



Prevention, Retention and Contingency Emergency Assistance Application Packet

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Instructions

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 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 information line at 216 987-7392 or the eligibility specialist assigned to your case.

Sincerely,

Cuyahoga Job and Family Services



FAQs

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.

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?

1. Download an application at www.cjfs.cuyahogacounty.us/PRC.
2. At a Neighborhood Family Service Center. You may apply in person between 8 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

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



Application 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.
- All household income must be verified for both earned and unearned income. Please submit last 30 days of income verification document(s).
- 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.

CHN Appointment line (216) 350-8008 or by **registering online:** <https://chn.itfrontdesk.com>

CHN Housing Partners: Asia Plaza - 2999 Payne Ave. Suite 208 Cleveland, OH 44114

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 a.m. – 3:30 p.m.

Other Office locations: Appointments may be made at other CHN sites around Cuyahoga County. Call (216) 350-8008 or visit <https://chn.itfrontdesk.com> for details about other locations.

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 Application

Date Sent	Date Received
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Eligibility Requirements for Applicants: 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 percent of the federal poverty level (FPL). Liquid assets are also considered.

Applicant Contact Information

First Name		Middle Initial	Last Name		
Street Address		Apt.	City	State	Zip Code
Social Security Number	Case Number		Date of Birth		
Telephone Number	Citizenship	Race/Ethnicity		Sex Male <input type="checkbox"/>	Female <input type="checkbox"/>
Email Address					

Applicant must complete the following information:

1. Check any of these examples that may apply to your situation and explain further in the spaces provided under questions two and three.

<input type="checkbox"/> Housing/ Rental Assistance	<input type="checkbox"/> Job loss/ New Employment	<input type="checkbox"/> Gained Custody of Minor Child	<input type="checkbox"/> Education or Training	<input type="checkbox"/> Fire in the Home	<input type="checkbox"/> Third Trimester Pregnancy
<input type="checkbox"/> Utility Shut- off Notice	<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Household Member Relocated	<input type="checkbox"/> Homelessness	<input type="checkbox"/> Natural Disaster	
<input type="checkbox"/> Clothing	<input type="checkbox"/> Lead Poisoning in Home	<input type="checkbox"/> Appliances	<input type="checkbox"/> Car Repair	<input type="checkbox"/> Other _____	

2. What events in the last 12 months lead you to apply for assistance today?

3. List the names of community resources you have contacted for assistance in the last 12 months:



**Cuyahoga County
Together We Thrive**

4. Please complete the section below for everyone living in your home, including yourself. You are required to verify all earned and unearned income of household members.

Name	U.S. Citizen?	Social Security #	Relationship to Applicant	Date of Birth	Sex	Race	Monthly Income Amount (Gross)	Source of Income (Employment, SSI, Child support, OWF, VA Check)
<i>James Shaw (example)</i>	<i>Yes</i>	<i>555-55-5555</i>	<i>Brother</i>	<i>07/1/71</i>	<i>Male</i>	<i>White</i>	<i>\$900</i>	<i>Employment, VA Check</i>
			SELF					

5. 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 is required, including payroll direct deposit cards.

Resources	Yes	No	Person with Resource	Amount
Cash				\$
Saving Account				\$
Checking Account				\$
Credit Union Account				\$
Debt Payroll Card				\$
Other, Specify				\$

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.

FOR OFFICE USE ONLY

This application was screened with additional COVID – 19 questions.

Signature:	Date:
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Applications may be faxed to 216-987-8655 or sent as an attachment via email to Cuy-PRC-Application@jfs.ohio.gov.

Ohio Department of Job and Family Services
APPLICANT/RECIPIENT
AUTHORIZATION FOR RELEASE OF
INFORMATION

Office Use Only	
Applicant/Recipient Name	Case Number
Name of CDJFS Representative/Unique Identifier/Date	

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.)
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Please reply in the space below, sign and date.

Signature/Title of Person Supplying Information	Telephone Number	Date
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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

Registering in Person

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

Registering by Mail

If you register by mail and do not provide either a current Ohio driver's license number or the last four digits of your Social Security number, please **enclose a copy** of one of the following forms of identification with your registration application:

- Current valid photo identification card, military identification, current utility bill, bank statement, paycheck, government check or government document (except board of elections notifications) showing your name and current address.

Your Signature

Your registration cannot be processed without your signature. On line 14, please affix your signature or mark taking care that it does not touch surrounding lines or type so it can be effectively used to verify your identity. If your signature is a mark, include the name and address of the person who witnessed the mark beneath the signature line. If by reason of disability you are unable to physically sign, you may follow specific procedures found in Ohio law (R.C. 3501.382) to appoint an attorney-in-fact who may sign this form on your behalf at your direction and in your presence.

Please see voter identification requirements for voting and absentee ballot information on back.

FOLD HERE

1. Are you a U.S. citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Will you be at least 18 years of age on or before the next general election? <input type="checkbox"/> Yes <input type="checkbox"/> 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			FOR BOARD USE ONLY SEC4010 (Rev. 1/08) EFS
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			
Previous City or Post Office		County	State
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 _____ / _____ / _____ MO DAY YR			

**WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY
OF A FELONY OF THE FIFTH DEGREE.**

1-877-767-6446.

"Voters must bring identification to the polls in order to verify identity. Identification may include a current and valid photo identification, a military identification, or a copy of a current utility bill, bank statement, government check, paycheck, or other government document, other than a notice of an election or a voter registration notification sent by a board of elections, that shows the voter's name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter's Social Security number and by casting a provisional ballot. Voters who do not have any of the above forms of identification, including a Social Security number, will still be able to vote by signing an affirmation swearing to the voter's identity under penalty of election falsification and by casting a provisional ballot." For more information on voter identification requirements, please consult the Secretary of State's Web site at: www.sos.state.oh.us or call

R.C. 3503.19

OHIO VOTER IDENTIFICATION REQUIREMENTS

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from the Cuyahoga County Board of Elections at www.boe.cuyahogacounty.us or by calling 216-443-3298 or the Secretary of State at: www.sos.state.oh.us or by calling 1-877-767-6446.

ABSENTEE BALLOT INFORMATION

Postage
Required
Post Office will
not deliver
without proper
postage.



**CUYAHOGA COUNTY
BOARD OF ELECTIONS**
Registration Department
2925 Euclid Avenue
Cleveland, Ohio 44115-2497



Notice of Rights and Declination Form

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