Prevention, Retention and Contingency Emergency Assistance Application Packet

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Dear Applicant:

Thank you for applying for the **Prevention, Retention and Contingency (PRC) program**. The PRC provides aid and services due to unexpected emergencies. Eligible recipients must be a U.S. citizen or qualified alien, living with at least one minor child, pregnant, or are the non-custodial parent of a child. The family’s income must be at or below 200% of the Federal Poverty Level (FPL). Liquid assets are also considered.

Families applying for PRC must also meet one of the following categories:

- Employed individuals, persons seeking assistance in order to obtain employment, or persons engaged in post-secondary education in an approved, accredited program.

- Shelter assistance services for rental assistance and/or security deposits (when there is evidence of a court proceeding, or there is lead poisoning in the house) or utility assistance.

- Families establishing or re-establishing a household through the Division of Children and Family Services (DCFS) who have recently obtained custody of a child, or who are participating in a domestic violence or homeless program.

- Families impacted by natural disasters (as declared by the Governor)

Here are the steps you need to take:

**Step 1**
Complete the entire application and include any requested documentation. The application must state the reason for emergency need and the items requested, and it must be signed.

**Step 2**
Return your completed application and documents noted on the application checklist to a Neighborhood Family Service Center (NFSC) near you. See FAQ for the NFSC location address. You may also submit your application via right fax at (216) 987-8655. **Please make sure to sign and date the application.**

**Step 3**
Before the PRC application is processed, you must explore other community resources that may meet your current need. You will receive a notice within 30 days regarding your eligibility, if your application is complete. If your application was not complete, you will receive a request for additional information. Once your completed application has been submitted, you will receive a letter in the mail about your decision.

To check the status of your application once filed, please call the PRC status update line at 216 987-7392 or the eligibility specialist assigned to your case.

Sincerely,

Cuyahoga Job and Family Services
Q: What is the PRC program?
A: PRC is the "Prevention, Retention and Contingency," Program. The PRC program provides aid and services due to unexpected emergencies.

Q: Who is eligible for PRC?
A: Eligible recipients must be a U.S. citizen or qualified alien, living with at least one minor child, pregnant, or are the non-custodial parent of a child. The family’s income must be at or below 200% of the Federal Poverty Level (FPL). Liquid assets are also considered.

Q: Are there additional eligibility requirements?
A: Families applying for PRC must also meet one of the following categories:

**Employed individuals**, persons seeking assistance in order to obtain employment, or persons engaged in post-secondary education in an approved, accredited program. Items available:
- Vehicle repair, clothing for work or training programs and education-related equipment

**Shelter Assistance Services** for rental assistance and/or security deposits when there is evidence of a court proceeding, or there is lead poisoning in the house. Items available:
- Rental assistance or security deposit.
- Lead Poisoning Program or there is lead poisoning in the house are not subject to the “court proceeding” requirement. The “evidence of a court proceeding concerning the individual's occupancy of the rental unit” requirement is waived for persons moving into a rental unit from a homeless or domestic violence shelter, or applicant is working with a DV service provider.
- Utility assistance (must have a shut-off notice; available 1 time per calendar year per utility; during HEAP season, you must apply with HEAP in conjunction with your PRC application)

**Families establishing or re-establishing a household** through the Division of Children and Family Services, families have recently obtained custody of a child, or who are participating in a domestic violence or homeless program. Items available:
- Rental assistance (domestic violence issue), furniture, appliances (not including entertainment-related appliances), stoves, refrigerators, children's beds, and children's clothing

**Families impacted by natural disasters** (as declared by the Governor) or fires. Items available:
- Rental assistance or security deposit, furniture, appliances (not including entertainment-related appliances), stoves, refrigerators, children's beds, and children's clothing

**PRC issuance amounts vary by item or service, based on need and maximum allotment amounts.**

Q: Who is not eligible for PRC?
A: Individuals who are not pregnant or who have no minor children, fugitive felons, and those convicted of program fraud, where repayment has not yet occurred.

