Date submitted to Board_____
General Assistance No._____

PALO ALTO COUNTY

GENERAL ASSISTANCE

Court House, 1010 Broadway, P.O. Box 403, Emmetsburg, Iowa 50536-0403
Phone: 712-852-2832 Fax #: 712-852-2404

Maureen Sandberg, Director

APPLICATION

The information on this form will be used in determining your eligibility for County Assistance. If you need help completing any of the questions, contact our office. Your answers must be complete, clear and correct. Attach a separate sheet of paper if you do not have enough space to answer a question.

APPLICANT

Name	Social Security Number	Telephone # where you can be reached
Street Address (Current)	City	State Zip Code
Mailing Address (if different)	How long at current address?	Birth Date

List EVERYONE for whom you are applying, including yourself and all residing in household.

NAME

First Last	Social Security #	Relationship to you	Birth date and place

Previous Mailing Addresses for the past 5 years. When

INCOME

Are you or any members of your household employed now or did they get a pay check during the month?
YES ( ) NO ( )

NAMES OF PERSONS EMPLOYED	NAME OF EMPLOYER	EMPLOYER'S ADDRESS

If unemployed - have you applied for unemployment?_____
- when and where did you last work?_____
- has anyone in your household quit a job in the last 6 months?_____
- have you contacted Job Service about any job openings?_____
- have you followed up Job Service contacts?_____
- have you accepted all work offers?_____

Has anyone in your home received any of the following income within the last year?
CIRCLE "yes" or "no" for each item. Complete the information line on items checked "yes".

		AMOUNT	How often is Income Received?	Name or Names of Person(s) Receiving
Self – employment	Yes No			
Employment	Yes No			
Unemployment	Yes No			
Workman's Comp.	Yes No			
SSI - Suppl. Security Income	Yes No			
Social Security or RR Benefits	Yes No			
FIP	Yes No			
Veteran's Benefits	Yes No			
Child Support	Yes No			
IPERS or other Pensions	Yes No			
Other sources of Income	Yes No			

Has anyone in your home tried to get any income previously listed during the last year
Yes _____ No_____ If yes, explain_____

Have you or anyone in your home received FOOD STAMPS within the last 6 month's?
Yes _____ No_____ If yes, list amounts received for the last 3 months. _____, _____, _____

Have you applied for Rent Assistance with HUD? Yes _____ No_____ If yes, are you receiving assistance?
Yes _____ No_____ How much are you receiving?_____

Have you applied for Energy Assistance with Upper Des Moines Opportunity? Yes _____ No_____ If yes, were you eligible for assistance? Yes _____ No_____ If yes, How much assistance_____

Have you contacted any other agencies for assistance? Yes ____ No____
If yes, which agencies? _____

Are you a Veteran? Yes ____ No____ If yes, during what time were you on duty with the Armed Services? _____.

If you are receiving Unemployment Benefits,
- when did you begin receiving benefits? _____
- for how long will these benefits be received? _____

ASSISTANCE
What type of assistance are you requesting?

	Amount of Bills	Name and address of Provider
Doctor ( )	_____	_____
Hospital ( )	_____	_____
Medicine ( )	_____	_____
Rent ( )	_____	_____
Utilities ( )	_____	_____
Other Assistance ( )	_____	_____

Reason why I am in need of assistance: _____
_____

Does anyone in your home have any of the following resources? CIRCLE yes or no for each item. Complete the information line for items checked yes.

