

MEIGS COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES
PREVENTION, RETENTION, AND CONTINGENCY PROGRAM (PRC) APPLICATION
DISASTER APPLICATION

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	AFFECTED ADDRESS	<u>For Agency Use Only</u> CASE NUMBER <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">DATE RETURNED</td> <td style="width: 50%; padding: 2px;">CASEWORKER</td> </tr> </table>	DATE RETURNED	CASEWORKER
DATE RETURNED	CASEWORKER			
SOCIAL SECURITY NUMBER	CURRENT MAILING ADDRESS			
PHONE NUMBER WHERE YOU CAN BE REACHED				

Was your home affected by the September 2026 flood? ☐ YES ☐ NO
 Have you reported your damage with Meigs County Emergency Management Agency (EMA) ☐ YES ☐ NO

List all members living in your home, including yourself.

NAME	RELATIONSHIP TO APPLICANT	AGE	Social Security Number	Current Grade in School	Employer's Name or School	MONTHLY AMOUNT OF INCOME
1.	SELF					
2.						
3.						
4.						
5.						
6.						

The 2026 Poverty Guidelines	
Persons in family	200% Poverty guideline (per month)
1	\$2660
2	\$3607
3	\$4554
4	\$5500
5	\$6447
6	\$7394
7	\$8340
8	\$9287
I attest that my household is at or below guidelines _____ (initial)	

- Are you 55 years or older ☐ Yes ☐ No
- Do you receive:

SSI	☐ Yes	☐ No
SSDI	☐ Yes	☐ No
VA Disability	☐ Yes	☐ No
PERS Disability	☐ Yes	☐ No
Railroad Retirement Disability	☐ Yes	☐ No
Black Lung Benefit	☐ Yes	☐ No
Other	☐ Yes	☐ No

****Disability Verification is Required****

By my signature below, I affirm that to the best of my knowledge and belief the answers on this application are complete and correct. I understand that the law provides a penalty of fine and imprisonment (or both) for anyone convicted of accepting assistance he or she is not eligible for. I state under penalty of perjury that all the information on this PRC application is true and complete to the best of my knowledge.

Signature of Applicant	Date
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OFFICE STAFF SECTION

- | | |
|--|---|
| ☐ Assistance Group is PRC Eligible -TANF
☐ Assistance Group is PRC Eligible -NON-TANF | ☐ Assistance Group is NOT Eligible for PRC |
|--|---|

Eligibility Staff _____ Date: _____