



Moraine Township
800 Central Ave
Highland Park IL 60035
847-432-3240
lupe@morainetownship.org

Instrucciones Al Solicitante

Fecha: _____

Nombre: _____ #Telefono : _____

Dirrecion: _____ Ciudad _____ Estado _____ Código Postal _____

PARA PODER DETERMINAR ELEGIBILIDAD PARA ASISTENCIA PUBLICA PARA USTED O ALGUN MIEMBRO DE SU FAMILIA. ES NECESARIO QUE USTED PROVEE TODOS LOS DOCUMENTOS NOMBRADOS EN LA LISTA POSTERIOR. LAS SOLICITUDES SON CONSIDERADAS INCOMPLETAS SI NO SOMETE TODOS LOS DOCUMENTOS NECESARIOS Y PODRIA RETRASAR SU SOLICITUD. LOS DOCUMENTOS NECESARIOS PARA TODOS LOS MIEMBROS DE SU FAMILIA SON LOS SIGUIENTES:

POR FAVOR TRAIGA LO SIGUIENTE CON USTED A SU CITA EL: _____ HORARIO: _____

____ ACTAS DE NACIMIENTO/CERTIFICADO DE CIUDADANIA/ TARJETA DE RESIDENCIA (SI APLICA)

____ CONTRATO DE RENTA, COBRO DE HIPOTECA, RECIBO DE RENTA

____ TARJETAS DE SEGURO SOCIAL (SI APLICA)

____ LICENCIA/ ID/MATRICULA/PASAPORTE DE SU PAIS

____ TALONES DE CHEQUE DE LOS ULTIMOS 30 DIAS, CARTA DE EMPLEADOR, PAGO DE MANUTENCION, O CUALQUIER FUENTE DE INGRESOS

____ DOCUMENTOS DE PENSION, DISCAPASIDAD, O BENEFICIOS DE GOBIERNO

____ ULTIMO ESTADO DE CUENTAS BANCARIAS (CHEQUES Y AHORROS) (30 DIAS RETROACTIVO)

____ COMPROBANTE DE MATRIMONIO, DIVORCIO O SEPARACION

____ COPIA DE SUS IMPUESTOS MAS RECIENTES

____ COMPROBANTE DE EMERGENCIA- PERDIDA DE EMPLEO, PROBLEMAS MEDICOS, REPARACION DE VEHICULO, ETC

____ CARTA DE DESCONNECTION, CARTA DE DESALOJO, RETRASO DE RENTA(SI APLICA)

____ CARTA DE VERIFICACION SI RECIBE LOS SIGUIENTES BENEFICIOS

____ ESTAMPILLAS DE COMIDA ____ TARJETA MEDICA ____ DESEMPLEO

____ SEGURO SOCIAL ____ MANUNTENCION DE NINOS ____

INSTRUCCIONES AL SOLICITANTE (CONTINUACION)

- POR FAVOR NO DEJE NADA EN BLANCO. SI LA PREGUNTA NO LE APLICA MARQUE **N/A** DONDE CORESPONDA.
 - SI TIENE ALGUNA PREGUNTA SOBRE LA SOLICITUD LLAMENOS ANTES DE SU CITA. ESTO AYUDARA A CLARIFICAR Y NO RETRASAR SU SOLICITUD.
 - POR FAVOR TENGA EN CUENTA QUE LA SOLICITUD PUEDE TARDAR HASTA 30 DIAS PAR SER PROCESADA. TODO DEBIDO AL VOLUMEN DE SOLICITUDES EN PROCESO. CUANDO UNA DECISION HAYA SIDO TOMADA O NECESITEMOS MAS DOCUMENTOS NOSOTROS LE LLAMAREMOS O LE MANDAREMOS UNA CARTA POR CORREO.

