

**ATHENS COUNTY
PREVENTION, RETENTION, CONTINGENCY PROGRAM (PRC)
WORKFORCE INVESTMENT ACT (WIA)**

Your Name:	Your Social Security Number:
Your Address:	Persons who are <i>not</i> eligible for PRC include: individuals who have an overpayment in Ohio Works First or PRC due to fraudulent actions
Telephone Number:	

By my signature below, I attest that no member of my household is one of the above-described ineligible persons

- (1). Are you currently receiving any assistance from Athens County Dept. of Job and Family Services? Yes or No
- (2). Please state what type of emergency help you need and why you need it: _____

- (3). Have you recently applied for emergency help from other agencies or organizations? Yes or No
If yes, please list the organizations and what help you requested or received _____
- (4). Are you (or anyone in your household) a veteran? Yes or No If yes,
who _____
If yes, have you applied for veteran's assistance at the Ohio Department of Job and Family Services? Yes or No
- (5). Is anyone in your household under a sanction from Ohio Works First (formerly ADC) or Food Stamps? Yes or No
If yes, who _____.
- (6). Has anyone in your household quit or refused a job, or training for a job, in the past 30 days? Yes or No If yes, give their
name, the date of the quit or refusal, and the reason for the quit or refusal _____
- (7). Complete the chart below for EVERYONE living in your household.

Name of household member	Relationship to you	Age	Source of Income	Monthly amount of Income

(8). If any member of your household has any of the resources listed below, check yes beside the item and complete the line. If none of the resources listed below are available to any member of your household, check no. You may be asked to provide verification of any resource.

Resource	Person with Resource	Amount
Cash on Hand <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Savings Account <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Checking Account <input type="checkbox"/> Yes or <input type="checkbox"/> No		
Other, Specify: <input type="checkbox"/> Yes or <input type="checkbox"/> No		

By my signature, I affirm that the information I have provided in this application is true to the best of my knowledge. I give my consent to the agency to make whatever contacts are necessary to determine my eligibility for PRC/WIA and to verify any information that may be needed.

Signature of Applicant	Date
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This side completed by agency

Prevention, Retention, Contingency (PRC) Worksheet Workforce Investment Act (WIA) Worksheet

Date application received _____ 30 day budget period: From _____ to _____

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

Prevention - How will this assistance avoid applying for OWF? _____

Retention - How will this assistance provide for remaining employed? _____

Contingency - How will this assistance preserve the health & safety of household members? _____

Resources - List below any other community and personal resources utilized to meet this need: Family resources \$ _____

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

Calculation of Income

1. Assistance Group income total \$ _____

2. Less child support paid to another household \$ _____

Countable Income \$ _____

3. Compare to standard for household size: 150% Poverty Level is _____
Other Poverty Level Used _____ % _____

Assistance Group Is Is not financially eligible.

PRC Approved Date notice given/sent (ODHS 4074) _____

WIA Approved Date notice given/sent (ODHS 4074) _____

Item/Service Provided	Amount to be Paid	Date of Approval	Vendor 's Name and Address
1.	\$		
2.	\$		
3.	\$		

Amount requested: _____ Amount Approved: _____

If amount approved is different from amount requested, explain _____

PRC Denied - Date of denial _____ Date Notice of Denial (ODHS 7334) sent _____

WIA Denied - Date of denial _____ Date Notice of Denial (ODHS 7334) sent _____

Reason for Denial _____

***Enter approval or denial and case notes in CRISE or SCOTI**

Signature of Eligibility Worker	Date	Signature of Director/Designee when Waiver Approved	Date
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Fund:	Code:
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Forward approved application to support staff for voucher preparation