



**ATHENS COUNTY DEPARTMENT OF JOB & FAMILY SERVICES**

- PREVENTION, RETENTION, CONTINGENCY PROGRAM (PRC)**
- WORKFORCE INNOVATION AND OPPORTUNITY ACT (WIOA)**
- COMPREHENSIVE CASE MANAGEMENT & EMPLOYMENT PROGRAM (CCMEP)**
- EMPLOYMENT INCENTIVE PROGRAM (EIP)**

Your Name:	Your Social Security Number:
Your Address:	<b>Persons who are not eligible include:</b> individuals who have an overpayment in Ohio Works First or PRC due to fraudulent actions
Telephone Number:	

1. Please state what type of emergency help you need and why you need it: \_\_\_\_\_
2. Requested amount of assistance needed: \$ \_\_\_\_\_
3. Are you currently receiving any assistance from Athens County Department of Job and Family Services?  Yes  No
4. Have you recently applied for emergency help from other agencies or organizations?  Yes or  No  
If yes, please list the organizations and what help you requested or received \_\_\_\_\_
5. Are you (or anyone in your household) a veteran?  Yes or  No      If yes, who \_\_\_\_\_  
If yes, have you applied for veteran's assistance at the Ohio Department of Job and Family Services?  Yes  No
6. Is anyone in your household under a sanction from Ohio Works First?  Yes  No      If yes, who \_\_\_\_\_
7. Has anyone in your household quit or refused a job, or training for a job, in the past 30 days?  Yes  No  
If yes, name, the date of the quit or refusal, and the reason for the quit or refusal \_\_\_\_\_
8. Complete the chart below for **EVERYONE** living in your household (everyone under the same roof). *Attach additional paper if more spaces needed*

Name of household member	Relationship to you	SSN # <b>Adults Only</b>	Pregnant? Y or N	Age	Cooperating with Child Support? Y or N	Source of Income	Monthly Income Amt.

9. If any member of your household has any of the resources listed below, check yes beside the item and complete the line. If none of the resources listed below are available to any member of your household, check no. You may be asked to provide verification of any resource.

Resource	Person with Resource	Amount
Cash on Hand <input type="checkbox"/> Yes <input type="checkbox"/> No		
Savings Account <input type="checkbox"/> Yes <input type="checkbox"/> No		
Checking Account <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other, Specify: <input type="checkbox"/> Yes <input type="checkbox"/> No		

By my signature, I affirm that the information I have provided in this application is true to the best of my knowledge. I give my consent to the agency to make whatever contacts are necessary to determine my eligibility and to verify any information that may be needed. I attest that no member of my household is one of the above-described ineligible persons.

Signature of Applicant	Date
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**This side completed by agency**

Date application received \_\_\_\_\_ 30-day budget period: From \_\_\_\_\_ to \_\_\_\_\_

Item or Service	Amount Needed	Item or Service	Amount Needed
1.	\$ _____	3.	\$ _____
2.	\$ _____	4.	\$ _____

**Prevention** - How will this assistance avoid applying for OWF? \_\_\_\_\_

**Retention** - How will this assistance provide for remaining employed? \_\_\_\_\_

**Contingency** - How will this assistance preserve the health & safety of household members? \_\_\_\_\_

**Resources** - List below any other community and personal resources utilized to meet this need: Family resources . . . . . \$ \_\_\_\_\_

Agency	Amount	Item/Service
1.	\$ _____	
2.	\$ _____	

**Calculation of Income**

Assistance Group income total . . . . . \$ \_\_\_\_\_

2. Less child support paid to another household . . . . . \$ \_\_\_\_\_

Countable Income . . . . . \$ \_\_\_\_\_

3. Compare to standard for household size: 200% Poverty Level is . . . . . \$ \_\_\_\_\_

Assistance Group Is  Is not  financially eligible.

- CCMEP Approved** Date notice given/sent \_\_\_\_\_
- PRC Approved** Date notice given/sent \_\_\_\_\_
- WIOA Approved** Date notice given/sent \_\_\_\_\_
- EIP Approved** Date notice given/sent \_\_\_\_\_

Item/Service Provided	Amount to be Paid	Date of Approval	Vendors Name and Address
1.	\$ _____		
2.	\$ _____		

Amount requested: \_\_\_\_\_ Amount Approved: \_\_\_\_\_

If amount approved is different from amount requested, explain \_\_\_\_\_

- CCMEP Denied** Date of denial \_\_\_\_\_ Date Notice of Denial sent \_\_\_\_\_
- PRC Denied** Date of denial \_\_\_\_\_ Date Notice of Denial sent \_\_\_\_\_
- WIOA Denied** Date of denial \_\_\_\_\_ Date Notice of Denial sent \_\_\_\_\_
- EIP Denied** Date of denial \_\_\_\_\_ Date Notice of Denial sent \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

- Scanned documents to EDMS**
- Entered approval or denial and case notes in OB/voucher log**
- Entered approval or denial and case notes in OWCMS/ARIES/CFIS**
- Entered approval or denial and case notes in PRC reporting tool**

Signature of Eligibility Worker	Date	Signature of Director/Designee when Waiver Approved	Date
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**Forward approved ORIGINAL application and all supporting documentation to fiscal unit**

Fund:	Code:
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