

**MONTGOMERY COUNTY PREVENTION RETENTION AND CONTIGENCY (PRC)
APPLICATION COVID-19 RESPONSE**

Voter Registration Application Attached: Assistance available if needed. If you are not registered to vote where you live now, would you like to register to vote 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. Applying to register or declining to register to vote will not affect the amount of assistance that you will be provided y this agency.

Name of Applicant	Social Security Number
Present Street Address	P.O. Box
City	Zip Code
Telephone # where you can be reached ()	Case Number

1. Explain what assistance you need and estimate the amount you are requesting: _____

2. Give the name of other agencies you have contacted for help: _____

3. 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: _____

4. Is anyone in your household currently on lay-off, reduced work schedule, receiving or applied to receive unemployment insurance due to the Covid-19 pandemic? Yes No If yes, please list the begin date of lay-off, reduction of work or application for unemployment insurance: _____

Complete the chart below for anyone living in your home, including yourself. Please provide verification of all household income.

Name	Relationship to Applicant	Age	Source of Income	Monthly Amount of Income
1.				
2.				
3.				
4.				
5.				
6.				
7.				

Signature of Applicant:	Date:
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MONTGOMERY COUNTY Covid-19 Response Application

FOR AGENCY USE ONLY

Income:

Source	Total	Code	\$	Amt. Available	Verification
1.	\$			\$	
2.	\$			\$	
3.	\$			\$	
4.	\$			\$	
5.	\$			\$	
Total Available				\$	

Number of AG Members: _____

Total Presenting Needs _____

Potential PRC Payment _____

<input type="checkbox"/> Recommendation of PRC Approval:	<input type="checkbox"/> Recommendation for PRC Denial:
Signature of Eligibility Determiner:	Date:
<input type="checkbox"/> Concur	<input type="checkbox"/> Overrule: Reason
Signature of Director or Designee:	Date:

Item/Service Provided	Approval Date	Amount Approved	Vendor's Name and Address
		\$	
		\$	
		\$	
Total		\$	Attach additional pages if necessary.