

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 HAMILTON	Unique ID

1. Have you ever received any type of public assistance from a human services department? ~ No; ~ Yes - If Yes, complete the boxes below:

County where you received public assistance:	Type of assistance you received:	Date you received assistance:
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2. Explain what you need, give an estimate of how much you need, and describe how meeting this need will help your family avoid dependence on public assistance.

I am requesting help with:	I need approximately:	This will help my family avoid depending on public assistance by:
	\$	

3. List the names of all other agencies you have contacted for help:

Agencies you contacted to help you with this need:	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	

4. Is any member of your household indebted to HCJFS for an overpayment due to fraud? ~ No; ~ Yes
5. Is any member of your household an unmarried, non-graduate parent under 18 not attending high school or equivalent? ~ No; ~ Yes
6. Is any member of your household an unmarried parent under 18 not living in an adult-supervised setting? ~ No; ~ Yes
7. Is any member of your household an alien not lawfully admitted for permanent residence? ~ No; ~ Yes
8. Is any member of your household a fugitive Felon, parole or probation violator? ~ No; ~ Yes
9. Is any member of your household not cooperating in establishing paternity or securing child support? ~ No; ~ Yes
10. 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)? ~ No; ~ Yes
11. Have you or any member of your household received PRC assistance within the last twelve months? ~ No; ~ Yes

If one or more of questions 4 through 11 above are answered yes, indicate here which person(s) and condition(s):

12. 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.				\$		\$
7.				\$		\$
8.				\$		\$

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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Prevention, Retention, and Contingency Program (PRC) Worksheet

AG NAME: _____ CASE #: _____ SSN: _____

DATE OF APPLICATION: _____ 30 DAY BUDGET PERIOD: From: _____ To: _____

Has the AG received PRC during the last 12 months? ~ Yes; ~ No If yes, explain:

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

Item or Service	P/R/C	Source	Verification	Amount Needed
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$

Reason for Need:

Has the AG used its own resources responsibly to meet their needs? ~ Yes; ~ No If no, explain:

Community resources explored to meet this need:

Agency	Item/Service	Provided or Reason for Refusal
1.		
2.		
3.		

Review of AG members with respect to the following disqualifying factors (6142).

Check YES for any that are applicable to member(s) of this AG:

Y	N	Disqualifying Factors
		1. Individual with an outstanding OWF or PRC fraud overpayment balance
		2. An unmarried, non-graduate parent under 18 not attending high school or equivalent
		3. An unmarried parent under 18 not living in an adult-supervised setting
		4. Alien not lawfully admitted for permanent residence
		5. Fugitive Felon, parole or probation violator
		6. Individual not cooperating in establishing paternity or securing child support
		7. Individual found guilty of fraudulently misrepresenting their residence to obtain benefits in two or more states (within the last ten years)
		8. Caretaker has received PRC within previous twelve months.

Household member(s) excluded from PRC AG and reason for exclusion.

CAUTION: The income and resources of excluded individuals are countable but their needs are not included in the FPG standard. Excluded individuals may not be the payee for PRC for other AG members. If there is no eligible adult in the AG, the AG is ineligible.

Name of excluded household member	Reason for Exclusion
1.	
2.	
3.	
4.	

Number of PRC AG Members: _____ 150% of FPG for this AG: \$ _____

Source	Total	Reduction		Amt. Available	Verification
		Code*	\$		
1.	\$			\$	
2.	\$			\$	
3.	\$			\$	
4.	\$			\$	
5.	\$			\$	
6.	\$			\$	

* Reduction Codes

Total Available

\$

- A - Student financial aid not payable in cash to the student and retained by the educational institution to defray educational expenses.
B - The costs of supplies and materials used in self-employment situations.
C - Earnings of a dependent child.

The total available income is within the need standard for the AG size: ~ Yes; ~ No

Application of Personal Resources:

Liquid Assets		Total Presenting Needs	
Less Amounts for Payments due	-	Available Resources	-
Subtotal		Potential PRC Payment:	
	- \$ 200		
Available Resources			

Is the available PRC (or combination of PRC and personal resources) sufficient to meet the presenting need(s)? ~ Yes; ~ No
If no, explain:

It is anticipated that the provision of PRC Assistance will forestall or alleviate dependency in the following manner:

~ Recommendation of PRC Approval:	
Signature of Eligibility Determiner	Date

~ Concur ~ Overrule - Reason:	
Signature of Supervisor	Date
~ Concur ~ Overrule - Reason:	
Signature of Director or Designee	Date

Four month PRC assistance period:

From: _____ To: _____

Item/Service Provided	Approval Date	Amount Approved	Vendor's Name and Address
		\$	
		\$	
		\$	
Total		\$	Note: May not exceed \$500 except for diversion or declared emergency/disaster or traumatic incident.

~ Denial of PRC. Reason for Denial [including citation of applicable PRC regulation(s)]:		
Signature of Eligibility Determiner:	Date:	Date HCJFS 0399-C mailed:

Name
Street Address
City, State, and Zip Code

Assistance Group Name	
Assistance Group Number	
County HAMILTON	Mailing Date

This notice is to tell you that your application for the **Prevention, Retention and Contingency Program (PRC)** dated _____

~ has been denied because: _____

~ has been approved for the period beginning _____ and ending _____ in the amount of \$ _____ for:

~ has been approved for services from _____, a community services provider.

The regulations supporting this decision are: _____

If you do not understand this decision, or want to talk to someone about it, you may call:

Eligibility Determiner	District/ID	Telephone Number
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Your Right to a State Hearing

This notice is to tell you about action we are taking on your case. If you do not understand this action, you should contact your eligibility determiner. After discussing the reasons for the action with them, it is possible that our decision may be changed or that you will agree with the action.

If you do not agree with this action, you have a right to a state hearing. A state hearing lets you or your representative (lawyer, welfare rights worker, friend or relative) give your reasons against the action. We will also attend or be represented at the hearing to present our reasons. A hearing officer from the Ohio Department of Job and Family Services will decide who is right.

