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

e of Applicant		Present Add	dress			For Agency Use Only Case Number				
al Security Number						D	ate Sent	Date	Returned	
phone Number Where	You Can Be Reached									
						С	ounty <b>HAMILTO</b>		ue ID	
Lleve vev ever receiv	ad any type of public acc	iotopoo from	a human	a aaniisaa dan	urtmont? N		Vac If V	'aa aammlata	the beve	a balave
1	ed any type of public ass you received public assi:			e of assistance		10; ~	Yes - ITY	Date you re		
	, , , , , , , , , , , , , , , , , , , ,		71					, , , , ,		
Explain what you nee	d, give an estimate of ho	w much you r	need, an	nd describe how	meeting this ne	ed will	help your fan	nily avoid dep	endence	on public as
	m requesting help with:	•		approximately:				epending on		
			\$							
List the names of all o	other agencies you have	contacted for	help:							
Agencies you	contacted to help you w	rith this need:	Was	this agency a	le to help you?		LANATION:			
				Yes	No			ped you - exp lp you - expla		
						+	,			
			+			+				
						1				
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s any member of you las any member of you n two or more states	r household an unmarrie r household an unmarrie r household an alien not	ed, non-gradue d parent under lawfully admi elon, parole or tting in establi and guilty of fra )?	ate pare er 18 no itted for r probati shing pa udulent	ent under 18 no ot living in an ac permanent res ion violator? aternity or secu ly misrepresen	t attending high ault-supervised so dence?  ring child supporing their residen	etting? rt? ce to ol	~	?? ~ No; No; ~ No; ~ No; ~ No;	~ Y ~ Y ~ Y ~ Y ~ Y	es es es
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#### Prevention, Retention, and Contingency Program (PRC) Worksheet

G NAME:		CASE #:		SSN:	· ·	
ATE OF APPLICATION:	30 [	DAY BUDGET PERIOD: F	rom:		_ To: _	
as the AG received PR	C during the last	12 months?	~ Yes;	~	No	If yes, explain:
equest: List the items and/or s	services requested and the a	amount needed for each:				
Item or Service	P/R/C	Source		Verification	l	Amount Needed
1.						\$
						\$
3.						\$
	<del> </del>					
4.						\$
5.						\$
as the AG used its ow	·	•	heir ne	eds? ~	Yes;	~ No If no, exp
community resources e			1	Dravida	d or Reaso	on for Refusal
Agoney		Itam/Sarvica			u oi neast	ni iui neiusai
Agency		Item/Service		Provide		
1.		Item/Service		Provide		
J.		Item/Service		Provide		
J. 2.		Item/Service		Provide		
eview of AG members heck YES for any that are applicable	with respect to the	he following disc	ualifyir		(6142)	
eview of AG members heck YES for any that are applicable	with respect to the to member(s) of this AG:	he following disc	ualifyir		(6142)	
eview of AG members	with respect to the to member(s) of this AG:	he following disconnections  Disqualifying Factors erpayment balance			(6142)	
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2.  Review of AG members theck YES for any that are applicable  N  1. Individual with an outstan 2. An unmarried, non-gradu	with respect to the to member(s) of this AG:  Inding OWF or PRC fraud over the parent under 18 not attempt at the ler 18 not living in an adult-s	he following disconnections  Disqualifying Factors  erpayment balance  ending high school or equive			(6142)	
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1. 22. 33. 24. 25. 35. 26. 27. 38. 27. 28. 29. 29. 29. 29. 29. 29. 29. 29. 29. 29	with respect to the to member(s) of this AG:  Inding OWF or PRC fraud owners are parent under 18 not attempted and the ler 18 not living in an adult-sed for permanent residence probation violatoring in establishing paternity or fraudulently misrepresenting	he following disconsisted in the following disconsisted sectors and the following factors are payment balance anding high school or equivalent sectors are securing child support as their residence to obtain the following disconsisted sectors are securing child support as their residence to obtain the following disconsisted sectors are securing child support as their residence to obtain the following disconsisted sectors are securing child support as their residence to obtain the following disconsisted sectors are securing child support as the following disconsisted sectors are securing child support as the following disconsisted sectors are securing child support as the following disconsisted sectors are securing child support as the following securing sectors are securing child support as the following securing securin	alent	ng factors		
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Income:

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Source	Total	Reduc	tion	Amt. Available	Verification	
		Code*	\$			
1.	\$		\$			
2.	\$		\$			
3.	\$		\$			
4.	\$		\$			
5.	\$		\$			
6.	\$		\$			
* Reduction Codes		al Availab				
<ul> <li>A - Student financial aid not payable in cash to the studer by the educational institution to defray educational ex</li> <li>B - The costs of supplies and materials used in sel situations.</li> <li>C - Earnings of a dependent child.</li> </ul>	penses. If-employment					
The total available income is within the need st	andard for the A	G size:	~ Yes	~ No		
Application of Personal Resources: Liquid Assets			Total Pre	senting Needs		
·			_	Resources		
Less Amounts for Payments due	-		_		-	
Subtotal			Potential	PRC Payment:		
	- \$ 200		_			
Available Resources			=			
It is anticipated that the provision of PRC Assis	tance will forest	all or alle				
~ Recommendation of PRC Approval:			~ Concur ~ Overrule - Reason:			
Signature of Eligibility Determiner	Dat	e	Signature of Supervisor Date			
Four month PRC assistance period:			~ Concu	r ~ Overru	ıle - Reason:	
From: To:			Cimerate	of Discotor on Do		Data
			Signature	of Director or Design	nee	Date
Item/Service Provided	Approval Date	Amo	unt Approv	ed V	endor's Name and Addres	s
		\$				
		\$				
	Tota			Note: May not	exceed \$500 except for div	version or
					rgency/disaster or traumation	
~ <b>Denial of PRC.</b> Reason for Denial [including	citation of applica	able PRC	regulation(s)	]:		
Signature of Eligibility Determiner:			Date:		Date HCJFS 0399-C ma	iled:

