

DICKINSON COUNTY GENERAL ASSISTANCE APPLICATION

1802 Hill Avenue
SPIRIT LAKE, IOWA 51360

Applicants First Name Middle Last Social Security Number

Street Address City State Zip Code

Mailing Address (If Different) Telephone Number

How long have you been at the above address? Years Months Days

Previous Address How long

List Each Person living in the household and include yourself.

	Name	Birthdate	SS Number	Education	Relationship to applicant
1.					
2.					
3.					
4.					
5.					
6.					

Have you listed all in the household? Yes No If no, explain

RESOURCES

Does anyone in your home have any of the following resources? Check Yes or No for each item.

	Amount	Location	Name or Names of Persons
Cash on Hand Yes No			
Checking Account Yes No			
Savings Account Yes No			
Stocks or Bonds Yes No			
Time Certificates Yes No			
Trust Fund Yes No			
IRA Yes No			
Other - List			

	Make/Year	Value	Amount Owed
Automobiles Yes No			
Truck/Motorcycle Yes No			
Snowmobile/Boat Yes No			
Mobile Home Yes No			

Do you or anyone in your home have life or other death benefit insurance?

Yes_____ No_____ If yes, complete the following:

List Persons Covered	Company Name	Face Value	Yr. Purchased	Beneficiary
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INCOME

Does anyone in your home receive any of the following income? Check yes or no for each item. Complete the information line on items checked yes.

	Amount	How Often Received	Name of Receiver
Self Employment Yes_____ No_____			
Employment Yes_____ No_____			
Student Loan/ Grant Yes_____ No_____ Training Allowance, JTPA			
Job Insurance Yes_____ No_____ Workers' Compensation			
Social Security Yes_____ No_____			
Supplemental Security Income (SSI) Yes_____ No_____			
Veteran's Benefits Yes_____ No_____			
Child Support/ Alimony Yes_____ No_____			
Military Dependency Yes_____ No_____			
Disability Insurance Yes_____ No_____			
FIP Yes_____ No_____			
Food Stamps Yes_____ No_____			
IPERS, Civil Service Yes_____ No_____			
Other Pension Yes_____ No_____			
Money from other persons, gifts Yes_____ No_____			
Money from Interest Yes_____ No_____			
Room and Board Yes_____ No_____			
Comissions Yes_____ No_____			
Other (Explain) Yes_____ No_____			

Has anyone in your home received or tried to get any item listed above during the last six months? Yes_____ No_____

If yes, Explain _____

Was anyone in your home off work due to a strike this month? Yes_____ No_____

If yes, who _____ Date strike started or ended _____

Are you or someone else in your home paying child support or alimony to someone outside the home? Yes_____ No_____

If yes, whom _____ Amount_____

Does anyone else pay any of your living expenses? Yes_____ No_____

If yes, explain _____

Are you or anyone in your home selling real estate on contract? Yes_____ No_____

Are you or any member of your family employed now or did they get a pay check during the month? Yes_____ No_____

If yes, complete the following:

Name of Person Employed	Name of Employer	Employer's Address

Do you or anyone in your home receive something other than money in exchange for work performed? Yes_____ No_____

(Example, working off your rent) If yes, explain _____

Did anyone in your home receive a gift of money in the last 30 days? Yes_____ No_____

If yes, explain _____

Did anyone in your home receive a loan in the last 30 days? Yes_____ No_____

If yes, explain _____

Did anyone in your home win any money in the last 30 days? Yes_____ No_____

If yes, explain _____

Are you registered at Job Service? Yes_____ No_____

How often do you contact Job Service? _____

Has Job Service contacted you about any job openings? Yes_____ No_____

Have you followed up on Job Service contacts? Yes_____ No_____

If no, explain _____

Are you willing to make job searches? Yes_____ No_____

If no, explain _____

Is anyone in training under JTPA or Vocational Rehabilitation? Yes_____ No_____

Do all members of your household who are required to be registered for work and participate in employment and training sessions agree to do so? Yes_____ No_____

Has anyone in your household quit a job in the last 6 months? Yes_____ No_____

If yes, explain _____

Are there students in your household who are 1) between the ages of 18 and 60; and 2) not in high school? Yes_____ No_____

If yes, who _____

Are you willing to reimburse the county for assistance given? Yes_____ No_____

If no, explain _____

EXPENSES

A. Dependent Care

Does anyone in your household pay for someone to babysit or care for a child or a disabled adult, so that a member can work, attend training or look for a job? Yes_____ No_____

How much do you pay _____ How often _____ To whom _____

B. Shelter

Are you renting? Yes_____ No_____ Are your utilities included? Yes_____ No_____ Rent Amount _____

If you are renting, give the landlord's name _____

Address _____ Social Security Number _____

If you are buying, or own your home:	Remaining Mortgage	\$ _____	per _____
	Assessed Value	\$ _____	per _____
	Insurance	\$ _____	per _____
	Special Assessment	\$ _____	per _____
	Property Taxes	\$ _____	per _____

C. Utilities

Check the box next to the utility costs you pay and list the amount you are billed. Have receipts or bills available.

		Amount	How often billed?
City Utility (Electric, water, sewage, garbage, etc.)	Yes_____ No_____		
Telephone	Yes_____ No_____		
Electricity	Even pay plan? Yes_____ No_____	Yes_____ No_____	
Water and Sewage	Yes_____ No_____		
Garbage and Trash	Yes_____ No_____		
Gas	Even pay plan? Yes_____ No_____	Yes_____ No_____	
Other (Specify Utility)	Yes_____ No_____		

Does any other agency, organization or person outside your household pay or help pay any of the shelter, utilities or dependent care costs you've listed? Yes_____ No_____

If yes, who pays? _____ Which Bills? _____ How Much? _____

D. Medical Expenses

Person's Name	Type of Medical Expenses	Amount of Expenses

Do you have health insurance? Yes_____ No_____ If yes, give name of Company _____

Do you have title 19? Yes_____ No_____ Do you have Medicare? Yes_____ No_____

Name of Doctor _____ Name of Drug Store _____

E. Other Debts, Credit Cards, Etc.

Whom Debt With	Reason for Debt	Amount

MILITARY SERVICE RECORD

Name	Date Enlisted	Date Discharged	Type/Discharge	Branch

GUARDIANSHIP

Do you have a legally appointed conservator, guardian or payee? Yes_____ No_____

If yes, give Name _____ Address _____

WHAT TYPE OF ASSISTANCE ARE YOU REQUESTING? WHY? _____

ANY CHANGES IN ANSWERS TO QUESTIONS IN THIS APPLICATION MUST BE REPORTED IMMEDIATELY, IF ANY ASSISTANCE IS BEING CONSIDERED AT THE PRESENT OR FUTURE!

Certification Statement:

I understand that I assume full responsibility for the accuracy of the statements on this form and I understand the Dickinson County General Assistance Department 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 Office, this can be considered fraud and may be referred to the County Attorney. I am aware that this General Assistance information may be verified and investigated.

Release of Information:

You are authorized to discuss my situation with any Federal, State, County, City or private agency regarding my General Assistance request. I also do hereby forever release and discharge you from any liability for divulging such information whether such information is deemed confidential or not.

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 the 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 three years from the payment of such expenses, from such person's estate by filling the claim as provided by law." (252.13)

Signature or mark of applicant

Date

Disposition:

You will receive a decision as to the disposition of your application in writing within seven (7) working days unless more information is required. The applicant/client has the right to appeal a local decision relative to the administration and interpretation of the policies of the General Assistance Ordinance.

FOR AGENCY USE ONLY:

Date _____

Disposition of request:

Approved by _____