

Richardson County General Assistance Application

Personal Information

Applicant's Name	Social Security No.	Date of Birth	Phone Number
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Co-Applicant's Name	Social Security No.	Date of Birth	Phone Number
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Address	City	State	Zip Code
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Mailing Address	City	State	Zip Code
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How long have you lived at current address? _____

What was your previous address? _____

How long did you live at your previous address? _____

Are you a U.S. Citizen? Yes No

Are you a Registered Alien? Yes No

How many children do you have? _____

How many of your children live in your household? _____

Marital Status: Single Married Widowed Separated Divorced (circle one)

If Separated, Widowed, or Divorced, please give date: _____
(month/day/year)

Other persons in household besides applicant:

Name	Date of Birth	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Income and Personal Resources

Are you or your spouse a Veteran? Yes No Did you serve during a time of War? Yes No

If "yes", has the Veterans Administration helped you in the past year? Yes No

When? _____

Are you currently receiving assistance from another state or county? Yes No

If yes, what other state or county? _____

What other assistance did you receive and when did you apply for this assistance? _____

Does someone else live in the household not related to you? Yes No

If yes, indicate the amount of their income: _____

Source(s) of Income	Self	Spouse	Family/Other Living in the Same House
Salary from employment (monthly gross income)	\$ _____	\$ _____	\$ _____
Self Employment	\$ _____	\$ _____	\$ _____
Child Support	\$ _____	\$ _____	\$ _____
Alimony	\$ _____	\$ _____	\$ _____
Social Security	\$ _____	\$ _____	\$ _____
Supplemental Security Income (SSI)	\$ _____	\$ _____	\$ _____
Retirement Income (type _____)	\$ _____	\$ _____	\$ _____
Veterans Pension	\$ _____	\$ _____	\$ _____
Union Payments	\$ _____	\$ _____	\$ _____
Unemployment Compensation	\$ _____	\$ _____	\$ _____
Workmen's Compensation	\$ _____	\$ _____	\$ _____
Charitable Organizations	\$ _____	\$ _____	\$ _____
Food Stamps	\$ _____	\$ _____	\$ _____
Friends	\$ _____	\$ _____	\$ _____
Assistance from Veterans Service Adm.	\$ _____	\$ _____	\$ _____
Vocational Rehabilitation	\$ _____	\$ _____	\$ _____
Rentals	\$ _____	\$ _____	\$ _____
Boarders	\$ _____	\$ _____	\$ _____
Relatives	\$ _____	\$ _____	\$ _____
Other (please specify _____)	\$ _____	\$ _____	\$ _____

What was the source and amount of your last check? _____

How was it spent?	Item	Amount	Item	Amount
	_____	\$ _____	_____	\$ _____
	_____	\$ _____	_____	\$ _____

Please circle "yes" or "no" to each of the items below and give the dollar amount.

Checking Account (# _____) Yes No If Yes, amount \$ _____
 Routing Number (# _____)
 Savings Account (# _____) Yes No If Yes, amount \$ _____
 Routing Number (# _____)

Name, Address and Phone Number of the Financial Institutions where the checking and savings accounts are located:

Address: _____

Phone: _____

Cash on Hand Yes No If Yes, amount \$ _____

Safety Deposit Box Yes No If Yes, amount \$ _____

Certificate's of Deposit Yes No If yes, amount \$ _____

Stocks and Bonds Yes No If yes, amount \$ _____

Farm Crops Yes No If yes, amount \$ _____

Livestock Yes No If yes, amount \$ _____

Farm Machinery Yes No If yes, amount \$ _____

Mobile Home Yes No If yes, amount \$ _____

Life Insurance Yes No If yes, amount \$ _____

Policy No. _____

Name of Company _____

Does it have Cash Value? Yes No If yes, amount \$ _____

Does is have Loan Value? Yes No If yes, amount \$ _____

Health Insurance Yes No If yes, amount \$ _____

Name of Company _____

Car Yes No If yes, amount \$ _____

Yr _____ Make _____ Model _____

Truck Yes No If yes, amount \$ _____

Yr _____ Make _____ Model _____

Motorcycle Yes No If yes, amount \$ _____

Yr _____ Make _____ Model _____

Second Vehicle Yes No If yes, amount \$ _____

Yr _____ Make _____ Model _____

Do you own any boats, RV's, mobile homes? Yes No If yes, amount \$ _____

If yes, please list by "Year", "Make", and "Model": _____

Does any household member own any cars, trucks, boats, RV's, mobile homes, or motorcycles? Yes No