 - * IL Department of Human Services * (TANF, Food Stamps, Medical and/or AABD) 2000 N. Lewis Ave Waukegan 847-336-5212 www.dhs.state.il.us
 - * Social Security Administration, 1930 N. Lewis Ave Waukegan 800-772-1213 www.ssa.gov
 - *IL Department of Employment Services www.ides.illinois.gov 800-244-5631
 - *IL Department of Child Support Enforcement www.childsupportillinois.com 800-447-4278
-

Case Management

Nombre _____

Por favor describa su emergencia: (por que necesita ayuda)

¿En qué es lo que necesita ayuda? Que pagos ha hecho?

¿Que ha hecho para resolver su emergencia?

¿Como va a resolver su emergencia a futuro?

Estimado Mensual De Gastos e Ingresos

Nombre _____ Fecha _____

GASTOS FIJOS	MENSUAL	FUENTE DE INGRESO	MENSUAL
Renta/Hipoteca		Trabajo	
Gas		SNAP/ Estampillas	
Electricidad		TANF (Dinero en efectivo de Ayuda publica)	
Agua		SSI	
Cable		SSDI	
Teléfono		Manutención de niños	
Aseguranza de vida		Familiares	
Comida		Renteros/Inquilinos	
Aseguranza de Carro		Otro	
Prestamo de Carro			
Cuidado de Niños			
Transportación (Gas etc)		INGRESO TOTAL	
Toiletries			
Lavandería			
Entretenimiento			
Estilista			
Educación			
Tabaco/Alcohol		Ingreso Total:	
Ropa		Gasto Total:	
		Sobrante/Déficit:	
GASTO TOTAL			



State of Illinois
 Department of Human Services
SOLICITUD DE ASISTENCIA DE EMERGENCIA

Ciudad o Municipio: _____ Fecha de Emisión: _____
 Condado: _____ Fecha de Devolución: _____
 Número de Registro : _____

La información requerida en esta solicitud se aplica a la cabeza del hogar y a todos los dependientes para quienes se realiza la solicitud.

1. Información General

Apellido: _____ Teléfono: _____

Nombre e Inicial del Segundo Nombre del Esposo: _____

Nombre de la Esposa e Inicial del Segundo Nombre: _____ Otros nombres o deletreos: _____

Dirección: _____ Fecha de Mudanza: _____ Renta Mensual: _____

Tres Direcciones Anteriores (incluyendo ciudad y estado):

Dirección 1: _____ Fecha de Mudanza: _____

Dirección 2: _____ Fecha de Mudanza: _____

Dirección 3: _____ Fecha de Mudanza: _____

Mi familia y yo hemos vivido en este municipio desde _____ este condado desde _____
 y en este estado desde _____

Nuestra dirección antes de movernos a Illinois era _____

Ahora estoy pidiendo ayuda para mí y para los siguientes miembros de mi familia, que residen conmigo.

Nombre Primer Segundo Apellido	Fecha de Nacimiento			Lugar de Nacimiento		Relación	Número de Registro de Seguridad del Departamento de Empleo de Illinois	Número de Seguro Social
	Mes	Día	Año	Ciudad	Estado			
						Yo/Solicitante		

Además de los enumerados anteriormente, los siguientes familiares, internos, huéspedes y otras personas, para quienes no estoy en busca de asistencia están viviendo en la misma casa.

Nombre Primer Segundo Apellido	Edad	Relación	Medios Actuales de Apoyo	Monto Pagado Mensualmente Por Comida, Alojamiento o Parte de Los Gastos del Hogar

2. ¿Por qué necesitas ayuda?



State of Illinois
Department of Human Services

SOLICITUD DE ASISTENCIA DE EMERGENCIA

3. Información Personal y Ocupacional

Estado Civil: Casado(a) Soltero(a) Viudo(a) Divorciado(a) Separado(a) Abandonado(a)

Si es Casado(a), fecha de matrimonio: _____ Lugar de Matrimonio: _____

La dirección actual de mi cónyuge, con quien no estoy viviendo, es: _____

¿Existe una orden judicial para manutención de menores? Si No

Arreglos de Vivienda: Alquilar Propio

Si alquila, nombre del arrendador: _____ Dirección: _____

¿Relacionado con el propietario Si No Si está relacionado, relación con el propietario: _____

Servicio Militar: ¿Algún miembro de su familia tiene servicio militar actual o anterior?

