

**PICKAWAY COUNTY
PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION**

Name of Applicant:
Social Security Number:
Telephone Number Where You Can Be Reached:
Present Address:

Have you ever received any type of public assistance from Job and Family Services Department yes no If yes , please give the county Department of Job and Family Services, the type of assistance received and the date.

Explain what you need and estimate the amount you are requesting. **BACK TO SCHOOL ASSISTANCE COVID PRC. \$250.00 PAYMENT FOR EACH SCHOOL AGE CHILD K-12**

Give the name of other Agencies you have contacted for help. _____

Have any other agencies helped you with this need? yes no If yes, name the agency and tell how you were helped. If no, tell why you were not helped _____

Is anyone in your household presently under a sanction or disqualification from any Job and Family Services Programs? yes no If yes, give the name and the date the sanction or disqualification began.

Has anyone in your household quit or refused a job in the last 90 days yes no If yes, give name, the date of the quit or refusal, and the reason for the quit or refusal. _____

Are you currently involved with a child protective services system yes no If yes, give the name of the agency.

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

Name	Relationship	SSN	DOB	Source of income	Monthly amount of income
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					

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

Signature of applicant:	Date
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