Q: Where do you apply for PRC?
A: 1/ Download an application at www.cjfs.cuyahogacounty.us/PRC. 2/ At a Neighborhood Family Service Center. You may apply in person between 8:00 a.m. and 4:30 p.m., Monday-Friday,

Q: Where are the Neighborhood Family Service Center Locations?
A: ● Old Brooklyn - 4261 Fulton Parkway ● Westshore Document Drop Off Center - 9830 Lorain Avenue
   ● Quincy Place - 8111 Quincy Avenue ● Virgil E. Brown - 1641 Payne Avenue ● Southgate - 3955 Euclid Avenue
Prevention Retention and Contingency (PRC) Program Checklist

The information below must be included to determine eligibility of PRC Application

- Sign and date PRC application
- Application must be completely filled out (all sections)
- Detailed statement of need explaining (a) why you are requesting PRC assistance (b) what was the change in circumstances that caused the situation (c) what has the applicant/family done to prevent the situation from reoccurring. (If you are only applying for utilities assistance this is not a requirement.)
- Sign “sharing of information” form.
- Application must be completely filled out (all sections)
- Verification of all assets/resources (checking, savings, 401k, etc.)
- Applicant/representative must explore at least one (1) community resource and list them on the application. Representative will contact “United Way of Greater Cleveland - First Call for Help” by dialing 211 and document the case to show whether community resources were available or not.
- Car repair – applicant must be employed, attending approved, accredited training or post-secondary education programs or actively seeking employment with Ohio Means Jobs (category I). We require estimates from a certified automotive service excellence (ASE) repair shop, car title, current proof of insurance and valid driver's license. Repair cannot exceed $750.00 including tax or the documented value of the vehicle, whichever is lower. Verified ASE mechanic must be willing to accept voucher. Repairs must make the vehicle operational.
- Utilities – original bills are required in applicant's name (a) During HEAP season a mandatory referral to Cleveland Housing Network (CHN) provided by caseworker (b) CHN will assist applicant in applying for the Percentage of Income Payment Plan (PIPP) and the Home Energy Assistance Program (HEAP), exploring all available resources before applying approved PRC dollars and provide applicant with financial coaching. Applicant is responsible for promptly calling CHN (216) 350-8008 to schedule an appointment. Access to walk-in service only to the first 50 people Monday -Friday starting at 8:30 am. If PRC is approved for utility assistance, a printed copy of the “CJFS PRC Utility Assistance Referral” document is given to applicant. If utility assistance is denied, the case worker will issue “Utility Assistance Denial Form”. Customer can contact CHN to schedule an appointment or to access walk-in services at CHN. Customer must take the PRC notice of decision, utility assistance denial form and original utility bill to CHN.
- Shelter Assistance Services for rental assistance and/or security deposits when there is evidence of a court proceeding, or there is lead poisoning in the house. Items available:
  - Rental assistance or security deposit.
  - Lead Poisoning Program or there is lead poisoning in the house are not subject to the “court proceeding” requirement. The “evidence of a court proceeding concerning the individual's occupancy of the rental unit” requirement is waived for persons moving into a rental unit from a homeless or domestic violence shelter, or applicant is working with a DV service provider.
  - Utility assistance (must have a shut-off notice; available 1 time per calendar year per utility; during HEAP season, you must apply with HEAP in conjunction with your PRC application)
- Social security cards/identification such as driver’s license/birth certificates (new applicant)
- Other information may be required after review by case worker
Utility Assistance Referral Instructions

CHN Housing Partners strongly encourages that you call to make an appointment as soon as possible because the approval decision expires after 30 days.

**PRC Emergency Assistance is limited to one (1) use per utility each calendar year**

It is important to keep your monthly Percentage of Income Payment Program (PIPP) payments, otherwise you may be terminated from PIPP. A counselor from CHN Housing Partners will discuss all payment options.

Remember to make your appointment with CHN Housing Partners within 30 days of being approved for PRC. If you do not do this, you will have to re-apply for PRC.

Appointments can be made at any time 24 hours a day, seven (7) days a week by calling the appointment/information line you can receive an appointment within 1 - 2 business days.

