



COSHOCTON COUNTY DEPARTMENT OF JOB & FAMILY SERVICES
 Public Assistance • Children Services • Workforce Development • Child Support
Danny Brenneman, Director

PRC APPLICATION

(Prevention Retention and Contingency)

☐ Checklist Issued with Application

Applicant Name:	Current Address	AGENCY USE ONLY
Applicant's Social Security Number:	Street:	
Telephone Numbers:	City/State:	
Home:	Zip Code:	Case No.:
Cell:	County:	Date Received in Agency:
Other:		Case Manager:

VOTER REGISTRATION APPLICATION ATTACHED – ASSISTANCE AVAILABLE

If you are not registered to vote where you live now, would you like to apply to register here today?

YES, I want to register to vote

NO, I do not want to register to vote

If you do not check either box, you will be considered to have decided not to register to vote at this time.

The purpose of this document is (first) to assist you in exploring the existing community services available to you to eliminate the barriers you identify that prevent you and your family from maintaining your self-sufficiency; and (second) to allow us to gather the information we need to determine "if" and "how" we may work with and assist you. Please indicate what your current need is:

Please indicate actions you have taken and the community agencies you have already contacted to assist in meeting your current need:

What is your plan to prevent this from reoccurring? _____

Please provide the following information for everyone living in your household, starting with yourself:

Name	Relationship To Applicant	Date Of Birth	Age	Social Security Number	U.S. Citizen Yes/No	If Pregnant Write Yes	CHECK the box(s) for each Benefit listed below that is CURRENTLY being received by the person listed
Applicant Name	Self						OWF Cash <input type="checkbox"/> DFA Cash <input type="checkbox"/> Food Stamps <input type="checkbox"/> Child Care Assistance <input type="checkbox"/>
							OWF Cash <input type="checkbox"/> DFA Cash <input type="checkbox"/> Food Stamps <input type="checkbox"/> Child Care Assistance <input type="checkbox"/>
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** If additional space is needed, please attach an additional page. BENEFITS WILL BE VERIFIED.