

Name of Applicant	Current Address
Social Security Number	
Telephone Number where you can be reached	
Email Address	

FOR AGENCY USE ONLY	
Case Number	Application Date
<input type="checkbox"/> Work Supports	Date Returned
<input type="checkbox"/> Family Supports	<input type="checkbox"/> COVID
<input type="checkbox"/> 3000	<input type="checkbox"/> OJT/Training

Have you ever received any type of Public Assistance from a Job and Family Services Department? ☐ Yes ☐ No

If yes, give the County Department of Job & Family Services, the type of assistance received and the date received:

Have you ever applied for PRC services in Licking County (or completed this application before)? ☐ Yes ☐ No

Is anyone in your household presently under a sanction or disqualification from any JFS program? ☐ Yes ☐ No

If yes, please explain the person(s), circumstance(s), and date(s) involved: \_\_\_\_\_

**Is anyone in your household pregnant?** ☐ Yes ☐ No **If so, what is her due date?** \_\_\_\_\_

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

Name	Relationship to Applicant	Pregnant Yes/No	Date of Birth	Social Security Number	Source of Income	Monthly Amount of Gross Income (Excluding Child Support)
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$
6.						\$
7.						\$

Are you the **Non-Custodial Parent** of a child? ☐ Yes ☐ No If Yes, please list child's name: \_\_\_\_\_

What do you need assistance with? \_\_\_\_\_

Reason for Need: \_\_\_\_\_

**Customer Information Acknowledgement**

**Non-discrimination issued?** Customer initials \_\_\_\_\_ **State Hearing procedures issued?** Customer initials \_\_\_\_\_

**Voter Registration offered?** Customer initials \_\_\_\_\_

By signing the application, applicant agrees that all information provided on this application is true and complete to the best of his/her knowledge. Applicant authorizes Licking County Job & Family Services (LCFJS) to release and share this application and other pertinent information concerning the applicant and his/her family's eligibility and services received with all providers necessary for said services. Applicant further authorizes LCJFS to review and share the application, the information it contains, and eligibility criteria internally between agency divisions and departments, including, but not limited to, the review of Intentional Program Violation (IPV), OWF/PRC fraud, and overpayment/collections statuses.

Signature of Applicant	Date
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Signature of Interviewer \_\_\_\_\_

**FOR LCJFS USE ONLY**

☐ **PRC Approved**

Date notice of Approval sent (mm/dd/yr) \_\_\_\_\_

Item/Service & Amount Approved	Date of Approval	Vendor's Name & Address

☐ **PRC Denied**

Date notice of Denial sent (mm/dd/yr) \_\_\_\_\_

Item/Service Denied	Date of Denial	Reason for Denial

Signature of Caseworker	Date	Signature of Supervisor	Date
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**IPV, Fraudulent OWF/PRC Assistance & Fiscal Collections reviewed?**      ☐ Yes   ☐ No    **Claims?**   ☐ Yes   ☐ No

**PRC Tool Reviewed**   ☐ Yes   ☐ No

**PRC received prior?**   ☐ Yes   ☐ No

**Date & amount of PRC received?** \_\_\_\_\_

**WORKSHEET**

**MONTHLY HOUSEHOLD INCOME/RESOURCES**

(Excluding Child Support)

**Earned**      \_\_\_\_\_

**Assistance Group Size**      \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Unearned**      \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**TOTAL**      \_\_\_\_\_

**200% FPG for AG**      \_\_\_\_\_

Work/Family Supports/OJT/3000 200% FPG

AG Size	FPG 200%
<b>2</b>	<b>\$3052</b>
<b>3</b>	<b>\$3839</b>
<b>4</b>	<b>\$4625</b>
<b>5</b>	<b>\$5412</b>
<b>6</b>	<b>\$6199</b>

**TANF Workforce Services**

By signing this Agreement, I verify the following information is true and accurate *(please check all statements that apply)*:

