

Date Received by Indigent Services

ADA COUNTY GENERAL ASSISTANCE APPLICATION

APPLICANT'S NAME (please print): _____

If you are requesting medical and non-medical assistance, please advise the receptionist, as you will require a different application form.

IF YOU ARE SUBMITTING AN APPLICATION FOR CREMATION, PLEASE USE THE DECEASED PERSON'S INFORMATION ON THIS APPLICATION

Do you need an Interpreter? Language: _____

PLEASE COMPLETE FORM IN BLACK OR BLUE INK ONLY

TYPE OF ASSISTANCE REQUESTED

LANDLORD or UTILITY TO BE PAID	TYPE OF SERVICE	DATES OF SERVICE	AMOUNT REQUESTED
Name: Street: City: State Telephone:			
Name: Street: City: State Telephone:			
Name: Street: City: State Telephone:			
Name: Street: City: State Telephone:			

APPLICANT INFORMATION

First Name		Middle Name		Last Name		Date of Birth	Social Security Number
Current Address (Street, City, State, Zip Code)				How long at this address?		Marital Status	Maiden Name/Aliases
Mailing Address (if different)							
Landlord Name:				Phone:			
Phone – Home	Work	Cell	Message	Currently Employed? Yes No	Native American Tribe?		
If you are not currently employed, do you have a written Physician's statement that you are not employable?				___Yes	___No		
Have you or your spouse served in the military?		APPLICANT ___YES ___NO		SPOUSE: ___YES ___NO			
<u>Dates of Service</u>		<u>Discharge Date</u>		<u>Branch</u>			
Applicant		Spouse					
What level of education have you completed?							
Have you ever applied for any assistance from any county in Idaho? ___YES___NO				If so, when?		Approved? ___YES___NO	
If yes, provide county name:							
U.S. Citizen ___YES ___NO		Alien ID #		Sponsor Name:			
Are you renting from a family member? ___YES ___NO		Name:		Relationship to you:			
If so, provide:							
Have you or any member of your household ever been sanctioned by or disqualified from an assistance program? ___YES ___NO If so, please list:							
<u>Name of Program/Agency</u>		<u>Date of penalty</u>		<u>Reason for Penalty</u>			
List all agencies with whom you have applied for assistance for your current need							
<u>Name of Agency</u>		<u>Date you applied</u>		<u>Status of your application</u>			
List all property (real and personal) you have sold or given away in the last three months							
<u>Description</u>		<u>Date Disposed</u>		<u>Value of Property</u>		<u>Sold To</u>	<u>Given To</u>
If you or any member of your household have any pending legal actions that might result in a monetary award to you or them, such as a lawsuit, insurance claim, accident claim, victim's compensation claim, divorce, inheritance, etc., please provide details, including case or reference number, date filed & status:							

RESIDENCE

List the addresses of where YOU have lived for the past three years:

Address	Dates of Residence	Landlord
1) Address	From:	Name:
City: State County:	To:	Phone:
2) Address	From:	Name:
City: State County:	To:	Phone:
3) Address	From:	Name:
City: State County:	To:	Phone:

HOUSEHOLD MEMBERS

Provide the names and information regarding all people who live at your residence:

NAME	DOB	AGE	RELATIONSHIP TO YOU	SS#	EMPLOYED?		HOURLY WAGE	HOURS PER WEEK
					Y/N	FT/PT		
							\$	
							\$	
							\$	
							\$	
							\$	

APPLICANT'S EMPLOYMENT HISTORY

Provide the following information beginning with your current or most recent job:

Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed		Reason you no longer work there			
Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed		Reason you no longer work there			
Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed		Reason you no longer work there			
Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed		Reason you no longer work there			

SPOUSE'S EMPLOYMENT HISTORY

Name & Address of Spouse's Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work performed		Reason spouse no longer works there			
Name & Address of Spouse's Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed		Reason spouse no longer works there			

FINANCIAL INFORMATION

Answer all questions that pertain to you and any member of your household. If your name appears on any document listed below, you must answer the question with a YES.

