



Moraine Township
800 Central Ave
Highland Park IL 60035
847-432-3240

lupe@morainetownship.org

APPLICATION CHECKLIST

Date: _____

Name: _____ Phone #: _____

Address: _____ City _____ State _____ Zip _____

IN ORDER TO DETERMINE ELIGIBILITY FOR PUBLIC ASSISTANCE FOR YOURSELF AND/OR OTHER MEMBERS OF YOUR FAMILY FOR WHOM YOU ARE APPLYING, IT IS NECESSARY THAT YOU PROVIDE ALL ITEMS LISTED BELOW. APPLICATIONS ARE CONSIDERED INCOMPLETE IF DOCUMENTS ARE MISSING AND WILL DELAY PROCESSING OF YOUR APPLICATION.

PLEASE BRING THESE ITEMS WITH YOU TO YOUR APPOINTMENT ON: _____ AT: _____

- ____ BIRTH CERTIFICATES/ U.S PASSPORT/ CITIZENSHIP CERTIFICATE OR LPR CARD
- ____ LEASE, MOST RECENT RENT RECEIPT OR MORTGAGE STATEMENT
- ____ SOCIAL SECURITY CARDS FOR YOURSELF AND/OR EVERY FAMILY MEMBER FOR WHOM YOU ARE REQUESTING ASSISTANCE
- ____ DRIVER'S LICENSE OR STATE I.D (MUST BE A PHOTO IDENTIFICATION)
- ____ PROOF OF INCOME -LAST FOUR (4) PAYCHECK STUBS, EMPLOYER LETTER (ON COMPANY LETTERHEAD) VERIFYING EMPLOYMENT AND EARNINGS, RECORD OF ALL OTHER INCOME INCLUDING CHILD SUPPORT, PENSIONS, SSA, SSDI
- ____ ALL DOCUMENTS OR INFORMATION ABOUT PENSIONS, DISABILITY BENEFITS, RAILROAD RETIREMENT, VETERANS ADMINISTRATION BENEFITS, MILITARY ALLOTMENTS, OR ANY OTHER PRIVATE OR GOVERNMENT BENEFITS. (AWARD OR DENIAL DOCUMENTS)
- ____ MOST CURRENT BANK STATEMENT FOR ALL ACCOUNTS (CHECKING-SAVINGS)- TRANSACTION HISTORY PAST 30 DAYS
- ____ PROOF OF MARRIAGE, DIVORCE DOCUMENTS, PROOF OF SEPARATION
- ____ COPY OF YOUR MOST RECENT INCOME TAX RETURN
- ____ PROOF OF EMERGENCY- LOSS OF INCOME, MEDICAL PROBLEM, CAR REPAIR, ETC
- ____ DISCONNECTION NOTICE, PAST DUE NOTICE -EVICTION NOTICE
- ____ **WRITTEN VERIFICATION THAT YOU ARE RECEIVING OR HAVE APPLIED FOR (must utilize all available resources)**
 - ____ FOOD STAMPS ____ CASH ASSISTANCE (TANF) ____ MEDICAL CARD
 - ____ UNEMPLOYMENT BENEFITS ____ SS/SSD/SSI ____ CHILD SUPPORT ORDER

INSTRUCTIONS TO APPLICANT

- PLEASE DO NOT LEAVE ANY ANSWERS BLANK. IF THEY DO NOT PERTAIN TO YOU OR FOR WHOM YOU ARE REQUESTING ASSISTANCE FOR WRITE **N/A**.
- IF YOU HAVE ANY QUESTIONS WHILE COMPLETING THE APPLICATION PLEASE CONTACT US BEFORE YOUR APPOINTMENT. THIS WILL ALLOW YOUR APPLICATION TO BE PROCESSED WITHOUT DELAYS
- PLEASE BE ADVISED THAT IT MAY TAKE UP TO 30 DAYS FOR YOUR APPLICATION TO BE REVIEWED. WHEN A DECISION HAS BEEN MADE YOU WILL BE NOTIFIED VIA TELEPHONE, EMAIL OR MAIL
- PLEASE MAKE SURE YOU CONTACT THE THIRD PARTY FOR WHOM YOU ARE REQUESTING ASSISTANCE FOR AND NOTIFY THEM THAT MORAIN TOWNSHIP HAS AUTHORIZATION TO CONTACT THEM IN REGARDS TO YOUR ACCOUNT. (EX. COMED, NICOR,VILLAGE, LANDLORD)
- **YOU MUST FIRST APPLY FOR ALL AVAILABLE RESOURCES BEFORE YOUR SCHEDULED APPOINTMENT FOR**
GENERAL-EMERGENCY ASSISTANCE
- * IL Department of Human Services *Apply for all 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