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Name				Assistance Group Name			
Street Address				Assistance Group Numl	per		
City, State, and Zip Code				County HAMILTON		Mailing Date	
This notice is to tell you that your applica	ation for the Preventi	ion, R	et	ention and Continger	ıcy Progra	m (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 fro	m			, a community	services p	provider.	
The regulations supporting this decision	are:						
f you do not understand this decision, o	r want to talk to some	eone a	ıbo	out it, you may call:			
Eligibility Determiner	District/ID				Telephone	Number	
Your Right to a State Hearing	•						
This notice is to tell you about action w determiner. After discussing the reasons action.							
f you do not agree with this action, y rights worker, friend or relative) give your A hearing officer from the Ohio Departm	reasons against the a	ction.	W	e will also attend or be r	epresented		
f you want a hearing we must receive you agree with the action.	our hearing request v	vithin 9	90	days of mailing date o	f this notice	e. You do not need to	return this form
f someone else makes a written hearin epresentative. Only you can make a rec		must i	no	clude a written stateme	nt, signed	by you, telling us that	person is your
f you want information on free legal servi Association, toll free at 1-(800)-589-588			be	er of your local legal aid	office, you	can call the Ohio State	Legal Services
f you want a state hearing, check one of the boxes below, sign and date this for Services, Bureau of State Hearings, 30 East Broad Street, 32nd Floor, Columbus						Ohio Department of	Job and Family
<ul> <li>I want a county conference</li> </ul>	and a state hearing of	on this	s a	iction.			

I want a hearing:

~ I want a state hearing only.

Signature	Date	Telephone Number



#### PERSONAL RESPONSIBILITY AGREEMENT

Section #3

#### Prevention, Retention and Contingency Ohio Works First — Hamilton County

When you sign this agreement, you acknowledge that:

and Contingency (PRC) program with you.

Your HCJFS Eligibility Determiner discussed the Prevention, Retention

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.

help you achieve this goal.  Section #1	<ul> <li>You have read or had this agreement read to you.</li> <li>You must accurately report <u>ALL</u> changes in your household situation the HCJFS within 10 calendar days.</li> <li>You must keep <u>ALL</u> scheduled appointments.</li> </ul>				
I,, agree to cooperate with, a provider of services for the Hamilton County Department of Job & Family Services' (HCJFS) Prevention, Retention and Contingency Program.	I agree to take personal responsibility for carrying out all parts of agreement. I understand my employment coach may change responsibilities as I work toward my goal.  I agree that HCJFS may release information about me to the provi				
(11001 0) I Tevention, Retention and Contingency I Togram.	listed above so I can receive Prevention, Retention and/or Contingend service(s).				
Section #2	I understand that the purpose of this program is to avoid reliance of ongoing cash assistance and I agree to execute a waiver of any currer eligibility for OWF.				
Services requested from this provider agency are (list specific services):	Participant's Social Security Number	Case Number			
	Participant's Signature	Date			
	Eligibility Determiner's Name (please print)	Phone Number			
	Eligibility Determiner's Signature	Date			
	I	•			

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

Applicant's Name			Case Number			
Applicant's Addres	ss		Telephone Number			
City		State	ZIP	///		
A.	Applicant and all Assistance Group (A Applicant has a child younger than 19 All AG members are citizens or lawful No AG members are in debt to the Ha No AG member is an unmarried pare. No AG members are fleeing felons or No AG members are failing to cooper No AG member has been found to ha ten years)	Diving in Harmonian Interpretation Harmonian H	lamilton County Iliens unty Human Service who is not attendin parole violators blishing paternity or	Hamilton Country  s Department g school or not securing supp	for an OWF overpayment living in an adult-supe	ent due to fraud ervised living arrangement
	dependents residing in the home.	Dalatian	ahin ta Annliaant	A	Course of Income	Mandhlalaaana
Name 1.			ship to Applicant Applicant	Age	Source of Income	Monthly Income
2.						
3.						
4.						
5.						
6.						
7.						
					Total	
I. ☐ Yes ☐ No	Assistance Group's income is within r	need stand	ard		Need Standard	
Hamilton County C	e or improve my prospects for self-suffic hildrens Services Department maintains pest of my knowledge and belief.					
Signature of Appli	icant				Date	
☐ AG is PRC Eligible	e — All above questions are answered '	'yes"				
☐ These AG membe (Note: these indiv	ers are ineligible:	they count	ed in the AG size, he	Reason(s):_ owever, their i	ncome must be included	(t
☐ AG is PRC ineligit	ole — Reason(s):					
HCDHS Eligibility	Determiner				Date	

#### Hamilton County Application — Prevention, Retention and Contingency (PRC) Program Probation Department

Probationer's Name	Date Pla	Date Placed on Probation					
Probationer's Address			Telepho	Telephone Number			
City	State	ZIP	///	//////			
. ☐ Yes ☐ No Applicant and all Assistance Group (	AG) membe	are are recidents	of Hamilton C	County			
. ☐ Yes ☐ No Applicant and an Assistance Group (			o or manimori c	Journey			
. ☐ Yes ☐ No All AG members are citizens or lawfu	•	-					
. ☐ Yes ☐ No No AG members are in debt to the H			vices Departm	ent for an OWF overpayn	nent due to fraud		
. 🗌 Yes 🗎 No No AG member is an unmarried pare		•	•	• •			
☐ Yes ☐ No No AG members are fleeing felons of			-				
. $\square$ Yes $\square$ No No AG members are failing to cooper	rate in esta	blishing paternit	y or securing s	upport			
					two or more states (within th		
ist applicant and all dependents residing in Hamilton Coun	ty whether	residing with the	e applicant or n	not.			
ame	Relations	ship to Applica	nt Age	Source of Income	Monthly Income		
	Applican	t					
ddress (if living with applicant, indicate "same")	City		ZIP	1////			
dations (in inving with approach, materials of the first	o.i.y						
ddress (if living with applicant, indicate "same")	City		ZIP	/////			
, ,							
ddress (if living with applicant, indicate "same")	City		ZIP				
, , , , , , , , , , , , , , , , , , ,	,						
ddress (if living with applicant, indicate "same")	City		ZIP	/////			
, -							
ddress (if living with applicant, indicate "same")	City		ZIP				
ddress (if living with applicant, indicate "same")	City		ZIP	/////			
☐ Yes ☐ No Assistance Group's income is within	need stand	ard		Total			
				Need Standard			
In order to preserve or improve my prospects for self-suffic Department. The information provided above is complete				e services of the Hamilton	County Probation		
Signature of Applicant			.,	Date			
Signature of Applicant				Date			
AG is PRC Eligible — All above questions are answered	"yes"						
These AG members are ineligible:			Reason(s	s):			
(Note: these individuals cannot receive services nor are	they counte	ed in the AG siz	e, however, the	eir income must be includ	ed)		
AG is PRC ineligible — Reason(s):							
<u></u>							
Probation Officer				Date			