If you want a hearing we must receive your hearing request within 90 days of mailing date of this notice. You do not need to return this form if you agree with the action.

If someone else makes a written hearing request for you, it must include a written statement, signed by you, telling us that person is your representative. Only you can make a request by telephone.

If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association, toll free at 1-(800)-589-5888, for the local number.

If you want a state hearing, check one of the boxes below, sign and date this form and send it to the Ohio Department of Job and Family Services, Bureau of State Hearings, 30 East Broad Street, 32nd Floor, Columbus, Ohio 43266-0423.

~ I want a county conference and a state hearing on this action.

~ I want a state hearing only.

I want a hearing:

Signature	Date	Telephone Number
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PERSONAL RESPONSIBILITY AGREEMENT

Prevention, Retention and Contingency Ohio Works First — Hamilton County

Hamilton County's *Ohio Works First* (OWF) program expects you to support yourself and your family without public cash assistance.

Hamilton County's Prevention, Retention and Contingency program works with community providers capable of delivering the service(s) to help you achieve this goal.

Section #1

I, _____, agree to cooperate with _____, a provider of services for the Hamilton County Department of Job & Family Services' (HCJFS) Prevention, Retention and Contingency Program.

Section #2

Services requested from this provider agency are (list specific services):

Section #3

When you sign this agreement, you acknowledge that:

- Your HCJFS Eligibility Determiner discussed the Prevention, Retention and Contingency (PRC) program with you.
- You have read or had this agreement read to you.
- You must accurately report ALL changes in your household situation to HCJFS within 10 calendar days.
- You must keep ALL scheduled appointments.

I agree to take personal responsibility for carrying out all parts of this agreement. I understand my employment coach may change my responsibilities as I work toward my goal.

I agree that HCJFS may release information about me to the provider listed above so I can receive Prevention, Retention and/or Contingency service(s).

I understand that the purpose of this program is to avoid reliance on ongoing cash assistance and I agree to execute a waiver of any current eligibility for OWF.

Participant's Social Security Number	Case Number
Participant's Signature	Date

Eligibility Determiner's Name (please print)	Phone Number
Eligibility Determiner's Signature	Date

Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Childrens Services Contract Services

Applicant's Name			Case Number
Applicant's Address			Telephone Number
City	State	ZIP	

- A. ☐ Yes ☐ No Applicant and all Assistance Group (AG) members are residents of Hamilton County
- B. ☐ Yes ☐ No Applicant has a child younger than 19 living in Hamilton County
- C. ☐ Yes ☐ No All AG members are citizens or lawful resident aliens
- D. ☐ Yes ☐ No No AG members are in debt to the Hamilton County Human Services Department for an OWF overpayment due to fraud
- E. ☐ Yes ☐ No No AG member is an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement
- F. ☐ Yes ☐ No No AG members are fleeing felons or probation/parole violators
- G. ☐ Yes ☐ No No AG members are failing to cooperate in establishing paternity or securing support
- H. ☐ Yes ☐ No No AG member has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)

List applicant and all dependents residing in the home.

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
3.				
4.				
5.				
6.				
7.				
			Total	
			Need Standard	

- I. ☐ Yes ☐ No Assistance Group's income is within need standard

In order to preserve or improve my prospects for self-sufficiency, I am applying for PRC to obtain services available through contracts which the Hamilton County Childrens Services Department maintains with various community service providers. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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☐ AG is PRC Eligible — All above questions are answered "yes"

☐ These AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)

☐ AG is PRC ineligible — Reason(s): _____

HCDHS Eligibility Determiner	Date
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Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Probation Department

Probationer's Name			Date Placed on Probation
Probationer's Address			Telephone Number
City	State	ZIP	

- A. ☐ Yes ☐ No Applicant and all Assistance Group (AG) members are residents of Hamilton County
- B. ☐ Yes ☐ No Applicant has a child younger than 19 living in Hamilton County
- C. ☐ Yes ☐ No All AG members are citizens or lawful resident aliens
- D. ☐ Yes ☐ No No AG members are in debt to the Hamilton County Human Services Department for an OWF overpayment due to fraud
- E. ☐ Yes ☐ No No AG member is an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement
- F. ☐ Yes ☐ No No AG members are fleeing felons or probation/parole violators
- G. ☐ Yes ☐ No No AG members are failing to cooperate in establishing paternity or securing support
- H. ☐ Yes ☐ No No AG member has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)

List applicant and all dependents residing in Hamilton County whether residing with the applicant or not.

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
Address (if living with applicant, indicate "same")	City	ZIP		
3.				
Address (if living with applicant, indicate "same")	City	ZIP		
4.				
Address (if living with applicant, indicate "same")	City	ZIP		
5.				
Address (if living with applicant, indicate "same")	City	ZIP		
6.				
Address (if living with applicant, indicate "same")	City	ZIP		
7.				
Address (if living with applicant, indicate "same")	City	ZIP		
I. <input type="checkbox"/> Yes <input type="checkbox"/> No Assistance Group's income is within need standard			Total	
			Need Standard	

In order to preserve or improve my prospects for self-sufficiency, I am applying for PRC to obtain the services of the Hamilton County Probation Department. The information provided above is complete and correct to the best of my knowledge.

