



Logan County Department of Job & Family Services
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Director
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PLEASE INCLUDE THE FOLLOWING VERIFICATIONS FROM THE APPROPRIATE SECTIONS LISTED BELOW WITH YOUR PRC APPLICATION

ALL PRC APPLICATIONS WILL NEED THESE VERIFICATIONS TO DETERMINE ELIGIBILITY

1. LAST 30 DAYS OF PAY FROM THE DATE OF APPLICATION
2. PROOF THAT YOU RECEIVE CHILD SUPPORT (Unearned Income) (We can get this verified through Logan County CSEA)
3. IF YOU PAY CHILD SUPPORT PROOF THAT YOU ARE IN GOOD STANDING IN YOUR PAYMENTS
4. PROOF OF ANY OTHER UNEARNED INCOME (Workman's Comp, Unemployment, Social Security or disability, veterans assist or OWF, any other income received in the home)
5. VERIFICATION FROM EMPLOYER YOU ARE WORKING 32 HOURS PER WEEK (Should show on pay stubs)
6. IF YOU ARE A FULL TIME STUDENT WITH 12 CREDIT HOURS OR MORE YOU WILL NEED A CLASS SCHEDULE

IF YOU ARE NEEDING HELP WITH RENT, MORTGAGE OR UTILITIES PLEASE INCLUDE

1. RENTAL/LEASE OR MORGAGE AGREEMENT
2. EVICTION NOTICE OR PROOF THAT YOU ARE BEHIND IN YOUR RENT AND THE AMOUNT YOU OWE
3. UTILITY DISCONNECT OR PROOF YOU ARE BEHIND IN YOUR UTILITIES
4. PROOF OF PIPP OR HEAP IF APPLICABLE

IF YOU NEED VEHICLE REPAIRS

1. PROOF OF VALID DRIVERS LICENSE
2. PROOF OF TITLE OR REGISTRATION
3. PROOF OF INSURANCE
4. 2 REPUTABLE ESTIMATES FOR REPAIRS ON VEHICLE

IF YOU NEED VEHICLE PAYMENTS OR INSURANCE PAYMENTS

1. PROOF OF VALID DRIVERS LICENSE
2. PROOF OF TITLE OR REGISTRATION
3. PROOF OF INSURANCE
4. PROOF FROM LENDER OF LATE PAYMENT
5. PROOF FROM INSURANCE COMPANY OF LATE PAYMENT

This is not a comprehensive list of services, if you are needing help with anything else that is not listed above, the PRC Case Managers will advise you if it falls under a service that is covered in our PRC Plan.

They will also request any other verification



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PREVENTION, RETENTION, CONTINGENCY APPLICATION (PRC)

READ BEFORE COMPLETING PRC APPLICATION

Name _____ SS# _____ Date _____

PRC is a special category of assistance offered by the Logan County Department of Job and Family Services. It is designed to help families with urgent needs, which, if left unattended, could result in the family requiring public assistance. By helping families address short-term needs, services will be provided with the exception that families will overcome immediate barriers to achieving and maintaining self-sufficiency and personal responsibility.

Any family or individual with a minor child in the home is potentially eligible for assistance through the PRC program.

Yes	No	
___	___	Are you working 32 hours per week, full time student with 12 credit hours or a combination of both?
___	___	Can you provide verification of all income (earned and unearned) which has been received by any member of the PRC household during the previous 30-day period, from the date of the application?
___	___	For Rent, can you provide the Landlord/Managers Eviction Statement, with the amount owed?
___	___	Do you have a shut off notice for utilities that are in your name?
___	___	Have you applied for the HEAP program through Bridges, if applicable?
___	___	If you need vehicle repaired is the Title in your name?
___	___	Do you have a valid Driver's License & Insurance?
___	___	Have you applied for PRC anywhere in this state or another state in the past 12 months?

The eligibility determined for PRC services shall be made on a case-by-case basis at the discretion of the Logan County Department of Job & Family Services. Your application is good for 10 working days from the date application was received in our office.

