

Prevention, Retention, and Contingency Funds (PRC)



What is PRC?

Prevention, Retention and Contingency Funds (PRC) helps families with minor children with immediate needs. Each county has its own PRC plan. Through these plans, families can apply for vouchers to help with costs like rent, utilities, transportation, work, and school. You can read information on each county on the pages below.

Families with both US citizens and non-citizens can qualify for PRC. As long as there is one U.S. citizen or qualified alien (LPR, asylee, refugee, etc) in the family applying for PRC, the family could qualify for help.

Due to the Covid-19 outbreak, there may be special assistance available through PRC. You may be able to apply for both the Covid-19 assistance and regular PRC.



Brown County

	COVID-19 PRC Plan	PRC Plan
Am I eligible?	Brown County does not have a Covid-19 specific plan.	You must have: <ul style="list-style-type: none"> a minor child in your household or be at least 6 months pregnant household income below 200% of the Federal Poverty Level
Application		You must apply in person at 775 Mt Orab Pike, Georgetown, OH 45121

	COVID-19 PRC Plan	PRC Plan
How much assistance can I receive?		It varies depending on the type of assistance requested.
Where do I submit the application?		You must apply in person at 775 Mt Orab Pike, Georgetown, OH 45121
What verifications are needed?		When you come into apply, you will need to bring proof of income for the last 30 days. You will also need to bring in any disconnect notices or eviction paperwork to verify your need.

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Butler County

	COVID-19 PRC Plan	PRC Plan
Am I eligible?	Butler County is working on a Covid-19 response. There will be more details in the upcoming weeks. Please check back later.	You must have: <ul style="list-style-type: none"> • a minor child in your household, be pregnant, or be a non-custodial parent who is actively paying child support • household income below 200% of the Federal Poverty Level
Application		http://jfs.butlercountyohio.org/content/documents/PRC%203800%20Application.pdf
How much assistance can I receive?		It varies depending on the type of assistance requested.

	COVID-19 PRC Plan	PRC Plan
Where do I submit the application?		<ul style="list-style-type: none"> • Mail or Drop Box at 7450315 High St., 8th Floor, Hamilton, OH 45011 • Fax to: (513) 887-4334
What verifications are needed?		Verifications must be submitted within 30 days. JFS will send you a PRC specific verification checklist.

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Clermont County

	COVID-19 PRC Plan	PRC Plan
Am I eligible?	<p>You must have:</p> <ul style="list-style-type: none"> • a minor child in your household or be at least 6 months pregnant • household income below 200% of the Federal Poverty Level • a need related to COVID-19 	<p>You must have:</p> <ul style="list-style-type: none"> • a minor child in your household or be at least 6 months pregnant • household income below 200% of the Federal Poverty Level
Application	Call Clermont Community Solutions at 513-735-8806. If no one answers, leave a message. They will call you back.	Call Clermont Community Solutions at 513-735-8806. If no one answers, leave a message. They will call you back.
How much assistance can I receive?	Assistance above the normal limit may be available.	\$3,000

	COVID-19 PRC Plan	PRC Plan
Where do I submit the application?	<ul style="list-style-type: none"> You apply by phone with Clermont Community Solutions. 	<ul style="list-style-type: none"> You apply by phone with Clermont Community Solutions.
What verifications are needed?	<p>You do not need to give verifications. JFS can use a self-attestation.</p> <p>JFS may use verbal authorization or electronic signature instead of a written signature.</p>	<p>You do not need to give verifications. JFS can use a self-attestation.</p> <p>JFS may use verbal authorization or electronic signature instead of a written signature.</p>

