



Van Wert County
Job and Family Services

Prevention, Retention & Contingency (PRC) Application

114 E. Main St. Van Wert, OH 45891
Phone: (419)623-4437 Fax: (419)238-6060

Name (Last)		(First)	(M)	VWCDJFS USE ONLY	
Address			Apt./Suite		Type of PRC Requested
City		State	Zip Code		Date Received
Telephone (Home)		(Cell)	Date		

Complete the section below for everyone living in your home, including yourself. You are required to verify all income and resources for all members of your household. Please attach verifications (pay stubs, bank statements, etc.)

Full Name	Social Security Number	Date of Birth	Age	Relationship to Applicant	Source of Monthly Income and amount received in past 30 days <small>(employment, child support, OWF, VA, etc.)</small>	Source and amount of current resources <small>(cash on hand, savings, checking, etc.)</small>
ex. John Smith	123-45-6789	1/1/1987	33	Spouse	McDonalds/SSI \$987	Checking - \$212
				Self		

Do you have minor children that do not reside with you, but reside in Ohio and you owe a current child support order for? Yes No

If yes, Complete below:

Child(ren) Name	Relationship	Date of Birth	Social Security Number	City & State

Are you a U.S. Citizen and Van Wert County Resident? Yes No

Are you, or is anyone in your household pregnant? Yes No

Is anyone in your household a fugitive felon or in violation of probation or parole? Yes No

Has anyone in your family, including yourself, fraudulently received assistance under the OWF, Food Assistance and/or PRC programs? Yes No

What assistance are you applying for today?

If applying for Contingency Services, (Shelter, Utility or Disaster Assistance) What event has occurred in the past 12 months that has put you in a financial crisis?

Have you or any member of your household received emergency assistance including PRC in the last 12 months? Yes No

List the agencies you have contacted for assistance	Did you receive help?	If the agency helped you, please explain how. If the agency did not help you, please explain why not. (Verification Required)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

RECIPIENT ACKNOWLEDGEMENT

Recipient hereby acknowledges that Title VI of the Civil Rights Act of 1964 (Title VI) and its implementing regulations provides that no person shall be subjected to discrimination on the basis of race, color, national origin under any program or activity that receives federal financial assistance. Thus, any organization or individual that receives federal financial assistance, either, directly or indirectly, through a grant, contract, or subcontract, is covered by Title VI, including hospitals, nursing homes, home health agencies, home maintenance organizations, health service providers, and human service organizations.

Recipient further acknowledges that Title VI makes it unlawful for an individual or an organization to discriminate against persons with limited English Proficiency (LEP). Also, agencies who receive federal funding from the U.S. Department of Health and Human Services (HHS) are required to provide oral and/or written translation services to individuals whose primary language (spoken or written) is not English. Agency warrants that, if an individual or organization is a recipient of federal assistance from HHS, it has an obligation to ensure that LEP persons have meaningful and equal access to benefits and services.

Recipient agrees to comply with all federal laws and regulations pertaining to Title VI of the Civil Rights Act of 1964.

MY SIGNATURE ACKNOWLEDGES that final approval of my PRC request is based on established guidelines and availability of PRC funds; it is also subject to the approval of the Director. Misuse of PRC assistance is subject to recovery, disqualification and/or legal action.

I am authorizing the exchange of information between VWCDJFS and any designated provider, agency, organization or individual providing assistance with this request. I admit that all the information provided is truthful. I understand the omission of information is the same as giving false information.

If you are not registered to vote where you live now, would you like 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.

Applications are not considered valid without a signature below.

Applicant Signature

Date

All Applicants applying for assistance with Shelter, Utility, Automobile Insurance or Automobile Down Payment must complete the Budget sheet on page 3 and review with Case Manager.

Monthly Budget

Name _____

Budget Month and Year _____

Income		Expenses	
Pay 1	\$	Rent or Mortgage	\$
Pay 2	\$	Renters/Homeowners Insurance	\$
Child Support	\$	Gas	\$
OWF Assistance	\$	Electric	\$
SNAP Assistance	\$	Water	\$
Other _____	\$	Trash	\$
Other _____	\$	Internet/Cable	\$
Other _____	\$	Phone	\$
Other _____	\$	Groceries & Household Supplies	\$
TOTAL MONTHLY INCOME	\$	Meals Out	\$
		Car Loan	\$
		Car Insurance	\$
		Car Maintenance	\$
		Gas for Car	\$
		Medicine	\$
		Other Health Expenses	\$
		Child Care	\$
		Child Support	\$
		Clothing/Shoes	\$
		Laundry	\$
		Entertainment	\$
		Credit Card	\$
		School Costs	\$
		Other _____	\$
		Other _____	\$
		Other _____	\$
		Other _____	\$
		Other _____	\$
		TOTAL MONTHLY EXPENSES	\$

Total Income	
Total Expenses (-)	
Remaining	\$

If your remaining balance is negative, what items could be reduced or removed from your monthly budget?

1. _____
2. _____
3. _____