

For Agency Use Only

OB Number _____

Case Number _____

Application Date _____

Unique ID# _____

Regular PRC

TANF Education

TANF Employment

Disaster Assistance _____

PREVENTION, RETENTION AND CONTINGENCY PROGRAM (PRC) APPLICATION

Name of Applicant _____

SS# _____ AGE: _____

Telephone Number _____

Message Number _____

Current Address

1. Have you ever received any type of public assistance from a human services department? Yes No
If yes, name the county DJFS, 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. List the name(s) of other agencies you have contacted for help.

4. If another agency has helped you with this need, name the agency and explain how the agency helped you.

If you were denied assistance by an agency, name the agency and explain why services were denied.

If you have not contacted other agencies, explain why you have not.

5. Is anyone in your household presently under a sanction or disqualification from any human services program? Yes No. If yes, provide the name of the individual(s) and the date(s) of the sanction(s) or disqualification(s).

6. Has anyone in your household quit or refused a job in the last 60 days? Yes No If yes, provide the name of the individual, the date of the quit/ refusal and the reason for the quit/refusal.

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

8. 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	SS #	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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INFORMED DECISION

Income		Public Assistance Income		Available Resources	
Gross Wages/Mo		OWF Grant Amount		Cash	
				Checking	
				Savings	
Adjusted Gross		Unearned Income		Stocks	
				Other	
				Total	
Gross Countable			Date of PRC Application		
PRC Eligibility Standard For # _____			30 Day Budget Period		
			12 month PRC Year	From	To

APPROVED _____ **DENIED** _____

Caseworker _____	Date _____
Supervisor _____	Date _____