



# Prevention, Retention and Contingency (PRC) Emergency Assistance Application Packet

Return your completed application and documents noted on the application checklist to:

**253 South Chestnut Street, Ravenna, Ohio 44266;**

OR

Drop box:

**449 S. Meridian Street, Ravenna, Ohio 44266;**

Or

Via email to:

**[Portage\\_PRC@jfs.ohio.gov](mailto:Portage_PRC@jfs.ohio.gov)**

**For HOUSING ASSISTANCE, contact HESS at 330-296-1111**

**For LEGAL SERVICES, contact Legal Aid at 1-800-998-9454**

## Prevention, Retention and Contingency (PRC)

The Prevention, Retention and Contingency (PRC) program is designed to provide benefits and services to help families residing in Portage County overcome immediate barriers to achieve or maintain self-sufficiency.

Prevention Services are designed to divert families from ongoing cash assistance by providing short-term assistance when crises arise.

Retention Services are provided to assist an employed assistance group member in maintaining employment.

Contingency Services are provided to families to meet an emergent need that threatens the health, safety, or well-being of assistance group members.

The PRC program provides the flexibility of funding for a variety of services, benefits, programs, and activities that enable individuals to find employment, succeed at work and improve their economic circumstances. PRC funds must be used to accomplish one of the four purposes of the Temporary Assistance for Needy Families (TANF) program:

1. Provide assistance to needy families so that children may be cared for in their own homes or the homes of relatives.
2. End the dependence of needy parents on government benefits by promoting job preparation, work, and marriage.
3. Prevent and reduce the incidence of out-of-wedlock pregnancies.
4. Encourage the formation and maintenance of two parent families.

In Portage County, services may be provided to a PRC household to help members retain employment and, thereby, to achieve or continue self-sufficiency. Non-recurring, short-term assistance addresses discrete crisis situations, not exceeding four months in duration and is dependent upon federal, state, and local funding.

To be considered for PRC eligibility, an applicant must be at least 18 years of age or older; or an emancipated minor with at least one minor child; or pregnant with no other children; and a resident of Portage County. Please complete the entire application and include any documentation listed, including income for the entire household. The application must state the reason for emergent need and the items requested and must be signed and dated.

If your application is 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 regarding our decision. If you are determined PRC 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.

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OR

**Drop box: 449 S. Meridian Street, Ravenna, Ohio 44266;**

Or via email to: **Portage\_PRC@jfs.ohio.gov**

## Portage County Job & Family Services Prevention, Retention and Contingency (PRC) Application

First Name	Last Name
Street Address	City, State and Zip
Social Security Number	Date of Birth
Telephone Number	Email Address