- ☐ I am a U.S. citizen or legal alien
- ☐ I do not have an outstanding OWF or PRC fraud overpayment balance or an existing Intentional Program Violation (IPV)
- ☐ I am not a fugitive felon
- ☐ A minor child, or child age 18 and still attending high school, is living in the household
- ☐ I pay child support for a minor child, or child age 18 and still attending high school
- ☐ My family's income falls within the stated guidelines below

**My Family Size Is** \_\_\_\_\_

**My Family's Gross Monthly Income \$** \_\_\_\_\_  
**(Excluding Child Support)**

Number of people in your family (include spouse and all children)	PRC Eligibility & Title XX/TANF Transfer Services Monthly gross income is less than or equal to...
2	\$3,052
3	\$3,839
4	\$4,625
5	\$5,412
6	\$6,199
7	\$6,985
8	\$7,772

200% FPG as of 1.12.2022

Name	Date of Birth
1.	
2.	
3.	
4.	
5.	
6.	
7.	

**IPV, Fraudulent OWF/PRC Assistance & Fiscal Collections reviewed?** ☐ Yes ☐ No **Claims?** ☐ Yes ☐ No

**PRC Tool Reviewed** ☐ Yes ☐ No

**PRC received prior?** ☐ Yes ☐ No

**Date & amount of PRC received?** \_\_\_\_\_

**Customer Information Acknowledgement**

**Non-discrimination issued?** Customer initials \_\_\_\_\_

**State Hearing procedures issued?** Customer initials \_\_\_\_\_

**Voter Registration offered?** Customer initials \_\_\_\_\_

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\_\_\_\_\_  
Signature of Applicant      Please Print Name      Social Security Number      Date

\_\_\_\_\_  
Case Worker Signature

Application Approved: Yes ☐ No ☐

## Prevention Retention and Contingency - Application D

### **TANF Child Welfare/ Kinship Navigator/Conditional Services Title XX/TANF Transfer Services Application**

Name of Applicant:	Current address:
Social Security #:	
Date of Birth:	

By signing this Agreement, I verify the following information is true and accurate *(please check all statements that apply)*:

- ☐ I am a U.S. citizen or legal alien.  
☐ I am not a fugitive felon  
☐ My family's income falls within the stated guidelines below

My Family Size Is \_\_\_\_\_ My Family's Gross Monthly Income \$ \_\_\_\_\_  
(Excluding Child Support)

200% FPG as of 1.12.2022

Number of people in your family (include spouse and all children)	PRC Eligibility & Title XX/TANF Transfer Services Monthly gross income is less than or equal to...
2	\$3,052
3	\$3,839
4	\$4,625
5	\$5,412
6	\$6,199
7	\$6,985
8	\$7,772

Name	Date of Birth
1.	
2.	
3.	
4.	
5.	
6.	
7.	

#### Customer Information Acknowledgement

Non-discrimination issued? Customer initials \_\_\_\_\_ State Hearing procedures issued? Customer initials \_\_\_\_\_

Voter Registration issued? Customer initials \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

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#### FOR AGENCY USE ONLY

IPV, Fraudulent OWF/PRC Assistance & Fiscal Collections reviewed? ☐ Yes ☐ No Claims? ☐ Yes ☐ No

PRC Tool Reviewed? ☐ Yes ☐ No

PRC received prior? ☐ Yes ☐ No Date & amount of PRC received? \_\_\_\_\_

Family is requesting/receiving:

- ☐ Kinship Navigator services  
☐ TANF Child Welfare services  
☐ Title XX/TANF Transfer Services

PRC Eligible? Yes ☐ No ☐

Approval/Denial Letter Issue Date: \_\_\_\_\_

Caseworker: \_\_\_\_\_

PRC Application E

Participant Name	Participant date of birth	FOR AGENCY USE ONLY	
Parent/guardian of minor applicant	Present Address	Case Number	
Social Security Number		Date Sent	Date Returned
Telephone Number where you can be reached		County	Unique ID

Does your family have an open OWF cash assistance or Food Assistance case? ☐ Yes ☐ No

Is the youth participant a U.S. citizen or legal alien? ☐ Yes ☐ No

Are any members of the household fugitive felons or probation/parole violators ☐ Yes ☐ No

Do any members of the household have an existing Intentional Program Violation ☐ Yes ☐ No

Complete the chart below for anyone living in your home, including yourself. You are required to verify all income and resources for all members of your household, excluding Child Support Income.

