

PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION FOR FULTON COUNTY

Name of Applicant	Present Address
Social Security Number	
Telephone Number Where You Can Be Reached	

For Agency Use Only	
Case Number	
Date Sent	Date Returned
County: FULTON	

1. Have you ever received any type of public assistance from a job & family services department? Yes No If yes, give the county JFS, the type of assistance received and the date received _____
2. Explain what you need and estimate the amount you are requesting. _____
3. Give the name of other agencies you have contacted for help. _____
4. Have any other agencies helped you with this need? Yes No If yes, name the agency and tell how you were helped. If no, tell why you were not helped. _____
5. Is anyone in your household presently under a sanction or disqualification from any job & family services program? Yes No If so, give the name and the date the sanction or disqualification began. _____
6. Has anyone in your household quit or refused a job in the last 90 days? Yes No If yes, give name, the date of the quit or refusal, and the reason for the quit or refusal. _____
7. Complete the chart below for anyone living in your home, including yourself. You are required to verify all income for all members of your household.

Name	Relationship to Applicant	Date of Birth	Social Security Number	Source of Income	Monthly Amount of Income
1.				\$	
2.				\$	
3.				\$	
4.				\$	
5.				\$	
6.				\$	
7.				\$	
8.				\$	

If you are eligible, the agency will limit assistance under this program to the actual documented amount of need.

Signature of Applicant	Date
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Date Application received (mm/dd/yr) _____ 30 day budget period:(mm/dd/yr) _____ To (mm/dd/yr)

Request. List the items and/or services requested and the amount needed for each.

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

Reason for Need.

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

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

Income.

Source	Amount Available in Budget Period	Verification
1.	\$	
2.	\$	
3.	\$	
4.	\$	

Total _____ (Compare to 200% of Federal Poverty Guidelines)

9 PRC Approved. Complete chart. Check/Warrant # (Date) _____ (/ /) Check/Warrant Amount \$

Item/Service Provided	Date of Approval	Amount Paid	Vendor=s Name and Address
		\$	
		\$	
		\$	

9 PRC Denied - Date of denial (mm/dd/yr) _____ Date Notice of Denial of Application sent (mm/dd/yr)

Reason for Denial:

Signature of Caseworker	Date	Signature of Supervisor	Date
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