

# Prevention, Retention and Contingency Program (PRC) Application Disaster Application: Pandemic Disaster Relief (Contingent upon funding.)

If you are not registered to vote where you live now, would you like to apply to register to vote?

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.

Applicant's Name	Social Security Number
Address	Job and Family Services Case Number
City, State, Zip	Phone Number(s) where you can be reached

**Complete the chart below for EVERYONE living in your home, including YOURSELF. (Use back of paper if more spaces are needed.)**

Name	Relationship to Applicant	Birth Date	Age	Social Security Number	Current Grade in School	Employer's Name Or Name of Child's School
1						
2						
3						
4						
5						
6						

**Please check the appropriate Family Size below and list your Family's Gross Monthly Income in the box.  
If your family's income is at or below the 200%, you may be eligible for assistance.**

Family Size	Family's Gross Monthly Income	200% Federal Poverty Level Per Month	Family Size	Family's Gross Monthly Income	200% Federal Poverty Level Per Month
1		2,127	5		5,114
2		2,874	6		5,860
3		3,620	7		6,607
4		4,367	8		7,354

I have been adversely affected by the emergency condition? Yes  No

Are you the Non-Custodial Parent of a child? Yes  No  If yes, please list the child's name: \_\_\_\_\_

**Please check the reason you are requesting assistance:**

- |  |   |
|--|---|
| <input type="checkbox"/> Job Loss<br><input type="checkbox"/> Reduction in Working Hours<br><input type="checkbox"/> Only Income Social Security/SSI with children in the home<br><input type="checkbox"/> Only Income Social Security/SSI with grandchildren living in the home | <input type="checkbox"/> I have no childcare<br><input type="checkbox"/> My childcare expenses have increased |
|--|---|

What is the most important purpose for which you will be using the funding?

- |  |  |
|--|--|
| <input type="checkbox"/> Rent/Mortgage<br><input type="checkbox"/> Utilities<br><input type="checkbox"/> Childcare | <input type="checkbox"/> Car Payment<br><input type="checkbox"/> Educational Supplies<br><input type="checkbox"/> Household Supplies |
|--|--|

Have any other Agencies helped you with this need? Yes  No  If yes, name the agency and tell how you were helped. \_\_\_\_\_  
If no, tell why you were not helped. \_\_\_\_\_

Do you have broadband internet at home: Yes  No

I reside in Perry County and have a child younger than 19 years of age attending school in Ohio. All members of my household are citizens or qualified aliens. I am not in debt to the Department of Job and Family Services for an OWF or PRC overpayment due to fraud. I am not an unmarried parent under 18 who is not attending school or not living in an adult-supervised living arrangement. No one in my household is a fleeing felon or probation/parole violator. No one in my household is failing to cooperate with the Child Support Enforcement Agency in establishing paternity or securing child support. No one in my household has been found to have fraudulently misrepresented their residence in order to obtain benefits in two or more states.

- I agree with the above statement (it is correct/true for me).  
 I disagree with the above statement (it is not correct/true for me).

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_