



**MIAMI COUNTY PREVENTION, RETENTION,
AND CONTINGENCY (PRC)
COVID-19 RESPONSE PROGRAM APPLICATION**

Low-income households may be potentially eligible for a one-time \$500 payment if you have a minor child and have had a loss/decrease in income or needs related to sheltering at home as a result of the COVID-19 pandemic. This program is limited to available funds. You must be a Miami County resident to apply.

Name:	AGENCY USE ONLY
Social Security Number:	Case Number:
Present Address:	Worker:
Telephone/Contact Number:	Date Received:

Complete the following for EVERY person living in your household, including yourself:

Name	Relationship to You	Age	Income Source	Monthly Amount (Before Deductions)

I attest that the following information is true and accurate (check all that apply):

<input type="checkbox"/>	I live in Miami County and my household has experienced decreased income or has needs related to sheltering in place as a result of the COVID-19 pandemic.
<input type="checkbox"/>	A minor child is living in the household
<input type="checkbox"/>	I am pregnant and my due date is:
<input type="checkbox"/>	I am a US Citizen or qualified alien
<input type="checkbox"/>	I pay child support for a minor child in Ohio
<input type="checkbox"/>	No one in my household is currently disqualified from assistance programs

I authorize the agency to make collateral contacts with other persons or organizations in order to verify my eligibility for this program.

Applicant Signature

Date

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

Yes, I want to register to vote. **No**, I do not want to register to vote now.

*(If you do not check either box, you will be considered to have decided **NOT** to register to vote at this time. This does **NOT** affect your application in any way.)*