Name	Relationship to youth participant	Date of Birth	Social Security Number	Source of Income/Resource	Monthly Gross Income (Excluding Child Support)
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$
8.					\$

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Signature of Youth Participant	Date
Signature of Parent/Guardian of minor youth	Date

By signing this application, I give permission for the above-named minor participant to register as a user on OhioMeansJobs.com.

Signature of Interviewer \_\_\_\_\_ Agency Name \_\_\_\_\_

**FOR JFS/OMJ USE ONLY**

☐ **PRC Approved**

☐ **PRC Denied**

Date & reason of Denial (mm/dd/yy) \_\_\_\_\_ Date Notice of Approval/Denial of Application Sent (mm/dd/yr) \_\_\_\_\_

Signature of Caseworker	Date	Signature of Supervisor	Date
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IPV, Fraudulent OWF/PRC Assistance & Fiscal Collections reviewed? ☐ Yes ☐ No Claims? ☐ Yes ☐ No

PRC Tool Reviewed ☐ Yes ☐ No

PRC received prior? ☐ Yes ☐ No

Date & amount of PRC received? \_\_\_\_\_

**WORKSHEET**

**MONTHLY HOUSEHOLD INCOME/RESOURCES\***  
(Excluding Child Support Income)

**Earned** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
eligibility

**Assistance Group Size** \_\_\_\_\_

\*Attach Ohio Benefits screen prints for presumptive income

**Unearned** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TOTAL** \_\_\_\_\_

**200% FPG for AG** \_\_\_\_\_

Assistance Group Size	200% FPG
1	\$2,265
2	\$3,052
3	\$3,839
4	\$4,625
5	\$5,412
6	\$6,199
7	\$6,985
8	\$7,772

***PRC School Clothes Program***

By signing this Agreement, I verify the following information is true and accurate:

- I am a U.S. citizen or legal alien
- I am not a fugitive felon
- A minor child, or child age 18 and still attending high school, is living in the household
- My family's income falls within the stated guidelines below
- My family does not have an OWF/PRC intentional program violation or outstanding fraud overpayment balance
- I have received information on my rights regarding non-discrimination
- I have received state hearing procedure information
- I have received voter registration information

**My Family Size Is** \_\_\_\_\_

**My Family's Gross Monthly Income \$** \_\_\_\_\_  
**(Excluding Child Support)**

**I am requesting school clothes assistance for the following child(ren),** \_\_\_\_\_

**Please list all household members name and date of birth in the chart below:**

Name	Date of Birth
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Number of people in your family (include spouse and all children)	PRC Eligibility Monthly gross income is less than or equal to...
2	\$3,052
3	\$3,839
4	\$4,625
5	\$5,412
6	\$6,199
7	\$6,985
8	\$7,772

200% FPG as of 1.12.2022

**Have you previously received PRC?** ☐ Yes ☐ No

**If yes, please list the date(s) & amount of**

**PRC received** \_\_\_\_\_

**Print Applicant Name:** \_\_\_\_\_

**Applicant Social Security #:** \_\_\_\_\_

**Signature of Applicant**

**Date**

By signing the application, applicant agrees that all information provided on this application is true and complete to the best of his/her knowledge. Applicant authorizes Licking County Job & Family Services (LCFJS) to release and share this application and other pertinent information concerning the applicant and his/her family's eligibility and services received with all providers necessary for said services. Applicant further authorizes LCJFS to review and share the application, the information it contains, and eligibility criteria internally between agency divisions and departments, including, but not limited to, the review of Intentional Program Violation (IPV), OWF/PRC fraud, and overpayment/collections statuses.

