**PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC)**

**CARROLL CO. DEPT OF JOB AND FAMILY SERVICES APPLICATION FOR PRC**

|  |  |
| --- | --- |
| Name of Applicant: | Social Security Number: |
| Present Street Address | P.O Box |
| City: Zip: | City: Zip: |
| Telephone # where you can be reached:  ( ) | Case Number: / County:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date Spreadsheet Updated: |

1. Have you ever received any type of public assistance from department of Job and Family Services? [ YES ] [ NO ]

If yes, give the county DJFS, the type of assistance received and the date received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Explain what you need and estimate the amount you are requesting: :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Have any other agencies helped you with this need? [ YES ] [ NO ] If yes, name the agency and tell how you were helped. If no, tell why you were not helped\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. Is anyone in your household presently under a sanction of disqualifications from any Job & Family services program? [ YES ] [ NO ] If yes, give the name and the date when sanction or disqualification began\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Has anyone in your household quit or refused a job in the last 90 days? [ YES ] [ NO ] If yes, give name, the date of refusal, and reason for the quit or refusal\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***OVER ------🡪***

1. If you are not registered to vote where you live now, would you like to apply to register to vote here today? [ YES ] I want to register to vote

[ NO ] I do not want to register to vote

1. 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** |
| 1. | SELF |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |
| 6. |  |  |  |  |
| 7. |  |  |  |  |

You are required to use all income determined by the agency to be available to you to meet or help this emergency

|  |  |
| --- | --- |
| **Signature of Applicant** | **Date** |