

Wapello County Department of General Assistance

Information about General Assistance

General Assistance is temporary aid for people in emergency situations only.

It is paid for with local Wapello County taxes. Assistance will be granted as a loan, and you are expected to make every effort to reimburse Wapello County for any Wapello County funds spent on your behalf.

TO APPLY YOU MUST:

1. Be a citizen of the United States and of legal age or legal majority.
2. Use whatever money you have to pay necessary expenses.
3. Agree to use community resources open to you (the worker may contact your family to see if they can help you).
4. Apply for any other programs for which you may be eligible (FIP, food stamps, Veterans' assistance etc).
5. Complete a General Assistance application.
6. Cooperate with the eligibility worker.
7. Document (receipts, etc) if requested of how you spent your money in the last 30 days. You may be asked to document expenditures for the next 90 days.
8. If requested document all income you have received in the last 90 days (pay stubs, employer's written statement, and verification from Social Security).
9. If you cannot work because of medical reasons, provide a doctor's statement which explains what is wrong with you, how much this limits your working and how long this disability may last. If you are permanently disabled and have applied for SSI, you will need verification of that application.
10. If you are unemployed provide a Release of Claim Information sheet from Iowa Workforce Development Center that shows you are registered for work and also gives your Unemployment insurance Benefit status.
11. If you are applying for utilities provide a written statement from the utility company indicating that you have tried to make the best arrangements you could to pay your utility bill.
12. If you are applying for rent, we do not rent for a property not having an occupancy permit.
13. We do NOT pay deposits for rent or utilities.

WAPELLO COUNTY
GENERAL ASSISTANCE APPLICATION

INSTRUCTIONS AND INFORMATION

1. This application, excepting repayment schedules, must be filled out in its entirety before your interview.
2. General assistance will be considered only if the applicant has made application to, and is following to conclusion, any other program of assistance or source they may be eligible to receive.
3. Approved applications are valid for one month only.
4. Signed repayment agreements and schedules contained in, or separate from this application indicating monetary repayment to Wapello County for services received, remains fully in force beyond the term of this application and shall accumulate if not fully repaid on ensuing applications.
5. It is your responsibility to provide complete, accurate and verifiable information and to ask questions if you do not understand the program and request an appeal hearing if you disagree with any determination regarding the disposition of your application.
6. It is the policy of Wapello County General Assistance Department to comply fully with all state and federal legislation and rulings regarding nondiscrimination of applicants.

CERTIFICATION AND RELEASE OF INFORMATION

I, the undersigned, do certify that all the information given by me in this application is true and correct to the best of my knowledge and I do authorize any banking or savings institution, employer, firm, corporation, government agency or person to disclose to representative of the Wapello County Department of Human Services any information which the desire to document or verify the information I have given in this application. I also do hereby forever release and discharge the Wapello County Department of Human Services, and any informant, from any liability for investigating or divulging such information whether such information is deemed confidential or not.

Signature: _____ **Date:** _____

Witness (if needed): _____ Date: _____

WAPELLO COUNTY
GENERAL ASSISTANCE APPLICATION

Date of application _____ **Are you a US Citizen?** ___ YES ___ NO

Explain the assistance you are applying for: _____

Name: _____ Age: _____ Birth Date: _____

Address: _____
(Number and Street) (Town) (State) (County) (Zip)

Telephone/Messages: _____ Social Security Number _____

Military Service Record: _____ / _____
(Household Member Who Served) (Date entered/Discharged)

How long have you lived in Wapello County? _____

How long have you lived at your present address? _____

I am presently: ___ Single ___ Married ___ Separated
___ Divorced ___ Widowed

Name of Spouse: _____ Birthdate: _____ SS# _____

The following people live with me:

	Name	Birthdate	Relationship	SS#
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

Spouse's parents are (if applicable): _____

LIVING ARRANGEMENTS

- | | |
|------------------------------|--|
| ___ I rent my home | ___ I am buying my home |
| ___ I own my home (paid off) | ___ I am renting an apartment |
| ___ I live with relatives | ___ I live with friends and share expenses |

List any utilities included in your rent: _____

WORK HISTORY

Household members working and place of employment:

1. _____
2. _____
3. _____

If not working, list name of last employer and last date employed:

1. _____
2. _____
3. _____

If seeking employment, list recent job interviews and contacts:

1. _____
2. _____
3. _____

INCOME AND SOURCE:

Net monthly household income and source:

Check the box(s) that apply:

<input type="checkbox"/> Self employment	\$ _____	<input type="checkbox"/> Food Stamps	\$ _____
<input type="checkbox"/> Employment	\$ _____	<input type="checkbox"/> Child Support/Alimony	\$ _____
<input type="checkbox"/> Social Security	\$ _____	<input type="checkbox"/> Unemployment benefits	\$ _____
<input type="checkbox"/> SSI	\$ _____	<input type="checkbox"/> Student loan Grant/training allowance	\$ _____
<input type="checkbox"/> Retirement Pensions	\$ _____	<input type="checkbox"/> Commissions, tax rebates or	
<input type="checkbox"/> Workman's Comp	\$ _____	<input type="checkbox"/> other lump sum payments	\$ _____
<input type="checkbox"/> Cash from friend's or relatives	\$ _____	<input type="checkbox"/> Other, explain	\$ _____
<input type="checkbox"/> Heat Assistance	\$ _____		
<input type="checkbox"/> Veteran's benefits	\$ _____		

ASSETS

<input type="checkbox"/> Cash on hand	\$ _____	<input type="checkbox"/> Savings Account	\$ _____
<input type="checkbox"/> Checking accounts	\$ _____	<input type="checkbox"/> Other	\$ _____

VEHICLES

List automobiles, trucks, campers, motorcycles, etc.

Make/Model	Year	Value
_____	_____	_____
Make/Model	Year	Value
_____	_____	_____
Make/Model	Year	Value
_____	_____	_____

REAL PROPERTY/REAL ESTATE:

List all property including houses, lots, rentals, farms, etc.

MEDICAL EXPENSES

Amount of your monthly medical expenses and payments actually paid from your household resources.

\$ _____ Total

INSURANCE

1. Do you have health insurance? Yes No

If Yes check all that apply:

Medicaid Medicare

Private Insurance

What company/subscriber? _____

MEDICAL HISTORY

1. Have you received medical benefits from here before? Yes No

If Yes when? _____

What kind(s) of medical benefits did you receive?

Prescriptions Local Hospitals Doctor visits

Local Hospital Outpatient Dentists Other

Eye Exam/Glasses

2. Do you or any member of your household have a chronic, physical, or mental health problem that has been medically diagnosed requiring regular medical attention? Yes No

If Yes, name of family member: _____

If Yes what was the diagnosis? _____

What is the treatment and how often? _____

3. Have you or a member of your household applied for SSI? Yes No

If yes, their names: _____

If yes, when? _____

Is S.S.I pending now? Yes NO

Is there a hearing on S.S.I. pending? Yes NO

Have you been denied S.S.I. or Social Security Disability payments? Yes No

4. Do you believe that you or a member of your household has a debilitating health condition that may make you/them eligible for S.S.I or disability payments? Yes NO