Signature of Applicant	Date
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☐ AG is PRC Eligible — All above questions are answered "yes"

☐ These AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)

☐ AG is PRC ineligible — Reason(s): _____

Probation Officer	Date
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Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Juvenile Court Probation Department

Applicant's Name			Date Juvenile Placed on Probation
Applicant's Address			Telephone Number
City	State	ZIP	

- A. ☐ Yes ☐ No Applicant and all Assistance Group (AG) members are residents of Hamilton County
- B. ☐ Yes ☐ No Applicant has a child younger than 19 living in Hamilton County
- C. ☐ Yes ☐ No All AG members are citizens or lawful resident aliens
- D. ☐ Yes ☐ No No AG members are in debt to the Hamilton County Human Services Department for an OWF overpayment due to fraud
- E. ☐ Yes ☐ No No AG member is an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement
- F. ☐ Yes ☐ No No AG members are fleeing felons or probation/parole violators
- G. ☐ Yes ☐ No No AG members are failing to cooperate in establishing paternity or securing support
- H. ☐ Yes ☐ No No AG member has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)

List applicant and all dependents residing in Hamilton County whether residing with the applicant or not.

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
Address (if living with applicant, indicate "same")	City	ZIP		
3.				
Address (if living with applicant, indicate "same")	City	ZIP		
4.				
Address (if living with applicant, indicate "same")	City	ZIP		
5.				
Address (if living with applicant, indicate "same")	City	ZIP		
6.				
Address (if living with applicant, indicate "same")	City	ZIP		
7.				
Address (if living with applicant, indicate "same")	City	ZIP		
I. <input type="checkbox"/> Yes <input type="checkbox"/> No Assistance Group's income is within need standard			Total	
			Need Standard	

In order to preserve or improve my prospects for self-sufficiency, I am applying for PRC to obtain the services of the Hamilton County Juvenile Court Probation Department. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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☐ AG is PRC Eligible — All above questions are answered "yes"

☐ These AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)

☐ AG is PRC ineligible — Reason(s): _____

Probation Officer or Designee	Date
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Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Public Defender

Name			Date
Address			Telephone Number
City	State	ZIP	/ / / / / / / / / / / / / / / /

- A. ☐ Yes ☐ No Applicant and all Assistance Group (AG) members are residents of Hamilton County
- B. ☐ Yes ☐ No Applicant has a child younger than 19 living in Hamilton County
- C. ☐ Yes ☐ No All AG members are citizens or lawful resident aliens
- D. ☐ Yes ☐ No No AG members are in debt to the Hamilton County Human Services Department for an OWF overpayment due to fraud
- E. ☐ Yes ☐ No No AG member is an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement
- F. ☐ Yes ☐ No No AG members are fleeing felons or probation/parole violators
- G. ☐ Yes ☐ No No AG members are failing to cooperate in establishing paternity or securing support
- H. ☐ Yes ☐ No No AG member has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)
- I. ☐ Yes ☐ No Applicant is not charged with a capital offense or non-support

List applicant and all dependents residing in Hamilton County whether residing with the applicant or not.

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
Address (if living with applicant, indicate "same")	City	ZIP	/ / / / / / / / / / / / / / / /	/ / / / / / / / / / / / / / / /
3.				
Address (if living with applicant, indicate "same")	City	ZIP	/ / / / / / / / / / / / / / / /	/ / / / / / / / / / / / / / / /
4.				
Address (if living with applicant, indicate "same")	City	ZIP	/ / / / / / / / / / / / / / / /	/ / / / / / / / / / / / / / / /
5.				
Address (if living with applicant, indicate "same")	City	ZIP	/ / / / / / / / / / / / / / / /	/ / / / / / / / / / / / / / / /
6.				
Address (if living with applicant, indicate "same")	City	ZIP	/ / / / / / / / / / / / / / / /	/ / / / / / / / / / / / / / / /
7.				
Address (if living with applicant, indicate "same")	City	ZIP	/ / / / / / / / / / / / / / / /	/ / / / / / / / / / / / / / / /
J. <input type="checkbox"/> Yes <input type="checkbox"/> No Assistance Group's income is within need standard			Total	
			Need Standard	

In order to preserve or improve my prospects for self-sufficiency, I am applying for PRC to obtain the services of the Hamilton County Public Defender. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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☐ AG is PRC Eligible — all questions above are answered "yes"

☐ These AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)

☐ Ineligible for PRC — Reason(s): _____

Eligibility Determiner	Date
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Application — Prevention, Retention and Contingency (PRC) Program Pre-Trial Services

Name			Date
Address			Telephone Number
City	State	ZIP	

- A. ☐ Yes ☐ No Applicant and all Assistance Group (AG) members are residents of Hamilton County
- B. ☐ Yes ☐ No Applicant has a child younger than 19 living in Hamilton County
- C. ☐ Yes ☐ No All AG members are citizens or lawful resident aliens
- D. ☐ Yes ☐ No No AG members are in debt to the Hamilton County Human Services Department for an OWF overpayment due to fraud
- E. ☐ Yes ☐ No No AG member is an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement
- F. ☐ Yes ☐ No No AG members are fleeing felons or probation/parole violators
- G. ☐ Yes ☐ No No AG members are failing to cooperate in establishing paternity or securing support
- H. ☐ Yes ☐ No No AG member has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)

List applicant and all dependents residing in Hamilton County whether residing with the applicant or not.

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
Address (if living with applicant, indicate "same")	City	ZIP		
3.				
Address (if living with applicant, indicate "same")	City	ZIP		
4.				
Address (if living with applicant, indicate "same")	City	ZIP		
5.				
Address (if living with applicant, indicate "same")	City	ZIP		
6.				
Address (if living with applicant, indicate "same")	City	ZIP		
7.				
Address (if living with applicant, indicate "same")	City	ZIP		

- I. ☐ Yes ☐ No Assistance Group's income is within need standard

Total	
Need Standard	

In order to preserve or improve my prospects for self-sufficiency, I am applying for PRC to obtain the services of the Hamilton County Department of Pre-Trial Services. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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☐ AG is PRC Eligible — all questions above are answered "yes"

☐ These AG members are ineligible: _____ Reason(s): _____
(Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)

☐ Ineligible for PRC — Reason(s): _____

Eligibility Determiner	Date
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Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Help Me Grow

