

**MAHONING COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
PREVENTION, RETENTION AND CONTINGENCY APPLICATION**

Applicant _____ Date of application _____

Address _____ Case number _____

City, State, Zip _____ Phone Number _____

LIST ALL HOUSEHOLD MEMBERS BELOW, START WITH YOURSELF

NAME	SSN	RELATIONSHIP	AGE	SOURCE OF INCOME	MONTHLY INCOME
1.					\$
2.					\$
3.					\$
4.					\$
5.					\$
6.					\$
7.					\$

WHY DO YOU NEED PRC ASSISTANCE? _____

WHAT SERVICE/BENEFIT DO YOU NEED? _____

ARE YOU CURRENTLY EMPLOYED? YES: _____ NO: _____

EMPLOYER'S NAME: _____ PHONE NUMBER: _____

EMPLOYER'S ADDRESS: _____

HAS ANOTHER AGENCY ASSISTED YOU? YES: _____ NO: _____ AGENCY? _____

ARE YOU A U.S. CITIZEN? YES: _____ NO: _____ ARE YOU A QUALIFIED ALIEN? YES: _____ NO: _____

APPLIANT SIGNATURE _____ DATE _____

***** MCDJFS USE ONLY *****

TANF GUIDELINE - COMPARE to 200% FPL: APPROVE: _____ DENY: _____

SERVICE/BENEFIT PROVIDED	APPROVAL DATE	AMOUNT PAID	VENDOR
		\$	
		\$	
		\$	

DENIAL REASON: _____ SANCTIONED? _____

CASE MANAGER: _____ DATE: _____

SUPERVISOR: _____ DATE: _____