

# Prevention, Retention and Contingency Program (PRC) Application Self Declaration

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

**Please check the program for which you are applying:**

**Youth Opportunities**     **Sunday Creek YouthShops!**     **Stuart's Opera House Performing Arts Camp**     **Head Start**

**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 fill in your Family's Gross Monthly Income:**

Family Size	Family's Gross Monthly Income	200% Federal Poverty Level	Family Size	Family's Gross Monthly Income	200% Federal Poverty Level
1		2024	5		4904
2		2744	6		5624
3		3464	7		6344
4		4184	8		7064

**Please read this statement carefully and respond below:**

I reside in Perry County and have a child younger than 19 years of age 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 understand that this is a special program based on available funding, and an eligible determination does not guarantee that I will receive the services/product. I agree to allow JFS employees to utilize pay verifications received within the last year for auditing this self-declaration statement.

- 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: \_\_\_\_\_

### Office Staff Only

- Assistance Group is PRC-ELIGIBLE.                       Assistance Group is INELIGIBLE for PRC.

Eligibility Determiner: \_\_\_\_\_ Date: \_\_\_\_\_