Name			Date	
Address			Telephone Number	
City	State	ZIP		

- A. ☐ Yes ☐ No I am an adult or legally emancipated minor
- B. ☐ Yes ☐ No I and all individuals listed below live with me in my home in Hamilton County
- C. ☐ Yes ☐ No The child(ren) listed below are younger than 18 (or younger than 19 but still in HS)
- D. ☐ Yes ☐ No All individuals listed below are citizens or lawful resident aliens
- E. ☐ Yes ☐ No No one listed below is in debt to the Hamilton County Human Services Department for an OWF overpayment due to fraud
- F. ☐ Yes ☐ No No individual listed below is an unmarried custodial parent under 18 who is not attending school
- G. ☐ Yes ☐ No No individual listed below is a fleeing felon or probation/parole violator
- H. ☐ Yes ☐ No No individual listed below has failed to cooperate in establishing paternity or securing support
- I. ☐ Yes ☐ No No individual listed below has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)

List applicant, spouse and all dependent children under age 18 (or younger than age 19 but still in High School) residing with them:

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
3.				
4.				
5.				
6.				
7.				
			Total	

In order to preserve or improve my prospects for self-sufficiency, I am applying for PRC to obtain the services of the Help Me Grow Program. I understand that receipt of these services will not bar me from receiving other PRC services offered by Hamilton County. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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To be Completed by the Eligibility Determiner

J. ☐ Yes ☐ No Assistance Group's income is within the need standard: _____ (300% of FPG for AG Size) _____

Eligibility Determination

☐ AG is PRC Eligible — all questions above are answered "yes"

☐ These AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)

☐ AG is Ineligible for PRC — Reason(s): _____

Eligibility Determiner	Date
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Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Diversion Program

Name			Date
Address			Telephone Number
City	State	ZIP	

- A. ☐ Yes ☐ No The Assistance Group (AG) resides in Hamilton County
- B. ☐ Yes ☐ No There is a child younger than 18 years of age (or younger than 19 but still attending HS) living in the household
- C. ☐ Yes ☐ No All AG members are citizens or lawful resident aliens
- D. ☐ Yes ☐ No No AG members are in debt to the Hamilton County Human Services Department for an OWF overpayment due to fraud
- E. ☐ Yes ☐ No No AG member is an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement
- F. ☐ Yes ☐ No No AG members are fleeing felons or probation/parole violators
- G. ☐ Yes ☐ No No AG members are failing to cooperate in establishing paternity or securing support
- H. ☐ Yes ☐ No No AG member has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)

List applicant and all dependents residing in the home.

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
3.				
4.				
5.				
6.				
7.				
			Total	
			Need Standard	

I. ☐ Yes ☐ No Assistance Group's income is within need standard

In order to preserve or improve my prospects for self-sufficiency, I am applying for PRC to obtain the services of the Diversion Program. I understand that receipt of these services will not bar me from receiving other PRC services offered by Hamilton County. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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☐ AG is PRC Eligible — all questions above are answered “yes”

☐ These AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)

☐ AG is Ineligible for PRC — Reason: _____

Eligibility Determiner	Date
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Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Kinship Care

Name			Date	
Address			Telephone Number	
City	State	ZIP		

- A. ☐ Yes ☐ No The Assistance Group (AG) resides in Hamilton County
- B. ☐ Yes ☐ No There is a child younger than 18 years of age (or younger than 19 but still attending HS) living in the household
- C. ☐ Yes ☐ No All AG members are citizens or lawful resident aliens
- D. ☐ Yes ☐ No No AG members are in debt to the Hamilton County Human Services Department for an OWF overpayment due to fraud
- E. ☐ Yes ☐ No No AG member is an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement
- F. ☐ Yes ☐ No No AG members are fleeing felons or probation/parole violators
- G. ☐ Yes ☐ No No AG members are failing to cooperate in establishing paternity or securing support
- H. ☐ Yes ☐ No No AG member has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)

List applicant and all dependents residing in the home.

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
3.				
4.				
5.				
6.				
7.				
			Total	
			Need Standard	

- I. ☐ Yes ☐ No Assistance Group's income is within need standard

In order to preserve or improve my prospects for self-sufficiency, I am applying for PRC to obtain the services of the Kinship Care Program. I understand that receipt of these services will not bar me from receiving other PRC services offered by Hamilton County. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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☐ AG is PRC Eligible — all questions above are answered "yes"

☐ These AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)

☐ AG is Ineligible for PRC — Reason: _____

Eligibility Determiner	Date
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Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Family Violence Case Management

Name			Date
Address			Telephone Number
City	State	ZIP	

- A. ☐ Yes ☐ No Applicant and all Assistance Group (AG) members are residents of Hamilton County
- B. ☐ Yes ☐ No Applicant has a child younger than 18 (or younger than 19 but still in HS) living in Hamilton County
- C. ☐ Yes ☐ No All AG members are citizens or lawful resident aliens
- D. ☐ Yes ☐ No No AG members are in debt to the Hamilton County Human Services Department for an OWF overpayment due to fraud
- E. ☐ Yes ☐ No No AG member is an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement
- F. ☐ Yes ☐ No No AG members are fleeing felons or probation/parole violators
- G. ☐ Yes ☐ No No AG members are failing to cooperate in establishing paternity or securing support
- H. ☐ Yes ☐ No No AG member has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)

List applicant and all dependents residing in Hamilton County whether residing with the applicant or not.