**PRC Appointment line (216) 350-8008** or by registering online: [https://chn.itfrontdesk.com](https://chn.itfrontdesk.com)

**Office Hours:** Monday-Friday, 8:30 a.m. – 5:00 p.m. Walk-ins are limited to customers whose utility is disconnected at the CHN Housing Partners (Asia Plaza) location from 8:30 am – 3:30 pm

**Office Locations**

<table>
<thead>
<tr>
<th>Fairfax Renaissance Development Corp.</th>
<th>CHN Housing Partners</th>
<th>Metro West</th>
<th>Euclid City Hall</th>
<th>Maple Heights</th>
</tr>
</thead>
<tbody>
<tr>
<td>8111 Quincy Ave. Cleveland, Ohio 44104</td>
<td>Asia Plaza 2999 Payne Ave. #208 Cleveland, Ohio 44114</td>
<td>3167 Fulton Rd #112 Cleveland, Ohio 44109</td>
<td>565 East 222nd St. Euclid, Ohio 44123</td>
<td>15901 Libby Rd. Maple Hts., Ohio 44137</td>
</tr>
</tbody>
</table>

Please bring the following documents to all appointments with CHN Housing Partners:

*(You must bring the documents listed even if you have already submitted them to CJFS. Failure to bring all required documentation with you to your appointment may delay your assistance).*

1. **Referral/Approval:** CJFS PRC Emergency Assistance Utility Assistance Referral form
2. **Photo ID:** needed for each name listed on the gas and/or electric bill (valid Driver’s license, State ID, Military ID, Passport)
3. **Social Security Cards:** needed for all household members. Accepted forms include printouts from Social Security with full SSN on them, Medicare Cards, and Ohio Works First or Food Assistance printouts.
4. **Birth Certificates** for all household members are needed; newborn birth letter is acceptable, anyone else in the household needs a birth certificate on file.
5. **Current gas and electric bills**
6. **Proof of Income** is needed for the last 30 days for all household members 18 years of age and older. Acceptable documents include SSA, SSI and SSDI award letters, Pension statement, Child Support, Utility Assistance documents. The award letters/ statements must include the award amount and be for the current year.
   a. Individuals paid weekly need the last four (4) paystubs; Individuals paid bi-weekly need 2-3 paystubs (make sure you have all paystubs for the last 30 days); Individuals paid semi-monthly need 2 paystubs; Individuals paid month need 1 paystub.
   b. If paystubs are not available, you will need verification of your income from your employer (i.e.a printout of your last 30 days of pay).
   c. Seasonal employees are needed to give 12 months of income documentation – if paystubs are not available, a printout from your employer is needed.
7. **No Income:** if the household has no income, or no verifiable income, you will need the following:
a. IRS Tax Transcript –
   i. If you filed a tax return, you can call the IRS at 1-800-908-3346
   ii. If you did not file a return, you can call the IRS at 1-800-829-1040
   iii. You can go to the IRS website at www.irs.gov/individuals/get-transcript
   iv. You can visit the IRS office in the Federal Building at 1240 East 9th St. Monday through Friday between 8:30 a.m. and 4:30 p.m.
Prevention, Retention and Contingency PRC Application
Applicant Contact Information

First Name | Middle Initial | Last Name
Street Address | City | State | Zip Code
Social Security # | Case # | Date of Birth
Telephone # | Citizenship | Race | Sex

Male ☐ | Female ☐

Applicant must complete the following information.
1. Explain the specific change in circumstance that has occurred to you and your family in the last year that led to your PRC application, and give the amount you are requesting. (attach applicant’s written explanation of need, if needed)

_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________
_____________________________________________________________________________________________________________________

2. Give the name of other agencies you have contacted for help.

_____________________________________________________________________________________________________________________

3. Complete the chart below for anyone living in your home, including yourself. Income verification may be required.

<table>
<thead>
<tr>
<th>Name</th>
<th>U.S. Citizen?</th>
<th>Social Security #</th>
<th>Relationship to Applicant</th>
<th>Date Of Birth</th>
<th>Sex</th>
<th>Race</th>
<th>Monthly Income Amount</th>
<th>Source of Income</th>
</tr>
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<tbody>
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4. If any member of your household has any of the resources listed below, check yes beside the item and complete the line. Otherwise check no. Income verification may be required.