		Amount	Location	Name or Names of Person(s)
Cash on Hand	Yes No			
Checking Account	Yes No			
Savings/ CD	Yes No			
Burial Trust	Yes No			

		Make/Year	Market Value	Amount owed	To whom
Automobiles	Yes No				
Trucks/motorcycles	Yes No				
Snowmobiles/Boats	Yes No				
Mobile Home/Camper	Yes No				

		Value	Amount owed	To whom
Property/ Real Estate	Yes No			
Other (Explain)	Yes No			

Do you or anyone in your home have life or other death benefit insurance? Yes_____ No_____
If yes, complete the following:

List Person(s) Covered	Company Name	Cash Value	Face Value	Beneficiary Named

MEDICAL RESOURCES

Does anyone in your home have medical benefits through any of the following? Yes _____ No _____
If yes, please check below:

_____ Veteran's Administration
_____ Serviceman's Dependent (CHAMPUS)
_____ Workman's Compensation
_____ Medicare
_____ Medicaid ID#_____
_____ Other (Explain) _____
_____
_____

Do you have health insurance coverage? Yes___ No___
If no, was medical insurance coverage available to you? Yes___ No___
If yes, please explain_____

Has anyone in the household ever received mental health or substance abuse services? Yes___ No___
If yes, Who? _____ Where? _____ When? _____

If anyone in the home has health insurance coverage, please complete the following:

Person(s) covered: _____
Name and address of company: _____
_____
Policyholder: _____ Policy Number: _____
Services covered:
_____ Doctor's care
_____ Drugs
_____ Dental Services
_____ Hospital Care
_____ Major Medical
_____ Other (List)

Is anyone in your home currently paying medical expenses to a licensed medical provider? Yes___ No___
If yes, please list the amount of expense and to whom it is paid_____
_____
_____

I UNDERSTAND THAT I WILL BE REQUIRED TO REIMBURSE PALO ALTO COUNTY FOR ASSISTANCE RECEIVED IF I AM FINANCIALLY ABLE TO DO SO.

APPLICANT/RECIPIENT RESPONSIBILITIES

Applicants will verify all aspects of eligibility as requested. Recipients shall report any and all circumstances that change such as income, address, resources or benefits. Failure to comply will result in denial or termination of assistance. Recipients who fail to report changes that would affect eligibility will be ineligible for assistance for six (6) months.

If you are dissatisfied with the action of the office of the Palo Alto General Assistance, you may appeal to the Palo Alto County Board of Supervisors through the local office or directly to the Supervisors.

We will consider this application without regard to race, color, sex, age, handicap, religion, national origin or political belief.

I AM AWARE THAT, IF I AM A RECIPIENT OF FOOD STAMPS OR MEDICAID, I MUST REPORT THE GENERAL ASSISTANCE I RECEIVE TO MY INCOME MAINTENANCE WORKER.

CERTIFICATION STATEMENT

I understand that I assume full responsibility for the accuracy of the statements on this form and I understand Palo

Alto County General Assistance will use this statement to determine my eligibility for assistance.

I will notify the local General Assistance Director within ten (10) days if any transaction regarding my property, including but not limited to anticipated income or property such as an inheritance, lump sum payments of delinquent child support or current child support, or any change in income or living arrangements of myself or any member of this household. I also understand that I am to reimburse the County for any money received by me or paid to a vendor on my behalf to which I was not entitled.

I am aware that Iowa laws provide anyone who obtains, or attempts to obtain, or who aids or abets any person in obtaining assistance to which he or she is not entitled is guilty of violating the laws of the State of Iowa, including, but not limited to Chapters 239, 249, and 249A of the Code of Iowa.

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Dated this _____ day of _____, _____.

_____Signature

AUTHORIZATION TO RELEASE OR EXCHANGE INFORMATION

PALO ALTO COUNTY GENERAL ASSISTANCE
COURTHOUSE, BOX 403
EMMETSBURG, IOWA 50536

I voluntarily authorize the release or exchange of information or opinions, to or between all appropriate agencies or people, working with or having information about myself or my household.

The purpose of this authorization is to coordinate the services provided to me or other members at my household, also to determine eligibility.

Information obtained may be used by the Director or the Board of Supervisors to determine my qualifications for assistance.

A photocopy, or exact reproduction of this authorization, as executed, shall have the same force and effect as this original.

_____ _____

Printed name Signature Date

INTERVIEW INFORMATION _____

_____

_____

_____

_____