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
Address (if living with applicant, indicate "same")	City	ZIP		
3.				
Address (if living with applicant, indicate "same")	City	ZIP		
4.				
Address (if living with applicant, indicate "same")	City	ZIP		
5.				
Address (if living with applicant, indicate "same")	City	ZIP		
6.				
Address (if living with applicant, indicate "same")	City	ZIP		
7.				
Address (if living with applicant, indicate "same")	City	ZIP		
I. <input type="checkbox"/> Yes <input type="checkbox"/> No Assistance Group's income is within need standard			Total	
			Need Standard	

In order to preserve or improve my prospects for self-sufficiency, I am applying for PRC to obtain services from community service providers who have contracted with the Hamilton County Department of Human Services. I understand that receipt of these services will not bar me from receiving other PRC services offered by Hamilton County. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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☐ AG is PRC Eligible — all questions above are answered "yes"

☐ These AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)

☐ Ineligible for PRC — Reason(s): _____

Eligibility Determiner	Date
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Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Development Reserve Services

Name			Date	
Address			Telephone Number	
City	State	ZIP		

- A. ☐ Yes ☐ No Applicant and all Assistance Group (AG) members are residents of Hamilton County
- B. ☐ Yes ☐ No Applicant has a child younger than 18 (or younger than 19 but still in HS) living in Hamilton County
- C. ☐ Yes ☐ No All AG members are citizens or lawful resident aliens
- D. ☐ Yes ☐ No No AG members are in debt to the Hamilton County Human Services Department for an OWF overpayment due to fraud
- E. ☐ Yes ☐ No No AG member is an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement
- F. ☐ Yes ☐ No No AG members are fleeing felons or probation/parole violators
- G. ☐ Yes ☐ No No AG members are failing to cooperate in establishing paternity or securing support
- H. ☐ Yes ☐ No No AG member has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)

List applicant and all dependents residing in Hamilton County whether residing with the applicant or not.

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
Address (if living with applicant, indicate "same")	City	ZIP		
3.				
Address (if living with applicant, indicate "same")	City	ZIP		
4.				
Address (if living with applicant, indicate "same")	City	ZIP		
5.				
Address (if living with applicant, indicate "same")	City	ZIP		
6.				
Address (if living with applicant, indicate "same")	City	ZIP		
7.				
Address (if living with applicant, indicate "same")	City	ZIP		
I. <input type="checkbox"/> Yes <input type="checkbox"/> No Assistance Group's income is within need standard			Total	
			Need Standard	

In order to preserve or improve my prospects for self-sufficiency, I am applying for PRC to obtain services from community service providers who have contracted with the Hamilton County Department of Human Services. I understand that receipt of these services will not bar me from receiving other PRC services offered by Hamilton County. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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☐ AG is PRC Eligible — all questions above are answered "yes"

☐ These AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)

☐ Ineligible for PRC — Reason(s): _____

Eligibility Determiner	Date
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Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Transitional Services

Name			Date
Address			Telephone Number
City	State	ZIP	

- A. ☐ Yes ☐ No Applicant and all Assistance Group (AG) members are residents of Hamilton County
- B. ☐ Yes ☐ No Applicant has a child younger than 18 (or younger than 19 but still in HS) living with them
- C. ☐ Yes ☐ No All AG members are citizens or lawful resident aliens
- D. ☐ Yes ☐ No No AG members are in debt to the Hamilton County Human Services Department for an OWF overpayment due to fraud
- E. ☐ Yes ☐ No No AG member is an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement
- F. ☐ Yes ☐ No No AG members are fleeing felons or probation/parole violators
- G. ☐ Yes ☐ No No AG members are failing to cooperate in establishing paternity or securing support
- H. ☐ Yes ☐ No No AG member has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)
- I. ☐ Yes ☐ No Applicant has received OWF cash assistance in one or more of the three months prior to the month of application

List applicant and all dependents residing with them:

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
3.				
4.				
5.				
6.				
7.				
			Total	
			Need Standard	

- J. ☐ Yes ☐ No Assistance Group's income is within need standard

In order to preserve or improve my prospects for self-sufficiency, I am applying for PRC to obtain services from community service providers who have contracted with the Hamilton County Department of Human Services. I understand that receipt of these services will not bar me from receiving other PRC services offered by Hamilton County. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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Eligibility Determination

- ☐ AG is PRC Eligible — all questions above are answered “yes”
- ☐ These AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)
- ☐ Ineligible for PRC — Reason(s): _____

Eligibility Determiner	Date
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Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Support Disruption Emergency Assistance

Name			Date
Address			Telephone Number
City	State	ZIP	

- A. ☐ Yes ☐ No I and all children listed below are residents of Hamilton County
- B. ☐ Yes ☐ No I have custody of a child younger than 18 (or younger than 19 but still in HS) living with me
- C. ☐ Yes ☐ No All individuals listed below are citizens or lawful resident aliens
- D. ☐ Yes ☐ No I am not in debt to the Hamilton County Human Services Department for an OWF overpayment due to fraud
- E. ☐ Yes ☐ No No individual listed below is an unmarried parent under 18 who is not attending school
- F. ☐ Yes ☐ No I am not a fleeing felon or probation/parole violator
- G. ☐ Yes ☐ No I have not failed to cooperate in establishing paternity or securing support
- H. ☐ Yes ☐ No I have not been found to have fraudulently misrepresented my residence to obtain benefits in two or more states (within the last ten years)
- I. ☐ Yes ☐ No My Child Support Account is not currently overpaid

List applicant and all dependents residing with them:

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
3.				
4.				
5.				
6.				
7.				
			Total	

In order to preserve my self-sufficiency, I am applying for PRC to obtain services and/or financial assistance from a community service provider who has contracted with the Hamilton County Department of Human Services. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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Eligibility Determination

- ☐ AG is PRC Eligible — all questions above are answered “yes”
- ☐ These AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)
- ☐ Ineligible for PRC — Reason(s): _____

Eligibility Determiner	Date
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Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Summer Youth Employment and Training (SYETP)

Name			Date
Address			Telephone Number
City	State	ZIP	SSN

- A. ☐ Yes ☐ No I am an adult or legally emancipated minor
- B. ☐ Yes ☐ No I and all individuals listed below live with me in my home in Hamilton County
- C. ☐ Yes ☐ No The child(ren) listed below who will participate in the SYETP program are younger than 18 (or younger than 19 but still in HS)
- D. ☐ Yes ☐ No All individuals listed below are citizens or lawful resident aliens
- E. ☐ Yes ☐ No No one listed below is in debt to the Hamilton County Human Services Department for an OWF overpayment due to fraud
- F. ☐ Yes ☐ No No individual listed below is an unmarried custodial parent under 18 who is not attending school
- G. ☐ Yes ☐ No No individual listed below is a fleeing felon or probation/parole violator
- H. ☐ Yes ☐ No No individual listed below has failed to cooperate in establishing paternity or securing support
- I. ☐ Yes ☐ No No individual listed below has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)