Si No En caso afirmativo, ¿quién tiene el servicio militar actual o anterior? _____

Fecha de Alistamiento: _____ Fecha que fue dado baja: _____ Número de Serie: _____

Si un miembro de la familia tiene servicio militar actual / anterior, él / ella:

Recibe Compensación Ajustada no recibió Compensación Ajustada recibe pensión o otros ingresos tales servicios No recibe pensión u otro ingreso de tales servicios

Empleo anterior: Enumere el último empleador y dos empleadores a más largo plazo para el solicitante y cualquier otro miembro de la familia con antecedentes laborales.

Miembro de la Familia	Nombre y Dirección del Empleador	Tipo de Trabajo	Salario Mensual	Fecha de Inicio	Fecha Final	Motivo de Salida

Ingresos actuales y otra información financiera: Complete cada espacio en blanco, si no hay ninguno, escriba "Ninguno".

Recursos:

Fuentes	Persona que Recibe	Nombre y Dirección Del Empleador o Descripción Del Recurso	Cantidad Semanal
Empleo: Salario			
Empleo: Comisiones			
Ganancia De: Negocio			
Ganancia De: Empleo en Casa			
Ganancia De: Ventas			
Otro: (especificar)			

Asistencia Pública Y Beneficios Públicos Relacionados

Fuente	Persona que Recibe	Cantidad	Fuente	Persona que Recibe	Cantidad
TANF			RSDI		
AABD			Otro		
Asistencia General			Otro		

Otro Recurso en Efectivo

Fuentes	Nombre de La Persona	Cantidad	Fuentes	Nombre de La Persona	Cantidad
Dinero en Mano			Logias / Uniones		
Ahorros			Anualidades		



SOLICITUD DE ASISTENCIA DE EMERGENCIA

Cuenta Bancaria			Pensión Alimenticia / Manutención Infantil		
Beneficios de Desempleo			Bienes / Órdenes Judiciales		
Compensación de Trabajadores			Amigos / Familiares		
Beneficios Para Veteranos			Bonos del Gobierno		
Otro Ingreso			Otros Ingresos		

Cuentas Bancarias En Poder de Cualquier Miembro de La Familia

Cuenta de Miembro de la Familia	Nombre y Dirección Del Banco	Cantidad del Depósito o Fecha de el último Retiro

Cajas de Seguridad en Poder de Cualquier Miembro de la Familia

Caja de Miembro de La Familia	Ubicación de la Caja	Contenido

Propiedad Personal (es decir, valores, acciones, bonos, joyas, ganado) en Poder de Cualquier Miembro de a Familia

Propiedad De	Descripción	Valor de Venta Actual

Propiedades Inmobiliarias, en Todo o en Parte, de Cualquier Miembro de la Familia

Propietario Registrado	Dirección	Descripción	Valor Actual	Fecha de Compra	Fecha de Último Pago de Impuestos	Último Pago de Impuestos	Ingresos Mensuales Actuales

Vehículos y Equipo Agrícola Propiedad de Cualquier Miembro de la Familia

Propietario	Año	Marca	Modelo	Fecha de Compra	Número de Licencia	Año Emitido	Valor de Venta Actual



State of Illinois
Department of Human Services

SOLICITUD DE ASISTENCIA DE EMERGENCIA

Pólizas de Seguro de Vida, Vigentes o Vencidas, en Poder de Cualquier Miembro de la Familia

Persona Asegurada	Nombre de Empresa	Tipo de Poliza	Monto	Prima Mensual	Fecha Última Que La Prima Fue Pagada	Préstamos Hechos	
						Fecha	Monto

Beneficios Médicos, Hospitalarios, Quirúrgicos u Otros Beneficios de Salud Disponibles Para Cualquier Miembro de la Familia

Nombre de La Empresa	Tipo de Covertura	Prima Anual

Entiendo que si quiero que otra persona solicite Asistencia General para mí, y tengo la capacidad física y mental para presentar una solicitud, debo proporcionar una declaración por escrito que autorice a la persona a solicitarla en mi nombre. La declaración debe incluir el nombre completo, la dirección y el número de teléfono de la persona que me solicita. La declaración debe decir que todavía soy responsable de la información que la persona que me solicita da a la oficina local de Asistencia General. La declaración también debe decir que soy responsable de devolver los beneficios que se recibieron debido a información incorrecta o incompleta proporcionada por un representante aprobado.

