



Ashtabula County Job & Family Services

Patrick J. Arcaro, Executive Director

ACTS Toll Free Ph: 1-800-445-4140 Fax: 440-994-2041	OhioMeansJobs Ph: 440-994-1234 Fax: 440-992-7826	Social Services / Child Care Ph: 440-998-1110 Fax: 440-998-1538	Financial / Medical Asst. Services Ph: 440-998-1110 Fax: 440-998-1538	Fraud Hot-Line Enforcement Ph: 440-998-1110 Fax: 440-998-1538	Nursing Home Services Ph: 440-998-1110 Fax: 440-998-1538	Child Support Enforcement Ph: 440-994-1212 Fax: 440-998-1538
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ASHTABULA COUNTY PREVENTION, RETENTION AND CONTINGENCY PROGRAM (PRC) APPLICATION

For Agency Use Only – Ashtabula County		
Case Number	Date Received	Case Manager

Applicant's Name: _____ **Applicant's Phone Number:** _____

Applicant's Address: _____ **City:** _____ **Zip Code:** _____

Social Security Number: _____

1. **HOUSEHOLD MEMBERS & INCOME:** Complete the chart below for anyone living in your home, including yourself. You are also required to list and verify all income for the members of your household for the past 30 days.

#	Name	Relationship to Applicant	SSN	DOB	Source of Income	Monthly Amount of Income
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$
6.						\$
7.						\$
8.						\$

Additional Persons Use Additional Sheet

2. Have you ever received any type of public assistance from a job and family services department?

Yes No

If yes, give the county DFS, type of assistance received, and date received. _____

3. Explain what you need and estimate the amount you are requesting. _____

4. What change in your household circumstance has occurred that prevents you from meeting this need? (Be very specific, for example, loss of income due to illness, loss of income due to termination, unexpected expense, etc.) _____

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5. List the agencies you have contacted for assistance with this need:

	Agency	Date Contacted	Person contacted	Results
1.				
2.				
3.				
4.				

6. Is anyone in your household presently under a sanction or disqualification from any job and family services program? Yes No

If yes, give the name and the date the sanction or disqualification began.

7. Has anyone in your household quit or refused a job in the last 60 days? Yes No

If yes, give name, the date of the quit or refusal, and the reason for the quit or refusal.

8. **RESOURCES:** You are required to list all resource that are available to you upon demand such as (but not limited to): cash, checking account, savings account, stocks, bonds, mutual funds, promissory notes and burial accounts. Complete the chart below and list the resources for anyone living in your household, including yourself.

	Name	Type	Amount	Verification
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	
6.			\$	

If you are eligible, the agency will limit assistance under this program to the actual documented amount of need.

Signature of Applicant:	Date:
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