

COVID -19 Response PRC Application

Prevention, Retention and Contingency

VOTER REGISTRATION APPLICATION ATTACHED-ASSISTANCE AVAILABLE

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 (Must be an Adult)	Physical Address	For Agency Use Only
Social Security Number		OB Case Number
Telephone Number where you can be reached		Date Received
	Mailing Address (if different than above)	

1. Describe how your household has been financially impacted by the COVID-19 pandemic (required):

3. Have you ever received any type of public assistance from a human services department? Yes No

If yes, please give the county DHS the type of assistance and date received?

4. Explain what you need and estimate you are requesting.

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

6. 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.

7. Is anyone in your household presently under a sanction or disqualification from any human services program? Yes No If so, give the name and the date the sanction or disqualification began.

8. Has anyone in your household quit or refused a job in the last 90 days? Yes No If yes, give name, the date of the quit or refusal, and the reason for the quit or refusal.

9. Complete the chart below for **ALL** persons living in your home, including yourself.

Name	Relationship to Applicant	Age	Source of Income	Month Amount of Income
1	Self			\$
2				\$
3				\$
4				\$
5				\$
6				\$
7				\$
8				\$

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

Signature of Applicant	Date
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