

Louisa County Community Services General Assistance Program Instructions for Application

Your application for General Assistance will be complete when you have provided all the requested information, as well as the necessary documentation and verification, and signed the application. Please read the application carefully, and complete each item. When you turn in the application to Community Services, or have your General Assistance appointment, you will be asked to provide:

- 1) Picture identification
- 2) Proof/verification of all pending applications/benefits regarding Disability, Social Security, Food Stamps, Medicaid, unemployment, Worker's Compensation, etc.
- 3) Statement from Doctor regarding medical leave/inability to work
- 4) Proof of gross income from all sources for all household members for the month of application:
 - For fixed benefits, such as Social Security, SSI and pensions: your most recent check, or benefit letter, or a recent bank statement if your check is automatically deposited
 - For wage earners: check stubs (from each job) for the three month period preceding the date you apply, or your most recent federal income tax return
 - For self-employed: a copy of your most recent federal income tax return
 - For FIP, child support and/or alimony: bring proof of payments

The office staff will be able to make copies of these documents here in the office. Your application will be considered complete when all information and documentation/verification is provided. Once a complete application is received, it will be reviewed and a determination made, and a Notice of Decision issued.

Please call the office, 319-523-5125, with any questions and/or to request an appointment. Please note that "walk-in" for General Assistance is encouraged 8:00 a.m. through noon, Mondays through Thursdays; with afternoons and Fridays reserved for appointments and scheduled work.

Your attention to the information on this sheet will help make your application process fast and easy.

LOUISA COUNTY COMMUNITY SERVICES
503 Franklin St.
Wapello, Iowa 52653
General Assistance Application
Phone 319-523-5125

Name _____ Date _____

Address _____ Phone _____
(Street) (P.O. Box)

Household Size _____
(City) (State) (Zip)

How long have you lived in Louisa County? _____ Where did you live before? _____ How long? _____

Are you an U.S. citizen? _____ Yes _____ No
If No, do you have a resident alien card? Yes No Or a valid work permit? Yes No

Type of help needed: _____

HOUSEHOLD SIZE (List everyone in your household)

First Name	Last Name	SS Number	Birth Date	Age	Relationship
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

MARITAL STATUS (Circle one of the following)
Married Single Separated Divorced Widowed

LIVING ARRANGEMENTS (Check the one that applies)

_____ Renting: Landlord's Name _____
Address _____ Phone: _____

Is Landlord a relative? Yes No Relationship: _____

_____ Living with friends or relatives: Name _____
Phone _____

_____ Buying Home _____ Own Home

MILITARY SERVICE

Dates of service: _____ Was this an honorable discharge? _____

INCOME (Please list all sources of income for each household member)

<u>Source of Income</u>	<u>Weekly Net</u>	<u>Monthly Net</u>	<u>Person Receiving Income</u>
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Employment _____

Self Employment _____

Unemployment Comp. _____

Workman's Comp. _____

Social Security _____

S.S.I. _____

S.S.D. _____

Disability Payment _____

Pension/Retirement _____

Veteran's Benefits _____

Cash from Relative _____

Child Support _____

Alimony _____

FIP _____

Food Stamps _____

Do you receive income from a rental property? _____

<u>Energy Assistance</u>	<u>Date Received</u>
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<u>Emergency Assistance</u>	<u>Date Received</u>
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MONTHLY EXPENSES (List what your household pays out per month for the following)

Rent \$ _____

Loans (list name of bank)

Lot Rent \$ _____

_____ \$ _____

House Payment \$ _____

_____ \$ _____

Heating \$ _____

_____ \$ _____

Electric \$ _____

Water \$ _____

Charge Accounts

Phone \$ _____

_____ \$ _____

Food \$ _____

_____ \$ _____

Non-Food \$ _____

Car Payment \$ _____

Other Monthly Expenses

Car Insurance \$ _____

_____ \$ _____

House Insurance \$ _____

_____ \$ _____

MEDICAL EXPENSES (List only bills under 90 days old. List how much you owe and how much you pay toward the bill on a monthly basis, if any.)

	<u>Total Owed</u>	<u>Monthly Payment</u>
Name of Doctor _____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Name of Hospital _____	\$ _____	\$ _____
_____	\$ _____	\$ _____

List name of medication(s) any of your household members are presently taking:

Name of Pharmacy

How much you pay to Pharmacy each month

_____ \$ _____

_____ \$ _____

Health Insurance cost to you per month: \$ _____

Life Insurance cost to you per month: \$ _____

CERTIFICATION STATEMENT

I understand that I assume full responsibility for the statements on this form for all household members. I understand that the Louisa County General Assistance office will use these statements to determine my eligibility for General Assistance. If I provide false statements to the General Assistance Director or the Director’s designee, this can be considered fraud and will be reported to the County Attorney. I am aware that the information on this form may be investigated and verified.

I understand that I shall provide two (2) new Job searches every week, if applicable, as so stated in the Louisa County Assistance Guidelines. A refusal or failure to actively seek employment or to accept a reasonable employment offer shall disqualify me from receiving General Assistance.

I have received a copy of Louisa County’s Notice of Privacy Practices.

Signature of Applicant (Legal Name)_____

Date_____Expires_____

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize the Louisa County General Assistance Director or Director’s designee to release to or receive from any banking or savings institution, the Board of Supervisors, employer, firm, corporation, Department of Human Services, or any persons any information which they desire to document or verify the confidential information given. My signature below represents all household members.

Signature of Applicant (Legal Name)_____

Date_____Expires_____

FOR OFFICE USE ONLY

DATE: _____

HOUSEHOLD SIZE: _____

MAXIMUM ALLOWABLE: _____

TOTAL INCOME FOR MONTH: \$ _____

TOTAL MEDICAL EXPENSES: \$ _____

AVAILABLE NET WORTH: \$ _____

THIS HOUSEHOLD IS OVER INCOME GUIDELINES: YES NO