\_\_\_\_\_  
**School District Authorized Signature**

**Application Approved:** Yes ☐ No ☐



## PRC Summer Literacy Enrichment Program

Name of Applicant:	Current address:
Social Security #:	
Date of Birth:	

By signing this Agreement, I verify the following information is true and accurate:

- I am a U.S. citizen or legal alien and I am not a fugitive felon
- A minor child, or child age 18 and still attending high school, lives in the household
- My family's income falls within the stated guidelines below
- I have received information on my rights regarding non-discrimination
- I have received state hearing procedure information
- I have received voter registration information

My Family Size Is \_\_\_\_\_ My Family's Gross Monthly Income \$ \_\_\_\_\_  
(Excluding Child Support)

**I am requesting summer literacy enrichment program services for the following child(ren):**

Child's Name	Child's Date of Birth

Number of people in your family (include spouse and all children)	PRC Eligibility Monthly gross income is less than or equal to...
2	\$3,052
3	\$3,839
4	\$4,625
5	\$5,412
6	\$6,199
7	\$6,985
8	\$7,772

200% FPG as of 1.12.2022

IPV, Fraudulent OWF/PRC Assistance & Fiscal Collections reviewed? ☐ Yes ☐ No Claims? ☐ Yes ☐ No

PRC Tool Reviewed ☐ Yes ☐ No

PRC received prior? ☐ Yes ☐ No Date & amount of PRC received? \_\_\_\_\_

\_\_\_\_\_  
**Signature of applicant**

\_\_\_\_\_  
**Date**

By signing the application, applicant agrees that all information provided on this application is true and complete to the best of his/her knowledge. Applicant authorizes Licking County Job & Family Services (LCFJS) to release and share this application and other pertinent information concerning the applicant and his/her family's eligibility and services received with all providers necessary for said services. Applicant further authorizes LCJFS to review and share the application, the information it contains, and eligibility criteria internally between agency divisions and departments, including, but not limited to, the review of Intentional Program Violation (IPV), OWF/PRC fraud, and overpayment/collections statuses.

\_\_\_\_\_  
Summer Literacy Enrichment Program Authorized Signature

Application Approved: YES NO



## Kinship Caregiver Program

Kinship Caregiver Information			
First Name:	Last Name:	Phone Number:	
Address:			Today's Date:
City:	State:	County:	Zip Code:
Service Requested:		<b>FOR AGENCY USE</b> Was Publicly Funded Child Care Explored? _____ Is Applicant Eligible for Publicly Funded Child Care? _____	

**Household Information** (include kinship caregiver and kinship children who reside in the household.)

Name (First, Last)	Relationship to You (Spouse, son, etc.)	Kinship Placement Yes/No	US Citizen (Yes/No)	Date of Birth	Check Box if Individual Has a Qualifying Activity**	Social Security Number

**\*\*Applicant attests/affirms those individuals indicated above as having a qualifying activity are working at least 20 hours per week, are attending training/school, and/or participate in the work requirements of OWF Cash Assistance or SNAP Food Assistance.**

**Please list all income received by household members, including minor children.**

Income refers to all the money the individuals listed above receive such as wages from employment, spousal/medical support, disability, retirement, Workers' Compensation, Social Security, SSI, Veterans benefits etc. Child support is excluded.

Name	Type of Income	Amount of Income (before taxes)	How Often Received (weekly, bi-weekly, etc.)	Date Last Received

### Customer Information Acknowledgement

**Non-discrimination policy; State Hearing procedures; and Voter Registration offered?** Customer initials \_\_\_\_\_  
**Applicant is aware that any changes must be reported to the agency within 10 days?** Customer initials \_\_\_\_\_  
**All individuals listed above are U.S. Citizens or legal aliens and are not fugitive felons.** Customer initials \_\_\_\_\_

By signing the application, applicant agrees that all information provided on this application is true and complete to the best of his/her knowledge. Applicant authorizes Licking County Job & Family Services (LCFJS) to release and share this application and other pertinent information concerning the applicant and his/her family's eligibility and services received with all providers necessary for said services. Applicant further authorizes LCJFS to review and share the application, the information it contains, and eligibility criteria internally between agency divisions and departments, including, but not limited to, the review of Intentional Program Violation (IPV), OWF/PRC fraud, and overpayment/collections statuses.