Monthly Household Income Budget Analysis

Applicants Name _____ DATE _____

FIXED EXPENSE	MONTHLY	INCOME SOURCE	MONTHLY AMOUNT
Rent/Mortgage		Wages	
Gas		Food Stamps	
Electric		TANF (Cash Assistance)	
Water		SSI	
Cable		SSDI	
Telephone		Child Support	
Life Insurance		Relatives	
Food		Unemployment	
Auto Insurance		Other	
Car Loan		Other	
Child Care			
Transportation (Gas etc)		TOTAL INCOME	
Toiletries			
Laundry			
Entertainment			
Hairdresser/Barber			
Education			
Tobacco/Alcohol		Total Income:	
Clothing		Total Expense:	
Other		Surplus/Deficit:	
Other			
TOTAL EXPENSE			



APPLICATION FOR GENERAL ASSISTANCE

City or Township: Moraine Township Date Issued: _____
 County: Lake Date Returned: _____
 Record Number: _____

Information required in this application applies to the head of the family and all dependents for whom the application is made.

1. General Information

Last Name: _____ Phone: _____

Husband's First Name and Middle Initial: _____ Wife's First Name and Middle Initial: _____

Other Names or Spellings: _____

Address: _____ Date Moved In: _____ Monthly Rent: _____

Previous Three Addresses (including city and state):

Address 1: _____ Date Moved In: _____

Address 2: _____ Date Moved In: _____

Address 3: _____ Date Moved In: _____

My family and I have lived in this township since _____ this county since _____
 and this state since _____

Our last address before moving to Illinois was _____

I am now asking for assistance for myself and the following members of my family, who reside with me.

Name			Date of Birth			Birthplace		Relationship	Illinois Department of Employment Security Registration Number	Social Security Number
First	Middle	Last	Month	Day	Year	City	State			
								Self/ Applicant		

In addition to those listed above, the following relatives, boarders, lodgers and other persons, for whom I am not seeking assistance, are living in the same house.

Name			Age	Relationship	Present Means of Support	Amount Paid Monthly for Board, Lodging, or Share of Household Expenses
First	Middle	Last				

2. Why do you need assistance?



APPLICATION FOR GENERAL ASSISTANCE

3. Personal and Occupational Information

Marital Status: Married Single Widowed Divorced Separated Deserted

If married, date of marriage: _____ Location of Marriage: _____

If separated, state reason: _____

The present address of my spouse, with whom I am not living, is: _____

Is there a court order for child support? Yes No

Living Arrangement: Rent Own

If rent, Landlord's Name: _____ Landlord's Address: _____

Related to Landlord? Yes No If related, relationship to landlord: _____

Military Service: Does any member of your family have current or previous military service? Yes No

If "Yes", who has current or previous military service? _____

Date of Enlistment: _____ Date of Discharge: _____ Serial Number: _____

If family member has current/previous military service, he/she:
 received Adjusted Compensation did not receive Adjusted Compensation receives pension or other income from such service does not receive pension or other income from such service

Past Employment: List last employer and two longest term employers for applicant and any other family member with work history.

Family Member	Name and Address of Employer	Type Work	Monthly Wage	Start Date	End Date	Reason for Leaving

Present Income and Other Financial Information: Fill in every blank. If none, write "None".
Resources:

Sources	Person Receiving	Employer's Name and Address or Description of Resource	Weekly Amount
Employment: Salary			
Employment: Commissions			
Profits from: Business			
Profits from: Employment in Home			
Profits from: Sales			
Other: (specify)			

Public Assistance and Related Public Benefits

Sources	Person Receiving	Amount	Source	Person Receiving	Amount
TANF			RSDI		
AABD			Other		
General Assistance			Other		



APPLICATION FOR GENERAL ASSISTANCE

Other Cash Resources

Sources	Name of Person	Amount	Sources	Name of Person	Amount
Cash on Hand			Lodges/Unions		
Savings			Annuities		
Bank Accounts			Alimony/Child Support		
Unemployment Benefits			Estates/Court Orders		
Worker's Compensation			Friends/Relatives		
Veteran's Benefits			Government Bonds		
Other Income			Other Income		