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Clinton County

	COVID-19 PRC Plan	PRC Plan
Am I eligible?	<p>You must have:</p> <ul style="list-style-type: none"> a minor child in your household, be pregnant, or be a non-custodial parent who is actively paying child support household income below 200% of the Federal Poverty Level 	<p>You must have:</p> <ul style="list-style-type: none"> a minor child in your household or be pregnant household income below 150% of the Federal Poverty Level
Application	<p>https://secureservercdn.net/198.71.233.135/de0.2ee.myftpupload.com/wp-content/uploads/2020/03/COVID-19-EMERGENCY-RESPONSE-APPLICATION.pdf</p>	<p>There an application for work supports and an application for emergent needs. Both are attached.</p>
How much assistance can I receive?	<p>You will receive a \$500.00 check in the mail.</p>	<p>It varies depending on the type of assistance requested.</p>

	COVID-19 PRC Plan	PRC Plan
Where do I submit the application?	<ul style="list-style-type: none"> • Mail to: 1025 S. South Street Ste 200, Wilmington, OH 45177 • Fax to: 937-382-7039 • Email to: CLINTON_COUNTY_FAMILY_SERVICES@jfs.ohio.gov 	<ul style="list-style-type: none"> • Mail to: 1025 S. South Street Ste 200, Wilmington, OH 45177 • Fax to: 937-382-7039 • Email to: CLINTON_COUNTY_FAMILY_SERVICES@jfs.ohio.gov
What verifications are needed?	A phone interview with a case manager is required. The case manager may request written verifications, if needed.	You will need to provide verification of your income. Other verifications may be needed depending on the types of assistance requested.

Prevention, Retention, and Contingency Program (PRC) Application Request for Assistance with an Emergent Need

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

For Agency Use Only	
Case Number	
Date Sent	Date Returned
County CLINTON	Unique ID

1. Please answer the questions below.

- A. You are a parent, relative or primary caretaker for minor children living with you and have an emergency that would threaten the health, safety or well-being of your family if not resolved. No; Yes
- B. You are a non-custodial parent, your children live in Ohio and you are cooperating with the Child Support Enforcement Agency. No; Yes

2. Have you ever received any type of public / emergency assistance from a Job and Family Services agency? No; Yes

If Yes, complete below:

County where you received public / emergency assistance:	Type of assistance you received:	Date you received assistance:
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3. Explain what you need, how much you need, and describe how meeting this need will help your family avoid dependence on public assistance. Attach available documentation.

I am requesting help with:	I need approximately:	This will help my family avoid depending on public assistance by:
	\$	

4. Explain how this emergency was created.

5. List the names of all other agencies you have contacted for help and the outcome of the contact.

6. Is any member of your household indebted to CCJFS for an overpayment due to fraud? No; Yes

7. Is any member of your household an alien not lawfully admitted for permanent residence? No;

Yes

8. Is any member of your household a fugitive Felon, parole or probation violator? No; Yes

9. Is any member of your household a non-custodial parent that is not cooperating with the child support agency? No; Yes

10. Has any member of your household been found guilty of fraudulently misrepresenting their residence to obtain benefits in two or more states (within the last ten years)? No; Yes

11. Have you or any member of your household received PRC assistance within the last twelve months? No; Yes

12. If one or more of questions 6 through 12 above are answered yes, indicate here which person(s) and condition(s):

13. 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	Source of Income	Monthly Amount of Income
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$

My signature below affirms that the information above is true and correct to the best of my knowledge and belief.

Signature of Applicant:	Date:
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Prevention, Retention, and Contingency Program (PRC) Application Request for Assistance With Work Supports

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

For Agency Use Only	
Case Number	
Date Sent	Date Returned
County CLINTON	Unique ID

1. Please answer the questions below.

- A. You are a parent, relative or primary caretaker for minor children living with you and have an emergency that would threaten the health, safety or well-being of your family if not resolved. No; Yes
- B. You are a non-custodial parent, your children live in Ohio and you are cooperating with the Child Support Enforcement Agency. No; Yes
- C. You are a non-custodial parent, your children live in Ohio, you are cooperating with the Child Support Enforcement Agency and you are actively participating in the STEPS UP program through OhioMeansJobs_Clinton County. No; Yes
- D. You are currently employed and need work support assistance to retain your employment. No; Yes
- E. You began new employment in the last 30 days or have been hired with a future start date. No; Yes

2. Have you ever received any type of emergency assistance or work support assistance from a Job and Family Services agency?