Sin embargo, si la persona está demasiado enferma o no puede completar una solicitud mental o físicamente, el cónyuge, padre, hijo, hermano adulto u otro pariente deben presentar esta solicitud. Si no hay familiares, esta solicitud puede ser firmada por cualquier otra persona capaz de proporcionar la información necesaria con competencia razonable.

He leído esta solicitud de Asistencia General y declaro bajo pena de perjurio que, según mi leal saber y entender, la información suministrada en esta solicitud y todas las declaraciones adjuntas es verdadera y correcta, y que es una declaración completa de todos los ingresos, propiedades o recursos que me pertenecen a mí o a cualquier miembro de mi familia inmediata.

Estoy de acuerdo en notificar al Supervisor de Asistencia General sobre cualquier cambio que sea necesario, o sobre los recursos enumerados aquí, o cualquier ingreso o recurso nuevo o adicional. Además, autorizo a cualquier persona, banco, empresa, corporación, agente de transferencia, agencia, institución o al Departamento de Servicios Humanos a proporcionar al Supervisor de Asistencia General cualquier información que pueda solicitarse en relación con cuentas, depósitos, inversiones, valores, beneficios de ingresos por discapacidad del sistema de ferrocarril, o negocios de cualquier tipo.

Firma del Solicitante: _____ Fecha: _____ Firma del Cónyuge: _____ Fecha: _____

Por la presente hago la Solicitud de Asistencia General en nombre de la persona nombrada a continuación y certifico que, según mi leal saber y entender, la información proporcionada en este documento es una declaración verdadera de sus ingresos, activos y recursos.

Solicitante: _____ Firma del Representante del Solicitante: _____

MORaine TOWNSHIP GENERAL ASSISTANCE OFFICE

Anne Flanigan Bassi, Supervisor

800 Central Ave
Highland Park, IL 60035

Phone: (847) 432-3240
Fax: (847) 432-2178

CONSENT TO RELEASE OF INFORMATION

TO: (Name of entity or person to whom consent is directed)

FROM:

You are hereby authorized and directed to release to or permit the examination and the copying or reproduction in any manner, whether mechanical, photographic or otherwise, by the Supervisor of General Assistance and the personnel of the General Assistance Office (GAO) named above of any and all such information as may be requested by the aforesaid Supervisor or GAO personnel.

You are further authorized and directed to furnish as requested oral and written reports to the aforesaid Supervisor and GAO personnel.

You are further authorized and directed to transmit by any method, including the United States Postal Service, fax and Internet, copies of such documents as may be requested by the aforesaid Supervisor and GAO personnel.

I hereby revoke any previously dated Consent to Release of Information.

Firma
Signature: _____ Date: _____

Witness: G. Somerville Date: _____

Please print the following:

Name of Witness: G. Somerville

Address: Moraine Township
800 Central Ave
Highland Park, IL 60035

MORaine TOWNSHIP GENERAL ASSISTANCE OFFICE
Anne Flanigan Bassi, Supervisor

800 Central Ave
Highland Park, IL 60035

Phone: (847) 432-3240
Fax: (847) 432-2178

NOTICE OF RIGHTS AND RESPONSIBILITIES OF GENERAL ASSISTANCE APPLICANTS AND RECIPIENTS

As an applicant or recipient of General Assistance (GA), you have certain **rights**.