Signature of Applicant	Date
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**FOR LCJFS USE ONLY**☐ **KCP-Stabilization Services Approved**

Date notice of Approval sent (mm/dd/yr) \_\_\_\_\_

☐ **KCP-Caregiving Services Approved**

Item/Service & Amount Approved	Date of Approval	Stabilization or Caregiver	Vendor's Name & Address
		<input type="checkbox"/> KCP-Stabilization <input type="checkbox"/> KCP-Caregiving	
		<input type="checkbox"/> KCP-Stabilization <input type="checkbox"/> KCP-Caregiving	
		<input type="checkbox"/> KCP-Stabilization <input type="checkbox"/> KCP-Caregiving	

☐ **PRC Denied**

Date notice of Denial sent (mm/dd/yr) \_\_\_\_\_

Item/Service Denied	Date of Denial	Reason for Denial

Signature of Caseworker	Date	Signature of Supervisor	Date
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IPV, Fraudulent OWF/PRC Assistance & Fiscal Collections reviewed? ☐ Yes ☐ No Claims? ☐ Yes ☐ NoPRC Tool Reviewed ☐ Yes ☐ No | PRC Kinship received prior? ☐ Yes ☐ No Date, Amount, & Type of PRC received? \_\_\_\_\_**WORKSHEET****MONTHLY HOUSEHOLD INCOME/RESOURCES**

(Excluding Child Support)

Earned \_\_\_\_\_

Assistance Group Size: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Unearned \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TOTAL \_\_\_\_\_

200% FPG for AG \_\_\_\_\_

**Kinship Care 200% FPG**

AG Size	FPG 200%
1	\$2265
2	\$3052
3	\$3839
4	\$4625
5	\$5412
6	\$6199

***TANF/PRC In-School Youth***

By signing this Agreement, I verify the following information is true and accurate:

- I am a U.S. citizen or legal alien
- I am not a fugitive felon
- A minor child, or child age 18 and still attending high school, is living in the household
- My family's income falls within the stated guidelines below
- My family does not have an OWF/PRC intentional program violation or outstanding fraud overpayment balance
- I have received information on my rights regarding non-discrimination
- I have received state hearing procedure information
- I have received voter registration information

**Print Parent/Guardian Name:** \_\_\_\_\_ **My Family Size Is** \_\_\_\_\_

**Parent/Guardian Social Security #:** \_\_\_\_\_

**My Family's Gross Monthly Income (Excluding Child Support) \$** \_\_\_\_\_

**I am requesting employment services for**

**student name:** \_\_\_\_\_

**Please list all household members name and date of birth in the chart below:**

Name	Date of Birth
1.	
2.	
3.	
4.	
5.	
6.	
7.	

Number of people in your family (include spouse and all children)	PRC Eligibility Monthly gross income is less than or equal to...
2	\$3,052
3	\$3,839
4	\$4,625
5	\$5,412
6	\$6,199
7	\$6,985

*200% FPG as of 1.12.2022*

**Signature of Parent/Guardian**

**Date**

By signing the application, applicant agrees that all information provided on this application is true and complete to the best of his/her knowledge. Applicant authorizes Licking County Job & Family Services (LCJFS) to release and share this application and other pertinent information concerning the applicant and his/her family's eligibility and services received with all providers necessary for said services. Applicant further authorizes LCJFS to review and share the application, the information it contains, and eligibility criteria internally between agency divisions and departments, including, but not limited to, the review of Intentional Program Violation (IPV), OWF/PRC fraud, and overpayment/collections statuses.

