

JACKSON COUNTY GENERAL ASSISTANCE

Jackson County Courthouse
201 West Platt Street
Maquoketa, IA 52060

Mary Bartels, Director
Phone: 563-652-6979
email: generalrelief@co.jackson.ia.us

PLEASE READ ALL INSTRUCTIONS TO COMPLETE THIS APPLICATION!

JACKSON COUNTY GENERAL ASSISTANCE APPLICATION

In order to apply for General Assistance, complete the attached application then contact the office to schedule an interview. Bring your completed application and **ALL** the verification listed below with you to your interview. At that time, a worker will go over your application with you and answer any questions you may have. Once you have provided all requested verification, a decision on your request will be made within 5 (five) working days. General Assistance office hours are Monday – Friday, 8:30 am to noon.

VERIFICATION YOU NEED TO PROVIDE FOR ALL HOUSEHOLD MEMBERS

1. Application – **you must complete all blanks.**
2. Bank statements for all accounts – most recent checking statement, most recent savings statement or updated savings books, signed statement from the bank or financial institution for any and all other types of bank accounts **for all household members.**
3. Identification – Driver’s License or Social Security card for **all household members.**
4. Proof of registration at Job Service if you are not employed full-time, unless you are elderly, disabled, or are the primary caregiver of a child under the age of 6. (Ask worker for these forms)
5. Life Insurance Policy showing cash value **for all household members.**
6. Notice of Decision from Department of Human Services **for entire household** (FIP/ADC, Title XIX, Food Stamps) showing benefits or denial of benefits or appointment letter if no decision has been made to date.
7. Proof of all income for the last 8 weeks (last 6 mos. for self-employment) **for all household members:**
 - a) Paystubs or a signed statement from employer verifying gross and net wages including paydates.
 - b) Proof of Unemployment Compensation benefits.
 - c) Proof of disability or pension benefits.
 - d) Self-employment records for last 6 months.
 - e) Personal Income Record if income is from baby-sitting, mowing, shoveling, handyman repair, mechanical repair, collecting scrap metal, odd jobs, ect.
 - f) Any other source of income
8. Income Tax Return for last year.
9. SSI or Social Security verification showing monthly benefits, or “Receipt Letter” showing when you applied and/or denial letter **for all household members.**
10. Utility bill (and disconnection notice if received) **ONLY** if you are applying for utility assistance. (Utility bills **MUST** be in the name of the applicant.)

Failure to bring above items may result in an automatic rescheduling of your appointment and delayed assistance.

JACKSON COUNTY GENERAL ASSISTANCE

Application for Assistance

APPLICANT INFORMATION:

Name: _____ **Date:** ____ / ____ / ____
Last First MI Previous (Maiden) Name

Address: _____
(Street) (City) (State) (Zip) (County)

What date did you move to this address? _____

Phone:(____) - ____ - ____ **Social Security Number** ____ - ____ - ____

ASSISTANCE REQUESTED:

Shelter: Rent ____ Food ____ Burial ____ Medical ____ Personal Care Items ____

Utilities including: Lights ____ Water ____ Fuel ____ Other _____

HOUSEHOLD INFORMATION (STARTING WITH APPLICANT, LIST ALL PERSONS LIVING IN HOUSEHOLD.):

NAME	SEX	SS#	RELATIONSHIP	DOB
			SELF	

PERSONAL INFORMATION:

Are you your own guardian? Yes ____ No ____

I am presently: Single ____ Married ____ Divorced ____ Widowed ____ Separated ____ Other ____

Are you or your spouse a veteran? Yes ____ No ____ **Enlist Date?** _____ **Discharge?** _____

If service was during active war-time, and discharge was honorable, **STOP** here and contact worker.

Were you born in the U.S.? Yes _____ No _____

How long have you lived in U.S.? _____ **Iowa?** _____ **Jackson County County?** _____

If less than one year, what other counties have you lived in? _____

Have you ever received General Assistance from Jackson County County or another county? _____

EMPLOYMENT INFORMATION:

Are you employed outside of the home? Yes ___ No ___

Name: _____

Address: _____

If not, why? _____

If not employed, date of last employment? _____

Where? _____

Are you or anyone in the household disabled? ___ Yes ___ No

Who and when was determination of disability? _____

Reason for leaving employment? ___ Health ___ Terminated,
why: _____

___ Voluntary Quit ___ Laid-off ___ Business Closed ___ Seasonal Employment ___ Other Reason

Is your spouse employed? Yes ___ No ___ Where? _____

If not, why? _____

Any other members over 18 of household employed? Yes ___ No ___

Where? _____

If not, why? _____

Are you or other family member registered with Workforce Development if not employed and where?

