

**GREENE COUNTY PRC APPLICATION
PREVENTION, RETENTION, AND CONTINGENCY PROGRAM**

Name:	For Agency Use Only
Social Security Number:	Case Number:
Present Address:	Worker:
Telephone/Contact Number:	Date received by agency:

Voter Registration Notification: If you are not registered to vote where you live now, would like to register to vote at this time?

Yes, I want to register to vote. No, I do not want to register to vote.

(If you do not check either box, you will be considered to have decided not to register to vote at this time. This does NOT affect your application for benefits in any way.)

1. Have you ever received any type of public assistance from a Job and Family Services Department?

Yes No

If "yes", give the name of the county, type of assistance received, and date received: _____

2. Explain **what** you are needing and **why** you are needing it: _____

3. Give the names of other agencies you have contacted for help, and explain whether or not they helped you: _____

4. Is anyone in your household currently ineligible for or disqualified from any programs of assistance?

Yes No

If "yes", explain: _____

5. Has anyone in your household quit a job, refused a job, or significantly reduced hours of employment in the last 60 days?

Yes No

If "yes", explain: _____

6. Complete the following charts for **EVERY person living in your household, including yourself.**

Name	Relationship to Applicant	Age	Source of Income	Monthly Amount of Income
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$
7.				\$
8.				\$

Resource	Person with Resource	Amount of Resource
Cash on person: <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Savings account: <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Checking account: <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
CDs: <input type="checkbox"/> Yes <input type="checkbox"/> No		\$
Other (specify): <input type="checkbox"/> Yes <input type="checkbox"/> No		\$

Note: Regardless of your eligibility for PRC benefits, you have the right to apply for all other programs of assistance offered by this agency, such as Medicaid, Food Stamps, OWF, and Child Care assistance. If you wish to apply, please inquire. Also, if you wish to register to vote, please request a voter registration form.

Signature of Applicant: _____ Date: _____

FOR AGENCY USE ONLY

Date application received: _____ 30-day budget period from: _____ to: _____

Request (list the benefits/services requested, amounts needed, and reason for need):

Benefit/Service	Amount needed	Reason for need
1.	\$	
2.	\$	
3.	\$	
4.	\$	

Community Resources (list the resources assisting with this need):

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

Income:

Source	Amount available in budget period	Verification used
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	

PRC AG Total Gross Income: \$ _____

vs.

200 % of the Federal Poverty Guideline for a family of (): \$ _____

If the PRC AG total gross income is equal to or less than the appropriate FPG, financial eligibility exists.

Eligible: Yes _____ No _____

Resource amount over \$1000 that must be utilized toward the need: \$ _____

Comments: _____

PRC Approved

Benefit/Service	Date of approval	Amount paid	Vendor/Address
		\$	
		\$	
		\$	
		\$	

Date JFS 4074 Notice of Approval sent: _____

PRC Denied -- Reason for denial: _____

Date of denial: _____ Date JFS 7334 Notice of Denial sent: _____

Signature of caseworker: _____ **Date:** _____

Signature of supervisor: _____ **Date:** _____