

WARREN COUNTY JOB & FAMILY SERVICES  
DIVISION OF HUMAN SERVICES

WARREN COUNTY PRC APPLICATION

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/ST./ZIP \_\_\_\_\_

PHONE: \_\_\_\_\_ DATE: \_\_\_\_\_

<b>FOR AGENCY USE</b>
CASE # _____

**PLEASE NOTE: IF APPLYING FOR THE KINSHIP CAREGIVER PROGRAM CHILD CARE TIER 1, ONLY COMPLETE SECTIONS A & D**

**SECTION A**

COMPLETE THE CHART FOR EVERY PERSON LIVING IN YOUR HOUSEHOLD, INCLUDING YOURSELF.

Name	Relationship to Applicant	SSN	Age	Source of Income	Monthly Income
					\$
					\$
					\$
					\$
					\$
					\$

**SECTION B**

1. Have you or anyone in the household received any type of assistance from any county in Ohio or any other state this month or in the past 3 months?  YES  NO. If "yes" please explain \_\_\_\_\_

\_\_\_\_\_

2. Explain **what** you are needing and **why** you are needing it \_\_\_\_\_

\_\_\_\_\_

3. Explain your household plan to address this need in the future: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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4. Is anyone in your household currently ineligible for or disqualified from any programs of assistance?  
 Yes  No Explain \_\_\_\_\_
5. Has anyone in your household quit a job, refused a job, or significantly reduced hours of employment in the last 60 days?  
 Yes  No Explain \_\_\_\_\_
6. Do you pay Rent or a Mortgage?  YES  NO, if "yes", monthly amount: \$ \_\_\_\_\_
7. List the Utilities you pay and the average monthly amount: \$ \_\_\_\_\_
8. Are you and your family:  In a Shelter  Have a court ordered eviction  Homeless
9. Is anyone in the household pregnant?  Yes  No If "yes" please list who \_\_\_\_\_

**SECTION C**

**DOES ANYONE IN THE HOME HAVE RESOURCES? SUCH AS;**

Resource	Person with Resource	Amount of Resource
<input type="checkbox"/> Cash on Person		\$
<input type="checkbox"/> Checking Account		\$
<input type="checkbox"/> Savings Accounts		\$
<input type="checkbox"/> Stocks/Bonds		\$
<input type="checkbox"/> Other		\$

If Other, Please Specify: \_\_\_\_\_

**SECTION D**

**BENEFIT OR PROGRAM YOU ARE REQUESTING ASSISTANCE FOR (MAY ONLY SELECT ONE PER APPLICATION):**

**PROGRAM SERVICES AND BENEFITS**

- |  |   |
|--|---|
| <input type="checkbox"/> Automobile Repairs                  | <input type="checkbox"/> Kinship Caregiver Child Care Program |
| <input type="checkbox"/> Child Care Registration Fee         | * Child Income Only/Tier 1                                    |
| <input type="checkbox"/> Contingency Services                |   |
| <input type="checkbox"/> Employment/Training                 | <input type="checkbox"/> Kinship Caregiver Child Care Program |
| <input type="checkbox"/> Rent Assistance or Security Deposit | *Household Income/Tier 2                                      |
| <input type="checkbox"/> Transportation Assistance           |   |
| <input type="checkbox"/> Utility Disconnect or Deposit       |   |
| <input type="checkbox"/> Other (Explain) _____               |   |

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**EMPLOYMENT RELATED BENEFITS**

**TRANSITIONAL BENEFIT PROGRAM**

Transitional Benefit Program- Verification of employment is required for this benefit category

**EMPLOYMENT BONUS/RETENTION PROGRAM**

- New Employment Bonus (\$100.00) after first 30 days of Verified Employment
- Employment Retention Bonus (\$150.00) after first 90 days of Verified Employment
- Employment Retention Bonus (\$300.00) after first 180 days of Verified Employment

Note: Regardless of your eligibility for PRC Benefits/Services, you have the right to apply for all other programs of assistance offered by this agency, such as Medicaid, Food Assistance, Cash Assistance, and Child Care Assistance. If you wish to apply, please inquire. Also, if you wish to register to vote, please request a voter registration form.

**Please use the back of this form as needed to provide the requested information.**

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

REV 4/2019

**\*\*Please Note\*\*:** Applicants have 14 days from the date of application to submit all required payments toward the approved benefit. Failure to comply will result in denial of the approved application on the 15<sup>th</sup> day. Failure to cooperate during the eligibility process which results in a denial for PRC Services and/or Benefits, will result in the inability to re-apply for 30 days after the denial, unless the agency determines otherwise.

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**PRC Verification Checklist**

**REQUIRED VERIFICATIONS FOR ALL PRC PROGRAM SERVICES AND/OR BENEFITS**

- Verification of Social Security Numbers for EVERYONE in the household
- ID for all ADULTS in the Household
- Verification that resources do not exceed \$500 (checking, savings acct, etc.)
- Verification of ALL household income for the past 30 days (earned and unearned; ex: pay stubs, child support, and social security)

**\*\*Please supply appropriate verifications based on the one program you apply for:**

**RENT OR SECURITY DEPOSIT:**

- Verification form signed by the landlord verifying they will accept a voucher
- Landlord's form to return deposit to WCDHS
- Eviction notice.

**NOTE:** You CANNOT move into an apartment BEFORE you receive our voucher  
YOU are responsible for taking the voucher to the Landlord.

**UTILITY BILLS (when HEAP is NOT in operation):**

- Shut off notice/bill (must be in applicant's name and for applicant's current address)
- Assistance Group must have made at least one payment within the past 3 months

**NOTE:** This is not available during the HEAP season November – March 31st

**AUTO REPAIRS/TIRES:**

- Valid Driver's License
- Proof of Auto ownership (must be in applicant's name)
- Proof of registration
- Proof of mileage
- Proof of insurance
- Two quotes are required from a certified mechanic. All vendors MUST actually SEE the vehicle.

Verification of employment 30 hours per week at minimum wage (or a guaranteed start date)

**TRANSPORTATION ASSISTANCE/GAS CARDS**

- Valid Driver's License
- Proof of insurance
- Verification of employment at 30 hours per week at minimum wage (or a guaranteed start date)

**CHILD CARE REGISTRATION FEE**

- Proof of Registration with Child Care Provider
- Proof of Full Time and/or Part-time employment or

Work Required

**TRANSITIONAL BENEFIT**

- Proof of Employment

**EMPLOYEE BONUS PROGRAM**

- Proof of Employment

**KINSHIP CAREGIVER PROGRAM**

**CHILD CARE TIER 1**

- Proof of Child's Income Only

**KINSHIP CAREGIVER PROGRAM**

**CHILD CARE TIER 2**

- Proof Household Income
- Proof of Employment