



Director
Dan Jackson

Helping individuals and families achieve self sufficiency, safety and stability...

Holmes County Department of Job and Family Services Prevention, Retention and Contingency Program

The goal of the Holmes County Department of Job and Family Services PRC program is to encourage customers to maintain self-sufficiency. The PRC program has been developed to **PREVENT** people from reliance on cash assistance and divert them from on-going cash assistance by helping them through presenting crises. Services are also provided for customers to **RETAIN** employment. In addition, services will be provided to eligible customers presenting a **CONTINGENT** need, which if not satisfied, threatens the safety, health, or well-being of one or more household members.

Eligibility and Application:

Please check the box or boxes that apply:

- I have children in my home under the age of 18.
- I am employed at least 30 hours per week.
- I have sought help from other state and federal programs

Upon scheduling an eligibility assessment for PRC, you may be asked to provide the following:

- **Proof of unearned income (SSI, child support, etc.)**
- **Proof of ALL earned income for the past 30 days (4-6 pay stubs, employer statements)**
- **Estimates (car repair, car insurance, etc.)**
- **Vehicle registration, proof of auto insurance, driver's license**
- **Verification of other agencies utilized (Kno-Ho-Co, Salvation Army)**
- **Any other documents in order to process your application may be requested**

Eligibility will be determined within ten (10) business days. Applicants will be notified of approval or denial of their PRC application.

PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION

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

For Agency Use Only	
Case Number	
Date Sent	Date Returned
County HOLMES (38)	Unique ID

1. Have you ever received any type of public assistance from a job and family services agency?
 Yes No If yes, give the county DFJS, 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. Vehicle repairs will be considered only when there are no other vehicles available to the AG because it is their only vehicle or other available vehicles in the household are needed for employment purposes for other members. Is this the only vehicle in your household? Yes No If no, please list other vehicles in household.

6. Is anyone in your household presently under a sanction or disqualifications from any Job and Family Service program? Yes No If so, give the name and date the sanction or disqualification began.

7. Has anyone in your household quit or refused a job in the past 90 days? Yes No If yes, give name, the date of the quit or refusal and the reason for the quit or refusal.

Complete the chart below for anyone living your home, including yourself. You are required to verify all income for all members of your household.

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

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

Signature of Applicant	Date
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For Agency Use Only
PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC)

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.	\$		\$
4.	\$		\$

Reason for Need:

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

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

Income.

Source	Amount Available in Budget Period	Verification
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	

Total \$ _____

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

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

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