**JFS Representative Signature**

**Date**

LCJFS to complete

IPV, Fraudulent OWF/PRC Assistance & Fiscal Collections reviewed? ☐ Yes ☐ No Claims? ☐ Yes ☐ No

PRC Tool Reviewed ☐ Yes ☐ No PRC received prior? ☐ Yes ☐ No

Date & amount of PRC received? \_\_\_\_\_

Application Approved: ☐ Yes ☐ No



Name of Applicant	Current Address
Social Security Number	
Telephone Number where you can be reached	
Email Address:	

FOR AGENCY USE ONLY	
Case Number	Application Date
	Date Returned
<input type="checkbox"/> Employment Incentive Program (GRF)	
<input type="checkbox"/> PRC Employment Retention Program	

Have you ever received any type of Public Assistance from a Job and Family Services Department? ☐ Yes ☐ No

If yes, give the County Department of Job & Family Services, the type of assistance received, and the date received:

Have you ever applied for PRC services in Licking County (or completed this application before)? ☐ Yes ☐ No

Is anyone in your household presently under a sanction or disqualification from any JFS program? ☐ Yes ☐ No

If yes, please explain the person(s), circumstance(s), and date(s) involved:

**Is anyone in your household pregnant?** ☐ Yes ☐ No **If so, what is her due date?**

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

Name	Relationship to Applicant	Pregnant Yes/No	Date of Birth	Social Security Number	Source of Income	Monthly Amount of Gross Income (Excluding Child Support)
1						\$
2						\$
3						\$
4						\$
5						\$
6						\$
7						\$

**Customer Information Acknowledgement**

**Non-discrimination issued?** Customer initials \_\_\_\_\_ **State Hearing procedures issued?** Customer initials \_\_\_\_\_

**Voter Registration offered?** Customer initials \_\_\_\_\_

By signing the application, applicant agrees that all information provided on this application is true and complete to the best of his/her knowledge. Applicant authorizes Licking County Job & Family Services (LCJFS) to release and share this application and other pertinent information concerning the applicant and his/her family's eligibility and services received with all providers necessary for said services. Applicant further authorizes LCJFS to review and share the application, the information it contains, and eligibility criteria internally between agency divisions and departments, including, but not limited to, the review of Intentional Program Violation (IPV), OWF/PRC fraud, and overpayment/collections statuses.

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

Signature of Interviewer \_\_\_\_\_

**FOR LCJFS USE ONLY**

Last Date Public Benefits received:		
Date Obtained Employment:	30-day retention date:	90-day retention date:
Employer Verification <input type="checkbox"/> Yes <input type="checkbox"/> No	Paystub Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No	Paystub Verification: <input type="checkbox"/> Yes <input type="checkbox"/> No

☐ **PRC Approved Date**

Date notice of Approval sent (mm/dd/yr)

Item/Service Approved	Vendor Name:
<input type="checkbox"/> 30-day Retention payment	Mailing Address:
<input type="checkbox"/> 90-day Retention payment	City, State, Zip code

☐ **PRC Denied Date**

Date notice of Denial sent (mm/dd/yr)

Item/Service Denied	Reason for Denial
<input type="checkbox"/> 30-day Retention payment	
<input type="checkbox"/> 90-day Retention payment	

Signature of Caseworker	Date	Signature of Supervisor	Date
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**IPV, Fraudulent OWF/PRC Assistance & Fiscal Collections reviewed?** ☐ Yes ☐ No **Claims?** ☐ Yes ☐ No

**PRC Tool Reviewed** ☐ Yes ☐ No

**PRC received prior** ☐ Yes ☐ No

**Date & amount of PRC received?**

**WORKSHEET**

**MONTHLY HOUSEHOLD INCOME/RESOURCES**

(Excluding Child Support)

**Earned** \_\_\_\_\_

**Assistance Group Size** \_\_\_\_\_

Employment Retention & Transitional Services 200% FPG

**Unearned** \_\_\_\_\_

AG Size	FPG 200%
1	\$2265
2	\$3052
3	\$3839
4	\$4625
5	\$5412
6	\$6199

**TOTAL** \_\_\_\_\_

**200% FPG for AG** \_\_\_\_\_