**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
* When requesting assistance with housing needs, agree to cooperate with MMHA and other community partners

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. 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 estimate from a legitimate repair facility must specify the needed repair, parts, labor, VIN #, and total cost, less taxes
2. Car title or registration verifying ownership by applicant or lease agreement
3. Applicant must be employed 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. Explain why you cannot meet this need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. How do you intend to meet this need in the future?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. 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: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Give the name of other agencies you may have contacted for assistance and the amount of the assistance, if applicable: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. 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.

By signing this application, I understand and agree that Medina County Job and Family Services may contact other persons or organizations to obtain the necessary proof of my eligibility for PRC assistance.

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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 MCPRC 1/24