



FCDJFS Prevention, Retention, and Contingency (PRC) Application

Applicants must complete this application to be considered for PRC services currently offered by FCDJFS at the time of application. Staff will determine which services(s) you are eligible to receive and the amount of allowable assistance.

Applicant Information: Complete the following for the person applying for assistance

First Name:		Middle Initial:	Last Name:		Date of Birth:
OB Case#:	SSN:	Email:			Phone#:
Address:		City:	State:	Zip Code:	County:
Citizenship: <input type="checkbox"/> US Citizen <input type="checkbox"/> Qualified Alien			Race: <input type="checkbox"/> American Indian or Alaskan <input type="checkbox"/> Asian		
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> Black or African American <input type="checkbox"/> White/Caucasian		
Ethnicity: <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic/Latino			<input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other		
Does the Applicant currently receive any of the following? <input type="checkbox"/> SNAP <input type="checkbox"/> OWF <input type="checkbox"/> Medicaid			Is there a minor child in the household? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Is the Applicant in Subsidized Housing? <input type="checkbox"/> Yes <input type="checkbox"/> No			If no, is someone in the home medically verified to be pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No		
			Are you a noncustodial parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Household and Income Information: Complete the table for everyone in the household. Report Earned & Unearned Income for the last 30 days.

Name	Relationship to Applicant	Age	Source of Income	Monthly Gross Amount (gross=before taxes)	Do You Expect this Income to Change in the Next 30 Days?
	SELF				<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

Request for Assistance: Answer ALL questions. Complete the table by inserting a dollar amount in the categories of assistance for which you want to apply.

<input type="checkbox"/> Yes <input type="checkbox"/> No	Is one or more of your utilities currently shut off or do you have a disconnection notice for one or more utilities?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have an eviction filed against you at your current residence?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you late on your rent or mortgage?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you need assistance due to a government declared disaster or other personal disaster (fire, flood)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are you currently staying with family or friends due to housing difficulties?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is your home uninhabitable due to natural, chemical, or any other type of condition as declared by a city, county, township, or state agency?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you plan to move to a surrounding county?

Assistance Category	Amt Requested	Assistance Category	Amt Requested	Assistance Category	Amt Requested
Rent		Gas		Bus Passes	
Mortgage		Electric		Home Repairs	
Security Deposit		Water		Property Taxes	
Emergency Shelter		Bulk Fuel		Driver's License	
1 st Month's Rent		Auto Repairs		Reinstatement	

Applicant Attestation and Signature

I attest that:

- I have read and understand the scope of assistance provided by PRC and the requirements necessary for consideration.
- All the information provided is correct and complete to the best of my knowledge.
- The request(s) for assistance in this application have not been or are not projected to be paid by any other federal, state, or local program providing the same or similar services for the same requests contained in this application.
- The payments made under this program will be used only for the intended purpose(s) of the program.
- I grant permission for FCDJFS to gather, report information needed to determine eligibility and process this application.
- I acknowledge that the submission of an application is not a guarantee of approval.

Signature of Applicant:	Date:
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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: VoteOhio.gov or call 877-SOS-OHIO (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.

Identification Requirements

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

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**

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

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)	FOR BOARD USE ONLY SEC4010 (rev. 2/11/23) City, Village, Twp. Ward Precinct School Dist. Cong. Dist. Senate Dist. House Dist.
9. Birthdate (MM/DD/YYYY) (required)	10. Ohio driver's license number, state ID card 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		
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 VoteOhio.gov/Boards

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: VoteOhio.gov or by calling 877-SOS-OHIO (877-767-6446).

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring photo identification to the polls in order to verify identity. Voters who do not provide identification will still be able to cast 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: VoteOhio.gov or call 877-SOS-OHIO (877-767-6446).

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