<table>
<thead>
<tr>
<th>Resource</th>
<th>Yes</th>
<th>No</th>
<th>Person with Resource</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cash on Hand</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
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<tr>
<td>Savings Account</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
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<tr>
<td>Checking Account</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
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<tr>
<td>Trust Fund</td>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td>Stocks or Bonds</td>
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<tr>
<td>Other, Specify</td>
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</table>

Any attempt to apply for P.R.C. benefits fraudulently shall be prosecuted under the Ohio Revised Code.

Any voucher or check issued with a specific intent that is redeemed, cashed, or used for anything other than this intended P.R.C. emergency application shall be charged with a theft offense. By signing this application I agree to provide documentation to verify the need for services and items I am requesting. Failure to provide requested documentation may result in denial of the application.

Applicant Signature ____________________________________________ Date _____________________
### For Agency Use Only

Does applicant meet all eligibility criteria?  □ Yes  □ No  
(Please refer to eligibility section on p. 2 of the P.R.C. policy manual.)

<table>
<thead>
<tr>
<th>Date Application Received (MM/DD/YY)</th>
<th>30 Day Budget Period (MM/DD/YY)</th>
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</table>

### Community Resources

List the community resources explored to meet this need. If any are utilized, please complete the chart.

<table>
<thead>
<tr>
<th>Agency</th>
<th>Amount</th>
<th>Item/Service</th>
</tr>
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<tbody>
<tr>
<td>1.</td>
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<td>2.</td>
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<tr>
<td>3.</td>
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</table>

### Resources/Income

<table>
<thead>
<tr>
<th>Source of Resources</th>
<th>Amount Available in Budget Period</th>
<th>Verification</th>
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**TOTAL RESOURCES** $ Compare to Maximum Resource Limit

<table>
<thead>
<tr>
<th>Source of Income</th>
<th>Amount Available in Budget Period</th>
<th>Verification</th>
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**TOTAL INCOME** $ Compare to 200% of Federal Poverty Guidelines

### P.R.C. Approved

Date Approval Notice Sent ________________

<table>
<thead>
<tr>
<th>Item/Service Provided</th>
<th>Date of Approval</th>
<th>Amount Paid</th>
<th>Vendor’s Name &amp; Address</th>
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### P.R.C. Denied

Date Denial Notice Sent ________________

Reason for Denial ____________________________________________________________

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<tr>
<th>Caseworker Signature</th>
<th>Date</th>
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<table>
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<tr>
<th>Team Leader Signature</th>
<th>Date</th>
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<thead>
<tr>
<th>Center Manager/Team Coordinator Signature</th>
<th>Date</th>
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</table>
Ohio Department of Job and Family Services

APPLICANT/RECIPIENT

AUTHORIZATION FOR RELEASE OF
INFORMATION

I, _________________________________, hereby authorize _________________________________ to disclose
(Name of Individual) (Name of covered entity, such as CDJFS, employer, etc.)
the information listed below to _________________________________ for the purpose of determining
(Who will receive the information?)

eligibility for cash assistance, medical assistance and/or food stamp benefits; or for the following reason(s): _____________

Information to be released:

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

By signing below, I understand that:
This authorization shall expire on _____________________________ or until revoked by me in writing, whichever comes first.
(Date or completion of “event”- reason the signed authorization is needed)
I have the right to revoke or cancel this authorization at any time by providing notice in writing to the following address:

________________________________________________________________________________________________________

The revoking or canceling of this authorization does not affect the use or disclosure of information that occurred prior to the date
that authorization was canceled.

Any information used or disclosed as per this specific authorization may be re-disclosed by the person or entity receiving the
information. In such a situation, it may no longer be protected by federal or state law.

This authorization is NOT for the release or use of protected health information (PHI) – please use the appropriate medical release
authorization form.

I am aware of my responsibilities to report completely and fully all facts that bear upon my eligibility for all cash assistance,
medical assistance and/or food stamp benefits. I realize if the requested information reveals I have improperly reported my
situation, the information may be given to the prosecuting attorney for possible civil action or criminal prosecution.

Completion of this form is voluntary, but necessary to determine eligibility for cash assistance, medical assistance and/or food
stamp benefits.

Signature of Applicant/Recipient or Authorized Representative Date Representative’s Legal Authority to Applicant/Recipient
(Such as parent, guardian, power of attorney, auth rep, etc.)

