

PRC

(Prevention, Retention, and Contingency Program)

WHAT IS THE PRC PROGRAM?

- PRC is a program that can assist in meeting an emergent need for families
- PRC is intended to meet an infrequent emergency that could not be avoided
- PRC is a program that helps families through a presenting crisis that interferes with retaining or obtaining employment
- PRC is to divert families from needing to apply for the Cash Assistance Program

WHAT KIND OF ASSISTANCE DOES PRC PROVIDE?

Help with:

- Delinquent rental payments with an eviction
- Utility disconnection
- Car repair for applicants who are employed or participating in the TANF/SNAP Employment & Training program
- Job related supportive services
- Repair or replacement of permissible appliances
- Short-term education or testing expenses
- Other – special circumstances

WHAT IS PRC NOT ABLE TO DO?

- PRC **does not** assist with medical bills
- PRC **does not** assist with mortgage payments
- PRC is **not** guaranteed

PRC Services are not intended to pay repetitive payments of the same crisis (i.e., continual utility disconnects or reoccurring eviction notices)

BASIC ELIGIBILITY REQUIREMENTS

- PRC is only available to households that contain at least one minor child or pregnant woman
- Applicant must be a Medina County resident
- Household must meet financial and resource eligibility requirements
- Household must meet employment or disability criteria

In some cases, an agency panel will review the presenting need and determine the approval or denial of an application

REQUIRED VERIFICATIONS

SHELTER EMERGENCY

1. Copy of eviction notice or three-day notice to leave the premises; both must indicate the amount of rent that is delinquent
2. Verification of registration with Operation H.O.M.E.S., if reporting homelessness
3. Landlord or property manager's name, address, and phone number

INCOME AND RESOURCE VERIFICATION

1. Document all earned and unearned income received during the previous 30-days
2. Provide all liquid resource documentation. Liquid resources are savings/checking accounts, stocks, bonds, CD's, etc.

UTILITIES

1. Provide copy of utility statement indicating "disconnection" or "shut-off"
2. Application for HEAP, when applicable
3. Enrollment in PIP (a PUCO regulated utility) with the gas or electric company is not mandatory, but highly suggested

CAR REPAIRS

1. Written estimates must specify the needed repair, parts, labor, VIN #, and total cost, less taxes
2. Car title verifying ownership by applicant or lease agreement
3. Applicant must be employed a minimum of 25 hours per week or participating in a required OWF work activity and fulfilling their self-sufficiency contract
4. Auto repair must be completed by a certified ASE repair facility. Use of relative or self-repair will not be approved unless there is verification that the person is a certified ASE repair shop or is employed by a certified ASE facility
5. Applicant must provide a valid driver's license and proof of car insurance

Note: Agency reserves the right to require a second estimate

PROVIDER OF SERVICES

1. Provider of services, merchandise, repair must agree to accept a voucher from Medina County Job and Family Services

For agency use only: Case number: _____
Case Worker Assigned: _____ Date of application: _____

PREVENTION, RETENTION, CONTINGENCY APPLICATION

Name of Applicant: _____ Applicant's Social Security # _____

Address: _____ Phone Number: _____

Email address: _____

Complete the chart below for all persons living with you, including yourself and any children (verification of all income is required)

Name	Relationship to applicant	Date of Birth	Social Security Number	Monthly Income & Source of Income
1.				
2.				
3.				
4.				
5.				

1. Explain what your need is/and estimate the amount you are requesting: _____

2. Explain why you cannot meet this need: _____

3. How do you intend to meet this need in the future? _____

4. Have you ever received any type of public assistance from a Department of Job and Family Services?
 YES or NO. If yes, list the county, type of assistance received, and dates received

5. Is anyone in your household presently under a sanction or disqualification from any job and family service program? YES NO If yes, give the name and date the sanction or disqualification began: _____

6. Has anyone in your household quit or refused a job in the last 90 days? YES NO If yes, give the individuals name and date of the quit or refusal: _____
7. Give the name of other agencies you may have contacted for assistance and the amount of the assistance, if applicable: _____
8. If you or any member of your family has any of the following resources, place a X in the box beside the applicable resource and indicate the current value of that resource. (**Verification of resource value is required**):

Resource	X	Name of Person with Resource	Amount
Cash on hand			
Savings account			
Checking account			
Stocks or bonds			
Other			

I understand PRC funds issued inappropriately or incorrectly, based on misrepresentation of facts or situation or misuse of these funds will result in a referral to the Benefit Recovery Unit for recoupment.

Applicant's Signature _____ Date _____

(For agency completion only)
Prevention, Retention, Contingency Worksheet

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

PRC used in past 12 months: Y N Sanctions: Y N BRU: Y N

Amount of PRC funds available: \$ _____

List the items and/or services requested, and the amount needed:

Item or Service	Amount Needed

Reason for the need: _____

Income:

Source:	Amt. for budget period	Verification

Liquid resources less than \$2,000: Y N Verification provided: Y N

Total income for budget period: \$ _____ Compare to 200% of FPL: \$ _____

PRC Approval

Amount authorized \$ _____ Date of approval: _____

For the following need: _____

Vendor name & address: _____

Date notice mailed: _____

PRC Denied Date of denial: _____ Date Notice Sent: _____

Reason for denial: _____

Signature of worker: _____

Date: _____

Signatures of panel member(s): _____

Date: _____

Signature of supervisor: _____

Date: _____

Voter Registration and Information Update Form

Please read instructions carefully. Please type or print clearly with blue or black ink.
 For further information, you may consult the Secretary of State's website at: VoteOhio.gov or call 877-SOS-OHIO (877-767-6446).

