name	Relationship	DOB	SSN	Address/Phone #	Name of Head of HH

7. Is anyone in your household eligible for but not receiving court-ordered child support? YES NO
If yes, list name(s) of individuals not receiving court-ordered child support.

8. Does anyone in your household own a car or have access to a car? YES NO
If yes, list the name(s) of individuals and the means of transportation.

IF YOU ARE ELIGIBLE, THE AGENCY WILL LIMIT ASSISTANCE TO THE ACTUAL DOCUMENTED AMOUNT OF NEED.

I understand and agree to allow TCJFS to make any contacts necessary to verify my eligibility.

Signature of Applicant	Date
------------------------	------

This Page for Agency Use Only			
Date Application Received: (mm/dd/yy)		30 Day Budget Period: (mm/dd/yy)	
		To (mm/dd/yy)	
REQUEST			
Benefit/Service	Amount Needed		
1.	\$	Total Need:	\$
2.	\$	Community Resources Used:	\$
3.	\$	Net Need:	\$
4.	\$		
Reason for Need:			
RESOURCES			
	Source	Balance	Verification
1.		\$	
2.		\$	
3.		\$	
INCOME			
Source of Income	Amount Available in Budget Period	Verification	
	\$		
	\$		
	\$		
Total Income Available	\$		
PRC Eligibility Standard	\$		
PRC Max. for this Service	\$		
Past PRC used for this Service	\$		
Present PRC Balance for this Service	\$		
AG Contribution	\$		
CHECKLIST Attach verifications:			
<input type="checkbox"/> Estimates	<input type="checkbox"/> Resources	<input type="checkbox"/> CSEA	
<input type="checkbox"/> BV (including TANF Fraud)	<input type="checkbox"/> Sanction		
<input type="checkbox"/> Prevention _____	<input type="checkbox"/> Retention _____	<input type="checkbox"/> Contingency _____	
<input type="checkbox"/> PRC APPROVED. _____ ADULTS _____ CHILDREN			
Item/Service Provided	Date of Approval	Amount Paid	Vendor's Name
1.		\$	
2.		\$	
<input type="checkbox"/> PRC DENIED _____ Date of Denial (mm/dd/yy) _____ Date Notice of Denial of Application sent (mm/dd/yy)			
Reason for Denial:			
Signature of Caseworker _____		Signature of Supervisor _____	
Date		Date	

Below is recommended language to inform PRC applicants of their rights:

NON-DISCRIMINATION

Federal laws require that any agency administering federally funded programs and activities, cannot discriminate against you based on race, color, national origin, sex, religion, political beliefs, disability, and age.

AMERICAN WITH DISABILITIES ACT

If you have a physical or mental condition that substantially limits one or more major life activities, you may have rights under Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. Physical or mental conditions include, for example, a learning disability, mental retardation, a history of drug or alcohol addiction, depression, mobility impairment, or a hearing or vision impairment.

You can let us know if you have a disability. If you cannot do something we ask you to do, we can help you do it or we can change what you have to do.

Here are some of the ways we can help:

- We can call or visit if you are not able to come to our office.
- We can tell you what this letter means.
- If you are hearing impaired, we can provide a sign language interpreter when you come to the office.
- We can help you appeal any decision that you do not agree with.

If you need some other kind of help, ask us. Call your caseworker.

LIMITED ENGLISH PROFICIENCY

If your primary language (spoken or written) is not English, we can help you. Let us know if your primary language is not English.

Here are some of the ways we can help:

- We can provide you with an interpreter who can speak English and your language when you come to the office. One will be provided at no cost to you.
- We may be able to provide you documents in your own language. If we cannot, then we will provide you with an interpreter who can read the documents to you.

INFORMATION ON CITIZENSHIP AND IMMIGRATION STATUS

If you are applying for PRC benefits, you must tell us about the citizenship and immigration status of only those persons you are seeking the benefits for. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC if they are otherwise eligible.

You may also need to tell us about your family's income and answer other questions we may ask.

INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER

Generally, if you are applying for PRC benefits, you must provide the social security number of only those persons you are seeking the benefits for. However, there may be instances where we need the social security numbers of members of the household to verify income or other eligibility criteria to determine eligibility even though they are not seeking PRC benefits themselves. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC if they are otherwise eligible.

Social Security numbers may be used when contacting appropriate persons or agencies to determine your eligibility and verify information you have given for PRC, for example, income, disability benefits or other similar benefits and programs. Such information may affect your household eligibility for PRC. Your social security number may be used for a felony warrant match; a match of persons in violation of probation or parole by law enforcement agencies; or for purposes of investigations, prosecutions, and criminal or civil proceedings that are within the scope of law enforcement agencies' official duties.

HOW DO I FILE A DISCRIMINATION COMPLAINT?

Your complaint can be filed with:

The Ohio Department of Job and Family Services
Bureau of Civil Rights
30 East Broad Street, 37th Floor
Columbus, Ohio 43215-3414

Fax to: 614-752-6381

The Bureau of Civil Rights (BCR) staff is available to offer assistance with writing and filing your complaint(s). You can call BCR at 614-644-2703 or Toll Free 1-866-227-6353, TTY 614-995-9961 or Toll Free 1-866-221-6700.