List applicant, spouse and all dependent children under age 18 (or younger than age 19 but still in High School) residing with them:

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
3.				
4.				
5.				
6.				
7.				
			Total	

In order to preserve or improve my family's prospects for self-sufficiency, I am applying for PRC to obtain services from the Summer Youth Employment and Training Program. I understand that receipt of these services will not bar me from receiving other PRC services offered by Hamilton County. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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To be Completed by the Eligibility Determiner

J. ☐ Yes ☐ No Assistance Group's income is within the need standard: _____ (300% of FPG for AG Size)_____

Eligibility Determination

☐ AG is PRC Eligible — all questions above are answered "yes"

☐ These AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)

☐ AG is Ineligible for PRC — Reason(s): _____

Eligibility Determiner	Date
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Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Vocational Education/Training and Job Readiness

Name			Date
Address			Telephone Number
City	State	ZIP	

- A. ☐ Yes ☐ No I am an adult or legally emancipated minor
- B. ☐ Yes ☐ No I and all individuals listed below live with me in my home in Hamilton County
- C. ☐ Yes ☐ No The child(ren) listed below are younger than 18 (or younger than 19 but still in HS)
- D. ☐ Yes ☐ No All individuals listed below are citizens or lawful resident aliens
- E. ☐ Yes ☐ No No one listed below is in debt to the Hamilton County Human Services Department for an OWF overpayment due to fraud
- F. ☐ Yes ☐ No No individual listed below is an unmarried custodial parent under 18 who is not attending school
- G. ☐ Yes ☐ No No individual listed below is a fleeing felon or probation/parole violator
- H. ☐ Yes ☐ No No individual listed below has failed to cooperate in establishing paternity or securing support
- I. ☐ Yes ☐ No No individual listed below has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)

List applicant, spouse and all dependent children under age 18 (or younger than age 19 but still in High School) residing with them:

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
3.				
4.				
5.				
6.				
7.				
			Total	

In order to preserve or improve my family's prospects for self-sufficiency, I am applying for PRC to obtain Vocational Education/Training and/or Job Readiness services. I understand that receipt of these services will not bar me from receiving other PRC services offered by Hamilton County. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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To be Completed by the Eligibility Determiner

J. ☐ Yes ☐ No Assistance Group's income is within the need standard: _____ (200% of FPG for AG Size) _____

Eligibility Determination

☐ AG is PRC Eligible — all questions above are answered "yes"

☐ These AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)

☐ AG is Ineligible for PRC — Reason(s): _____

Eligibility Determiner	Date
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Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Enrichment/Extended Learning Opportunity Program

Name			Date
Address			Telephone Number
City	State	ZIP	

- A. ☐ Yes ☐ No I am an adult or legally emancipated minor
- B. ☐ Yes ☐ No I and all individuals listed below live with me in my home in Hamilton County
- C. ☐ Yes ☐ No The child(ren) listed below are younger than 18 (or younger than 19 but still in HS)
- D. ☐ Yes ☐ No All individuals listed below are citizens or lawful resident aliens
- E. ☐ Yes ☐ No No one listed below is in debt to the Hamilton County Human Services Department for an OWF overpayment due to fraud
- F. ☐ Yes ☐ No No individual listed below is an unmarried custodial parent under 18 who is not attending school
- G. ☐ Yes ☐ No No individual listed below is a fleeing felon or probation/parole violator
- H. ☐ Yes ☐ No No individual listed below has failed to cooperate in establishing paternity or securing support
- I. ☐ Yes ☐ No No individual listed below has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)

List applicant, spouse and all dependent children under age 18 (or younger than age 19 but still in High School) residing with them:

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
3.				
4.				
5.				
6.				
7.				
			Total	

In order to preserve or improve my family's prospects for self-sufficiency, I am applying for PRC to obtain services for my child(ren) from the Enrichment/Extended Learning Opportunity Program. I understand that receipt of these services will not bar me from receiving other PRC services offered by Hamilton County. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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To be Completed by the Eligibility Determiner

- J. ☐ Yes ☐ No Assistance Group's income is within the need standard: _____ (300% of FPG for AG Size)_____

Eligibility Determination

- ☐ AG is PRC Eligible — all questions above are answered "yes"
- ☐ These AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)
- ☐ AG is Ineligible for PRC — Reason(s): _____

Eligibility Determiner	Date
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Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
CHILDCARE EMPLOYEES COMPENSATION/EDUCATION

Name of Applicant	Address
Phone	City OHIO ZIP

- A. ☐ Yes ☐ No I am a resident of Hamilton County
- B. ☐ Yes ☐ No I have one or more children younger than 18 (or younger than 19 but still in HS) living with me
- C. ☐ Yes ☐ No All individuals listed below are citizens or lawful resident aliens
- D. ☐ Yes ☐ No I am not in debt to the Hamilton County Human Services Department for an OWF overpayment due to fraud
- E. ☐ Yes ☐ No No individual listed below is an unmarried parent under 18 who is not attending school
- F. ☐ Yes ☐ No I am not a fleeing felon or probation/parole violator
- G. ☐ Yes ☐ No I have not failed to cooperate in establishing paternity or securing support
- H. ☐ Yes ☐ No I have not been found to have fraudulently misrepresented my residence to obtain benefits in two or more states (within the last ten years)

List applicant and all dependents residing with them:

Name	Relationship to Applicant	Birthdate	SSN	Income Source	Monthly Income
1.	Applicant				
2.					
3.					
4.					
5.					
6.					
7.					
				Total	

In order to preserve my self-sufficiency, I am applying for PRC to obtain benefits from a community service provider who has contracted with the Hamilton County Department of Human Services. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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To be Completed by the Eligibility Determiner

- I. ☐ Yes ☐ No Assistance Group's income is within need standard (300% of FPL for AG Size): _____
- A. ☐ Yes ☐ No Applicant is employed in a Daycare Center (or operates a Type B childcare home) licensed and under contract with HCDHS
- B. ☐ Yes ☐ No Applicant has met the requirements for: ☒ Tuition Reimbursement or ☒ Payment of a bonus.

