

Appointment: _____

HENRY COUNTY GENERAL ASSISTANCE APPLICATION

106 N. Jackson, Mt. Pleasant, IA 52641

319-385-0790 Fax: 319-385-8016

Date: _____

Name: _____ Phone: _____

Current Address: _____ From: __/__/__ to __/__/__

Previous Address: _____ From: __/__/__ to __/__/__

Previous Address: _____ From: __/__/__ to __/__/__

Type of help needed: _____

Social Security Number: _____ Birth date: _____

Military Service: Yes _____ No _____ Service Branch: _____ Dates of Service: _____

U.S. Citizen: Yes _____ No _____

How long have you lived in Henry County? _____

List EVERYONE in your household:

Name	Birth Date	Relationship
1.		
2.		
3.		
4.		
5.		
6.		
7.		

Marital Status: Married _____ Single _____ Separated _____ Divorced _____ Widowed _____

Parents: _____ Address: _____

Spouse's Parents: _____ Address: _____

Do you have Medical Insurance? Yes _____ No _____ Company: _____

Do you have Life Insurance? Yes _____ No _____ Company: _____

Do you have Title XIX? Yes _____ No _____

Living Arrangements:

_____ Renting: Landlord's Name: _____ Address: _____
 Is landlord a relative? Yes _____ No _____

_____ Buying: Mortgage Institution: _____

_____ Living with friends or relatives: Name: _____

_____ Own home

Resources:

_____ Cash \$ _____

_____ Checking \$ _____

_____ Savings \$ _____

_____ Time Certificates \$ _____

_____ Stocks, Bonds, Etc. \$ _____

_____ Other assets (specify) \$ _____

_____ Real Estate: Location: _____
 Value \$ _____ - Owe \$ _____ = Equity \$ _____

_____ Vehicles:
 Year _____ Make _____ Model _____ Value \$ _____

Year _____ Make _____ Model _____ Value \$ _____

Employment:

Last year's gross income: \$ _____

Are you presently employed? _____ Yes _____ No

Name of person working	Employer	Date you started working

Unemployed:

Person not working	Last employer	Dates you started and ended work

Reason for Termination	Last employer	Dates you started and ended work

INCOME:

Has anyone in your home received any of the following income in the last 30 days?

Source of Income	Amount	How often Received	Person receiving income
Self Employment	___ Yes ___ No		
Employment	___ Yes ___ No		
Unemployment Benefit	___ Yes ___ No		
Workman's Comp.	___ Yes ___ No		
Social Security	___ Yes ___ No		
SSI	___ Yes ___ No		
Pension	___ Yes ___ No		
Compensation	___ Yes ___ No		
Disability Payment	___ Yes ___ No		
Child Support	___ Yes ___ No		
Veteran's Benefits	___ Yes ___ No		
Regular Cash			
From Relatives	___ Yes ___ No		
Room & Board Pmts.	___ Yes ___ No		
F.I.P.	___ Yes ___ No		
Food Stamps	___ Yes ___ No		
Other	___ Yes ___ No		

Every source must be checked above.

EXPENSES: (list monthly amounts)

Loans \$ _____
 Charge accounts \$ _____

 Other _____ \$ _____
 _____ \$ _____
 _____ \$ _____

Food \$ _____
 Rent \$ _____
 House payment \$ _____
 Heating \$ _____
 Electric \$ _____
 Phone (excluding long distance)
 \$ _____
 Water \$ _____
 Car payment \$ _____
 Insurance \$ _____ house
 \$ _____ car
 \$ _____ medical

Medical Expenses:

Doctor(s):		Monthly	Total
Dr. _____	Amount:	\$ _____	\$ _____
Dr. _____	Amount:	\$ _____	\$ _____

Hospital:			
Name: _____	Amount:	\$ _____	\$ _____
Name: _____	Amount:	\$ _____	\$ _____

Medication:			
List: _____	Amount:	\$ _____	\$ _____

_____	Pharmacy:	_____	

CERTIFICATION STATEMENT: I understand that I assume full responsibility for the accuracy of the statements on this form, and I understand the County General Assist. office will use these statements to determine my eligibility for general assistance. If I provide false statements on this application, or give false statements to the General Assistance worker, this can be considered fraud and may be referred to the County Attorney and/or result in permanent ineligibility of future assistance. I am also aware that giving false information or failure to provide information required for application will result in a denial of assistance and suspension of eligibility for one hundred eighty (180) days. I am aware that this general assistance information may be verified and investigated. I am aware of my responsibility to report any changes in my income which is defined as: cash, gross wages, gross salaries, Social Security, pensions, rents, interest, FIP/ADC, cash payments, child support, unemployment or other monies available for the support of my household.

RELEASE OF INFORMATION: I hereby authorize the following Henry Co. offices: CPC, Veteran's Affairs, Public Health, Auditor, Treasurer, Attorney, Sheriff and further, DHS, Comm. Action, IA Workforce, Police Depart., Social Security, landlords, utility providers, current or previous employers, probation, parole officers and law enforcement officials, Child Support Recovery and _____ to release confidential information concerning my personal situation to the Henry Co. General Assistance office if such information is deemed necessary. I also authorize Henry Co. General Assistance to release to the previously named agencies and persons, confidential information, if such information is deemed necessary. Release is to be effective for one (1) year from date of signature.

LEGAL CLAIM: I understand that the Code of Iowa provides that "Any county having expended any money for relief or support of a poor person, under the provisions of this chapter, may recover the same from any of his 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 person's estate by filing the claim as provided by law." (252.13)

DISPOSITION: You will receive a decision as to the disposition of your application in writing within five (5) working days unless more information is required. If you do not agree with the action of the County General Assistance, you may appeal the decision.

 Signature of Applicant

 Date