

# MONTGOMERY COUNTY

## PREVENTION, RETENTION, AND CONTINGENCY PROGRAM APPLICATION

Name of Applicant	Street Address	Case Number
SSN	City, State, Zip	Phone number where you can be reached

Parent/guardian name if applicant is a minor: \_\_\_\_\_

Is Applicant a non-custodial parent?     Yes     No

**Kinship Applicants Only Complete Questions 1-5:**

1. Kinship Service you are Applying for? Stabilization \_\_\_\_\_ Caregiver: \_\_\_\_\_
2. Is child currently enrolled in school/childcare provider? \_\_\_\_\_ If yes, where? \_\_\_\_\_
3. When did attendance begin? \_\_\_\_\_ Name of school/childcare provider? \_\_\_\_\_
4. Date of CSD Approved Home study: \_\_\_\_\_ Date When Child was placed with caregiver: \_\_\_\_\_
5. Caregiver participating in approved activity? \_\_\_\_\_ Type of activity? \_\_\_\_\_

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	Age	Pregnant Y/N	Date of Birth	Social Security Number	US Citizen Y/N	Source of Income	Gross Monthly Amount of Income (Attach Verification)
1.								\$
2.								\$
3.								\$
4.								\$
5.								\$
6.								\$
7.								\$
8.								\$

Explain what goods you need: \_\_\_\_\_ What is the estimated cost? \_\_\_\_\_

What events occurred to create this need? \_\_\_\_\_

In what way will this approval of this PRC application assist you in continuing employment? \_\_\_\_\_

Explain how meeting this need will help your family? \_\_\_\_\_

How will you avoid further need for assistance? \_\_\_\_\_

What other agencies have you contacted for assistance? \_\_\_\_\_

Were they able to assist you? \_\_\_\_\_ How? \_\_\_\_\_

My signature below affirms that the above information is true to the best-of my knowledge, that I do not have the resources to meet this need, and that I will not seek additional ongoing OWF cash assistance.

Signature of Applicant or Parent/Guardian	Date
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# Prevention, Retention, and Contingency Program (PRC) Worksheet

FOR AGENCY USE ONLY

Check OBWP journal and EDMS for prior issuance history for all adult AG members. Result of review \_\_\_\_\_.

Perform a Recovery Account Search to Check for TANF IPV's for all adult AG members. Results of review \_\_\_\_\_.

**Service Requested:**

Service or Benefit	Amount	Vendor Information
1.		
2.		
3.		
4.		
	<b>Total:</b>	

**Income:**

Source of Income	Amt. Available	Verification
1.	\$	
2.	\$	
3.	\$	
4.	\$	
5.	\$	
<b>Total PRC AG Members:</b>	<b>Total income: \$</b>	<b>Compare Total Income to 200% of FPG:</b>
<b>List other Needs based programs applicant receives:</b>		

Eligibility Determination	Signature
<input type="checkbox"/> Approved	
<input type="checkbox"/> Denied	