



**CLERMONT COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
Office of Adult, Child and Family Stability (ACFS)**

2400 Clermont Center Drive, Batavia, Ohio 45103
Telephone: (513) 732-7111 Fax (513) 732-7216

**PREVENTION RETENTION AND CONTINGENCY (PRC)
Verification Notification for Applicants**

To process your application, ACFS must have the following verifications:

1. **Identification:** Photo Identification
2. **Verification of household composition** (who resides in your home): A Household Identification form must be completed.

Note: If you are currently receiving OWF cash assistance, this document was previously collected and is not required for your PRC application.
3. **Income:** All pay stubs for last 4 consecutive weeks. Written proof of unearned income (Social Security, Workers' Comp, Unemployment, Child Support, etc.). If self-employed, bring last year's Schedule C or, if not available, detailed records of income and expenses. If you recently lost your employment, you must provide verification that you are no longer employed, your last day worked and your last pay amount and date received.
4. **Verification of resources:** Current bank statements, etc.
5. **Verification of the emergent need (utility disconnect notice, notice to leave the premises or eviction notice, etc.)**
6. **Statement from Landlord or Apartment Manager that they accept vouchers from the Clermont County Dept. of Job and Family Services**
7. **If you are not a citizen of the United States, you will be required to verify your alien status.**

Depending on the circumstance, you may need to supply other verifications not listed above. If additional verifications are needed you will be contacted by a case manager.

PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION

A Federally Funded TANF Program Serving Families with Minor Children and Pregnant Women

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

For Agency Use Only	
Case Number	
Date Sent	Date Returned
County Clermont	User ID

1. Is anyone in your home currently employed? Yes No Or have a job offer? Yes No
2. Have you or anyone in your home received PRC from Clermont County DJFS before? Yes No
3. Does anyone in your household currently receive any assistance from Clermont County DJFS? Yes No
If "Yes", please circle the assistance you receive: OWF Cash Medicaid Food Assistance Child Care
4. Have you ever received assistance in another Ohio county or a different state? If so, where and what type of assistance? _____

5. Are you a citizen of the United States? Yes No If no, then you must verify your alien status.
6. Explain your current need, what caused the need and estimate the dollar amount needed to meet that need: _____

7. 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. _____
8. Is anyone in your household presently under an OWF or Food Assistance sanction or disqualification? Yes No
9. Does anyone in your household have an outstanding OWF cash overpayment due to fraud? Yes No
10. Has anyone in your household quit or refused a job in the last 90 days? Yes No If yes, give name, date of the quit or refusal, and the reason: _____
11. Do you have a checking or savings account or other liquid assets? Yes No If yes, list the type of account or asset and the current \$ balance: _____
12. Complete the chart below for yourself and everyone else who lives with you: *Verification of all income and liquid assets is required.*

Name	SSN	Date of Birth	Source and amount of Income	Persons Relationship to Applicant
1. (self)				(self)
2.				
3.				
4.				
5.				
6.				

By my signature below, I declare 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 penalty of fine and/or imprisonment for anyone convicted of accepting assistance for which he or she is not eligible. (ORC 2921.13)

Signature of Applicant	Date
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PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION

Date Application received (mm/dd/yy) _____ 30 day budget period (mm/dd/yy) _____ To (mm/dd/yy) _____

Request. List the items and/or services requested and the amount needed for each.

Item or Service	Amount Needed	Item or Service	Amount Needed
1.	\$	3.	\$
2.	\$	4.	\$

Reason for Need. _____

Community Resources. List the community resources explored to meet this need. If any are utilized, complete the chart.

Agency	Amount	Item/Service
1.	\$	
2.	\$	

Liquid Assets.

Source	Amount Available in Budget Period	Verification
1.	\$	
2.	\$	

Income.

Source	Amount Available in Budget Period	Verification
1.	\$	
2.	\$	
3.	\$	
4.	\$	

Total \$ _____

(Compare to 200% of FPG) \$ _____ for household size of _____

PRC Approved. Complete chart Voucher # _____

Item/Service Provided	Date of Approval	Amount Paid	Vendor's Name and Address
		\$	
		\$	
		\$	

PRC Denied – Date of Denial _____ Date Notice of Denial of Application sent _____

Reason for Denial: _____

Signature of Caseworker	Date	Signature of Supervisor	Date
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