## PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION

Name of Applicant:	Present Address:	Date of Application:
Social Security Number:		Agency Accepting Application:
Telephone number where you can be reached:		

#### List in the chart below all family members living in your household (only yourself, spouse, and minor children).

Full Name	SS#	D.O.B.	Relation to Applicant
1.			
2.			
3.			
4.			
5.			
6.			

# At least one person listed above must be under 18 years of age, pregnant, or a non-custodial parent (court order).

## CITIZENSHIP/QUALIFIED NON-CITIZENSHIP STATUS:

1.	Is the applicant/individual/family member a United States citizen?	🗌 Yes	🗌 No
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 Does the applicant meet one of the Citizenship exceptions under Ohio Administrative Code 5101:1-2-30? Yes No

If yes, please indicate which exception and date of entry:

# SELF-DECLARATION STATEMENT

I declare that my total gross earned and unearned income in the past 30 days does not exceed the income guidelines for my family size based on the chart on the reverse side, and that I have answered the questions regarding citizenship truthfully.

Signature

## **MONTHLY FEDERAL INCOME GUIDELINES**

(as of 1/12/2022)

Family Size	200% guideline
1	\$2,265
2	\$3,052
3	\$3,838
4	\$4,625
5	\$5,412
6	\$6,198
7	\$6,985
8	\$7,772
9	\$8,165
10	\$8,558

Add your total gross earned and unearned income in the 30-day period prior to the date of this application and compare to the guideline above appropriate to your family size.

### **HEARING RIGHTS**

If you think there has been an error or delay on your application, you may ask for a state hearing or a county conference. To ask for a hearing, call or write to: Lorain County Dept. of Job & Family Services, 42485 N Ridge Rd, Elyria, OH 44035; or to the Ohio Dept. of Job & Family Services, State Hearings, 30 East Broad St., 31st Flr., Columbus, OH 433266-0423. All county conferences and state hearings are held at the local CDJFS. Once the state hearing is held you should receive the hearing decision within 60 days of your hearing request.