

**PREVENTION, RETENTION AND CONTINGENCY PROGRAM (PRC) APPLICATION
COVID-19 Supportive Service Payment Program**

Name: _____ SSN: _____ Age: _____

Address: _____

Phone #: _____ /Message #: _____

1. Have you ever received any type of public assistance from a county JFS? Yes No
If yes, name the county JFS, the type of assistance received and the date received.

2. Explain what you need and provide an estimate of the amount you are requesting.

3. Do you have any cash in reserve such as in a checking account or savings account? Yes No
If yes, explain.

Complete the chart below listing everyone in the household, including you. You are REQUIRED to verify income for ALL members of your household.

NAME	REL. TO APPLICANT	SSN	DATE OF BIRTH	SOURCE OF INCOME	RESOURCE	MONTHLY INCOME
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$
6.						\$
7.						\$
8.						\$

If you are eligible, the agency will limit assistance under this program to the actual, documented amount of need or the amount restricted for a specific service, whichever is lower.

WARNING: By my signature below, I declare and state under penalty of perjury that the information on this application is true and complete to the best of my knowledge. I understand that the law provides a penalty of fine, imprisonment or both for any individual convicted of accepting assistance for which the individual is not eligible.

Signature of Applicant	Date
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Review Date: _____

**Applicant: Do Not Complete 2nd Page – Office Use Only*

BUDGET

Income		Public Assistance Income		PRC Services	
Gross Wages/Mo		OWF Grant Amount		[REDACTED]	
				Utility	
				Shelter	
Adjusted Gross		Unearned Income		[REDACTED]	
				[REDACTED]	
				Total	
Gross Countable _____			Date of PRC Application _____		
PRC Eligibility Standard \$ _____ HH of _____			30 Day Budget Period _____		
			12 month PRC Year	From	To

JOURNAL NOTES

APPROVED _____

DENIED _____

Caseworker _____	Date _____
Supervisor _____	Date _____