

**WARREN COUNTY JOB & FAMILY SERVICES
DIVISION OF HUMAN SERVICES**

WARREN COUNTY PRC APPLICATION

NAME: _____

ADDRESS: _____

CITY/ST./ZIP _____

PHONE: _____ DATE: _____

FOR AGENCY USE
CASE # _____

PLEASE NOTE: IF APPLYING FOR THE KINSHIP CAREGIVER PROGRAM CHILD CARE TIER 1, ONLY COMPLETE SECTIONS A & D

SECTION A

COMPLETE THE CHART FOR EVERY PERSON LIVING IN YOUR HOUSEHOLD, INCLUDING YOURSELF.

Name	Relationship to Applicant	SSN	Age	Source of Income	Monthly Income
					\$
					\$
					\$
					\$
					\$
					\$

SECTION B

1. Have you or anyone in the household received any type of assistance from any county in Ohio or any other state this month or in the past 3 months? YES NO. If "yes" please explain _____

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

3. Explain your household plan to address this need in the future: _____

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4. Is anyone in your household currently ineligible for or disqualified from any programs of assistance?
 Yes No 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 Explain _____
6. Do you pay Rent or a Mortgage? YES NO, if "yes", monthly amount: \$ _____
7. List the Utilities you pay and the average monthly amount: \$ _____
8. Are you and your family: In a Shelter Have a court ordered eviction Homeless
9. Is anyone in the household pregnant? Yes No If "yes" please list who _____

SECTION C

DOES ANYONE IN THE HOME HAVE RESOURCES? SUCH AS;

Resource	Person with Resource	Amount of Resource
<input type="checkbox"/> Cash on Person		\$
<input type="checkbox"/> Checking Account		\$
<input type="checkbox"/> Savings Accounts		\$
<input type="checkbox"/> Stocks/Bonds		\$
<input type="checkbox"/> Other		\$

If Other, Please Specify: _____

SECTION D

BENEFIT OR PROGRAM YOU ARE REQUESTING ASSISTANCE FOR (MAY ONLY SELECT ONE PER APPLICATION) AN AESTORIK MEANS EMPLOYEMENT AND/OR IN SCHOOL IS REQUIRED TO BE ELIGIBLE:

PROGRAM SERVICES AND BENEFITS

- | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Automobile Repairs Assistance*
<input type="checkbox"/> Automobile Insurance Assistance*
<input type="checkbox"/> License Plate and Vehicle Registration Assistance*
<input type="checkbox"/> Short-term payment of auto loan or lease*
<input type="checkbox"/> Child Care Registration Fee*-some exceptions
<input type="checkbox"/> Contingency Services
<input type="checkbox"/> Employment/Training*
<input type="checkbox"/> Rent Assistance or Security Deposit
<input type="checkbox"/> Transportation Assistance
<input type="checkbox"/> Utility Disconnect or Deposit | <input type="checkbox"/> Kinship Caregiver Child Care Program
Child Income Only/Tier 1
<input type="checkbox"/> Kinship Caregiver Stabilization Program
Child Income Only/Tier 1 *(Reimbursement Only) <ul style="list-style-type: none"> <input type="checkbox"/> Clothing <input type="checkbox"/> Cribs/Beds/Furniture <input type="checkbox"/> Hygiene Items and other basic needs <input type="checkbox"/> Bedding <input type="checkbox"/> Other _____ <input type="checkbox"/> Kinship Caregiver Child Care Program
*Household Income/Tier 2/Must be Employed |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**WARREN COUNTY JOB & FAMILY SERVICES
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COVID RESPONSE

- One-time \$250.00 Family Assistance Payment
 - Mortgage Assistance
 - Burial Assistance
 - Utility Assistance
 - Short-term payment of auto loan or lease
 - Automobile Insurance Assistance
 - Emergency Food Aid
 - Other Need if not listed above please explain _____
-
-

Note: Regardless of your eligibility for PRC Benefits/Services, you have the right to apply for all other programs of assistance offered by this agency, such as Medicaid, Food Assistance, Cash Assistance, 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.

Please use the back of this form as needed to provide the requested information.

Applicant Signature

Date

REV 01/2022

****Please Note**:** Applicants have 14 days from the date of application to submit all required payments toward the approved benefit. Failure to comply will result in denial of the approved application on the 15th day. Failure to cooperate during the eligibility process which results in a denial for PRC Services and/or Benefits, will result in the inability to re-apply for 30 days after the denial, unless the agency determines otherwise.

**WARREN COUNTY JOB & FAMILY SERVICES
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PRC Verification Checklist**

REQUIRED VERIFICATIONS FOR ALL PRC PROGRAM SERVICES AND/OR BENEFITS

- Verification of Social Security Numbers for EVERYONE in the household
- ID for all ADULTS in the Household
- Verification that resources do not exceed \$500 (checking, savings acct, etc.)
- Verification of ALL household income for the past 30 days (earned and unearned; ex: pay stubs, child support, and social security)

****Please supply appropriate verifications based on the one program you apply for:**

RENT OR SECURITY DEPOSIT:

- Verification form signed by the landlord verifying they will accept a voucher
- Landlord's form to return deposit to WCDHS

NOTE: You CANNOT move into an apartment BEFORE you receive our voucher
YOU are responsible for taking the voucher to the Landlord.

UTILITY BILLS (when HEAP is NOT in operation):

- Shut off notice/bill (must be in applicant's name and for applicant's current address)
- Assistance Group must have made at least one payment within the past 3 months

NOTE: This is not available during the HEAP season November – March 31st

AUTO REPAIRS/INSURANCE/LOAN/LEASE ASSISTANCE/LICENSE PLATE AND REGISTRATION:

- Valid Driver's License
- Proof of Auto ownership (must be in applicant's name)
- Proof of registration
- Proof of mileage (only for auto repairs)
- Proof of insurance
- Two quotes are required from a certified mechanic. All vendors MUST actually SEE the vehicle.

Verification of employment 30 hours per week at minimum wage (or a guaranteed start date)(Only for auto repairs)

TRANSPORTATION ASSISTANCE/GAS CARDS

- Valid Driver's License
- Proof of insurance
- Verification of employment at 30 hours per week at minimum wage (or a guaranteed start date)

CHILD CARE REGISTRATION FEE

- Proof of Registration with Child Care Provider
- Proof of Full Time and/or Part-time employment or Work Required

KINSHIP CAREGIVER CHILD CARE TIER 1

- Proof of Child's Income Only

**KINSHIP CAREGIVER PROGRAM
CHILD CARE TIER 2**

- Proof Household Income
- Proof of Employment

Our staff will provide you further information regarding additional information needed for other programs such as COVID-19 Response Programs.