

POWESHIEK COUNTY COMMUNITY SERVICES

General Assistance Application

Name: _____ Date: ____ / ____ / ____

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

Phone: 1-(____)-(____)-(____) Source of Referral: Self____ Relative____ Agency____ Other____

What kind of assistance do you need?

Shelter (Rent)____ Food____ Clothing____ Transportation____ Medical____ Burial/Funeral____
 Utilities including: Lights____ Water____ Fuel____ Other____

If applying for burial/funeral, was Director contacted previous to burial? Yes____ No____

List ALL persons living in your household including yourself:

NAME	DOB	SS#	RELATIONSHIP

Are you your own guardian? Yes____ No____

I am presently: Single____ Married____ Divorced____ Widowed____ Seperated____

Are you or your spouse a veteran? Yes____ No____ Enlist Date?_____ Discharge?_____

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

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

Have you ever received General Assistance from Poweshiek or another
 county?_____ when?

Employed? Yes____ No____ Where?_____

Is your spouse employed? Yes____ No____ Where?_____

Any other members of household employed? Yes____ No____ Where?_____

If not employed, date of last employment?_____ Where?_____

Reason for termination of employment?_____

Are you or other family member registered with Workforce Development and where? _____

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)

Phone #? 1-(____)-(____)-(____)

Are you related to your landlord? Yes ___ No ___ How? _____

Do you have medical Coverage? Yes ___ No ___ Where? _____

Have you applied anywhere else for assistance? Yes ___ No ___ Where? _____

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

"I have to the best of my ability given the above information truthfully. A false statement or incorrect statement on an application for assistance may be cause for denial for benefits."

(Signature of Applicant) (Date)

(Signature of Director) (Date)

AUTHORIZATION TO OBTAIN INFORMATION:

"I hereby authorize the following Poweshiek County offices; Central Point of Coordination, Veterans Affairs, Public Health, Auditor, Treasurer, Attorney, Sheriff, and the Iowa Department of Human Services, Social Security Administration, UIHC, Iowa Workforce Development, SIEDA, Child Support Recovery Unit, other medical providers, landlords, utility providers, current or previous employers, probation, parole officers, or law enforcement officials to release confidential information concerning my personal situation to the Poweshiek County General Assistance office and/or Director if such information is deemed necessary. I understand that in order for information to be disclosed from the Poweshiek County General Assistance office and/or Director, a separate Authorization to Disclose information will be completed except for payment, treatment, or operations purposes where an authorization is not required. If any other persons not listed above have information that the General Assistance Director needs to process my request, a separate authorization to obtain information will also be completed."

(Signature of Applicant) (Date)

FOR OFFICE USE ONLY

Please check appropriate for applicant:

___ Resident ___ Non-Resident (county of residency?): _____
___ Poor ___ Needy

Comments: _____