- You have the right to apply for GA at any time. Application must be in writing and must contain at least your name, mailing address and signature. Should you desire, you may get help in filling out the application form. Your application must be submitted to the General Assistance Office, however, you may do this by mail.
- You have the right to be treated with courtesy, consideration and respect. You also have the right not to be discriminated against or denied GA because of race, religious belief, color, sex, marital status, sexual preference, national origin, age, handicap or political affiliation. If you feel that you have not been treated courteously or that you have been discriminated against, you have the right to complain to the General Assistance Office without retaliation.
- You have the right to look at the General Assistance Handbook used by the General Assistance Office to determine eligibility and payment amounts. You have the right to ask questions about your case and to examine your case file at a reasonable time in the presence of a representative of the General Assistance Office.
- Under most circumstances, you have the right to prevent the General Assistance Office from disclosing information about your case to anyone.
- Finally, you have the right to appeal any action, inaction or decision of the General Assistance Office with which you disagree.

As an applicant or recipient you also have certain **responsibilities**. Your failure or refusal to fulfill these responsibilities could result in a denial or termination of General Assistance benefits.

- You must provide the General Assistance Office with any information necessary to determine if you are eligible for GA. You must also permit the General Assistance Office access to any information necessary to determine your eligibility. You must cooperate with the General Assistance Office in obtaining this information at any time, even after you have been approved for General Assistance.
- You must keep all scheduled appointments with the General Assistance Office. Unless exempt, you must actively seek work, register every 30 days with the Illinois Department of Employment Security and participate in the Community Work Program.
- You must also advise the General Assistance Office immediately of any changes in your circumstances, such as a change of address, income, assets or household composition, which might affect your eligibility for General Assistance.
- You have a responsibility to utilize all resources at your disposal and to apply for any benefits for which you might be eligible. If the General Assistance Office refers you to another office or agency to apply for benefits or receive training, you must accept and follow-up such referral in good faith.

I acknowledge receiving a copy of this Notice of Rights and Responsibilities this _____ day of _____, 20 ____.

Firma
Signature: _____

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY

Case Name: _____

Notice of Rights Given On: _____

Notice of Rights Given By: G. Somerville

MORaine TOWNSHIP GENERAL ASSISTANCE OFFICE
Anne Flanigan Bassi, Supervisor

800 Central Ave
Highland Park, IL 60035

Phone: (847) 432-3240
Fax: (847) 432-2178

**NOTICE OF BENEFITS AVAILABLE
UNDER THE GENERAL ASSISTANCE PROGRAM**

MONTHLY BASIC NEEDS ASSISTANCE

- General Assistance (GA) provides monthly assistance for basic maintenance needs, including shelter, utilities, food (even if you receive food stamps), personal essentials (soap, shampoo, toothpaste, etc.), household supplies (laundry soap, detergent) and clothing. If you have certain allowable special needs, such as a therapeutic diet, amounts may be provided for your special needs.
- The maximum amount of monthly benefits for basic maintenance needs will depend upon the size of your assistance unit, who is in the assistance unit and whether you have any income. Hence, you may not receive the maximum permissible amount if you have any income.
- You will not receive cash. If approved, the General Assistance Office will issue "disbursing orders" to vendors to supply you with goods and services. Every month disbursing orders will be issued totaling the amount of your grant. The disbursing orders may only be used to obtain allowable basic maintenance needs.

MEDICAL ASSISTANCE

- If approved for GA, you are entitled to have certain medical care paid for unless you are denied medical assistance for a specific reason. Medical assistance is disbursed by direct vendor payment; that is, the General Assistance Office pays the medical provider.
- The General Assistance Office only pays for necessary and essential medical services. Preventive care is not considered essential. If you have any questions about what types of medical services can be paid for, you should ask personnel of the General Assistance Office.
- Unless an emergency exists, you must receive prior approval from the General Assistance Office for medical care, otherwise, the General Assistance Office may refuse to pay for such care. You should contact a representative of the General Assistance Office during reasonable hours with a specific request to have medical care authorized.

I acknowledge receiving a copy of this Notice of Benefits Available this _____ day of _____, 20 ____.