Banks Accounts Held by Any Family Member

Family Member Holding Account	Name and Address of Bank	Amount of Deposit or Date of Last Withdrawal

Safety Deposit Boxes Held by Any Family Member

Family Member Holding Box	Location of Box	Contents

Personal Property (i.e., securities, stocks, bonds, jewelry, livestock) Held by Any Family Member

Owned By	Description	Present Sale Value

Real Estate Owned, in Whole or Part, by Any Family Member

Recorded Owner	Address	Description	Present Value	Date Purchased	Date Last Taxes Paid	Amount Last Taxes Paid	Present Monthly Income

Vehicles and Farm Equipment Owned by Any Family Member

Owner	Year	Make	Model	Date Purchased	License Number	Year Issued	Present Sale Value



APPLICATION FOR GENERAL ASSISTANCE

Life Insurance Policies, Current or Lapsed, Held by Any Family Member

Person Insured	Name of Company	Type Policy	Amount	Monthly Premium	Date Last Premium Paid	Loans Made	
						Date	Amount

Medical, Hospital, Surgical, or Other Health Benefits Available to Any Family Member

Name of Company	Type of Coverage	Annual Premium

I understand that if I want someone else to apply for General Assistance for me, and I am mentally and physically able to apply, I must provide a written statement that gives the person permission to apply on my behalf. The statement must include the full name, address and telephone number of the person applying for me. The statement must say that I am still responsible for the information that the person applying for me gives to the local General Assistance office. The statement must also say that I am liable for repaying benefits that were received due to incorrect or incomplete information provided by an approved representative.

This application must be signed by the applicant, however, if the person is too ill, or otherwise mentally or physically unable to complete an application, this application may be filed by the spouse, parent, child, adult sibling, or other relative. If there are no relatives this application may be signed by any other person able to furnish necessary information with reasonable competence.

I have read this application for General Assistance and declare under penalties of perjury that, to the best of my knowledge and belief, the information supplied in this application and all accompanying statements is true and correct, and that it is a complete statement of all income, assets, or resources belonging to me or to any member of my immediate family.

I agree to notify the Supervisor of General Assistance of any change whatsoever in need, or in the resources listed herein, or any new or additional income or resources. Further, I hereby authorize any person, bank, firm, corporation, transfer agent, agency, institution or the Department of Human Services to furnish the Supervisor of General Assistance whatever information that may be requested relative to accounts, deposits, investments, securities, Railroad System Disability Income benefits, or business of any kind whatsoever.

Applicant Signature: _____ Date: _____ Spouse Signature: _____ Date: _____

I hereby make Application for General Assistance on behalf of the person named below and certify that, to the best of my knowledge and belief, the information furnished herein is a true statement of his/her income, assets and resources.

Applicant: _____ Applicant Representative Signature: _____

Applicant Representative Address: _____ Relationship to Applicant: _____

MORaine TOWNSHIP GENERAL ASSISTANCE OFFICE
Anne Flanigan Bassi, Supervisor

800 Central Ave
Highland Park, IL 60035

Phone: (847) 432-3240
Fax: (224) 707-0059

CONSENT TO RELEASE OF INFORMATION

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

FROM: (Name of person authorizing release of information)

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.

Signature: _____ Date: _____

Witness Signature: 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

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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 you 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.

Name: _____

Signature: _____ Date: _____

Issued By: G. Somerville Date: _____

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**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. However, you may not receive the maximum amounts if you have any income or if you do not have a sufficient need for a certain basic maintenance need.
- 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 you will be issued disbursing orders totaling the amount of your grant. The disbursing orders may only be used to obtain the basic maintenance needs for which you have been approved.

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 this _____ day of _____, 20_____.

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

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**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____.

Signature: _____

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY

Case Name: _____

Notice of Rights Given On: _____

Notice of Rights Given By: G. Somerville

MORAIN TOWNSHIP GENERAL ASSISTANCE OFFICE

Anne Flanigan Bassi, Supervisor

800 Central Ave
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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 ____.

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

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_____.

Signature: _____

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY

Case Name: _____

Case #: _____

Notice of Benefits Given On: _____

Notice of Benefits Given By: G. Somerville

