

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

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**VOTER REGISTRATION**

IF YOU ARE NOT REGISTERED TO VOTE WHERE YOU LIVE NOW, WOULD YOU LIKE TO APPLY TO REGISTER TO VOTE?

☐ YES, I WANT TO REGISTER      ☐ NO, I DO NOT WANT TO REGISTER

IF YOU DO NOT CHECK EITHER BOX, YOU WILL BE CONSIDERED TO HAVE DECIDED NOT TO REGISTER AT THIS TIME

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NAME OF APPLICANT: \_\_\_\_\_

AFFECTED ADDRESS: \_\_\_\_\_

CURRENT MAILING ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

Was your home affected by the September 2026 flood?      ☐ YES    ☐ NO

Have you reported your damage with Gallia County Emergency      ☐ YES    ☐ NO

Management Agency (EMA)

\*List all members living in your household, including yourself, and complete required information for each person\*

List additional family members on separate sheet if needed

| NAME | RELATIONSHIP<br>TO APPLICANT | AGE | SOCIAL SECURITY<br>NUMBER | SOURCE OF<br>INCOME | MONTHLY GROSS<br>INCOME |
|------|------------------------------|-----|---------------------------|---------------------|-------------------------|
|      | SELF                         |     |                           |                     |                         |
|      |                              |     |                           |                     |                         |
|      |                              |     |                           |                     |                         |
|      |                              |     |                           |                     |                         |
|      |                              |     |                           |                     |                         |

- 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
  - Do you have a minor child in the home      ☐ YES    ☐ NO
-

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 information on this PRC application is true and complete to the best of my knowledge.

|                               |             |
|-------------------------------|-------------|
| <b>Signature of Applicant</b> | <b>Date</b> |
|-------------------------------|-------------|

**OFFICE STAFF SECTION**

Case # \_\_\_\_\_  
Date Submitted \_\_\_\_\_ 200% Standard \_\_\_\_\_ Household Income Total \_\_\_\_\_

- \_\_\_\_\_ Assistance Group is PRC Eligible – TANF
- \_\_\_\_\_ Assistance Group is PRC Eligible – NON\_TANF
- \_\_\_\_\_ Assistance Group is NOT Eligible for PRC Disaster Assistance

Worker Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor Signature \_\_\_\_\_ Date \_\_\_\_\_