No; Yes - If Yes, complete below:

County where you received assistance:	Type of assistance you received:	Date you received assistance:
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3. Explain what type(s) of work support you need and give an estimate of how much you need. Work support is designed to assist you with retaining your current job or supporting you with your new employment.

I am requesting help with:	I need approximately:	This will help with me begin or retain my employment by:
	\$	

4. Employment Information.

Employer Name	Employer Phone and Address	How long have you been employed here?	How many hours do you work a week or how many hours were you hired to work?	Does your employment income cover your household expenses? If not, explain how you are self-sufficient?

- 5. Is any member of your household indebted to CCJFS for an overpayment due to fraud? No; Yes
- 6. Is any member of your household an alien not lawfully admitted for permanent residence? No; Yes
- 7. Is any member of your household a fugitive Felon, parole or probation violator? No; Yes
- 8. Is any member of your household a non-custodial parent that is not cooperating with the child support agency? No; Yes
- 9. Has any member of your household been found guilty of fraudulently misrepresenting their residence to obtain benefits in two or more states (within the last ten years)? No; Yes
- 10. Have you or any member of your household received PRC assistance within the last twelve months? No; Yes
- 11. If one or more of questions 6 through 12 above are answered yes, indicate here which person(s) and condition(s):

12. 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	Source of Income	Monthly Amount of Income
1.				\$
2.				\$
3.				\$
4.				\$
5.				\$
6.				\$

My signature below affirms that the information above is true and correct to the best of my knowledge and belief.

Signature of Applicant:	Date:
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Hamilton County

	COVID-19 PRC Plan	PRC Plan
Am I eligible?	<p>You must have:</p> <ul style="list-style-type: none"> • a minor child in your household • household income below 200% of the Federal Poverty Level • lost work or another economic hardship as a result of the COVID-19 pandemic 	<p>You must have:</p> <ul style="list-style-type: none"> • a minor child in your household or be at least 6 months pregnant • household income below 200% of the Federal Poverty Level
Application	<p>JFS was taking applications for \$500.00 in Covid- 19 assistance. As of April 6, 2020 at 1:00, HCJFS is no longer taking applications for this program. You can continue to check their website to see if they start taking new applications again.</p>	<p>https://www.hcjfs.org/services/job-placement/prevention-retention-and-contingency-funds/</p>
How much assistance can I receive?		\$3,000
Where do I submit the application?		Applications are submitted online
What verifications are needed?	<p>You do not need to give verifications. By completing the application online, you are swearing that the information you gave is true.</p>	<p>All verifications MUST be submitted with the application. You will need to verify your income by providing paystubs. Additional verifications are required depending on the type of assistance requested. Due to COVID-19, JFS can process rent and utility (water) requests WITHOUT disconnection or eviction notices.</p>

Highland County

	COVID-19 PRC Plan	PRC Plan
Am I eligible?	<p>You must have:</p> <ul style="list-style-type: none"> • a minor child in your household, be pregnant, or be a non-custodial parent who is actively paying child support • household income below 200% of the Federal Poverty Level • had a loss/decrease in income or needs related to sheltering at home as a result of the COVID-19 pandemic 	<p>You must have:</p> <ul style="list-style-type: none"> • a minor child in your household • household income below 200% of the Federal Poverty Level
Application	<p>http://www.highlandjfs.org/docs/COVID-19%20PRC%20Ap-Fillable.pdf</p>	<p>Call (937) 393-4278 to inquire about applying.</p>
How much assistance can I receive?	<p>You will receive a \$500.00 check in the mail.</p>	<p>It varies depending on the type of assistance requested.</p>
Where do I submit the application?	<ul style="list-style-type: none"> • Drop off in drop box at 1575 N High St #100 • Hillsboro, OH 45133 • Email to: highland-documents@jfs.ohio.gov 	<p>Call (937) 393-4278 to inquire about applying.</p>
What verifications are needed?	<p>You do not need to give verifications. JFS can use a self-attestation.</p> <p>JFS may use verbal authorization or electronic signature instead of a written signature.</p>	<p>Verifications will vary depending on the assistance requested.</p>

