

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.

**PORTAGE COUNTY DEPARTMENT OF JOB & FAMILY SERVICES  
PREVENTION, RETENTION AND CONTINGENCY PROGRAM APPLICATION (PRC)**

**\*\* CSEA SUPPORTIVE SERVICES \*\***

Applicant Name \_\_\_\_\_ Current Address \_\_\_\_\_

Telephone Number(s) \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

List all members of your household (everyone that lives at the above address)

NAME	SOCIAL SECURITY #	DATE OF BIRTH	INCOME
Self			

Any person who is financially responsible for at least one minor child, a resident of Ohio, and has been referred by the Portage County CSEA can apply for CSEA Supportive Services.

**Please answer the questions below:**

Are you employed, if so, where? \_\_\_\_\_ Hours per week \_\_\_\_\_

Have you quit a job in the past 60 days, if so why? \_\_\_\_\_  
\_\_\_\_\_

What is the cause of your current situation? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are eligible, the agency will limit assistance under this program to the actual documented amount of need, or the amount restricted for a specific service, or whichever is lower.

**WARNING:** By my signature below, I declare and state under penalty of perjury that the information on this application is true and complete to the best of my knowledge. I understand that the law provides penalty of fine and imprisonment (or both) for anyone convicted of accepting assistance he or she is not eligible for. Also, by my signature, I acknowledge that final approval of my PRC request is based on the established guidelines, availability of PRC funds, and is subject to the approval of the Director/Designee. I authorize the exchange of information between PCDJFS and the providers. I understand that all information contained in this application is confidential.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

30. \_\_\_\_\_ CSEA Supportive Services (Must be accompanied by a CSEA Referral)

Child Support Referral \_\_\_\_\_

**ELIGIBILITY DETERMINATION**  
(For Agency Use Only)

INCOME		PUBLIC ASSISTANCE INCOME	
GROSS WAGES/30 DAYS PRIOR TO APPL.		OWF GRANT	
		UNEARNED INCOME	
TOTAL		TOTAL	
PRC/ FPG FOR HH SIZE OF \$ _____		APPROVED DATE _____ DENIAL DATE _____	
DATE OF APPLICATION _____		30 DAY BUDGET PERIOD FROM _____ TO _____	

APPROVED DATE \_\_\_\_\_ DENIAL DATE \_\_\_\_\_ REASON \_\_\_\_\_

ADDITIONAL INFORMATION NEEDED IS: \_\_\_\_\_

**200% OF FEDERAL POVERTY GUIDELINES - EFFECTIVE 01/25/2016**

HOUSEHOLD SIZE OF:	1	\$1,980.00
	2	\$2,670.00
	3	\$3,360.00
	4	\$4,050.00
	5	\$4,740.00
	6	\$5,430.00
	7	\$6,122.00
	8	\$6,815.00

\_\_\_\_\_  
PCDJFS Staff Signature / Date

**State Hearing Requests**

If you disagree with any determination of this application, you have the right to file for a State Hearing. Please see the attached JFS04059 form for complete information on this process.