

PRC/FSET Application
Prevention, Retention and Contingency/Food Stamp Employment & Training Program

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	Present Address	For Agency Use Only	
Social Security Number		Case Number	
Telephone Number where you can be reached		Date Sent	Date Returned
		County	Unique ID

1. 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? _____

2. Explain what you need and estimate 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 human services program? Yes No If, so, give the name 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, give name, the date of the quit or refusal, and the reason for the quit or refusal. _____

7. Complete the chart below for anyone living in your home, including yourself. You are required to verify all income for all members of your household.

Name	Relationship to Applicant	Age	Source of Income	Month Amount of Income
1				\$
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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