

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

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Message: \_\_\_\_\_

1. Have you ever received any type of public assistance from a human services department?    Yes    No  
 If yes, name the county DJFS, the type of assistance received and the date received.

2. Explain what you need and provide an estimate of the amount you are requesting.

3. Do you have any cash in reserve such as a checking or savings account.    Yes    No

**Complete the chart below listing everyone in the household, including you. You are REQUIRED to verify income for ALL members of your household.**

NAME	REL. TO APPLICANT	SS #	DATE OF BIRTH	SOURCE OF INCOME	RESOURCE	MONTHLY INCOME
1.						\$
2.						\$
3.						\$
4.						\$
5.						\$
6.						\$
7.						\$
8.						\$

If you are eligible, the agency will limit assistance under this program to the actual, documented amount of need or the amount restricted for a specific service, whichever is lower.

*WARNING: By my signature below, I declare and state under penalty of perjury that the information on this application is true and complete to the best of my knowledge. I understand that the law provides a penalty of fine, imprisonment or both for any individual convicted of accepting assistance for which the individual is not eligible.*

Signature of Applicant	Date

**\*APPLICANT: Do not complete 2<sup>nd</sup> page – Office use only**

**INFORMED DECISION**

Income		Public Assistance Income		Available Resources	
Gross Wages/Mo		OWF Grant Amount		Car Repair	
				Utility	
				Shelter	
Adjusted Gross		Unearned Income		Work Related	
				Education	
				Total	0
Gross Countable			Date of PRC Application		
PRC Eligibility Standard For # _____			30 Day Budget Period		
			12 month PRC Year	From	To

**JOURNAL NOTES**

APPROVED \_\_\_\_\_

DENIED \_\_\_\_\_

Caseworker _____	Date _____
Supervisor _____	Date _____