



ASHTABULA COUNTY JOB & FAMILY SERVICES
Prevention, Retention, and Contingency (PRC) Application

Applicant's Name: Applicant's Phone Number:

Applicant's Address: City: Zip Code:

What type of PRC services are you applying for? Employment Incentive Program (EIP) Gas Card Opening Doors (Parenting Class) New Hope (Rent Assistance) Beatitude House (Women's Transitional Housing) Supportive Employment Services

HOUSEHOLD MEMBERS & INCOME: Complete the chart below for ALL people living in your home including yourself. Please complete ALL income for ALL household members.

Table with 7 columns: Name, Relationship to Applicant, Social Security Number, Date of Birth, Source of Income, Last 30 Days Gross Monthly Income, Expected Gross Monthly Income.

FOR ADDITIONAL PERSONS USE ADDITIONAL SHEETS OR THE BACK OF THIS FORM

Are you applying to improve your ability to pay child support? Yes No If YES, please complete the following:

- List your child(ren)'s names, social security numbers, and birth dates above in HOUSEHOLD MEMBERS & INCOME.
Provide the name of your child(ren)'s custodial parent and/or legal guardian:
Provide the address of both your child(ren) and their guardian:

*** IMPORTANT: If you, or another household member, are currently receiving SNAP/TANF benefits from our agency and have already verified your household income for those benefits, it will not be necessary to verify your household income a second time to apply for Prevention, Retention, and Contingency (PRC) service benefits. However, if you are not currently receiving another benefit, or you receive Medicaid only, please be sure to provide proof of all household income for the 30 days prior to the date this application is signed and returned. PRC is a temporary program with up to four months of benefit payment within a one-year period; or as based on the different services offered, as some services have different eligibility time frames. *If the applicant is applying for reimbursement, the original paid receipt is required with the application submission.

Signature of Applicant: Application Date:

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