

## PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION

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 <b>Clermont</b>	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 in the past?  Yes  No. If "Yes", when? \_\_\_\_\_
3. Does anyone in your household currently receive any assistance from Clermont County?  Yes  No  
If "Yes", please circle the assistance you receive: OWF Case      Medicaid      Food Stamps      Child Care
4. Have you ever received assistance in another county? If so, here? \_\_\_\_\_
5. Explain your current need and estimate the dollar amount needed to meet that need. \_\_\_\_\_
6. Give the name of other community agencies you have contacted for help. \_\_\_\_\_
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 a sanction or disqualification from any human services program?  Yes  No If so, give the name and the date the sanction or disqualification began. \_\_\_\_\_
9. Does anyone in your household have an outstanding public assistance 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 for the quit or refusal. \_\_\_\_\_
11. Do you have any checking or savings accounts or other liquid assets?  Yes  No If "Yes" please list current balance: \_\_\_\_\_
12. Complete the chart below for anyone living in your home, including yourself. Verification of income for each individual is required.

Name	SSN	Date of Birth	Source of Income	Monthly Amount of Income
1.				
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 he or she is not eligible for. (ORC 2921.13)

Signature of Applicant	Date
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