CLINTON COUNTY GENERAL ASSISTANCE APPLICATION

APPLICATION DATE:				**SOCIAL SECURITY #:**			
GENDER:		MALE		FEMALE	PHONE:		MESSAGE PHONE:
NAME:						**BIRTH DATE:**	
ADDRESS:							
HOW LONG HAVE YOU LIVED AT THIS ADDRESS?					HOW LONG HAVE YOU LIVED IN CLINTON COUNTY?		
HAVE YOU APPLIED HERE BEFORE? ( )YES ( ) NO					WHAT OTHER NAMES HAVE YOU USED?		
EDUCATION: ( ) GED ( ) HIGH SCHOOL DIPLOMA ( ) COLLEGE ( ) CAREER LINKS							
DO YOU RECEIVE HUD? ( ) YES ( ) NO *IF *YES* THEN STOP HERE IF YOU ARE APPLYING FOR RENT OR UTILITIES.							
ARE YOU A VETERAN? ( ) YES ( ) NO ARE YOU ELIGIBLE FOR VETERAN'S BENEFITS? ( ) YES ( ) NO							

MARITAL STATUS:		SINGLE, NEVER MARRIED		MARRIED		DIVORCED		SEPERATED	WIDOWED

LIVING SITUATION		ALONE		W/RELATIVES		W/ UNREALTED INDIVIDUALS	HOMELESS/SHELTER

EVERYONE IN HOUSEHOLD:

NAME:	RELATIONSHIP:	BIRTH DATE:

DO ALL THE MEMBERS OF YOUR HOUSEHOLD HAVE HEALTH INSURANCE? ( ) YES ( ) NO									
DO YOU RECEIVE FOOD STAMPS? ( ) YES ( ) NO IF YES, HOW MUCH? $									
DO YOU HAVE APPLICATIONS PENDING FOR – OR- BEEN DENIED:			**SSDI**		**SSI**		**FOOD STAMPS**		
	FIP		**HEALTH INSC.**		**VA BENEFITS**		**UNEMPLOYMENT**		**WORKER'S COMP**

ARE ALL HOUSEHOLD INDIVIDUALS AGE 18 AND OLDER CURRENTLY EMPLOYED? ( ) YES ( ) NO - IF NOT WHY?			
If YES, WHERE?_____			
	FIRED –DATE:		QUIT JOB – DATE:
	LAID OFF- DATE:		MEDICAL CONDITION:

IF UNABLE TO WORK DO YOU HAVE A DOCTOR'S EXCUSE DATED WITHIN THE LAST 30 DAYS?		YES		NO
ARE YOU THE PRIMARY CAREGIVER IN THE HOME FOR A DISABLED CHILD OR ADULT?		YES		NO

IF UNEMPLOYED & ABLE TO WORK PROVIDE THE NAME AND CONTACT INFORMATIN FOR AT LEAST 5 PLACES THAT YOU HAVE APPLIED FOR EMPLOYMENT AT WITHIN THE LAST 7 DAYS.

1.	
2.	
3.	
4.	
5.	

Do you give our office authorization to contact these Employers to verify you have applied? ( ) YES ( ) NO

Initial Here: _____

CLINTON COUNTY GENERAL ASSISTANCE APPLICATION

WHAT ASSISTANCE DO YOU NEED?	HOW MUCH CAN YOU OR HAVE YOU PAID TOWARDS BILL?	$
( ) RENT	LANDLORD NAME AND PHONE #	
HOW MUCH IS YOUR RENT? $	DO YOU HAVE AN EVICTION NOTICE? ( ) YES ( ) NO	
( ) UTILITIES	COMPANY NAME:	ACCT #:
DO YOU HAVE A DISCONNECT NOTICE? ( ) YES ( ) NO		

( ) MEDICAL	( ) PRESCRIPTION	( ) DENTAL	( ) FOOD	( ) PERSONAL NEEDS

WHICH AGENCIES HAVE YOU CONTACTED THIS MONTH FOR ASSISTANCE AND HOW MUCH WILL THEY HELP YOU WITH?

INFOR. & REFERRAL	$	COMMUNITY ACTION	$	VA	$	OTHER:	$

MONTHLY GROSS INCOME:	APPLICANT	OTHER HOUSEHOLD MEMBERS
EMPLOYMENT WAGES	$	$
FIP	$	$
SOCIAL SECURITY/SSDI/SSI	$	$
VETERAN'S BENEFITS	$	$
CHILD SUPPORT RECEIVED	$	$
UNEMPLOYMENT, PENSIONS	$	$
OTHER INCOME	$	$
TOTAL GROSS MONTHLY INCOME = $		

****OFFICE USE ONLY****

MONTHLY BUDGET

Total Gross Income: $ _____
Essential Expenses -$ _____
Balance= $ _____

Balance= $ _____
Non-Essential Exp. -$ _____
Balance = $ _____

RESOURCES:	CHECK YES OR NO	APPLICANT AMOUNT	OTHER HOUSEHOLD MEMBERS AMOUNT
CASH			
CHECKING ACCOUNT	YES NO	$	$
SAVINGS ACCOUNT	YES NO	$	$
CERTIFICATE OF DEPOSIT	YES NO	$	$
TRUST FUNDS	YES NO	$	$
STOCKS AND BONDS	YES NO	$	$
OTHER RESOURCES	YES NO	$	$
TOTAL RESOURCES:	$		

VEHICLE	YES NO	YEAR: $ VALUE:	YEAR: $ VALUE:
REAL ESTATE	YES NO	$ VALUE:	$ VALUE:

HOW MUCH DO YOU OWE THIS MONTH FOR THE FOLLOWING **ESSENTIAL** EXPENSES?