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

Applicant's Name					Date Juvenile Placed on Probation			
Applicant's Addres	ss				Telephone Number			
City		State	ZIP					
					//////			
A. ☐ Yes ☐ No	Applicant and all Assistance Grou	rs are residents of	Hamilton C	county				
B. ☐ Yes ☐ No	Applicant has a child younger than				· · · · · · · · · · · · · · · · · · ·			
C. Yes No	All AG members are citizens or la	_						
D. ☐ Yes ☐ No	No AG members are in debt to the	e Hamilton Cou	nty Human Service	s Departm	ent for an OWF overpayme	ent due to fraud		
E. ☐ Yes ☐ No	No AG member is an unmarried p		-					
F. ☐ Yes ☐ No	No AG members are fleeing felon	s or probation/p	parole violators					
G. ☐ Yes ☐ No	No AG members are failing to coo	perate in estab	lishing paternity or	securing s	upport			
H. ☐ Yes ☐ No	No AG member has been found to ten years)	have fraudulei	ntly misrepresented	I their resid	lence to obtain benefits in t	wo or more states (within the		
List applicant and al	I dependents residing in Hamilton Co	ounty whether r	esiding with the ap	plicant or n	ot.			
Name		Relations	hip to Applicant	Age	Source of Income	Monthly Income		
1.		Applicant						
2.								
	n applicant, indicate "same")	City		ZIP				
3.								
Address (if living with	n applicant, indicate "same")	City	City		/////			
4.								
Address (if living with	n applicant, indicate "same")	City		ZIP	/////			
5.								
Address (if living with	n applicant, indicate "same")	City		ZIP				
6.								
Address (if living with	n applicant, indicate "same")	City		ZIP	/////			
7.								
Address (if living with	n applicant, indicate "same")	City		ZIP				
I ∏Yes ∏No	Assistance Group's income is with	nin need standa	ard		Total			
100 110	, icolorance creap e meeme le wie	mi nood olando			Need Standard			
	e or improve my prospects for self-su ent. The information provided above					County Juvenile Court		
Signature of Appl	icant				Date			
☐ AG is PRC Eligibl	le — All above questions are answer	red "yes"			l			
☐ These AG memb	ers are ineligible: viduals cannot receive services nor a	are they counte	d in the AG size h	Reason(s		d)		
•	ible — Reason(s):	•				-,		
Probation Officer	or Designee				Date			

### Hamilton County Application — Prevention, Retention and Contingency (PRC) Program Public Defender

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   Applicant has a child younger than 19 living in Hamilton County    C.   Yes   No   A MG members are citizens or lawful resident allens    No   AG members are felling to depret under 18 who is not attending school or not living in an adult-supervised living arranger    F.   Yes   No   No AG members are felling to cooperate in establishing paternity or securing support    H.   Yes   No   No AG members are felling to cooperate in establishing paternity or securing support    H.   Yes   No   Applicant shall be 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    Applicant   Applicant    Address (if living with applicant, indicate "same")   City   ZIP    Address (if living with applicant, indicate "same")   City   ZIP    Address (if living with applicant, indicate "same")   City   ZIP    Address (if living with applicant, indicate "same")   City   ZIP    Address (if living with applicant, indicate "same")   City   ZIP    Address (if living with applicant, indicate "same")   City   ZIP    Address (if living with applicant, indicate "same")   City   ZIP    Address (if living with applicant, indicate "same")   City   ZIP    Address (if living with applicant, indicate "same")   City   ZIP    Address (if living with applicant, indicate "same")   City   ZIP    Address (if living with applicant, indicate "same")   City   ZIP    Address (if living with applicant, indicate "same")   City   ZIP    Address (if living with applicant, indicate "same")   City   ZIP    Address (if living with applicant, indicate "same")   City   ZIP    Address (if living with applicant, indicate "same")   City   ZIP    Address (if living with applicant, indic	Name					Date			
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  A   Yes   No   All AG members are citizens or lawful resident allens  D   Yes   No   No AG members are citizens or lawful resident allens  D   Yes   No   No AG members are citizens or lawful resident allens  D   Yes   No   No AG members are identified parent under 18 who is not attending school or not living in an adult-supervised living arrangen    F   Yes   No   No AG members are falling to cooperate in establishing paternity or securing support  H   Yes   No   No AG members are falling to cooperate in establishing paternity or securing support  H   Yes   No   No AG members have been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (with ten years)  L   Yes   No   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    Relationship to Applicant   Age   Source of Income   Monthly Income    Address (if living with applicant, indicate "same")   City   Zip    Address (if living with applicant, indicate "same")   City   Zip    Address (if living with applicant, indicate "same")   City   Zip    Address (if living with applicant, indicate "same")   City   Zip    Address (if living with applicant, indicate "same")   City   Zip    Address (if living with applicant, indicate "same")   City   Zip    Address (if living with applicant, indicate "same")   City   Zip    Address (if living with applicant, indicate "same")   City   Zip    Address (if living with applicant, indicate "same")   City   Zip    Address (if living with applicant, indicate "same")   City   Zip    Address (if living with applicant, indicate "same")   City   Zip    Address (if living with applicant, indicate "same")   City   Zip    Address (if living with applicant, indicate "same")   City   Zip    Address (	Address	_			Telephone Number				
B.   Yes   No	City		State	ZIP	///	//////			
C.   Yes   No	A. ☐ Yes ☐ No	Applicant and all Assistance Group	(AG) membe	ers are residents of	Hamilton C	ounty			
D.   Yes   No	B. ☐ Yes ☐ No	Applicant has a child younger than	19 living in Ha	amilton County					
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 arrangen No No AG members are fleeing felons or probation/parole violators No AG members are fleeing felons or probation/parole violators No AG members are fleeing felons or probation/parole violators probation/parole violators No AG members are fleeing felons or probation/parole violators Probation/parole violators No AG member has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (with the superior of the violators) 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.		All AG members are citizens or law	ful resident a	liens					
Yes   No   No AG members are fleeing felons or probation/parole violators   No AG members are faling to cooperate in establishing paternity or securing support				-					
S.   Yes   No   No AG members are failing to cooperate in establishing paternity or securing support					g school o	r not living in an adult-sup	ervised living arrangement		
All   Yes   No   No AG member has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (with the years)									
Yes   No   Applicant is not charged with a capital offense or non-support					_		two or more states (within the		
Relationship to Applicant Applicant  Applicant  City ZIP  Address (if living with applicant, indicate "same") City ZIP  Addr	. 🗆 Yes 🗆 No	•	ital offense or	non-support					
Applicant  2.  Address (if living with applicant, indicate "same")  3.  Address (if living with applicant, indicate "same")  4.  Address (if living with applicant, indicate "same")  5.  Address (if living with applicant, indicate "same")  6.  Address (if living with applicant, indicate "same")  7.  Address (if living with applicant, indicate "same")  City  ZIP  ZIP  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  7.  Address (if living with applicant, indicate "same")  City  ZIP  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  Address (if living with applicant, indicate "same")  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  Add	List applicant and all	dependents residing in Hamilton Cou	unty whether i	residing with the ap	plicant or n	ot.			
Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  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.  Date	Name		Relations	ship to Applicant	Age	Source of Income	Monthly Income		
Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  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	1.		Applicant	t					
Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Date	2.								
Address (if living with applicant, indicate "same")  4. Address (if living with applicant, indicate "same")  5. Address (if living with applicant, indicate "same")  6. Address (if living with applicant, indicate "same")  7. Address (if living with applicant, indicate "same")  7. Address (if living with applicant, indicate "same")  6. City  7. Address (if living with applicant, indicate "same")  7. Address (if living with applicant, indicate "same")  7. Address (if living with applicant, indicate "same")  7. And 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.  8. Bignature of Applicant  Date	Address (if living with	applicant, indicate "same")	City		ZIP				
Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  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	3.								
Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  Address (if living with applicant, indicate "same")  City  ZIP  Date	Address (if living with	applicant, indicate "same")	City		ZIP				
Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  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	1.								
Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  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 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	Address (if living with	applicant, indicate "same")	City		ZIP				
Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  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	5.								
Address (if living with applicant, indicate "same")  City  ZIP  Address (if living with applicant, indicate "same")  City  ZIP  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	Address (if living with	applicant, indicate "same")	City		ZIP				
Address (if living with applicant, indicate "same")  City  ZIP  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	<b>3</b> .								
Address (if living with applicant, indicate "same")  City  ZIP  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	Address (if living with	applicant, indicate "same")	City		ZIP				
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.    Date   Date	7.								
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	Address (if living with	applicant, indicate "same")	City		ZIP				
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	J. ☐ Yes ☐ No	Assistance Group's income is within	n need standa	ard		Total			
Defender. The information provided above is complete and correct to the best of my knowledge and belief.  Signature of Applicant  Date						Need Standard			
							County Public		
☐ AG is PRC Eligible — all questions above are answered "yes"	Signature of Appli	cant				Date			
and to the English of an questions above are anothered yes	AG is PRC Fligible	e — all questions above are answere	d "ves"						
	_		-						
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):	☐ Ineligible for PRC	— Reason(s):							
Eligibility Determiner Date	Eligibility Determi	ner				Date			

#### 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) memb	ers are residents o	of Hamilton C	County					
B. ☐ Yes ☐ No	Applicant has a child younger than ?	19 living in F	lamilton County							
C. ☐ Yes ☐ No	All AG members are citizens or lawf	ful resident a	aliens							
D. 🗌 Yes 🗌 No	No AG members are in debt to the H	Hamilton Co	unty Human Servi	ces Departm	ent for an OWF overpaym	ent due to fraud				
E. ☐ Yes ☐ No	No AG member is an unmarried par	ent under 18	8 who is not attend	ling school o	r not living in an adult-sup	ervised living arrangement				
T. ☐ Yes ☐ No	No AG members are fleeing felons of	or probation	parole violators							
G. ☐ Yes ☐ No H. ☐ Yes ☐ No		No AG members are failing to cooperate in establishing paternity or securing support  No AG member has been found to have fraudulently misrepresented their residence to obtain benefits in two or more states (within the								
_ist applicant and al	ll dependents residing in Hamilton Cou	nty whether	residing with the a	applicant or r	oot.					
Name	<u> </u>	<u> </u>	ship to Applicant		Source of Income	Monthly Income				
1.		Applicar	nt							
2.										
Address (if living with	h applicant, indicate "same")	City	City							
3.										
Address (if living with	h applicant, indicate "same")	City		ZIP						
1.										
Address (if living with	h applicant, indicate "same")	City		ZIP						
5.										
Address (if living with	h applicant, indicate "same")	City		ZIP						
S.										
Address (if living with	h applicant, indicate "same")	City		ZIP						
7.										
Address (if living with	h applicant, indicate "same")	City		ZIP						
. 🗆 Yes 🗆 No	Assistance Group's income is within	n need stand	lard	•	Total					
					Need Standard					
	e or improve my prospects for self-suff					County Department of				
Signature of Appl	The information provided above is co	inplete and	Correct to the dest	or my knowl	edge and belief.  Date					
orginature or Appr	iount				Date					
☐ AG is PRC Eligib	le — all questions above are answered	d "yes"								
These AG memb				Reason(s						
(Note: these indi	ividuals cannot receive services nor are	e they count	ed in the AG size,	nowever, the	eir income must be include	ea)				
Ineligible for PRC					I					
Eligibility Determ	iner				Date					

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

Name					Date					
Address	Address					Telephone Number				
City			State	ZIP				J		
A.	Yes No I and all individuals listed below live with me in my home in Hamilton County Yes No The child(ren) listed below are younger than 18 (or younger than 19 but still in HS) 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         ☐ Yes       ☐ No       No individual listed below is an unmarried custodial parent under 18 who is not attending school         ☐ Yes       ☐ No       No individual listed below is a fleeing felon or probation/parole violator         ☐ Yes       ☐ No       No individual listed below has failed to cooperate in establishing paternity or securing support									
	spouse and a	Ill dependent children under age			_			1		
Name				ship to Applicant	Age	Source of Income	Monthly Income	-		
1.			A	pplicant						
2.								1		
3.										
4.										
5.										
6.										
7.										
						Total				
understand th	hat receipt of	rove my prospects for self-suffici these services will not bar me fro rect to the best of my knowledge	m receiving	other PRC service	obtain the se s offered by F	rvices of the Help Me Gramilton County. The info	row Program. I ormation provided			
Signature of	f Applicant					Date				
		To be	Complete	d by the Eligibili	ty Determin	er		J		
J. □ Yes □	] No Assista	ance Group's income is within	the need	standard:		(300% of FPG	for AG Size)	-		
			Eligib	oility Determinat	ion					
☐ AG is PRO	C Eligible —	all questions above are answ	ered "yes'	ı						
		re ineligible: ls cannot receive services no	or are they			ever, their income mus				
☐ AG is Ineli	igible for PR	C — Reason(s):						_		
Eligibility De	eterminer					Date				

#### Hamilton County Application — Prevention, Retention and Contingency (PRC) Program Diversion Program

Name I				Date			
Address			Telephone Number				
City	State	ZIP					
A.	n 18 years of age (or s or lawful resident ali to the Hamilton Cou ried parent under 18 felons or probation/p to cooperate in estab	younger than 19 butiens  nty Human Services  who is not attending  parole violators  lishing paternity or s	s Department g school or no securing supp	for an OWF overpaymer ot living in an adult-super port	nt due to fraud vised living arrangement		
ten years)  List applicant and all dependents residing in the ho	ome						
Name		ship to Applicant	Age	Source of Income	Monthly Income		
1.	Α	pplicant			-		
2.							
3.							
4.							
5.							
6.							
7.							
				Total			
I. ☐ Yes ☐ No Assistance Group's income	is within need standa	ard		Need Standard			
In order to preserve or improve my prospects for understand that receipt of these services will not above is complete and correct to the best of my k	bar me from receiving	other PRC service	obtain the se s offered by	ervices of the Diversion F Hamilton County. The inf	Program. I ormation provided		
Signature of Applicant				Date			
$\square$ AG is PRC Eligible — all questions above are a	nswered "yes"						
☐ These AG members are ineligible:(Note: these individuals cannot receive service:	s nor are they counte	d in the AG size, ho	Reason(s):_ wever, their i	ncome must be included	)		
☐ AG is Ineligible for PRC — Reason:							
Eligibility Determiner				Date			

# Hamilton County Application — Prevention, Retention and Contingency (PRC) Program Kinship Care

Name	Date					
Address			Telephone Number			
City	State	ZIP				
A.	s of age (or I resident ali- amilton Cour nt under 18 v probation/p ate in establ	younger than 19 bu iens nty Human Services who is not attending varole violators lishing paternity or s	Department supp	for an OWF overpaymer t living in an adult-super ort	nt due to fraud vised living arrangement	
List applicant and all dependents residing in the home.  Name	Polations	ship to Applicant	Age	Source of Income	Monthly Income	
1.		applicant	Age	Source of income	Worthing Income	
		фриосин				
2.						
3.						
4.						
5.						
6.						
7.						
				Total		
I. ☐ Yes ☐ No Assistance Group's income is within r	need standa	rd		Need Standard		
In order to preserve or improve my prospects for self-suffic understand that receipt of these services will not bar me fro above is complete and correct to the best of my knowledge	om receiving	other PRC services				
Signature of Applicant				Date		
☐ AG is PRC Eligible — all questions above are answered "	yes"					
☐ These AG members are ineligible:(Note: these individuals cannot receive services nor are	they counted	d in the AG size, ho	Reason(s): wever, their ir	ncome must be included	)	
☐ AG is Ineligible for PRC — Reason:						
Eligibility Determiner				Date		

# 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) membe	ers are residents of	Hamilton C	County			
B. ☐ Yes ☐ No Applicant has a child younger than				=			
C. ☐ Yes ☐ No All AG members are citizens or lav			-, 3	, , , , , , ,			
D. ☐ Yes ☐ No No AG members are in debt to the			es Departm	ent for an OWF overpayme	ent due to fraud		
E. ☐ Yes ☐ No No AG member is an unmarried pa		•	•	• •			
F. ☐ Yes ☐ No No AG members are fleeing felons	or probation/	parole violators					
G. ☐ Yes ☐ No No AG members are failing to cool	perate in esta	blishing paternity or	securing s	support			
H. ☐ Yes ☐ No No AG member has been found to ten years)	have fraudule	ently misrepresente	d their resid	dence to obtain benefits in t	wo or more states (within		
List applicant and all dependents residing in Hamilton Co	unty whether	residing with the ap	plicant or r	not.			
Name	Relations	ship to Applicant	Age	Source of Income	Monthly Income		
1.	Applican	nt					
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 with	in need stand	lard		Total			
In order to preserve or improve my prospects for self-su have contracted with the Hamilton County Department of other PRC services offered by Hamilton County. The inf	of Human Ser	vices. I understand	that receipt	t of these services will not b	par me from receiving		
Signature of Applicant				Date			
☐ AG is PRC Eligible — all questions above are answere	ed "yes"						
☐ These AG members are ineligible:			Research	2).			
(Note: these individuals cannot receive services nor a	re they count	ed in the AG size, h	Reason(s owever, the		d)		
☐ Ineligible for PRC — Reason(s):							
Eligibility Determiner				Date			

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

Name				Date			
Address			Telepho	Telephone Number			
City	State	ZIP					
A.	unger than i8 (or younger zens or lawful resident al	than 19 but still in iens	HS) living i	n Hamilton County			
E. Yes No No AG member is an un F. Yes No No AG members are flee G. Yes No No AG members are fail	married parent under 18 eing felons or probation/p ing to cooperate in estab	who is not attendin parole violators dishing paternity or	g school of securing s	upport	ervised living arrangement		
ten years)					wo or more states (within th		
List applicant and all dependents residing in Ha  Name		hip to Applicant	Age	Source of Income	Monthly Income		
			~9e	Source of illcome	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 inco	me is within need standa	ard		Total Need Standard			
In order to preserve or improve my prospects contracted with the Hamilton County Departme services offered by Hamilton County. The info	ent of Human Services. I u	understand that rec	eipt of these	vices from community serves services will not bar me fr	om receiving other PRC		
Signature of Applicant				Date			
☐ AG is PRC Eligible — all questions above ar	re answered "yes"						
☐ These AG members are ineligible:(Note: these individuals cannot receive serv	rices nor are they counte	d in the AG size, he	Reason(s owever, the		d)		
☐ Ineligible for PRC — Reason(s):							
Eligibility Determiner				Date			

### 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 (A	(G) member	rs are residents of H	lamilton Cour	nty		
B. Yes No	Applicant has a child younger than i8			HS) living with	them		
C. ∐ Yes ∐ No	All AG members are citizens or lawful			D	f	at due to formal	
D. ∐ Yes ∐ No E. □ Yes □ No	No AG members are in debt to the Ha						
E. ∐ Yes ∐ No F. □ Yes □ No	No AG member is an unmarried parer No AG members are fleeing felons or			y scribbi bi fib	nt living in an addit-super	vised living arrangement	
G. 🗆 Yes 🗆 No	No AG members are failing to coopera			securina supp	ort		
H. Yes No	No AG member has been found to have ten years)					vo or more states (within the la	
I. ☐ Yes ☐ No	Applicant has received OWF cash ass	sistance in o	one or more of the the	hree months p	orior to the month of app	lication	
List applicant and all of	dependents residing with them:	<b>.</b>				T ••	
	Name		ship to Applicant	Age	Source of Income	Monthly Income	
1.		A	pplicant				
2.							
3.							
4.							
5.							
6.							
7.							
J. □ Yes □ No	Assistance Group's income is within n	ieed standa	ırd	ı	Total		
	•				Need Standard		
contracted with the H	or improve my prospects for self-suffici lamilton County Department of Human Hamilton County. The information provi	Services. I u	inderstand that rece	ipt of these se	ervices will not bar me fro	m receiving other PRC	
Signature of Applic	cant				Date		
		F1:	::::t D - 4 i 4:				
	all questions above are ensured.		oility Determinati	ion			
_	— all questions above are answered "	yes		Dece=/=\:			
☐ These AG member (Note: these indivi	rs are ineligible: iduals cannot receive services nor are t	they counted		Reason(s): wever, their in	ncome must be included	l)	
☐ Ineligible for PRC -	— Reason(s):						
Eligibility Determin	er				Date		

# 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 resid				***		
3. ☐ Yes ☐ No	I have custody of a child younger than		-	II in HS) living	g with me		
C. Yes No	All individuals listed below are citizens						
D. Yes No	I am not in debt to the Hamilton Count	-				ient due to frau	a
E. ☐ Yes ☐ No	No individual listed below is an unmar			t attending so	cnool		
F. Yes No	I am not a fleeing felon or probation/pa						
G. Yes No	I have not failed to cooperate in estab		-				
H. Yes No	I have not been found to have fraudule	-	·	ence to obtain	n benefits i	in two or more s	states (within the last ten
. 🗆 Yes 🗆 No	My Child Support Account is not curre	ently overpa	aid				
List applicant and all	dependents residing with them:						
	Name	Relation	ship to Applicant	Age	Sourc	e of Income	Monthly Income
1.			Applicant				
2.							
3.							
J.							
4.							
5.							
6.							
7.							
					Total		
	my self-sufficiency, I am applying for PF Hamilton County Department of Human S						
Signature of Applic	cant					Date	
		Eliail	hility Determinet	ion			
☐ AG is PRC Eligible	e — all questions above are answered "	_	bility Determinat	1011			
☐ These AG membe	ers are ineligible:			Reason(s):_			
(Note: these indiv	riduals cannot receive services nor are t	they counte	ed in the AG size, ho	wever, their i	income mu	ust be included)	)
Ineligible for PRC	— Reason(s):						
Eligibility Determin	ner					Date	
2000111111	- <del></del>						

### 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.	I am an adult or legally emancipated I and all individuals listed below live v The child(ren) listed below who will pa All individuals listed below are citizen No one listed below is in debt to the h	vith me in m articipate in s or lawful re Hamilton Co	the SYETP programesident aliens unty Human Service	are younger es Department	for an OWF overpaymer			
F.  Yes  No G. Yes  No H. Yes  No I. Yes  No	No individual listed below is an unma No individual listed below is a fleeing No individual listed below has failed t No individual listed below has been fo the last ten years)	felon or pro o cooperate	bation/parole violato in establishing pate	or ernity or securi	ng support	its in two or more states (		
List applicant, spo	ouse and all dependent children under a		ounger than age 19 to	out still in High	Source of Income	em: Monthly Income		
1.	Name		Applicant	Age	Source of income	Monthly income		
2.								
3.								
0.								
4.								
5.								
6.								
7.								
				1	Total			
and Training Progra	e or improve my familiy's prospects for seam. I understand that receipt of these sed above is complete and correct to the	ervices will	not bar me from rec	eiving other P				
Signature of Appli	icant				Date			
J. □ Yes □ No	To be Assistance Group's income is within t	he need sta				of FPG for AG Size)		
		Eligik	oility Determinati	on				
☐ AG is PRC Eligibl	e — all questions above are answered	"yes"						
	ers are ineligible: viduals cannot receive services nor are				come must be included)			
$\square$ AG is Ineligible fo	r PRC — Reason(s):							
Eligibility Determi	ner				Date			

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

Name		Date					
Address				Telephone Number			
City	St	ate	ZIP	////	/////		
B.  Yes No I and all individ C. Yes No The child(ren) I	r legally emancipated mino uals listed below live with r isted below are younger th isted below are citizens or	me in my nan 18 (o	or younger than 19 bu	•			
F. ☐ Yes ☐ No No individual lis G. ☐ Yes ☐ No No individual lis H. ☐ Yes ☐ No No individual lis		l custodi n or prob operate	al parent under 18 w pation/parole violator in establishing pater	ho is not atter	ding school	nt due to fraud	
List applicant, spouse and all depe	ndent children under age 1	18 (or yo	unger than age 19 b	ut still in High	School) residing with the	em:	
Name	F	Relation	ship to Applicant	Age	Source of Income	Monthly Income	
1.		,	Applicant				
2.							
3.							
4.							
5.							
6.							
7.							
					Total		
In order to preserve or improve my Readiness services. I understand t information provided above is compl	hat receipt of these servic	es will n	ot bar me from recei	ving other PR			
Signature of Applicant					Date		
	To be Co	mpleted	d by the Eligibility	/ Determine	r		
J. ☐ Yes ☐ No Assistance Gro	up's income is within the n	eed star	ndard:		(200% c	of FPG for AG Size)	
		Eligib	ility Determination	on			
☐ AG is PRC Eligible — all questions	above are answered "yes	"					
☐ These AG members are ineligible: (Note: these individuals cannot red	ceive services nor are they	counted	Figure 1. Figure	Reason(s): vever, their inc	ome must be included)		
☐ AG is Ineligible for PRC — Reason	n(s):						
Eligibility Determiner					Date		

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

Name		Date					
Address			Telephone Number				
City	State	ZIP	////				
A.	th me in m r than 18 (o or lawful r amilton Co ried custod felon or pro cooperate	or younger than 19 bi esident aliens unty Human Services lial parent under 18 w bation/parole violator in establishing pater	ut still in HS)  Department tho is not atter  nity or securin	nding so	chool		
List applicant, spouse and all dependent children under ag			ut still in High		, •		
Name		nship to Applicant	Age	Sou	rce of Income	Monthly Income	
1.		Applicant					
2.							
3.							
4.							
5.							
6.							
7.				Total			
In order to preserve or improve my familiy's prospects for Enrichment/Extended Learning Opportunity Program. I unde by Hamilton County. The information provided above is com	rstand that	receipt of these service	es will not bar	me fror	n receiving other F elief.		
Signature of Applicant					Date		
	-	d by the Eligibility					
J. ☐ Yes ☐ No Assistance Group's income is within th	e need sta	ndard:			(300% o	f FPG for AG Size)	
	Eligik	oility Determination	on				
$\square$ AG is PRC Eligible — all questions above are answered " $_{ m Y}$	/es"						
☐ These AG members are ineligible:(Note: these individuals cannot receive services nor are the services in the service in the services	hey counte	For the AG size, how	Reason(s): vever, their inc	come m	ust be included)		
☐ AG is Ineligible for PRC — Reason(s):							
Eligibility Determiner					Date		

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

Name of Applicant			Address	Address					
Phone			City		ZIP				
	No individual listed below is I am not a fleeing felon or pr I have not failed to cooperat	younger than 18 (o are citizens or lawful liton County Human an unmarried parer robation/parole violate ie in establishing pa we fraudulently misr	resident aliens Services Depar nt under 18 who ator ternity or securi	tment for an OW is not attending	/F overpayment due to fraud	ates (within the last ter			
ізі арріісані ани ан	Name	Relationship to Applicant	Birthdate	SSN	Income Source	Monthly Income			
		Applicant							
					Total				
	my self-sufficiency, I am apply								
Signature of Applic	of Human Services. The info	ormation provided al	bove is complet	e and correct to	Date	d belief.			
☐ Yes ☐ No ☐ Yes ☐ No ☐ Yes ☐ No	Assistance Group's income	Daycare Center (or rements for: 9 Tu	dard (300% of Forestes a Type	PL for AG Size) B childcare hor ment or		act with HCDHS			
	Specify:								
AG is PRC Eligible	e — all questions above are a	_	ibility Detern	nination					
These AG membe (Note: these indiv	rs are ineligible:iduals cannot receive service	s nor are they coun	ted in the AG siz	Reason(s) ze, however, the	: ir income must be included)				
] Ineligible for PRC	— Reason(s):								
Eligibility Determir					Date				

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

Name			Date				
Address				Telephone Number			
City		State	ZIP	///			
A.	I am an adult or legally emancip I and all individuals listed below The child(ren) listed below are y All individuals listed below are c No one listed below is in debt to No individual listed below is an u No individual listed below is a fle No individual listed below has fa	live with me in nounger than 18 itizens or lawful the Hamilton Counmarried custoeeing felon or profiled to cooperate	(or younger than 19 b resident aliens ounty Human Service dial parent under 18 v obation/parole violato e in establishing pate	County out still in HS) s Department who is not atte r rnity or securi	t for an OWF or PRC ove ending school ng support	rpayment due to fraud	
_ nuc _ no	the last ten years)	cirround to nave	madadiently mioreph		residence to obtain benef	no in two or more states	
List applicant, spo	use and all dependent children un	- , ,	ounger than age 19 t	out still in High	Source of Income	em:  Monthly Income	
1.	Name	relatio	Applicant	Age	Cource of income	monthly income	
2.							
3.							
4.							
5.							
6.							
7.							
					Total		
Program. I understa	e or improve my familiy's prospect and that receipt of these services complete and correct to the best of cant	will not bar me	from receiving other I				
	To	o be Complete	ed by the Eligibilit	y Determin	er		
. □ Yes □ No	Assistance Group's income is wi	thin the need sta	andard:		(200% c	of FPG for AG Size)	
			bility Determinati				
AG is PRC Eligible	e — all questions above are answ	ered "true" or "ye	es"				
	e, however, these AG members ar viduals cannot receive services no						
] AG is Ineligible for	r PRC — Reason(s):						
Fligibility Determi					Date		