HEALTH INFORMATION:

If you can not work because of health reasons, you are required and are willing to provide a physicians note?

___ Yes ___ No

Does anyone in the household have medical coverage such as private insurance, Title XIX, (Medicaid) Iowacare, Medicare, etc? Yes ___ No ___

If yes, who? _____ Company? _____

Do you have life insurance? Yes ___ No ___ Cash Value? _____ Can you borrow? Yes ___ No ___

HOUSING INFORMATION:

Do you own your home? Yes ___ No ___ Are you buying? Yes ___ No ___

Do you rent? Yes ___ No ___ Landlord name? _____

Landlord Address: _____

(Street)

(City)

(State)

(Zip)

Landlord Phone #: (____)-____-_____

Is the landlord related to any of the household members? (parent, child, aunt/uncle, grandparent, boyfriend/girlfriend, fiancée Yes ___ No ___ If yes, How? _____

INCOME: Have you or has anyone in your household applied for, or received, any of the following sources of income in the last 4 weeks? Please indicate yes or no or applied for each source of income along with the monthly net amount received where applicable.

SOURCE:	NO	YES	MONTHLY NET AMOUNT
FIP (ADC / ADC-UP)			
Cash from friends or family			
Child Support / Alimony			
Employment			
Inheritance / Estate			
Interest / Dividends			
Pension			
Rent Paid to you			
Self-Employment			
SSI or Social Security Disability			
Social Security			
Student Loans / Grants			
Unemployment / Comp.			
Worker's Comp.			
Any other income			
TOTAL HOUSEHOLD INCOME			

ASSETS: Do you own, or are you buying, your home, a farm, any land or real estate building, or property?

___ Yes ___ No

If yes, what specifically? _____

What is the current fair market value? _____ How much do you still owe? _____

Do you, or does anyone in your household, have any of the following assets:

ITEM:	NO	YES	VALUE
Cash on hand			
Jewelry besides wedding rings			
Machinery, tools, or equipment			
Antiques or Collectables			
Guns or firearms			
Livestock			
Farm Equipment			
Lift Insurance with cash value			
Burial trusts / contracts			
CD's or IRA's			
Stocks or bonds			
Checking Account			
Savings Account			
Any other asset			
TOTAL VALUE OF ASSETS			

List all motor vehicle: including cars, trucks, motorcycles, recreational vehicles, boats, etc.

Year	Type	Make	Fair Market Value	Amount Owed

OTHER INFORMATION:

Have you applied anywhere else for any type of assistance in the last 6 months? Yes ___ No ___

If yes, where and determination? _____

If you have not lived at your present address for at least one full consecutive year, list your previous addresses and the dates you lived there:

CERTIFICATION STATEMENT:

I understand that I assume full responsibility for the accuracy of the statements on this form and I understand that Jackson County General Assistance will use these statements to determine my eligibility. If I provide false statements on this application, or give false statements to the Jackson County General Assistance worker, this can be considered fraud and may be referred to the Jackson County Attorney and/or result in permanent ineligibility of future assistance. Furthermore, I am also aware that giving false information or failure to provide information required for application may result in a denial of assistance for any further assistance or suspension of eligibility for up to one hundred eighty (180) days. I am aware that this Jackson County General Assistance information will 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.

I am aware that by signing this agreement to Repay, and accepting any relief assistance from Jackson County could result in a payment plan for repayment and no other assistance will be granted until I have re-paid Jackson County General Assistance in full.

I am aware of my responsibility to report other assistance programs that have been applied for, the sale or purchase of any motor vehicles, and any newly acquired or any changes in my bank accounts.

RELEASE OF INFORMATION:

I hereby authorize the following Jackson County offices; Central Point of Coordination, Veterans Affairs, Public Health, Auditor, Treasurer, Attorney, Sheriff and further, Iowa Department of Human Services, HACAP, Iowa Workforce Development Center, Jackson County Police Department, State Department of Veterans Affairs, Social Security Administration, landlords, utility providers, current or previous employers, probation, parole officers and law enforcement officials, Child Support Recovery Unit and _____ to release confidential information concerning my personal situation to the Jackson County General Assistance office if such information is deemed necessary. I also authorize Jackson County General Assistance to release to the previously named agencies and persons, confidential information if such information is deemed necessary. This release is valid 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)

Signature or mark of applicant (or legal guardian)

Date

Signature or Co-Applicant

Date

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 Jackson County General Assistance, you may appeal the decision.