FINANCIAL ASSETS	YES	NO	ACCOUNT NAME/BANK TITLE & ADDRESS	AMOUNT/ VALUE	
Checking Account				\$	
Savings Account				\$	
Line of Credit				\$	
Credit Card				\$	
Certificates of Deposit				\$	
Life Insurance Policies				\$	
Stocks, Bonds, Trusts Mutual Funds, Annuities, IRA				\$	
Burial Plot(s)				\$	
Retirement Pension				\$	
Cash on Hand				\$	
Other				\$	
REAL/PERSONAL PROPERTY			Description/Location of Property	Current Value	Amt.Owed
Home					\$
Land					\$
Recreational –Boats, Snowmobiles, etc.					\$
Mobile Home					\$
Rental Property					\$
Vehicle					\$
Vehicle					\$
Vehicle					\$
Trailer/Camper					\$
Equipment/Machinery					\$
Livestock					\$
Other					\$

INCOME

EARNINGS	SOURCE		MONTHLY AMOUNT	
Gross Wages			\$	
Self-Employment Income			\$	
Severance Pay			\$	
Other: _____			\$	
UNEARNED INCOME	APPLIED FOR		RECEIVING	
	YES	NO	YOU	HOUSEHOLD MEMBER
Social Security			\$	\$
SSI			\$	\$
Child Support/Alimony			\$	\$
Rental Income			\$	\$
Divorce property settlement			\$	\$
Unemployment Benefit			\$	\$
Worker's Compensation			\$	\$
Veteran's Benefits			\$	\$
Retirement/Pension			\$	\$
Tribal Assistance			\$	\$
Educational Loans/Grants			\$	\$
Interest/Dividends			\$	\$
Inheritance			\$	\$
Lawsuit Settlement			\$	\$
Church Assistance			\$	\$
Food Stamps			\$	\$
Subsidized Housing/Utility			\$	\$
Energy Assistance			\$	\$
Income Tax Refunds/EIC			\$	\$
Subsidized Child Care			\$	\$
Sale of personal belongings			\$	\$
Sale of property (real/personal)			\$	\$
Other: _____			\$	\$

LIVING EXPENSES

HOUSING/UTILITIES	PAID TO:	MONTHLY AMOUNT	COUNTY ALLOWABLE (to be filled in by staff)
Rent/Mortgage			
Space/Lot Rent			
Homeowner's Insurance			
Property Taxes			
Electricity (12 mo. avg. or level pay)			
Gas (12 mo. avg. or level pay)			
Water			
Garbage			
Sewer/Trash			
Phone			
EDUCATION/JOB RELATED			
Child Care			
Car/Truck Payment			
Auto Insurance			
Fuel/Auto Maintenance			
Bus Pass			
MEDICAL/HEALTH CARE			
Doctors			
Hospital			
Prescriptions			
Dental/Vision			
Health Insurance Premiums			
Other _____			
HOUSEHOLD			
Groceries			
Non-food			
Court Ordered Costs			
Court Ordered Child Support			
Credit Cards (for medical bills only)			
Clothing			
Laundry			

Name of Applicant: (print) _____

Name of Spouse: (print) _____

RELEASE OF INFORMATION NON-MEDICAL COUNTY ASSISTANCE

In order to cooperate fully with the investigation and determination of my application for county non-medical assistance, I hereby authorize representatives from the Ada County Indigent Services Department to discuss my application with and to secure information, data, copies and records from my relatives, bankers, credit unions, physicians, hospitals, creditors and any other persons or organizations including, but not limited to the State Department of Health and Welfare, Social Security Administration, all branches of the United States Military, Tribal Records, law enforcement agencies, courts, Idaho Department of Labor, or employers having any information concerning me or my circumstances that said county representative feels is pertinent to the investigation of my application.

I hereby authorize Ada County to release to and exchange pertinent information regarding this application, the contents thereof and action taken thereon with all parties of interest, including, but not limited to those listed herein. I acknowledge that my application for assistance waives any and all confidentiality granted by state or federal law to the extent necessary to carry out the intent of Idaho Code Title 31 Chapter 34 regarding my application. I hereby authorize a copy of this agreement to be used when necessary and give it full force as the original.

I understand that I may revoke this consent at any time by submitting to the Ada County Indigent Services Department a written document signed by me and notarized except to the extent that action has been taken in reliance on it, and that unless consent is sooner revoked, this release is valid as long as it is pertinent to this application. I also understand that if I revoke this consent, to the extent it prevents or substantially interferes with the completion of the investigation of my application, it may result in my application being denied. **I understand that by accepting assistance from the county, I agree to repay the county for all or any portion of expenses paid on my behalf as determined by the Board of County Commissioners.**

By my signature I apply for county assistance and I hereby certify under penalty of perjury that the information contained in my application for county assistance is true and correct to the best of my knowledge.

Dated this _____ day of _____, 20_____.

Signature of Applicant

Signature of Spouse

NOTARY

On this _____ day of _____, 20_____,

_____ personally appeared
before me and proved to me on the basis of satisfactory evidence to be the person(s) whose
name(s) is(are) subscribed to this instrument and acknowledged to me that he/she (they)
executed the same.

S E A L

Notary Public for Idaho
Residing at:
My Commission Expires:

