

**Scioto County Department of Job & Family Services
PREVENTION, RETENTION, AND CONTINGENCY
APPLICATION**

Agency Use Only	
Case # _____	
Approved _____	
Denied _____	RSN _____

Name & Address of Applicant: _____

Phone Number: _____ Secondary Phone Number: _____

VOTER REGISTRATION APPLICATION ATTACHED - ASSISTANCE AVAILABLE

If you are not registered to vote where you live now, would you like to register to vote?

If you do not check either box, you will be considered to have decided not to register to vote at this time.

YES, I want to register to vote. NO, I do not want to register to vote.

1. What PRC services are you applying for?

<p>_____ Vehicle repair List all vehicles In household:</p>	<p>Mandatory Verifications:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>1. Income for last 30 days or employer's statement for new employment 2. Driver's license 3. Vehicle title and proof of insurance 4. Two estimates from approved vendors (see attached Vehicle Repair Vendor List)</p>
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<p>_____ Rent/Deposit</p>	<p>Mandatory Verifications:</p>	<p>1. Income for last 30 days or employer's statement for new employment 2. ID 3. Landlord Statement/Eviction Notice</p>
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<p>_____ Utilities</p>	<p>Mandatory Verifications:</p>	<p>1. Income for last 30 days or employer's statement for new employment 2. ID 3. Original Utility Bill</p>
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<p>_____ Home Repair</p>	<p>Mandatory Verifications:</p>	<p>1. Income for last 30 days or employer's statement for new employment 2. ID 3. Proof of your ownership of Property 4. Statement from Home Owner's Insurance on coverage of home damage 5. Two estimates for cost of repair</p>
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<p>_____ Uniforms or Employment Related Items</p>	<p>Mandatory Verifications:</p>	<p>1. Income for last 30 days or employer's statement for new employment 2. ID 3. One estimate for cost of required items</p>
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<p>_____ Other Please specify: _____</p>	<p>Mandatory Verifications:</p>	<p>1. Income for last 30 days or employer's statement 2. ID</p>
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I need help because (please check all that apply):

2. This payment will allow me to keep my job, go to work, or to participate in a mandatory work activity. YES NO

3. Someone in the household lost employment or had their hours cut within the last 30 days..... YES NO

4. The need was caused by fire, flood, or natural disaster..... YES NO

5. I am currently under a Work Activity Sanction for OWF or FA..... YES NO

6. Complete the chart below for anyone living in your household, including yourself.

Name	Relationship to Applicant	SSN	Age	LIST ALL income received. (Includes child support, SSI and Social Security or employer)	Gross Monthly Income Amount
	SELF				

7. Is anyone in your household pregnant? YES NO
If yes who? _____

8. If the applicant has a minor child not living with you and the applicant is court ordered to pay child support, give child's name, address and social security number:

By signing this application, I give the Scioto County Department of Job and Family Services permission to verify and obtain any information necessary to determine my eligibility.

Signature of Applicant

Date

(Revised 5/2/2013)