ASHTABULA COUNTY (COVID-PRC) FAL #192

Prevention, Retention, and Contingency (PRC) Application Email: Ashtabula-Verifications@jfs.ohio.gov Fax: 440-998-1538

Applicant's Name:Applicant's Address:					Applicant's Phone Number:				
					City:			Zip Code:	
HOUSEHOLD MEM	BERS & INCOME	: Complete the chart belo	ow for_	ALL people living in you	r home	including you	ırself. Please complete <u>AL</u>	L income for ALL ho	usehold members.
Name			onship dicant	Social Security Number	D	ate of Birth	Source of Income (employment, child support, social security, etc)	Last 30 Days Gross Monthly Income (before deductions)	Expected Gross Monthly Income in the next 30 Days (before deductions)
1.		SEI	LF						
2.									
3.									
4.									
5.									
6.									
ndversely impacted by the basic needs of the fassistance, shelter, or u Program effective, 04	the public health em amily. This will include tility payments. Ass //01/2021, until fund	ergency. A onetime payme ude emergency assistance sistance issued in the form	ent, up diversion of COV	to \$300.00, per month; for on payments, short-term he VID PRC will not affect an applicant is applying for	up to formeless applicate reimbox	our months, is put most assistance ant's annual material	n, whose income is at or bel payable due to this non-recu e, emergency food, clothing aximum payment available u original paid receipt is req	rring and short-term sit for employment or chil inder regular PRC.	tuation and it will meet dren, back to school
Month of assistance:	()	()	()	()
**What do you need help with?									
How much is needed?	\$	<u> </u>				<u> </u>		\$	
							can be recorded by electro hing allowance per child.	onic means. Income to	be recorded is in the
	Signature of Ap	plicant:					Application Date:		