## PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION

Social Security Number:  Telephone number where you can be				
Telephone number where you can be	ĺ			Agency Accepting Application:
reached:				
ist in the chart below all family membe	rs living in vour	nousehold (o	nlv vourself. s	spouse, and minor children).
Full Name	SS		D.O.B.	Relation to Applicant
1.				
2.				
3.				
4.				
5.				
6.				
At least one person listed above parent (court order).  CITIZENSHIP/QUALIFIED NON-CI		-	ı age, pregi	nant, or a non-custodial
<ol> <li>Is the applicant/individual/family</li> <li>Does the applicant meet one of the second seco</li></ol>	ne Citizenship e	xceptions ur		
SELF-I	<u>DECLARATI</u>	ON STAT	EMENT	
declare that my total gross earned ncome guidelines for my family size he questions regarding citizenship	based on the c			
	Signature			<del></del>

## MONTHLY FEDERAL INCOME GUIDELINES

(as of 1/24/2023)

Family Size	200% guideline		
1	\$2,430		
2	\$3,287		
3	\$4,143		
4	\$5,000		
5	\$5,857		
6	\$6,713		
7	\$7,570		
8	\$8,427		
9	\$9,283		
10	\$10,140		

Add your total gross earned and unearned income in the 30-day period prior to the date of this application and compare to the guideline above appropriate to your family size.

## **HEARING RIGHTS**

If you think there has been an error or delay on your application, you may ask for a state hearing or a county conference. To ask for a hearing, call or write to: Lorain County Dept. of Job & Family Services, 42485 N Ridge Rd, Elyria, OH 44035; or to the Ohio Dept. of Job & Family Services, State Hearings, 30 East Broad St., 31st Flr., Columbus, OH 433266-0423. All county conferences and state hearings are held at the local CDJFS. Once the state hearing is held you should receive the hearing decision within 60 days of your hearing request.