Warren County

	COVID-19 PRC Plan	PRC Plan*
Am I eligible?	<p>You must have:</p> <ul style="list-style-type: none"> • a minor child in your household • household income below 200% of the Federal Poverty Level • lost work as a result of the COVID-19 pandemic 	<p>You must have:</p> <ul style="list-style-type: none"> • a minor child in your household or be at least 6 months pregnant • household income below 200% of the Federal Poverty Level <p>Other requirements may differ depending on what assistance you request.</p>
Application	Attached.	https://www.co.warren.oh.us/HumanServices/Forms/PRC.pdf
How much assistance can I receive?	\$500.00	It varies depending on the program. See the attached: https://www.co.warren.oh.us/HumanServices/Programs/JFSMatrix.pdf
Where do I submit the application?	<p>Mail or Drop Box at 416 East Street, Lebanon, OH 45036</p> <p>Fax at (513) 695-2940, (513) 695-2701, (513) 695-2702</p> <p>Email at warre_cdhs_info@jfs.ohio.gov</p>	<p>Mail or Drop Box at 416 East Street, Lebanon, OH 45036</p> <p>Fax at (513) 695-2940, (513) 695-2701, (513) 695-2702</p> <p>Email at warre_cdhs_info@jfs.ohio.gov</p>

*In Warren County, you can apply for the PRC Plan in addition to COVID-19 funds

	COVID-19 PRC Plan	PRC Plan
What verifications are needed?	<p>You do not have to give any verifications. When you sign the application, you are swearing that the information you gave is true.</p>	<p>You must submit verifications within 14 days of submitting the application.</p> <p>You must provide the following:</p> <ul style="list-style-type: none"> • verification of SSNs • IDs for all adults in the household • verification that resources do not exceed \$500 • verification of ALL household income for the past 30 <p>Additional verifications are required depending on the type of assistance requested (see page 4 of the application)</p>

WARREN COUNTY PRC APPLICATION COVID-19 RESPONSE

Submit either via Mail at: 416 South East Street, Lebanon, OH 45036

Fax: 513-695-2940, 513-695-2701, 513-695-2702

Email: WARRE_CDHS_INFO@jfs.ohio.gov Or in our agency drop box

Name:	Case Number:
Social Security Number:	Email Address:
Present Address:	City:
Telephone/Contact Number:	Zip Code:

1. List EVERYONE living in your household, including yourself.

2. Circle your family size below.

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

Family Size	Monthly Gross Income at 200% of the Federal Poverty Level
1	\$2,082
2	\$2,819
3	\$3,555
4	\$4,292
5	\$5,029
6	\$5,765

3. Check one:

- I declare that my family's gross monthly income is **at or below** the standard listed.
 I declare that my family's gross monthly income is **above** the standard listed.

Has anyone in your household been laid off as a result of the COVID-19 Pandemic?

Please list who has been laid off and from what business/company _____

4. Please read this statement carefully and respond below:

I reside in Warren County and have a child younger than 19 years of age in Ohio. All members of my household are citizens or qualified aliens.

- YES, I agree with the above statement (it is correct/true for me).
 NO, I disagree with the above statement (it is not correct/true for me).

5. Sign this application.

The information provided above is complete and correct to the best of my knowledge and belief.

Signature of Applicant: _____ Date: _____

Voter Registration Notification: If you are not registered to vote where you live now, would like to register to vote at this time?

- Yes, I want to register to vote. No, I do not want to register to vote.

FOR AGENCY USE ONLY			
<input type="checkbox"/> Eligible	<input type="checkbox"/> Decision Letter Given (retain copy)	<input type="checkbox"/> Not Eligible	<input type="checkbox"/> Decision Letter Given (retain copy)
Signature of Worker		Date	

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If you have questions or need legal assistance, please call the
Legal Aid line at **(513) 241-9400**
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