Specify: _____

Eligibility Determination

- ☐ AG is PRC Eligible — all questions above are answered “yes”
- ☐ These AG members are ineligible: _____ Reason(s): _____
(Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)
- ☐ Ineligible for PRC — Reason(s): _____

Eligibility Determiner	Date
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NOTE: A copy of this completed form must be forwarded to HCDHS DayCare Section where a stipend is being authorized.

Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Friends of the Children

Name			Date
Address			Telephone Number
City	State	ZIP	

- A. ☐ True ☐ No I am an adult or legally emancipated minor
- B. ☐ True ☐ No I and all individuals listed below live with me in my home in Hamilton County
- C. ☐ True ☐ No The child(ren) listed below are younger than 18 (or younger than 19 but still in HS)
- D. ☐ True ☐ No All individuals listed below are citizens or lawful resident aliens
- E. ☐ True ☐ No No one listed below is in debt to the Hamilton County Human Services Department for an OWF or PRC overpayment due to fraud
- F. ☐ True ☐ No No individual listed below is an unmarried custodial parent under 18 who is not attending school
- G. ☐ True ☐ No No individual listed below is a fleeing felon or probation/parole violator
- H. ☐ True ☐ No No individual listed below has failed to cooperate in establishing paternity or securing support
- I. ☐ True ☐ No No individual listed below has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)

List applicant, spouse and all dependent children under age 18 (or younger than age 19 but still in High School) residing with them:

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
3.				
4.				
5.				
6.				
7.				
			Total	

In order to preserve or improve my family's prospects for self-sufficiency, I am applying for PRC to obtain services from the Friends of the Children Program. I understand that receipt of these services will not bar me from receiving other PRC services offered by Hamilton County. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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To be Completed by the Eligibility Determiner

- J. ☐ Yes ☐ No Assistance Group's income is within the need standard: _____ (200% of FPG for AG Size)___

Eligibility Determination

- ☐ AG is PRC Eligible — all questions above are answered "true" or "yes"
- ☐ AG is PRC eligible, however, these AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)
- ☐ AG is Ineligible for PRC — Reason(s): _____

Eligibility Determiner	Date
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Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Transportation for Self-Sufficiency

Name			Date
Address			Telephone Number
City	State	ZIP	Social Security #

- A. ☐ Yes ☐ No I am an adult or legally emancipated minor
- B. ☐ Yes ☐ No I and all individuals listed below live in Hamilton County
- C. ☐ Yes ☐ No The child(ren) listed below are younger than 18 (or younger than 19 but still in HS)
- D. ☐ Yes ☐ No All individuals listed below are citizens or lawful resident aliens
- E. ☐ Yes ☐ No No one listed below is in debt to the Hamilton County Department of Human Services for an OWF overpayment due to fraud
- F. ☐ Yes ☐ No No individual listed below is an unmarried parent under 18 not attending school or not living in an adult-supervised living arrangement
- G. ☐ Yes ☐ No No individual listed below is a fleeing felon or probation/parole violator
- H. ☐ Yes ☐ No No individual listed below has failed to cooperate in establishing paternity, securing child support or paying child support
- I. ☐ Yes ☐ No No individual listed below has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)

List yourself and all dependents (spouse and child [ren] meeting the criteria above) residing in Hamilton County, whether residing with you or not.

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
Address (if living with applicant, indicate "same")		City	ZIP	
3.				
Address (if living with applicant, indicate "same")		City	ZIP	
4.				
Address (if living with applicant, indicate "same")		City	ZIP	
5.				
Address (if living with applicant, indicate "same")		City	ZIP	
6.				
Address (if living with applicant, indicate "same")		City	ZIP	
Total				

In order to preserve or improve my prospects for self-sufficiency, I am applying for PRC to obtain services from the Transportation Resources and Information Project. I understand that receipt of these services will not bar me from receiving other PRC services offered by Hamilton County. In the event that I am determined to be ineligible for PRC, this application is to be utilized to determine my eligibility for Title XX funding. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
-------------------------------	-------------

To be Completed by the Eligibility Determiner:

- J. ☐ Yes ☐ No Assistance Group's income is within the need standard: _____ (200% of FPG for AG Size)
- K. ☐ Yes ☐ No _____ Documentation is in file to verify that need exists due to employment, education/training or participation in a work activity_
- L. ☐ Yes ☐ No ☐ N/A Documentation is in file to verify that applicant (if a non-custodial parent) is paying towards their child support obligation

Eligibility Determination

☐ AG is PRC Eligible — all questions above are answered "yes" (EXCEPTION: Question "L" may be answered N/A for custodial parents)

☐ These AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)

☐ AG is Ineligible for PRC — Reason(s): _____

AG is Title XX Eligible: ☐ Yes ☐ No: Reason: _____

Eligibility Determiner	Date
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Application — Project THAW

Name			Social Security Number
Address			Telephone Number
City	State OHIO	ZIP	County

List all household members:

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
3.				
4.				
5.				
6.				
7.				
			Total	

Service address for which assistance is sought (if other than above):

Primary Heating Source: ☐ Gas ☐ Electric ☐ Propane ☐ Fuel Oil ☐ Other _____

Company Providing Heating Energy: ☐ Cinergy ☐ Other - If other, please give Name: _____

Account Number (if known): _____ Address: _____

I certify that the information I have provided for eligibility determination for the THAW Program is correct to the best of my knowledge. I have been advised and understand that eligibility for this program requires participation in the HEAP (Home Energy Assistance) Program.