Filing Information:

Applicant/Recipient Name Case Number

Name of CDJFS Representative/Unique Identifier/Date

Office Use Only

Signature/Title of Person Supplying Information Telephone Number Date

JFS 07341 (04/2004)
Voter Registration 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 Web site at: www.sos.state.oh.us or call 1-877-767-6446.

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 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 the election laws.

Use this form to register to vote or update your current Ohio registration if you have changed your address or name.

NOTICE: Your registration or change 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 prior to Election Day, please contact your county board of elections.

Lines 1 and 2 are required by law. You must answer both of the questions or your registration cannot be processed.

Mandatory Fields

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

4. House Number and Street (Enter new address if changed)

5. City or Post Office

6. Zip Code

7. Additional Rural or Mailing Address (if necessary)

8. County where you live

9. Birthdate (MO-DAY-YR) (required)

10. Ohio driver’s license No. OR last 4 digits of Social Security No. (required to be listed if you have one)

11. Phone No. (voluntary)

12. PREVIOUS ADDRESS IF UPDATING CURRENT REGISTRATION - Previous House Number and Street

13. CHANGE OF NAME ONLY Former Legal Name

Former Signature

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 I will be at least 18 years of age at the time of the general election.

14. Your Signature

Date  /  /  

Cuyahoga County Board of Elections
2925 Euclid Avenue, Cleveland, Ohio 44115-2497
OF A FELONY OF THE FIFTH DEGREE.
WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY

Please consult the Secretary of State’s Website at www.sos.state.oh.us for current voter identification requirements. Voters identifying a Social Security number will still be able to vote by signing an affidavit stating to the best of their knowledge and belief that the Social Security number is not fictitious. Voters identifying another form of identification, including a vehicle registration or a driver’s license, will still be able to vote by signing an affidavit stating to the best of their knowledge and belief that the identification number is not fictitious.

R.C. 3503.19

OHIO VOTER IDENTIFICATION REQUIREMENTS

You are entitled to vote by absentee ballot if you are within the Ohio without providing a reason. Absentee ballot applications may be obtained from the Cuyahoga County Board of Elections at www.cuyahogavotes.com or by calling 216-444-7398. Applications may be mailed to the Secretary of State at: www.sos.state.oh.us or by calling 1-877-76-4446.

Registration Department
2925 Euclid Avenue
Cleveland, Ohio 44115-2497

ABSENTEE BALLOT INFORMATION

Postage Required
Post Office will not deliver without proper postage.
Cuyahoga County
Together We Thrive
Notice of Rights and Declination Form

Cuyahoga Job and Family Services
1641 Payne Avenue, Cleveland Ohio 44114
216-987-7000  www.cjfs.cuyahogacounty.us

PLEASE READ: WE ARE REQUIRED BY FEDERAL AND STATE LAW TO PROVIDE YOU WITH THIS INFORMATION. Applying to register or declining to register to vote will not affect the amount of benefit assistance that you will receive. If you would like assistance filling out the voter registration form, we can help you. The decision to seek help or accept it is yours.

ESTA INFORMACIÓN ESTA DISPONIBLE EN ESPAÑOL

If you are not registered to vote where you live now, would you like to apply to register to vote here today?
□ Yes □ No □ I am already registered to vote at my current address

If you decide not to check either box, you will be considered to have decided not to register to vote at this time. Please sign below to acknowledge you have received this information.

You must be a United States citizen in order to register to vote.

Name: _______________________________ Date: ____________________________
(Please Print)

This portion of the form is returned to the Agency

This portion of the form is given to the applicant customer

If you have not received any verification of your voter registration from the county Board of Elections in which you reside 21 days from the date you registered, you may inquire on the status of your registration by contacting your county board of elections. In Cuyahoga County:

Cuyahoga County Board of Elections
2925 Euclid Avenue
Cleveland, OH 4115
(216) 443-3200

If you believe someone has interfered with your right to register or decline to register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with the prosecuting attorney of your county or with the Secretary of State.

Cuyahoga County Prosecutor
1200 Ontario Avenue
Cleveland, OH 44114
(216) 443-7800

Ohio Secretary of State
180 E. Broad Street
Columbus, Ohio 43215
(877) 767-6446 Toll Free or (614) 466-2585