
Tuscarawas County

Prevention Retention Contingency (PRC)

Attached is an application for the PRC program. You have the right to apply for any public assistance programs and have your eligibility determined at any time; however, there are required verifications that will assist in processing your application in a timely manner.


TO BE ELIGIBLE FOR PRC, YOU MUST:

1. **HAVE AN ELIGIBLE CHILD IN YOUR HOME. (ELIGIBLE CHILDREN ARE UNDER 18 OR UNDER 19 AND ENROLLED IN HIGH SCHOOL). YOU CAN BE A NON-CUSTODIAL PARENT AND STILL QUALIFY IF YOU ARE CURRENT WITH ANY CHILD SUPPORT OBLIGATIONS.**
2. **BE BELOW 200% OF THE FEDERAL POVERTY GUIDELINES. THE INCOME FOR YOUR ENTIRE HOUSEHOLD WILL NEED VERIFIED.**
3. **YOU WILL NEED TO VERIFY THE BALANCE OF ALL BANK ACCOUNTS.**

Please use the guide below and return your application with the requested verifications, if possible.

I AM REQUESTING ASSISTANCE WITH EMPLOYMENT RELATED NEEDS:

This could include gas vouchers to get to work, uniforms, tools, supplies required, etc.

-  You must be working or have a job offer of at least 20 hours per week

Please provide (with your completed application):

- ✓ Verification of the employment (ie: pay stub, written offer of employment).
- ✓ Proof of the specific uniform/tools/supplies required that you must purchase. (ie: written statement from the employer, employee handbook, etc.).
- ✓ Proof of valid license, vehicle insurance (if requesting help with gas).
- ✓ Verification of your income.

I AM REQUESTING ASSISTANCE WITH HOUSEHOLD EXPENSES WHILE OFF WORK:

Off work must be related to: Maternity leave or medical condition/surgery.

-  You must have been working at least 20 hours per week.

Please provide (with your completed application):

- ✓ Verification of the reason you are off work with the expected recovery time.
- ✓ Verification of employment that was 20 hrs per week (pay stubs or written statement)
- ✓ Verification from your employer that you have a job to return to once medically released. It would be helpful if the employer would indicate the date/amount of your last pay received.
- ✓ Invoices for expenses requiring assistance. Payment is made directly to the vendor.

I REQUESTING ASSISTANCE WITH VEHICLE REPAIRS:

- 📌 This vehicle must be used to get you to/from employment of at least 20 hours per week.

Please provide (with your completed application):

- ✓ Verification of the employment (ie: pay stub, written offer of employment).
- ✓ Proof of valid license and vehicle insurance.
- ✓ Three written estimates of the repairs needed.
- ✓ Verification of your income.

I AM REQUESTING ASSISTANCE PAYING FOR MY BOARD CERTIFICATION/STATE LICENSURE OR NECESSARY TESTING TO START EMPLOYMENT:

This could include pre-employment testing (drug screen, physical/psychological) or GED fee, State Board Certification expenses or State License

- 📌 You must have employment or a job offer of at least 20 hours per week.

Please provide (with your completed application):

- ✓ Verification of the employment (ie: pay stub, written offer of employment).
- ✓ Verification the expense (ie: billing statement, written verification from certification/licensing agency).

I AM REQUESTING ASSISTANCE PAYING FOR MY CAR INSURANCE:

- 📌 This assistance is limited to LIABILITY coverage only and will not pay full coverage expenses.

Please provide (with your completed application):

- ✓ Verification of the vehicle (title or registration).
- ✓ Verification of a valid driver's license.
- ✓ Verification of the expense (ie: Insurance billing statement).

I AM REQUESTING ASSISTANCE PAYING MY LICENSE REINSTATEMENT FEE:

- 📌 If you require this assistance as the result of a DUI or a failure to cooperate with child support, you will NOT be eligible.

- 📌 You must be employed or have an offer of employment equal to 20 hours or more per week.

Please provide (with your completed application):

- ✓ Verification of employment (ie: pay stub, written offer of employment).
- ✓ Verification of expense.
- ✓ Proof of current insurance.