

NOBLE COUNTY PRC PROGRAM CHECKLIST

The following items are **REQUIRED** if you are applying for PRC assistance:

Letter from GMN, you must see if they have any assistance to help and bring a letter from GMN

Past 30 days current income and Income tax return if received in 30 days

I.D. (Driver's License, State ID, Library Card)

If pregnant, need a statement of due date

Resources: Checking & Savings, CD's (if you don't have any need a written statement)

If **PAST DUE** utility bills, provide current billing showing date and amount needed

Verification of address (Utility bills, checking, savings statements, property taxes)

Verification of Repair/Replacement needed (Three Estimates-Estimate sheets are available from the receptionists)

Verification of vehicle insurance (if applying for help with vehicle)

Verification vehicle registration (if applying for help with vehicle)

PREVENTION, RETENTION AND CONTIGENCY PROGRAM (PRC) APPLICATION FOR NOBLE COUNTY

Name of Applicant _____ Social Security Number _____

Present Address _____

Telephone Number Where You Can Be Reached () _____

Case Number _____

Have you ever received any type of public assistance from a Job & Family Services department? ___Yes ___No
 If yes, give the county DJFS and the type of assistance received and the date received? _____

Explain what you need and estimate the amount you are requesting: _____

Give the name of other agencies you have contacted for help: _____

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. _____

Is anyone in your household presently under a sanction or disqualifications from any job & family services program? ___ YES
 ___NO If so, give the name and the date the sanction of disqualification began. _____

Has anyone in your household quit or refused a job in the last 90 days? ___YES ___NO If so, give name the date of the quit or
 refusal and the reason for the quit or refusal. _____

Complete the chart below for anyone living in your home, including yourself. You are required to verify all income for all members of your household.

Name	Relationship to Applicant	Age	Social Security #	Source of Income	Monthly Amount of Income
					\$
					\$
					\$
					\$
					\$
					\$
					\$
					\$

If you are eligible, the agency will limit assistance under this program to the actual documented of need.

Signature of Applicant	Date
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For Agency Use Only
PREVENTION, RETENTION AND CONTINGENCY PROGRAM (PRC) FOR NOBLE COUNTY

Date Application received (MM/DD/YR) _____ 30 day budget period (MM/DD/YR) _____ To (MM/DD/YR) _____

Request. List the items and/or services requested and the amount needed for each.

Item or Service	Amount Needed	Items of Service	Amount Needed
1.	\$		\$
2.	\$		\$
3.	\$		\$
4.	\$		\$
5.	\$		\$

Reason for Need: _____

Community Resources. List the community resources explored to meet this need. If any are utilized, complete the chart.

Agency	Amount	Item or Service
1.	\$	
2.	\$	

Income.

Source	Amount Available in Budget Period	Verification
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
6.	\$	

Total _____ (Compare to Federal Poverty Guidelines)

PRC Approved. Complete chart. Check/Warrant # (Date) _____ (/ /) Check/Warrant Amount \$ _____

Item/Service Provided	Date of Approval	Amount Paid	Vendor's Name and Address
		\$	
		\$	
		\$	

PRC Denied –Date of denial (MM/DD/YR) _____ Date Notice of Denial of Application sent (MM/DD/YR) _____

Reason for Denial: _____

Signature of Caseworker	Date	Signature of Supervisor	Date
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NOBLE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

PREVENTION, RETENTION AND CONTINGENCY PROGRAM

KNOWING YOUR RIGHTS

NONDISCRIMINATION

Federal laws require that any agency administering federally funded programs and activities, cannot discriminate against you on the basis of race, color, national origin, sex, religion, political beliefs, disability and age.

AMERICANS WITH DISABILITIES ACT

If you have a physical or mental condition that substantially limits one or more major life activities, you may have rights under Section 504 of the Rehabilitation Act and the Americans with Disability Act. Physical or mental conditions include, for example, a learning disability, mental retardation, a history of drug or alcohol addiction, depression, a mobility impairment, or a hearing or vision impairment.

You can let us know if you have a disability. If you cannot do something we ask you to do, we can help you do it or we can change what you have to do.

Here are some the ways we can help:

- ▶ We can call or visit if you are not able to come to our office.
- ▶ We can tell you what this letter means.
- ▶ If you are hearing impaired, we can provide a sign language interpreter when you come into the office.
- ▶ We can help you appeal any decision that you do not agree with.

If you need some other kind of help, ask us. Call your caseworker.

LIMITED ENGLISH PROFICIENCY

If your primary language (spoken or written) is not English, we can help you. Let us know if your primary language is not English.

Here are some of the ways we can help:

- ▶ We can provide you with an interpreter who can speak English and your language when you come to the office. One will provided at not cost to you.
- ▶ We may be able to provide you documents in your own language. If we cannot, then we will provide you with an interpreter who can read the documents to you.

INFORMATION ON CITIZENSHIP AND IMMIGRATION STATUS

If you applying for PRC benefits, you must tell us about the citizenship and immigration status of only those persons you are seeking the benefits for. We may decide that certain members of your family are not eligible for PRC because, for example, they do not have the right

immigrations status. If that happens, other family members may still be able to get PRC if they are otherwise eligible.

You may also need to tell us about your family's income and answer other questions we may ask.

INFORMATION REGARDING YOUR SOCIAL SECURITY NUMBER

Generally, if you are applying for PRC benefits, you must provide the social security number of only those personas you are seeking the benefits for. However, there may be instances were we need the social security numbers of members of the household to verify income or other eligibility criteria to determine eligibility even though they are not seeking PRC benefits themselves. We may decide that certain members of your family are eligible for PRC because, for example, they do not have the right immigration status. If that happens, other family members may still be able to get PRC if they are otherwise eligible.

Social security numbers may be used when contacting appropriate persons or agencies to determine your eligibility and verify information you have given for PRC; for example, income, disability benefits or other similar benefits and programs. Such information may affect your household eligibility for PRC. Your social security number may me be used for felony warrant match; a match of persons in violation of probation or parole by law enforcement agencies; or for purposes of investigations, prosecutions and criminal or civil proceedings that are within the scope of law enforcement agencies' official duties.

HOW DO I FILE A DISCRIMINATION COMPLAINT

Your complaint can be filed with:

Ohio Department of Job and Family Services
Bureau of Civil Rights and Labor Relations
30 East Broad Street, 37th Floor
Columbus, Ohio 43215-3414
(614)644-2703 or toll free 1-866-227-6353
TTY hearing impaired: 1-866-221-6700
Fax: (614)752-6381

I hereby acknowledge that I have received this summary of rights:

Signature

Date

Print Full Name

PRC Staff Signature

Date

**VOTER REGISTRATION
NOTICE OF RIGHTS AND DECLINATION**

County Department of Job and Family Services Noble 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 not, 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)

(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 East Broad Street
Columbus, Ohio 43215
(614)466-2585
Toll Free: (877)868-3874

Address of County Prosecutor 508 North Street
City, State and Zip Code of County Prosecutor Caldwell, Ohio 43724
Phone Number of County Prosecutor (740)732-5685