Prevention, Retention and Contingency PRC Application

Date Received	
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Applicant Contact Information

First Name:	Middle Initial:	Last Name:	
Current Street Address:	P.O. Box:	City, State, Zip:	
Social Security #:	Case #:	Citizenship: Yes or No	Alien #:
Telephone #:	Message Number:		
	Name & Relationship of Contact:		
Best time of day to contact you:	Email address:		

Applicant must complete the following information.

1. Explain the specific change in circumstance that has occurred to you and your family in the last 6 months that led to your PRC application, and give the amount you are requesting.

Estimated amount needed _____ What specific need/bill? _____

2. Have you ever received public assistance from a Job & Family Service department? Yes No

3. Is anyone in your household presently under a sanction or disqualification from any JFS (OWF, FS, Medical) program? Yes No

4. For Vehicle Repair's, do you have a Valid Driver's License with Title & Insurance in your name?
 Yes No

5. For Rent/Deposits or Utilities, are they in your name? Yes No

6. If you are requesting assistance with Rent & Deposits please give explanation for relocation.

New Address: _____ City, State, Zip _____

7. Please check all other agencies you have contacted for help.

<input type="checkbox"/> Bridges Community Action Partnership (CAP) \$ _____ for _____	<input type="checkbox"/> Helping Hands Catholic Charities \$ _____ for _____	<input type="checkbox"/> Children Services \$ _____ for _____
<input type="checkbox"/> West Liberty Cares West Liberty School Dist. \$ _____ for _____	<input type="checkbox"/> St. Vincent de Paul Bellefontaine \$ _____ for _____	<input type="checkbox"/> Salvation Army \$ _____ for _____
<input type="checkbox"/> St. Vincent de Paul Indian Lake School Dist. Only \$ _____ for _____	<input type="checkbox"/> Friends Serving Friends Indian Lake Residents Only \$ _____ for _____	<input type="checkbox"/> Veterans Services of L.C. \$ _____ for _____
<input type="checkbox"/> OTHER (Family, friends, church's, etc.) Please explain, <div style="text-align: right;">\$ _____</div>		

8. Complete the chart below verifying all persons including yourself & children living at this residence

Name	Relationship to Applicant	Age	Social Security #	Source of Income (Employment Earnings, Child Support, VA Benefits, SSA, SSI, etc..)
	SELF			

If you are eligible, the agency will limit assistance provided to the actual documented amount of need.

Any attempt to apply for P.R.C. benefits fraudulently shall be prosecuted under the Ohio Revised Code.

Any voucher or check issued with a specific intent that is redeemed, cashed, or used for anything other than this intended P.R.C. emergency application shall be charged with a theft offense. By signing this application, I agree to provide documentation/verifications necessary to prove eligibility within 10 working days from the date application is received. Failure to provide requested documentation may result in denial of the application.

Applicant(s) Signature _____ Date _____



Plan the best times to save and spend with this **Income and benefits tracker**

1. Fill in the net income amount you receive each week for any category that applies to you. Note any income that comes at predictable times and in the same amount to help show you what income you can count on each month.
2. Add up the amounts you receive each week and write that in as the weekly total.
3. Add up the weekly totals to figure out your income for the month.
4. Make copies of the tracker to follow your income from month to month.

Term to know: net income

Net income is what you actually bring home in your paycheck. It's your total pay (gross income) minus taxes, insurance, and other deductions that are taken out.

Income for month of

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5
Job 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Job 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Child support	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Disability benefits	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SNAP	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
TANF	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other government programs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total weekly income	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total income for this month	<input type="text"/>				

This tool is included from the Bureau of Consumer Financial Protection; Your Money Your Goals: A financial empowerment tool kit



A Spending tracker can help you analyze and change your spending habits

1. Get an envelope to collect your receipts.
2. Use the table to track your spending in the categories below. Don't forget about bills you share with others.
3. At the end of the month, add up each category.

