

GENERAL ASSISTANCE APPLICATION
WARREN COUNTY

The program for which you are applying is a County funded program. The information on this form will be used in determining your eligibility for assistance. If you need help in completing any of the questions or certain items are unclear, please request assistance from local office staff. Your answers must be clear, complete, and accurate. You may attach a separate sheet for further detailed statements for answers to the questions.

First Name	Middle	Last	Last 4 digits of SSN
Street Address	City	State	Zip Code
Mailing Address (if different from above)		Telephone Number (where you can be reached)	
Email Address:			

Marital Status: Married _____ Widowed _____ Divorced _____ Separated _____ Single _____
 Are you a student? Yes _____ No _____ VETERANS STATUS (Are you a veteran?) Yes _____ No _____

List EVERYONE (including yourself) in your HOUSEHOLD for whom you are applying

Name First	Last	Date of Birth	Last 4 of SSN	Schooling Completed	Relationship to Applicant	Occupation

Date you moved into address:	Landlord/Property Manager:
If you rent, how much rent are you paying:	Landlord/Property Manager Address:
Are utilities included in rent?	
Landlord/Property Manager Number:	

RESOURCES:

Does anyone in your home have any of the following:

Life Insurance? Yes _____ No _____ Health Insurance: Yes _____ No _____
 Hospital Insurance? Yes _____ No _____ Burial and other insurance? Yes _____ No _____

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

	Yes	No	Amount	Location	Name/Names of Person
Checking Account					
Savings Account					
Online Account (ie. Venmo, PayPal, etc.)					

ARE YOU **CURRENTLY** RECEIVING, OR HAVE YOU **EVER RECEIVED PUBLIC ASSISTANCE** (food stamps, FIP, Section 8, etc.): YES _____
 NO _____

If **YES**, please list dates you started receiving it: _____

*Please complete second page

List **ALL** sources of **HOUSEHOLD** income available to you, your spouse, dependent(s), and/or others living in the household.

Source of Income	Applicant			Others in the Household (spouse, dependents, significant other, etc.)				
	Please circle Yes or No		Amount	How Often Is Income Received	Please circle Yes or No		Amount	How Often Is Income Received
Social Security (SSI, SSDI, Retirement Benefits, etc.)	Yes	No			Yes	No		
Veteran's Benefits	Yes	No			Yes	No		
Soldiers Relief	Yes	No			Yes	No		
Earnings (Wages)	Yes	No			Yes	No		
Unemployment Benefits	Yes	No			Yes	No		
Workers Comp	Yes	No			Yes	No		
FIP	Yes	No			Yes	No		
Food Stamps	Yes	No			Yes	No		
Child Support	Yes	No			Yes	No		
Foster Care Income	Yes	No			Yes	No		
Other (list)	Yes	No			Yes	No		

EMPLOYMENT HISTORY FOR LAST YEAR: (start with most recent or current employment)

EMPLOYEE NAME	EMPLOYER	ADDRESS	KIND OF WORK	DATE BEGAN	DATE ENDED	HOURLY WAGES	REASON FOR DISCONTINUING

MISCELLANEOUS INFORMATION:

A. Type of assistance requested: _____

E. Are you an American citizen? Yes _____ No _____

YOUR SIGNATURE IS ALSO AN AUTHORIZATION FOR THIS OFFICE TO OBTAIN VERIFICATION OF FACTS GIVEN ON THIS FORM. You may be required to sign an additional Authorization for Release of Information form(s) to allow the Warren County General Assistance office to gather additional verification of information provided.

I HEREBY CERTIFY THAT THE STATEMENTS MADE HEREIN ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I FURTHER UNDERSTAND THAT I MAY BE LEGALLY PROSECUTED FOR INTENTIONALLY MAKING FALSE STATEMENTS IN ORDER TO RECEIVE ASSISTANCE.

Signature of Applicant (or legal guardian)

Date

If you are dissatisfied with the action of this office, you may appeal to the Warren County Board of Supervisors, Court House, Indianola, Iowa.

PROHIBITION AGAINST DISCRIMINATION

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

If you feel you have been the object of such discrimination, you may file a complaint in letter form with the Warren County Board of Supervisors, Administration Building, Indianola, Iowa.

CONFIDENTIALITY

All applicants and/or recipients have the right to confidential treatment of information concerning their situation; however, it should be understood that such information may be shared with other employees of Warren County, including the Warren County Board of Supervisors. A certain amount of information may need to be released to direct providers of service, such as pharmacies, hospitals, doctors, landlords, utility providers, etc., in order to authorize release of goods to the client. In certain instances when the General Relief employee is working cooperatively with other agencies, i.e., Veterans Affairs, Community Action Center, and/or County department, certain information may be released in order to complete transactions.