Firma
Signature: _____

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY

Case Name: _____

Case #: _____

Notice of Benefits Given On: _____

Notice of Benefits Given By: G. Somerville

MORaine TOWNSHIP GENERAL ASSISTANCE OFFICE
Anne Flanigan Bassi, Supervisor

800 Central Ave
Highland Park, IL 60035

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NOTICE OF RIGHTS AND RESPONSIBILITIES OF EMERGENCY ASSISTANCE APPLICANTS AND RECIPIENTS

As an applicant for or recipient of Emergency Assistance you have certain rights and responsibilities.

RIGHTS

- You have a right to file a written application for Emergency Assistance and to be assisted in completing an application. You may obtain an application at the General Assistance Office or request one by telephone or mail.
- You have a right to voluntarily withdraw any application for Emergency Assistance you file.
- If the General Assistance Office has an Emergency Assistance Handbook, you have a right to read and ask questions about it.
- You have a right not to be discriminated against because of race, religion, color, sex, sexual preference, national origin, age, handicap status or political affiliation.
- You have a right to have the information you provide kept confidential unless disclosure is required to determine your eligibility or is otherwise required or permitted by law.
- You have a right to written notice of the benefits available under the Emergency Assistance Program.
- You have a right to be treated with respect and in a courteous and considerate manner. If you have not been treated this way, you have a right to complain to the Supervisor. Nothing can be done to you because you complain.
- You have a right to freedom of choice as to where you obtain the goods and services for which the General Assistance Office will pay, however, if the General Assistance Office has an arrangement with a specific vendor to provide goods and services the General Assistance Office may refuse to pay other vendors for such goods and services. In addition, the General Assistance Office has no control over whether any vendor will furnish you with goods and services in exchange for payment by the General Assistance Office.
- You have the right to ask questions about your application and inspect, in the presence of personnel of the General Assistance Office, your case file during regular office hours. You also have a right to request copies of what is contained in your case file. However, certain information may have been provided to the General Assistance Office on the condition that the information or its source would not be revealed to you or is privileged from such disclosure. In such cases the General Assistance Office has a right to remove such information from your case file before you see it, however, if that happens you will be told that information has been removed.
- You have a right to be referred to other agencies for benefits and for other programs which may assist you.
- A decision must be made on your application for Emergency Assistance within 30 days. You have a right to written notice of this decision. If your income or assets result in a denial of your application, you have a right to a written notice indicating how your income or assets make you ineligible for Emergency Assistance.
- You have a right to voluntarily repay any Emergency Assistance provided to you.

(NEXT PAGE)

RESPONSIBILITIES

- You must fill out a written application for Emergency Assistance which must contain, at the very least, your name, mailing address and signature. An application containing your name, mailing address and signature requires the General Assistance Office to make a decision on your application, however, an application with only this information would not provide sufficient information to approve your application.
- You must keep all scheduled appointments at the General Assistance Office.
- You must provide information needed for a determination of your eligibility for Emergency Assistance.
- You must assist the General Assistance Office in securing and verifying information needed for a determination of your eligibility for Emergency Assistance.
- You must consent to the release by other agencies and persons of information to the General Assistance Office necessary for a determination of your eligibility for Emergency Assistance. You must sign any consent required by the General Assistance Office to obtain necessary information.
- You must report to the General Assistance Office with 5 calendar days of occurrence any change in your circumstances, such as a change in income or the acquisition of property, which might affect your eligibility for Emergency Assistance.
- You must utilize all resources (e.g., relatives, food pantries, community and charitable organizations) which might help alleviate your present needs.
- You must apply for any benefit (e.g., unemployment compensation, worker's compensation, Food Stamps) which might help alleviate your present needs.
- You must accept and follow-up in good faith any referral by the General Assistance Office to any other agency.

IF YOU FAIL OR REFUSE TO SATISFY ANY OF THESE RESPONSIBILITIES, YOUR APPLICATION FOR EMERGENCY ASSISTANCE MAY BE DENIED.