Rent/Mortgage		**Electric**		**Water**		**Sewer**	
Prescriptions		**Dr./Hosp.**		**Health Insc.**		**Other Insc.**	
Car Pmt/Bus Pass		**Car Insc.**		**Food**		**Personal Needs**	
						TOTAL ESSENTIAL EXPENSES: $	

HOW MUCH DO YOU OWE THIS MONTH FOR THE FOLLOWING **NON-ESSENTIAL** SERVICES?

	Cable/Dish			**Internet**			**Credit Card/ Loans**	
	Home/Cell Phone			**Fines**			**Miscellaneous**	
							TOTAL NON-ESSENTIAL EXPENSES: $	

WHAT IS THE REASON THAT YOU ARE NEEDING ASSISTANCE THIS MONTH?_____

_____

HAS ANYONE OUTSIDE OF YOUR HOUSEHOLD ASSISTED YOU IN PAYING THESE MONTHLY EXPENSES THIS MONTH OR WITHIN THE LAST 30 DAYS? ( ) YES ( ) NO *IF YES*, HOW MUCH? _____ WHO ASSISTED YOU? _____

WHAT DID THEY PAY FOR YOU? _____

HOW DO YOU PLAN TO PAY FOR YOUR **ESSENTIAL** NEEDS (RENT, UTILITIES, FOOD) NEXT MONTH? _____

_____

CLINTON COUNTY GENERAL ASSISTANCE APPLICATION

PLEASE READ BEFORE SIGNING:

I UNDERSTAND THE GENERAL ASSISTANCE (GA) WORKER SHALL INVESTIGATE THE FACTS OF THE APPLICATION TO DETERMINE MY ELIGIBILITY AND NEED FOR ASSISTANCE. THESE DOCUMENTS AND THE GA WORKERS INVESTIGATION OF FACTS SHALL BE MADE PART OF APPLICANT'S FILE. THE GA WORKER SHALL MAKE A DECISION WITHIN TEN WORKING DAYS AFTER RECEIVING COMPLETED APPLICATION AND A NOTICE OF DECISION WILL BE MAILED TO THE APPLICANT'S ADDRESS.

AS SIGNATORY OF THIS DOCUMENT, I CERTIFY THAT THIS INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE, AND I AUTHORIZE THE CLINTON COUNTY GENERAL ASSISTANCE STAFF TO CHECK FOR VERIFICATION OF THE INFORMATION PROVIDED. I UNDERSTAND THAT THE INFORMATION GATHERED IN THIS DOCUMENT IS FOR THE USE OF THE COUNTY IN ESTABLISHING MY ELIGIBILITY TO RECEIVE FINANCIAL ASSISTANCE THROUGH GENERAL ASSISTANCE OFFICE. I UNDERSTAND THAT THE INFORMATION GATHERED IN THIS DOCUMENT WIll REMAIN CONFIDENTIAL.

I HEREBY CERTIFY THAT THE STATEMENTS MADE HERIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT IF IT IS DETERMINED THAT I WILLFULLY MISREPRESENTD ANY FACTS TO OBTAIN ASSISTANCE, THEN THIS APPLICATION CAN BE DENIED FOR THAT REASON.

X_____ _____

SIGNATURE OF APPLICANT OR LEGAL GUARDIAN DATE

RIGHT OF APPEAL

IF YOU ARE NOT SATISFIED WITH THE ACTION OF THIS OFFICE, YOU MAY APPEAL TO THE CLINTON COUNTY BOARD OF SUPERVISORS AT THE CLINTON COUNTY ADMINISTRATION BUILDING IN CLINTON, IA. THIS APPEAL WILL HAVE TO BE IN WRITING TO THE CLINTON COUNTY ASSISTANT MENTAL HEALTH COORDINATOR WITHIN 10 DAYS OF THE DATE OF DECISION.

PROHIBITION AGAINST DISCRIMINATION

WE SHALL CONSIDER THIS APPLICATION WITHOUT REGARDS TO RACE, GENDER, SEXUAL ORIENTATION, MENTAL OR PHYSICAL HANDICAP, RELIGION, NATIONAL ORIGIN, OR POLITICAL BELIEF.

COPY TO CLIENT ____ ACCEPTED ____ DECLINED DATE: _____

Office Use Only: **Amount of Assistance: _____ / Approved OR Denied / Applicant is Poor or Needy**

GA Staff Signature_____ Date_____

DENIAL REASON:

	Over income/resource
	Receives HUD assistance (*Rent & Utility Assistance only)
	Landlord would not accept payment from GA
	Applicant was fired/quit from his/her employment
	This office has not received all of the information needed to process his/her application therefore eligibility cannot be determined
	Other:

GA Worker's Notes: