

Application for Prevention, Retention, and Contingency Program (PRC)

You must submit:

- ✓ Documentation of the help you need, and
- ✓ Documentation of family income that is sufficient to meet ongoing bills.

Important: Applications submitted without documentation will not be processed.

Name of Applicant	Present Address	For Referral Partner Only
Social Security Number		Referring Organization
Telephone Number Where You Can Be Reached		Referring staff person
Email Address Where You Can Be Reached		Phone and email for referring staff person
		Intended funding source

1. Explain what you need and describe how meeting this need will help your family maintain employment or avoid dependence on public assistance. List an estimate of how much you need.

I need help with:	Amount:
	\$

2. List the community agencies you have contacted for help:

Name of Agency	Was this agency able to help you?		EXPLANATION: If this agency helped you - explain how: If they did not help you - explain why not:
	Yes	No	

- | | | |
|---|-----------------------------|------------------------------|
| 3. Is any member of your household indebted to HCJFS for an overpayment due to fraud? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Is any member of your household an unmarried, non-graduate parent under 18 not attending high school or equivalent? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Is any member of your household an unmarried parent under 18 not living in an adult-supervised setting? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Is any member of your household an alien not lawfully admitted for permanent residence? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Is any member of your household a fugitive Felon, parole or probation violator? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 8. Is any member of your household not cooperating in establishing paternity or securing child support? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 9. Has any member of your household been found guilty of fraudulently misrepresenting their residence to obtain benefits in two or more states (within the last ten years)? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 10. Have you or any member of your household received PRC assistance within the last twelve months? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

If you answered yes to any of these questions, tell us the name of the person(s): _____

11. Complete the chart below for anyone living in your home, including yourself. You are required to verify all income for all members of your household.

Name	Relationship to Applicant	Age	Source of Income	Monthly Amount of Income	Type of Liquid Resource (cash, savings, checking)	Amount of Resource
1.				\$		\$
2.				\$		\$
3.				\$		\$
4.				\$		\$
5.				\$		\$
6.				\$		\$

My signature below affirms that the information above is true and correct to the best of my knowledge and belief.

Signature of Applicant:	Date:
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