1. Please check which emergency service you are applying for (*\*required documentation*):

<input type="checkbox"/> <b>Academic Support</b> *Please provide proof of tool, equipment, or material needs necessary for career-technical education program for school age children in grades 9-12.	<input type="checkbox"/> <b>Family Disaster</b> (Flood, fire, tornado) *Please provide proof of sustaining loss because of disaster.
<input type="checkbox"/> <b>Adult Education</b> *Please provide proof of enrollment and actual cost for Adult Basic Education, HSE testing, Occupational Training and/or Short-Term Education Program.	<input type="checkbox"/> <b>Family Support Services</b> <input type="checkbox"/> Infant Safety & Newborn Care; Social/Emotional/Motor development (0-6 mos.) <input type="checkbox"/> Mealtime/Picky Eaters (6-9 mos.) <input type="checkbox"/> 1 <sup>st</sup> Year Milestone Moments Reward (12-18 mos.) <input type="checkbox"/> 2 <sup>nd</sup> Year Milestone Moments Reward (22-28 mos.) <input type="checkbox"/> 3 <sup>rd</sup> Year Milestone Moments Reward (32-38 mos.)
<input type="checkbox"/> <b>Basic Needs</b> (must provide receipt of up to three months' worth of items to be reimbursed)	<input type="checkbox"/> <b>Home Extermination</b> (insects or animal)
<input type="checkbox"/> <b>Child Care Copayment</b> (Must meet specific requirements) *Please provide proof of childcare copay for all children impacted by the ending of the childcare copay waiver for publicly funded childcare (PFCC).	<input type="checkbox"/> <b>Home Repairs</b> (Electric, plumbing, septic, heat, roofing, and inaccessibility problems. Must own home)
<input type="checkbox"/> <b>Clothing</b> (Domestic violence, disaster, or reunification only)	<input type="checkbox"/> <b>Relocation</b> (Domestic violence or emergency due to circumstances out of one's control. No evictions)
<input type="checkbox"/> <b>Driver's Education</b> *Please provide proof of driver's education fees for youth ages 15-24.	<input type="checkbox"/> <b>State-Declared Natural Disaster</b> *Please provide proof of state-declared natural disaster.
<input type="checkbox"/> <b>Education Proficiency</b> *Please provide proof of cost for further education; schooling/tutoring/summer school for youth ages 14-19.	<input type="checkbox"/> <b>Supervised Parenting Time</b> *Please provide court order.
<input type="checkbox"/> <b>Employment Expenses</b> *Please provide proof of employer requirement for items such as tools, licenses, and uniforms.	<input type="checkbox"/> <b>Transportation (Gas card/bus pass)</b> Authorized representative to pick up gas cards: <hr/> *Please provide proof insurance, title/registration, and employment of at least 20 hrs/week.
<input type="checkbox"/> <b>Employment Incentive Program</b>	<input type="checkbox"/> <b>Utility Assistance</b> <input type="checkbox"/> Bulk Fuel <input type="checkbox"/> Electric <input type="checkbox"/> Gas <input type="checkbox"/> Water/Sewer *Please provide proof of pending disconnection, shut off notice or 30-day past due notice.



## Portage County Job and Family Services

OhioMeansJobs Division

253 South Chestnut St.

PO Box 1208, Ravenna Ohio 44266

Phone (330) 296-2841 | Fax (330) 296-7805

CARES Abuse/Neglect Hotline (330) 296-2273



OhioMeansJobs.

Portage County  
A Proud partner of the  
American Job Center network

Director Kellijo Jeffries Ph.D., MSW, LSW

2. Explain the specific change that has occurred to you and your family in the last 12 months that lead to your PRC application today:


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


4. Please complete the chart below for anyone living in your home, including yourself.

Name	Social Security Number	Relationship to Applicant	Date of Birth	Monthly Income Amount (Gross)	Source of Income
		SELF		\$	
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	

Is anyone in the household pregnant? ☐ No ☐ Yes If yes, who? \_\_\_\_\_

Would you like to apply to register to vote or change your address today? ☐ Yes ☐ No

**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, 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 and availability of PRC funds. I authorize the exchange of information between PCJFS and the providers. I understand that all information contained in this application is confidential.**

Applicant Signature

Date



# 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](http://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.

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

## 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.**

FOLD HERE

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	
7. Additional Mailing Address (if necessary)						8. County (where you live)	
9. Birthdate (MO-DAY-YR) (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 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			

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

Your Signature ↓

Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DAY YR

FOR BOARD USE ONLY SEC4010 (Rev. 2/7/23)
City, Village, Twp.
Ward
Precinct
School Dist.
Cong. Dist.
Senate Dist.
House Dist.



Postage  
Required  
Post Office will  
not deliver  
without proper  
postage



SECRETARY OF STATE  
PO BOX 2828  
COLUMBUS OH 43216-2828

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#### **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 online at [VoteOhio.gov](http://VoteOhio.gov) or by phone at 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 visit the Secretary of State's website at [VoteOhio.gov](http://VoteOhio.gov) or call 877-SOS-OHIO (877-767-6446).

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