

WAYNE COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

PREVENTION, RETENTION AND CONTINGENCY PROGRAM (PRC) APPLICATION

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

_____ Yes, I want to register to vote. _____ No, I do not want to register to vote.

Name: _____ SSN: _____ Case Number: _____

Address: _____
(address) (city) (zip)

Email: _____ Phone Number: _____

YOU MUST COMPLETE THE FIRST PAGE OF THIS APPLICATION ENTIRELY BEFORE RETURNING TO JFS

1. Explain what assistance you need and the amount you are requesting: _____

2. Have any other agencies helped your family with this need? _____ Yes _____ No. If you answered yes name, the agency and how they helped: _____
 If you answered now tell us why you were not helped: _____

3. **HAS ANYONE IN THE HOUSEHOLD QUIT OR REFUSED A JOB IN THE LAST 90 DAYS? _____ Yes _____ No. IF YES TELL US NAME OF PERSON, LAST DAY WORKED AND WHY THEY QUIT OR REFUSED THE JOB.**

4. Are you or anyone in the household pregnant? _____ Yes _____ No. If yes, do we have verification on file? _____
 - Do you or anyone you are applying for have a current/open child support order that is being paid? _____ Yes _____ No. If you answered yes, name of person paying support. _____

LIST ALL MEMBERS, AND THEIR INCOME, WHO ARE CURRENTLY LIVING IN YOUR HOME INCLUDING YOURSELF

Name of Household Members	Relationship	Age	Source of Income	Monthly Income Amount
1.	SELF			
2.				
3.				
4.				
5.				

If any member of your household has any of the resources listed below you must check yes beside the item and complete the rest of the questions. If there are no resources, then check the No box. You are REQUIRED to provide verification of any resources.

Resource	Answer Yes or No	Person with Resource	Amount
Cash on Hand			
Savings Account			
Checking Account			
Other — Specify Account			

IF YOU ARE ELIGIBLE THE AGENCY WILL LIMIT ASSISTANCE UNDER THIS PROGRAM TO THE ACTUAL DOCUMENTED AMOUNT OF NEED. I state under penalty of perjury and falsification that all the information in this application is true and complete to the best of my knowledge.

Signature of Applicant: _____ Date: _____