

FOR AGENCY USE ONLY	
Case Number [REDACTED]	
Date Sent [REDACTED]	Date Returned
County Licking	Unique ID [REDACTED]

Name of Applicant [REDACTED]	Current Address [REDACTED] [REDACTED] [REDACTED]
Social Security Number [REDACTED]	
Telephone Number where you can be reached [REDACTED]	
Email Address [REDACTED]	

Have you ever received any type of Public Assistance from a Job and Family Services Department? Yes No

If yes, give the County Department of Job & Family Services, the type of assistance received, and the date received: [REDACTED]
 Have you ever applied for PRC services in Licking County (or completed this application before)? Yes No

Is anyone in your household presently under a sanction or disqualification from any JFS program? Yes No
 If yes, please explain the person(s), circumstance(s), and date(s) involved: [REDACTED]

Is anyone in your household pregnant? Yes No **If so, what is her due date?** [REDACTED]

Complete the chart below for anyone living in your home, including yourself. You are required to verify all income and resources for all members of your household.

Name	Relationship to Applicant	Pregnant Yes/No	Date of Birth	Social Security Number	Source of Income	Monthly Amount of Gross Income (Excluding Child Support)
1. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]
2. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]
3. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]
4. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]
5. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]
6. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]
7. [REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	\$ [REDACTED]

What do you need assistance with? [REDACTED]

Reason for Need: [REDACTED]

Customer Information Acknowledgement

Non-discrimination issued? Customer initials [REDACTED] **State Hearing procedures issued?** Customer initials [REDACTED]

Voter Registration offered? Customer initials [REDACTED]

By signing the application, applicant agrees that all information provided on this application is true and complete to the best of his/her knowledge. Applicant authorizes Licking County Job & Family Services (LCFJS) to release and share this application and other pertinent information concerning the applicant and his/her family's eligibility and services received with all providers necessary for said services. Applicant further authorizes LCJFS to review and share the application, the information it contains, and eligibility criteria internally between agency divisions and departments, including, but not limited to, the review of Intentional Program Violation (IPV), OWF/PRC fraud, and overpayment/collections statuses.

Signature of Applicant / or Caseworker Verifying Self-Declaration / Verbal Authorization [REDACTED]	Date [REDACTED]
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[REDACTED]
 Signature of Interviewer _____

PRC Approved

Date notice of Approval sent (mm/dd/yr) _____

Item/Service & Amount Approved	Date of Approval	Vendor's Name & Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

PRC Denied

Date notice of Denial sent (mm/dd/yr) _____

Item/Service Denied	Date of Denial	Reason for Denial
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Caseworker	Date	Signature of Supervisor	Date
_____	_____	_____	_____

IPV, Fraudulent OWF/PRC Assistance & Fiscal Collections reviewed? Yes No **Claims?** Yes No

PRC Tool Reviewed Yes No

PRC received prior? Yes No

Date & amount of PRC received? _____

WORKSHEET

MONTHLY HOUSEHOLD INCOME/RESOURCES

(Excluding Child Support)

Earned _____

Unearned _____

TOTAL _____

200% FPG for AG _____

Assistance Group Size _____

AG Size	FPG 200%
2	\$2874
3	\$3620
4	\$4367
5	\$5114
6	\$5860