Eligibility

You are qualified to register to vote in Ohio if you meet all the following requirements:

1. You are a citizen of the United States.
2. You will be at least 18 years old on or before the day of the general election.
3. You will be a resident of Ohio for at least 30 days immediately before the election in which you want to vote.
4. You are not incarcerated (in jail or in prison) for a felony conviction.
5. You have not been declared incompetent for voting purposes by a probate court.
6. You have not been permanently disenfranchised for violations of election laws.

Use this form to register to vote or to update your current Ohio registration if you have changed your address or name.

NOTICE: This form must be received or postmarked by the 30th day before an election at which you intend to vote. You will be notified by your county board of elections of the location where you vote. If you do not receive a notice following timely submission of this form, please contact your county board of elections.

Please see information on back of this form to learn how to obtain an absentee ballot.

Numbers 1 and 2 below are required by law. You must answer both of the questions for your registration to be processed.

Identification Requirements

If you have a current Ohio driver's license or state ID card, you must provide that number on line 10. If you do not have an Ohio driver's license or state ID card, you must provide the last four digits of your Social Security number on line 10. If you have neither, please write "None."

Residency Requirements

Your voting residence is the location that you consider to be a permanent, not a temporary, residence. Your voting residence is the place in which your habitation is fixed and to which, whenever you are absent, you intend to return. If you do not have a fixed place of habitation, but you are a consistent or regular inhabitant of a shelter or other location to which you intend to return, you may use that shelter or other location as your residence for purposes of registering to vote. If you have questions about your specific residency circumstances, you may contact your local board of elections for further information.

Your Signature

In the area below the arrow in Box 14, please write your cursive, hand-written signature or make your legal mark, taking care that it does not touch the surrounding lines so when it is digitally imaged by your county board of elections it can effectively be used to identify your signature.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE

I am: Registering as an Ohio voter Updating my address Updating my name

1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
2. Will you be at least 18 years of age on or before the next general election? <input type="checkbox"/> Yes <input type="checkbox"/> No
If you answered NO to either of the questions, do not complete this form.

3. Last Name	First Name	Middle Name or Initial	Jr., II, etc.
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4. House Number and Street (Enter new address if changed)	Apt. or Lot #	5. City or Post Office	6. ZIP Code
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7. Additional Mailing Address (if necessary)	8. County (where you live)	FOR BOARD USE ONLY SEC4010 (rev. 2/7/23) City, Village, Twp. <hr/> Ward <hr/> Precinct <hr/> School Dist. <hr/> Cong. Dist. <hr/> Senate Dist. <hr/> House Dist.
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9. Birthdate (MM/DD/YYYY) (required)	10. Ohio driver's license number, state ID card number, OR last four digits of Social Security number (one form of ID required to be listed or provided)	11. Phone Number (voluntary)
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12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street		
Previous City or Post Office	Previous County	Previous State

13. CHANGE OF NAME ONLY Former Legal Name	Former Signature
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14. I declare under penalty of election falsification I am a citizen of the United States, will have lived in this state for 30 days immediately preceding the next election, and will be at least 18 years of age at the time of the general election.	Your Signature 	Date (MM/DD/YYYY) _____
		

**TO ENSURE YOUR INFORMATION IS RECEIVED,
PLEASE DO THE FOLLOWING:**

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit VoteOhio.gov/Boards

If you have additional questions, please call the office of the Ohio Secretary of State at 877-SOS-OHIO (877-767-6446).

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: VoteOhio.gov or by calling 877-SOS-OHIO (877-767-6446).

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring photo identification to the polls in order to verify identity. Voters who do not provide identification will still be able to cast a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State's website at: VoteOhio.gov or call 877-SOS-OHIO (877-767-6446).

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A
FELONY OF THE FIFTH DEGREE.**

Ohio Department of Job and Family Services
VOTER REGISTRATION
NOTICE OF RIGHTS AND DECLINATION

County Department of Job and Family Services
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Name	Date
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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.

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER TO VOTE AT THIS TIME.

Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided by this agency.

If you would like help filling out the voter registration application form, we will help you. The decision whether to seek or accept help is yours. You may fill out the application form in private.

Signature

(This portion to be retained by agency)

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(This portion to be given to applicant/recipient)

Date

If you have not received any verification of your voter registration from the county board of elections in which you reside within 21 days from the date you registered, you may inquire about the status of your registration by contacting your county board of elections.

If you believe that someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the prosecuting attorney of your county or with the Secretary of State:

Ohio Secretary of State
180 E. Broad Street
Columbus, OH 43215
(614) 466-2585
Toll Free: (877) 868-3874

Address of County Prosecutor
City, State and Zip Code of County Prosecutor
Phone Number of County Prosecutor