Spending for the month of:

	WEEK 1	WEEK 2	WEEK 3	WEEK 4	WEEK 5	CATEGORY TOTALS
Cell phone						
Debt payment						
Eating out						
Education + childcare						
Entertainment + personal care						
Groceries + other supplies						
Health expenses						
Helping others						
Housing + utilities						
Pets						
Transport						
Other						

Total spending this month:

This tool is included from the Bureau of Consumer Financial Protection; Your Money Your Goals: A financial empowerment tool kit

FAMILY MONTHLY BUDGET

Provide a detailed statement as to what you and your family have done or can do to prevent your current situation from re-occurring.

If your monthly income doesn't cover your monthly expenses what changes can be made.

For Agency Use Only

Prevention, Retention and Contingency

Name of Applicant _____ Date of Application _____

30-day budget period _____ to _____ Verification Due Date _____
 (m/d/y) (10 Working Days From Date Application Received)

Verified Eligibility

<input type="checkbox"/> Sanctions	<input type="checkbox"/> Fraud	<input type="checkbox"/> Previous PRC's Amount Date For What	<input type="checkbox"/> Child Support
<input type="checkbox"/> Household	<input type="checkbox"/> Monthly Budget		<input type="checkbox"/> Verification Check List
<input type="checkbox"/> Kinship Caregiver	<input type="checkbox"/> Involved with Children Services (Case plan)	<input type="checkbox"/> Voter Registration	<input type="checkbox"/> Other (Explain):

Please include all (Earned & Unearned) Income for everyone that lives at this residence.

Income Sources (Name of Employer, SSI, SSA, VA Benefits, Child Support, etc.)	Weekly/Bi-Weekly/Monthly Gross Income	Verification & Date received (Pay Stub, Award Letter, Print-Out)

Total Monthly Income \$ _____

(Compare to 200% of Federal Poverty Guidelines) Household of _____ = \$ _____ Monthly

If PRC is Approved _____ Date Approval Letter Sent _____

Vendor Name & Address	Amount Paid

If PRC Denied, Date Denial Letter Sent _____

Reason for Denial _____

Signature of Caseworker	Date	Signature of Supervisor	Date
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For Agency Use Only

Federal Guideline

Monthly Poverty Measure

Effective 10/01/2021

AG Size	200 % Monthly FPG
1	\$2147
2	\$2904
3	\$3660
4	\$4417
5	\$5174
6	\$5930
7	\$6687
8	\$7444
9	\$8200
10	\$8957
11	\$9714
12	\$10470

Note / Referral Section

- Parenting classes at Family & Children First Council
- Budgeting class online with United Way, must provide proof before reapplying
- Bridges for financial sessions, must provide proof before reapplying
- OOD
- WIOA
- Publicly Funded Child Care
- Job coach & Job developer
- CCMEP (ages 18-24)
- Other programs through Logan County JFS (SNAP, Medicaid, Child Support)
- OhioMeansJobs Logan County
- Mental Health / Alcohol & Drug Counseling
- Other referral: _____

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

County Department of Job and Family Services

Name

Date

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)

(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

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: www.OhioSecretaryofState.gov or call (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.

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

Registering in Person

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

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

Registering by Mail

If you register by mail and do not provide either an Ohio driver's license number or the last four digits of your Social Security number, you must enclose with your application a copy of one of the following forms of identification:

Current and valid photo identification, a military identification, or a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address.

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? Yes No
 2. Will you be at least 18 years of age on or before the next general election? Yes 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.
4. House Number and Street (Enter new address if changed)			Apt. or Lot #	5. City or Post Office	6. ZIP Code
7. Additional Mailing Address (if necessary)				8. County (where you live)	
9. Birthdate (MM/DD/YYYY) (required)		10. Ohio Driver's License number OR Last Four Digits of Social Security number (one form of ID required to be listed or provided)		11. Phone Number (voluntary)	
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		

FOR BOARD USE ONLY SEC4010 (rev. 4/15)
City, Village, Twp.
Ward
Precinct
School Dist.
Cong. Dist.
Senate Dist.
House Dist.

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 www.OhioSecretaryofState.gov/boards.htm

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: www.OhioSecretaryofState.gov or by calling (877) 767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting 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: www.OhioSecretaryofState.gov or call (877) 767-6446.

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