

## Tuscarawas County Job and Family Services

## PREVENTION, RETENTION AND CONTINGENCY (PRC)

## PROGRAM APPLICATION

**VOTER REGISTRATION APPLICATION – ASSISTANCE AVAILABLE**

☐ **YES**, I want to register to vote. ☐ **NO**, I do not want to register to vote.

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

		<b>FOR AGENCY USE ONLY</b>					
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? <input type="checkbox"/> YES <input type="checkbox"/> 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.		<input type="checkbox"/> YES	<input type="checkbox"/> NO				
4. Have any other agencies helped you with this urgent need? If yes, name the agency and tell how you were helped. If no, tell why you were not helped.		<input type="checkbox"/> YES	<input type="checkbox"/> NO				
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, SSI, 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> 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? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, list the name(s) of individuals and the means of transportation.							
<b>IF YOU ARE ELIGIBLE, THE AGENCY WILL LIMIT ASSISTANCE TO THE ACTUAL DOCUMENTED AMOUNT OF NEED.</b>							
<b>I understand and agree to allow TCJFS to make any contacts necessary to verify my eligibility.</b>							
Signature of Applicant					Date		



## **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, 37<sup>th</sup> 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.