MADISON COUNTY
APPLICATION FOR GENERAL ASSISTANCE

I. Identifying Information:

First Name	Middle	Last	Soc. Security Number
Street Address	**City**	**State**	**Zip Code**

Mailing Address (if different from above)	Telephone Number (where you can be reached)

Type and amount of assistance requested (please state):

_____

_____

Veteran Status: Yes_____ No_____ If yes, date of service_____

Members of household, including yourself:

Name	Relationship	Soc. Security Number	Date of Birth

Is anyone else living in your home? Yes _____ No _____

In the last three years, list the places you've resided. Begin with the PRESENT address.

From: Month/Year	To: Month/Year	Street/City	County/State

II. INCOME

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."

Source of Income	Circle One	Amount	How often is income received.	Name(s) of person (s) receiving
FIP-Family Investment Program	Yes No			
Self Employment	Yes No			
Employment	Yes No			
Student Loan of Grant Training Allowance, JTPA	Yes No			
Job Ins. Benefits, Worker's Comp.	Yes No			
Social Security Railroad Retirement	Yes No			
Supplemental Security Income (SSI)	Yes No			
Veterans Benefits	Yes No			
Child Support-Alimony	Yes No			
Military Dependency Allotment/Allowance	Yes No			
Disability Insurance Payments	Yes No			
IPERS, Civil Service	Yes No			
Other Pension or Compensation	Yes No			
Money for other persons, gifts, loans.	Yes No			
Money from interest dividends	Yes No			
Room and/or Board	Yes No			
Commissions or other lump sum payments	Yes No			
Health Policies paying you income	Yes No			
Other (Explain)	Yes No			

EMPLOYMENT HISTORY:

Person	Employer	Kind of Work	Date Began	Date Ended	Monthly Wages	Reason for Leaving

HEALTH INSURANCE:

Policy	Circle One	Comments
Medicaid (Title 19)	Yes No	
Medicare	Yes No	
Other (Explain)	Yes No	

III. RESOURCES

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(s) of Person
Cash	Yes	No			
Checking Account	Yes	No			
Savings Account	Yes	No			
Stocks/Bonds	Yes	No			
Time Certificates	Yes	No			
Burial Contract/Plot	Yes	No			
Conservatorship/Trust	Yes	No			
Safety Deposit Box	Yes	No			
Valuables/Collections	Yes	No			
Home Equity	Yes	No			

			Make/Year	Market Value	Amount Owed
Automobile(s)	Yes	No			
Truck(s)/Motorcycles	Yes	No			
Snowmobiles/Boats	Yes	No			
Mobile Home/Camper	Yes	No			
Other (Specify)	Yes	No			

Do you own or are you buying the home in which you are living? Yes_____ No_____

If you are buying, your monthly payment is $_____. Mortgage Holder: _____

If you rent, your monthly rental payment is $_____. Landlord's Name: _____

Does anyone in your home own or are buying real estate other than your homestead? Yes____ No____

Has anyone in your home received anything with cash value in the last two years (i.e., gifts, inheritance, winnings, settlements, etc.)? Yes_____ No_____
If yes, list item and cash value_____.

IV. MISC. INFORMATION

Does anyone in your home have any of the following:
Life insurance or Burial Benefits Yes_____ No_____
If yes, list insurance company, address, policy # and coverage:
_____

Have you, your spouse, or dependent applied for all the benefits for which you might be eligible? Y or N

Are you an American Citizen? Yes_____ No_____
If no, are you a legal alien? Yes_____ No_____

Do you, your spouse, or dependent children have a serious disability? Yes_____ No_____
If yes, please explain:
_____

CERTIFICATION STATEMENT

Note: Read carefully before signing.

I understand that I assume full responsibility for the accuracy of the statements on this form, and I understand that Madison County Community Services will use these statements to determine my eligibility for assistance.

I understand that misrepresention of the facts in this application may result in a denial of further consideration for assistance.

I understand that staff of Madison County Community Services may contact staff of the Iowa Department of Human Services to confirm statements made in this application and to obtain information that may be necessary to establish my eligibility for General Assistance. My signature below shall authorize such mutual exchange of information between Madison County Community services and the Iowa Department of Human Services.

I understand that my signature on this application is authorization for Madison County Community Services to verify any information contained in this document. I also understand that I may be asked to sign an Authorization for Release of Information in the event that Madison County Community Services may need to obtain additional information in order to decide if I am eligible for General Assistance.

I understand that I will be expected to reimburse Madison County for any money paid to a vendor on my behalf.

I understand that reimbursements for General Assistance may be in the form of monetary payment or as documented hours of community service assignments for which I will be credited no less than the current rate for minimum wage.

I understand that failure to comply with a repayment plan to reimburse Madison County for General Assistance may result in denial of future applications that I may make to Madison County for assistance.

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

_____ _____

Signature of Applicant (or legal guardian) Date

PROHIBITION AGAINST DISCRIMINATION

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

RIGHT OF APPEAL

If you are not satisfied with the action of this office, you may appeal to the Madison County Board of Supervisors, Courthouse, Winterset, IA 50273.