



Summit County
Department of Job & Family Services

47 N Main Street • Akron, Ohio 44308-1991 • 330.643.8200

...building stronger families for a better community

Prevention Retention & Contingency
PRC Application

Name (Last)	(First)	(MI)	Home Telephone	SCDJFS Use Only	Case Number
Address	Apt	Work Telephone	Date Sent		Date Returned
City	State OH	Zip Code	Message Telephone Number		PRC Clearance

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

Full Name (First and last)	Social Security Number	Date of Birth	Sex	Relationship to Applicant	Source of Monthly Income (Employment, Child Support, OWF, VA Check, SSI)	Monthly Amount of Gross Income	Balance of Savings or Checking Accounts
Peter Moe	123-45-6789	03/23/65	M	Brother	Employment	\$500	\$200
*				*SELF			

- Is anyone in your household eligible for but not receiving court ordered child support? Yes No
- Are you and everyone living in your home a U.S. Citizen? Yes No
- Are you or anyone in your household, pregnant? Yes No
- Is anyone listed above a fugitive felon or in violation of probation or parole? Yes No
- Have you or member of your household been convicted of public assistance fraud? Yes No

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

List Agencies You Contacted for Assistance:	Did You Receive Help?	If the Agency Helped You – Explain How If the Agency Did Not Help You – Explain Why Not (Verification maybe requested)
	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Assistance requested:

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 or 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. Recipient warrants that if it is an individual or an organization that is a recipient of Federal financial assistance from HHS, it has an obligation to ensure that LEP persons have meaningful and equal access to benefits and services. Recipient agrees that it will 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, availability of PRC Funds, and subject to the approval of the Director/Designee. Misuse of PRC assistance is subject to recovery by the Investigations Unit following the procedures listed in the SCDJFS Fraud Plan.

Applicant Signature: _____ Date: _____

Provider's Name	Contact person	Number	Date received
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