

JACKSON COUNTY PREVENTION, RETENTION AND CONTINGENCY PROGRAM (PRC) APPLICATION

Name of Applicant	Present Street Address	For Agency Use Only Jackson Co./40	
Social Security Number	City	Case No.	
Telephone No. Where you can be reached	Zip	Date Appl. received	Code

VOTER REGISTRATION APPLICATION ASSISTANCE

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

Yes, I want to register to Vote
 No, I do not want 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.

Applicant's initials _____ CW initials _____

1. **Have you ever received any type of public assistance from a human services department?** Yes No

If yes, list the county JFS, the type of assistance received, and the date received

2. **Explain the service in which you need assistance including the amount you are requesting.** _____

(Please note PRC cannot be approved for gas, electric, fuel oil, propane, coal, wood and any other heating source during HEAP season -Nov. 1 – March 31.)

3. **List all other agencies you have contacted for help.** _____
 Did you receive help for this need? Yes No (If yes, how were you helped? If no, why were you not helped?)

4. **Is anyone in your household presently under a sanction or disqualification from any job & family services program?**
 Yes No If so, which member? _____

5. **Has anyone in your household quit or refused a job in the last 90 days?** Yes No If yes, list name of member, the date of, and reason for the job quit/refusal. _____

Complete the chart for **everyone** living in your home, including yourself. You are required to verify all income for all persons in your household.

Name	Relationship to Applicant	Age	Source of Income	Monthly Amount

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

Signature of Applicant	Date

For Agency Use Only

Date appl. received	
Use budget period for prior 30 days	

List item/service requested and the amount needed for each

Item or Service	Amount Needed	Item or Service	Amount Needed
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Reason for need - What unusual circumstance occurred which prevents this AG from meeting their need?

Community Resources – List and document the community resources explored to meet this need.

Agency	Amount	Item/Service

Income

Source	Gross Amount	Verification
TOTAL HOUSEHOLD INCOME		

Document AG's utilization of at least ¾ of their gross income on necessary HH expenses

Expense	Amount	Expense	Amount	Expense	Amount
Rent	\$	Utilities	\$	Phone	\$
Vehicle Payment	\$	Groceries	\$	Insurance (home)	\$
Vehicle Payment	\$	Vehicle repairs	\$	Insurance (vehicle)	\$
Medical	\$	Work Exp. (gas, etc.)	\$	Other	\$
TOTAL UTILIZATION				\$	

<input type="checkbox"/> PRC APPROVED	Date of Approval	Code
<input type="checkbox"/> PRC DENIED	Date of Denial	Date Notice of Denial Sent
Item/Service Provided	Amount Paid	Vendor's Name and Address
Reason for Denial:		

Signature of Caseworker	Date	Signature of Supervisor	Date