I acknowledge receiving a copy of the foregoing Notice of Rights and Responsibilities of Emergency Assistance Applicants and Recipients consisting of (2) pages this _____ day of _____, 20 ____.

Firma
Signature: _____

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY

Case Name: _____

Case #: _____

Notice of Rights Given On: _____

Notice of Rights Given By: G. Somerville

MORaine TOWNSHIP GENERAL ASSISTANCE OFFICE

Anne Flanigan Bassi, Supervisor

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STATEMENT OF PURPOSE FOR COLLECTION OF SOCIAL SECURITY NUMBERS IDENTITY PROTECTION POLICY

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and State government agency to draft, approve, and implement an Identity Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security number (SSN). This statement of purpose is being provided to you because you have been asked by the Township to provide your SSN or because you requested a copy of this statement.

Why do we collect your Social Security number?

You are being asked for your SSN for one or more of the following reasons:

- Crime victim compensation;
- Vendor services, such as executing contracts and/or billing;
- Law enforcement investigation;
- Child support investigation;
- Internal verification;
- General Assistance;
- Administrative services; and/or
- Other:

What do we do with your Social Security number?

- We will only use your SSN for the purposes for which it was collected.
- We will not:
 - Sell, lease loan, trade, or rent your SSN to a third party for any purpose;
 - Publicly post or publicly display your SSN;
 - Print your SSN on any card required for you to access our services;
 - Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or
 - Print your SSN on any materials that are mailed to you, unless State or Federal law requires that your number be on documents mailed to you unless we are confirming the accuracy of your SSN.

If you have questions regarding the Identity Protection Policy, please contact the Township representative who issued this form to you.

Nombre

Name: _____

Firma

Signature: _____

Date: _____

Issued By: G. Somerville

Date: _____

MORaine TOWNSHIP GENERAL ASSISTANCE OFFICE
Anne Flanigan Bassi, Supervisor

800 Central Ave
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**NOTICE OF BENEFITS AVAILABLE UNDER
THE EMERGENCY ASSISTANCE PROGRAM**

Emergency Assistance provides financial aid for two (2) purposes and two (2) purposes only: (1) to help alleviate a life-threatening circumstance, or (2) to help pay work related expense necessary to obtain or maintain employment. A life-threatening circumstance is a condition which poses an imminent peril to health and safety because of a lack of or the jeopardizing of the availability of shelter, food, utility service, medication, transportation or other basic necessity. You may also receive Emergency Assistance to help pay for a work related expense, but only if payment of the expense is necessary for you to get or keep a job. In order to help you pay such expenses, the General Assistance Office may also refer you to other agencies or programs or for other services.

You may receive Emergency Assistance only once in any eighteen (18) month period. Assistance up to the amount of the Payment Level is disbursed by means of disbursing orders (requests to a vendor to provide goods and services in return for payment by the General Assistance Office) or by the payment directly to a provider of goods and services. **You will not receive cash.** The personnel of the General Assistance Office will tell you what the appropriate Payment Level is for the size of your household.

You may receive Emergency Assistance even though you have applied for and been approved to receive monthly welfare assistance (such as Temporary Assistance to Needy Families (TANF), Aid to the Aged, Blind and Disabled (AABD), Refugee and Repatriate Assistance (RRA) or Supplemental Security Income (SSI)) as long as you have not yet begun to receive monthly payments of such assistance. However, if you have already begun receiving monthly payments of cash welfare assistance you cannot receive Emergency Assistance.

If you have any questions about Emergency Assistance or the program requirements or particulars, you should ask the personnel of the General Assistance Office. In addition, you may inspect the General Assistance Office's Emergency Assistance Handbook during regular office hours.

I acknowledge receipt of a copy of the foregoing Notice of Benefits Available under the Emergency Assistance Program this _____ day of _____, 20 ____.

Firma

Signature: _____

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY

Case Name: _____

Case #: _____

Notice of Benefits Given On: _____

Notice of Benefits Given By: G. Somerville