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

	116	πισροιταί		iniciciicy				
Name		•		Date				
Address				Telephone Number				
City		State	ZIP	Social Security #				
A. □Yes □No	I am an adult or legally emancipated n	minor						
B. ☐ Yes ☐ No	I and all individuals listed below live in	Hamilton C	County					
C. ☐ Yes ☐ No	The child(ren) listed below are younge	er than 18 (c	or younger than 19 l	but still in HS	)			
D. 🗌 Yes 🗌 No	All individuals listed below are citizens	s or lawful re	esident aliens					
E. ☐ Yes ☐ No	No one listed below is in debt to the H		-					
F. ☐ Yes ☐ No	No individual listed below is an unmar			_	not living in an adult-su	upervised living arrangeme		
G. ☐ Yes ☐ No	No individual listed below is a fleeing to					an alailal anns ant		
H. ☐ Yes ☐ No . ☐ Yes ☐ No	No individual listed below has failed to No individual listed below has been for the last ten years)		= -	-				
ist yourself and all de	ependents (spouse and child [ren] mee	ting the crite	eria above) residing	in Hamilton	County, whether residin	g with you or not.		
	Name	Relations	ship to Applicant	Age	Source of Income	Monthly Income		
 1.		Applicant						
	applicant, indicate "same")	City		ZIP	/////			
3.								
Address (if living with a	applicant, indicate "same")	City		ZIP				
4.								
Address (if living with a	applicant, indicate "same")	City		ZIP				
5.								
Address (if living with a	applicant, indicate "same")	City		ZIP				
5.								
Address (if living with a	applicant, indicate "same")	City		ZIP				
					Total	ı		
Information Project. I that I am determined	or improve my prospects for self-suffi I understand that receipt of these service I to be ineligible for PRC, this application and correct to the best of my knowledge	es will not ba on is to be u	ar me from receiving	other PRC se	rvices offered by Hamilt	ton County. In the event		
Signature of Applic	ant				Date			
J. □ Yes □ No	by the Eligibility Determiner:  Assistance Group's income is  Documentation is in file to ve					0% of FPG for AG Size)		
	□ N/A Documentation is in file to ve	erify that app	•	odial parent)				
☐ AG is PRC Eligible	— all questions above are answered "	yes" (EXCE	PTION: Question "I	_" may be ans	swered N/A for custodia	ll parents)		
These AG member (Note: these individual)	rs are ineligible: duals cannot receive services nor are t	they counted	d in the AG size, ho	Reason(s):_ wever, their i	ncome must be include	d)		
☐ AG is Ineligible for	PRC — Reason(s):							
AG is Title XX Eligible:								
Eligibility Determine	er				Date			

			THAW Social Security Number Telephone Number			
List all household members:						
Name	Relation	nship to Applicant	Age	Source of Income	Monthly Income	
1.		Applicant				
2.						
3.						
4.						
5.						
6.						
7.						
				Total		
Company Providing Heating Energy: Cinergy  Account Number (if known):  I certify that the information I have provided for eligibility de		Ad	dress:			
and understand that eligibility for this program requires pa						
Signature of Applicant				Date		
STOP HERE! — Attach Pr	oof of Inc	ome and Submit (	See Instru	ctions on Reverse)		
To Be Co  A.  Yes No Assistance Group's income is within  B. Yes No Applicant resides in Hamilton Coun  C. Yes No Applicant has residential heating co  Applicant has an eligible child in the	n need stand ty osts due or d					
☐ All questions above are answered "yes" — AG is eligibl☐ Only questions A, B and C above are answered "yes" –	e for THAW		ent		yment Below yment Below	
☐ Ineligible for THAW (A, B and/or C is answered "no") —	Reason(s)	:		Stop Here		
Toutous Pip St.		_ Amount Approved		<b>0</b> ==#*: ** ** **	40 Fwe 4 0050	
☐ Customer is on a PIP Plan — <b>total</b> of PIP Payments du ☐ Customer is not on a PIP Plan — <b>50</b> % of amount due o		Caution: Not to Exceed \$250 Caution: Not to Exceed \$250				
have reviewed the information provided by the applicant a		nction with account da				
Eligibility Determiner		Date				

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

**Adult Literacy and Child Reading Program** Name 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. 6. Total In order to preserve or improve my familiy'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 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): \_\_

Date

**Eligibility Determiner** 

#### Wellness Activities Attendance Roster

_
_
_
_
DATE OF BIRTH

School:

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

Name	ame					Date				
Address					Telephone Number					
City		State	ZIP			///////////////////////////////////////				
A. 🗌 True 🗌 No	l am an adult or legally ema	ncipated minor								
3. True No	I and the individuals listed b	•	on County (o	r 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 de	bt to the Hamilton 0	Co. Job and	Family Sei	rvices Department	for an OWF or PRC overpayment du	ie to fra			
F. ☐ True ☐ No	No individual listed below is	an unmarried custo	odial parent	under 18 v	vho is not attending	g school				
G. ☐ True ☐ No	No individual listed below is	currently a fleeing	felon or prob	oation/parc	ole violator					
H. 🗌 True 🗌 No	No individual listed below ha	listed below has failed to cooperate in establishing paternity or securing support								
. 🗌 True 🗌 No	No individual listed below hat (within the last ten years)	as been found to ha	ave frauduler	ntly misrep	resented their resident	dence to obtain benefits in two or mo	ore state			
List applicant, spo	ouse and all dependent childre	n under age 18 (or	younger tha	n age 19 b	out still in High Sch	ool) residing with them:				
	Name Relatio		nship to Applicant		Incarcerated Individual Yes or No?	If "no" answered to any of the questions above, indicate which letter applies to this individual				
1.		Applica	nt							
2.										
3.										
4.										
5.										
6.										
7.										
K. Will the incarce In order to preserve that receipt of these		e rest of this AG up ects for self-sufficience	on their relea	ase from p	rison? PRC to obtain servi	☐ Yes ☐ No ☐ Yes ☐ No ices from the CIP_Program. I unders e information provided above is comp				
Signature of Appli	icant					Date				
		To be Compl	eted by the	Fliaihility	Determiner					
☐ AG is PRC Eligible	e — all questions above are a	•	cted by the	Liigibiiity	Determiner					
	e, however, these AG member viduals cannot receive service				Reason(s):					
☐ AG is Ineligible for	r PRC — Reason(s):									
Eligibility Determi	ner					Date				