

DELAWARE COUNTY COMMUNITY SERVICES GENERAL RELIEF/ MCGEE FOUNDATION APPLICATION

DATE: _____
NAME: _____
ADDRESS: _____

SOCIAL SECURITY #: _____
BIRTHDATE: _____
AGE: _____

How long have you lived at this address? _____

PHONE NUMBER: _____
Buying _____ Amount/month _____
Renting _____ Amount/month _____

Previous address: _____ How long did you live there? _____

How many live in this household? _____

List all who live in this household including yourself:

1. _____ Relationship: _____ DOB: _____ 3. _____ Relationship: _____ DOB: _____
2. _____ Relationship: _____ DOB: _____ 4. _____ Relationship: _____ DOB: _____

Marital Status: _____ single _____ married _____ divorced _____ widowed

Are you a student? _____ If yes, are you part-time _____ or full-time _____

Are you or spouse a veteran? _____ If yes, what dates were served? _____

What do you estimate your household income as being for the past 30 days? _____ (Gross - before taxes)
_____ (Net - take home pay)

Table with 3 columns: Please list your employers For the past 3 years/Reason left, Employment Dates Start / End Dates, Monthly Salary. Includes rows for \$ _____

Will you receive ADC/FIP this month? _____ If yes, Amount: \$ _____

Did you receive ADC/FIP last month? _____ If yes, Amount: \$ _____ Registered at Job Service? _Y/N

Do you receive any of the following? If yes, Amounts: \$ _____ child support \$ _____ pensions \$ _____ other

Does anyone else in your household have income during the month? If so,

Who: _____ Amount: \$ _____ Source: _____

Who: _____ Amount: \$ _____ Source: _____

Do you or anyone in your household receive income from any other agency listed below?

Table with 2 columns: Amount/month, Amount/month. Lists agencies like Unemployment \$, Veterans Affairs \$, Workman's comp \$, SSI \$, Charitable organizations \$, Social Security \$, Food stamps \$, other, please list: \$.

Do you have any debts? _____ If yes, Please list:

Who: _____ Amount: \$ _____ Who: _____ Amount: \$ _____

Who: _____ Amount: \$ _____ Who: _____ Amount: \$ _____

ASSETS and DEBTS:

Do you own any real estate? _____ If yes, please list purchase price \$ _____ Amount owed \$ _____ Present value \$ _____

Do you own any vehicles? _____ If yes, please list purchase price

1. Year _____ Model _____ Make _____ Purchase Price \$ _____ Amount Owed \$ _____ Present value \$ _____

2. Year _____ Model _____ Make _____ Purchase Price \$ _____ Amount Owed \$ _____ Present value \$ _____

Do you have any of the following? Savings account: _____ amount: \$ _____
Checking account _____ amount: \$ _____
Bonds/stocks _____ amount: \$ _____
Investments _____ amount: \$ _____
Other _____ amount: \$ _____

What are your living expenses: Rent or House payment _____ Water _____ Sewer _____ Garbage _____

Electricity _____ Heating _____ Groceries _____ Medications _____ Cable T.V. _____ Entertainment _____

Misc. expenses, please list amount and to who _____

Do you carry any type of insurance? If so, Name of company _____ Type (life/health) _____

Value _____ Premium/month \$ _____ who is insured? _____ Beneficiary _____

Please indicate what type of assistance you are requesting.

****GENERAL RELIEF: UTILITIES RENT OTHER**

Name and address of the Company or Individual you owe: _____

Name and address of the Company or Individual you owe: _____

If you received an eviction notice or disconnect notice, please include the notice and date you received the notice.

Have you requested help from other agencies or individuals for this bill? _____ If so, Who _____ When _____

Were you denied assistance by anyone? _____ If yes, who denied you _____ Why _____

If not denied by anyone, what assistance did you receive? _____

BURIAL ASSISTANCE: _____

As a signatory of this document, I certify that the above information is true and complete to the best of my knowledge, and I authorize Delaware County Community Services Department or Intake staff to check sources for verification of the information provided. I understand that the information gathered in this document is for the use of Delaware County in establishing my eligibility for General Assistance and in confirming residency. I understand that I must report any changes in my situation, which could affect my eligibility. I hereby authorize all persons to release confidential information concerning my personal situation to the Community Services Department, if it deems such information necessary. I understand that information in this document will remain confidential.

X _____

Signature or Mark of Applicant or Legal Guardian

Date

If you are dissatisfied with the Community Services Department's action, you may appeal to Delaware County Board of Supervisors.

Please read the following then sign and date.

I understand that General Relief assistance, including State Papers, shall be denied to any individual or household who:

1. Does not meet the income guidelines or resource guidelines,
2. Refuses to answer any question on the application,
3. Fails to provide requested verification and/or information,
4. Attempts to falsify the application or verification, or misrepresents their household's situation in any way.

I further understand that the Code of Iowa provides that "Any county having expended any money for the relief or support of a poor person, under the provisions of this chapter, may recover the same from any of kindred mentioned herein, from such poor person should he become able or from his estate; from relatives by action brought within two years from the payment of such expenses, from such poor person by action brought within two years after becoming able, and from such person's estate by filling the claim as provided by law." (Code of Iowa 252.13)

AGREEMENT TO REPAY *****THIS AGREEMENT TO REPAY DOES NOT APPLY TO STATE PAPERS.*****

I understand that, if and when I am able, I have a responsibility to repay to Delaware County and General Relief payment that is _____ made in my behalf and that according to Iowa Code Chapter 252.2, my parents and/or children may also be held responsible to repay _____ Delaware County in the event that I am unable to do so.

X _____

Signature or Mark of Applicant or Legal Guardian

Date

Assistance Approved _____ Assistance Denied _____ Reason Denied _____

Workers Signature _____ Date _____

NOTES: _____

**DELAWARE COUNTY COMMUNITY SERVICES
GENERAL ASSISTANCE/MCGEE FOUNDATION
RELEASE OF INFORMATION**

NAME: _____

DATE: _____

ADDRESS: _____

I authorize DELAWARE COUNTY COMMUNITY SERVICES staff and the following individuals or agencies to share written and oral information about my needs to determine eligibility for General Assistance and/ or University of Iowa Hospital & Clinic State Papers.

NAME/AGENCY

INFORMATION REQUESTED/OBTAINED

___ ALLIANT ENERGY.....

___ AQUILA.....

___ CITY OF MANCHESTER.....

___ DEPARTMENT of HUMAN SERVICES.....

___ EMPLOYER.....

___ OPERATION NEW VIEW.....

___ MEDICAL.....

___ LANDLORD.....

___ WORKFORCE DEVELOPMENT.....

___ CHURCHES.....

OTHER: _____

I understand this information shall be kept confidential and shall be used for the purpose of planning and delivering my services. I understand that I have the right to see this information at any time. This consent is valid for information already in existence and any information which may be generated during future service involvement. I understand that I can revoke my consent at any time by providing written notification.

Name _____ Date signed _____
Authorized Signature

A photocopy of this signed Authorization shall have the same force and effect as this original.