Signature of Applicant	Date
------------------------	------

-----STOP HERE! — Attach Proof of Income and Submit (See Instructions on Reverse)-----

To Be Completed By the Eligibility Determiner

- A. ☐ Yes ☐ No Assistance Group's income is within need standard (200% of FPG for AG Size — see reverse): _____
- B. ☐ Yes ☐ No Applicant resides in Hamilton County
- C. ☐ Yes ☐ No Applicant has residential heating costs due or overdue
- D. ☐ Yes ☐ No Applicant has an eligible child in the home

Eligibility Determination

- ☐ All questions above are answered "yes" — AG is eligible for THAW through PRC payment
- ☐ Only questions A, B and C above are answered "yes" — AG is eligible for THAW from State Funds
- ☐ Ineligible for THAW (A, B and/or C is answered "no") — Reason(s): _____

Calculate Payment Below
Calculate Payment Below
Stop Here _____

Amount Approved

- ☐ Customer is on a PIP Plan — total of PIP Payments due or overdue: _____
- ☐ Customer is not on a PIP Plan — 50% of amount due or overdue: _____

Caution: Not to Exceed \$250
Caution: Not to Exceed \$250

I have reviewed the information provided by the applicant and, in conjunction with account data in our records, have determined them to be eligible for the "Amount Approved" indicated above.

Eligibility Determiner	Date
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Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program

Adult Literacy and Child Reading Program

Name			Date
Address			Telephone Number
City	State	ZIP	

- A. ☐ True ☐ No I am an adult or legally emancipated minor
- B. ☐ True ☐ No I and all individuals listed below live with me in my home in Hamilton County
- C. ☐ True ☐ No The child(ren) listed below are younger than 18 (or younger than 19 but still in HS)
- D. ☐ True ☐ No All individuals listed below are citizens or lawful resident aliens
- E. ☐ True ☐ No No one listed below is in debt to the Hamilton Co. Job and Family Services Department for an OWF or PRC overpayment due to fraud
- F. ☐ True ☐ No No individual listed below is an unmarried custodial parent under 18 who is not attending school
- G. ☐ True ☐ No No individual listed below is a fleeing felon or probation/parole violator
- H. ☐ True ☐ No No individual listed below has failed to cooperate in establishing paternity or securing support
- I. ☐ True ☐ No No individual listed below has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)

List applicant, spouse and all dependent children under age 18 (or younger than age 19 but still in High School) residing with them:

Name	Relationship to Applicant	Age	Source of Income	Monthly Income
1.	Applicant			
2.				
3.				
4.				
5.				
6.				
7.				
			Total	

In order to preserve or improve my family's prospects for self-sufficiency, I am applying for PRC to obtain services from the _____ Program. I understand that receipt of these services will not bar me from receiving other PRC services offered by Hamilton County. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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To be Completed by the Eligibility Determiner

- J. ☐ Yes ☐ No Assistance Group's income is within the need standard: _____ (200% of FPG for AG Size)_____

Eligibility Determination

- ☐ AG is PRC Eligible — all questions above are answered "true" or "yes"
- ☐ AG is PRC eligible, however, these AG members are ineligible: _____ Reason(s): _____
(Note: these individuals cannot receive services nor are they counted in the AG size, however, their income must be included)
- ☐ AG is Ineligible for PRC — Reason(s): _____

Eligibility Determiner	Date
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Wellness Activities Attendance Roster

School:

Group Title:

Agency:

Group Leader:

Date:

Attendance

[illegible]

Hamilton County
Application — Prevention, Retention and Contingency (PRC) Program
Children of Incarcerated Parents (CIP) Program

Name			Date
Address			Telephone Number
City	State	ZIP	

- A. ☐ True ☐ No I am an adult or legally emancipated minor
- B. ☐ True ☐ No I and the individuals listed below live in Hamilton County (or will upon their release from prison)
- C. ☐ True ☐ No The child(ren) listed below are younger than 18 (or younger than 19 but still in HS)
- D. ☐ True ☐ No All individuals listed below are citizens or lawful resident aliens
- E. ☐ True ☐ No No one listed below is in debt to the Hamilton Co. Job and Family Services Department for an OWF or PRC overpayment due to fraud
- F. ☐ True ☐ No No individual listed below is an unmarried custodial parent under 18 who is not attending school
- G. ☐ True ☐ No No individual listed below is currently a fleeing felon or probation/parole violator
- H. ☐ True ☐ No No individual listed below has failed to cooperate in establishing paternity or securing support
- I. ☐ True ☐ No No individual listed below has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the last ten years)

List applicant, spouse and all dependent children under age 18 (or younger than age 19 but still in High School) residing with them:

Name	Relationship to Applicant	Age	Incarcerated Individual Yes or No?	If "no" answered to any of the questions above, indicate which letter applies to this individual
1.	Applicant			
2.				
3.				
4.				
5.				
6.				
7.				

- J. Is the incarcerated individual the natural or adoptive parent of at least one of the children listed above? ☐ Yes ☐ No
- K. Will the incarcerated individual reside with the rest of this AG upon their release from prison? ☐ Yes ☐ No

In order to preserve or improve my family's prospects for self-sufficiency, I am applying for PRC to obtain services from the CIP Program. I understand that receipt of these services will not bar me from receiving other PRC services offered by Hamilton County. The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant	Date
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To be Completed by the Eligibility Determiner

- ☐ AG is PRC Eligible — all questions above are answered "true"
- ☐ AG is PRC eligible, however, these AG members are ineligible: _____ Reason(s): _____
 (Note: these individuals cannot receive services)
- ☐ AG is Ineligible for PRC — Reason(s): _____

Eligibility Determiner	Date
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