**PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION FOR FULTON COUNTY**

Voter Registration Application Attached: Assistance available to complete if needed.

If you are not registered to vote where you live now, would you like to apply 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

|  |  |
| --- | --- |
| 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  FULTON  Fluon | **COVID-19** |

1. Have you ever received any type of public assistance from a Job & Family Services Department? Yes  No

If yes, give the county JFS, the type of assistance and date received:

2. Explain what you need and estimate the amount you are requesting:

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

4. 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:

5. Is anyone in your household presently under a sanction or disqualification from any job & family services program?  Yes  No

If yes, give the name of the person and the date the sanction or disqualification began:

6. Has anyone in your household quit or refused a job in the last 90 days? Yes No

If yes, Name of person:       , Date of Quit/Refusal:       , Reason for Quit/Refusal:

7. List everyone living in your home, including yourself. You are required to verify all income for all members of your household.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Relationship to Applicant | Date of Birth | Social Security  Number | Monthly Amount of Income | Income  Source |
| 1. | self |  |  | $ |  |
| 2. |  |  |  | $ |  |
| 3. |  |  |  | $ |  |
| 4. |  |  |  | $ |  |
| 5. |  |  |  | $ |  |
| 6. |  |  |  | $ |  |
| 7. |  |  |  | $ |  |

If you are eligible, the agency will limit assistance under this program to the actual documented amount of need.

|  |  |
| --- | --- |
| Signature of Applicant | Date |

JFS 3800 (FCJFS 12/09)



TO ENSURE YOUR INFORMATION IS RECEIVED, PLEASE DO THE FOLLOWING:

1. Print this form.
2. Make sure all required fields are complete.
3. Sign and date your form.
4. Fold and insert your form into an envelope.
5. Mail your form to your county board of elections.

For your county board's address please visit www.OhioSecretaryofState.gov/boards.htm

If you have additional questions, please call the office of the Ohio Secretary of State at (877) SOS-OHIO (877-767-6446).

HOW TO OBTAIN AN OHIO ABSENTEE BALLOT

You are entitled to vote by absentee ballot in Ohio without providing a reason. Absentee ballot applications may be obtained from your county board of elections or from the Secretary of State at: www.OhioSecretaryofState.gov or by calling (877) 767-6446.

OHIO VOTER IDENTIFICATION REQUIREMENTS

Voters must bring identification to the polls in order to verify identity. Identification may include current and valid photo identification, a military identification, or a copy of a current (within the last 12 months) utility bill, bank statement, government check, paycheck, or other government document (other than a notice of voter registration mailed by a board of elections) that shows the voter’s name and current address. Voters who do not provide one of these documents will still be able to vote by providing the last four digits of the voter’s Social Security number and by casting a provisional ballot pursuant to R.C. 3505.181. For more information on voter identification requirements, please consult the Secretary of State’s website at: www.OhioSecretaryofState.gov or call (877) 767-6446.

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.