If yes, please list by "Year", "Make", and "Model": _____

Do you currently own your home? Yes No Address _____

Do you currently own any other property? Yes No Address _____

Have you ever owned a house, farmland, or other property at any time? Yes No

If "yes" address of the property? _____

If you no longer own this property, what happened to it? _____

Does any household member own property? Yes No

If "yes" address of the property? _____

Employment History

Are you self-employed? Yes No

If "yes" please list names and addresses of the last three jobs completed and date(s). Provide information for the last 15 years.

1. _____ Name	_____ Address	_____ Date(s)
2. _____ Name	_____ Address	_____ Date(s)
3. _____ Name	_____ Address	_____ Date(s)

List below all past employment, starting with the last employer first:

Your Last Employer _____		Address _____	
_____ City	_____ State	_____ Zip Code	_____ Telephone Number
Immediate Supervisor's Name _____		From _____	To _____
		Reason Terminated _____	

1. _____ Employer	_____ Address	From _____	To _____	_____ Reason Terminated
2. _____ Employer	_____ Address	From _____	To _____	_____ Reason Terminated
3. _____ Employer	_____ Address	From _____	To _____	_____ Reason Terminated
4. _____ Employer	_____ Address	From _____	To _____	_____ Reason Terminated
5. _____ Employer	_____ Address	From _____	To _____	_____ Reason Terminated

If unemployed, are you registered with the Job Service? Yes No
 If no, indicate why you have not registered with the Job Service. _____

If your Spouse is unemployed, is he/she registered with the Job Service? Yes No
 If no, indicate why your spouse has not registered with the Job Service. _____

If unemployed, please list 5 (five) places where you have applied for employment:

1. _____ Business Name	_____ Address	_____ Date Applied
2. _____ Business Name	_____ Address	_____ Date Applied
3. _____ Business Name	_____ Address	_____ Date Applied
4. _____ Business Name	_____ Address	_____ Date Applied
5. _____ Business Name	_____ Address	_____ Date Applied

List 5 places where your spouse has applied for employment:

1.	_____	_____	_____
	Business Name	Address	Date Applied
2.	_____	_____	_____
	Business Name	Address	Date Applied
3.	_____	_____	_____
	Business Name	Address	Date Applied
4.	_____	_____	_____
	Business Name	Address	Date Applied
5.	_____	_____	_____
	Business Name	Address	Date Applied

Assistance Requested

Please list requests in order of need.

Requested Assistance (i.e. Medical, Rent, Utilities, etc.)

Amount Requested

Payable To:

1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____
9. _____	\$ _____
10. _____	\$ _____
11. _____	\$ _____
12. _____	\$ _____

Do you have any special medical condition, which you feel contributes to your inability to pay these bills? _____

In case of emergency, please notify:

Richardson County Medical and General Assistance Program Check-off List

I understand that the purpose of Richardson County Medical and General Assistance Program is to provide the necessities of life to persons who meet the eligibility guidelines. I further understand that this program is a "program of last resort".

I understand that I as the client have the responsibility to cooperate by providing accurate information on the application form. In order for my application to be considered I need to provide written verification of all assistance that I am asking for including any delinquent or past due bills.

In the case of medical needs, I need to provide information from a Doctor as to the need of medical assistance and its cost. And in the case of medications or prescriptions, written estimates as to their cost.

I have a further responsibility of exploring all other alternative resources including but not limited to the following:

Please provide information regarding correspondence with the following potential resources

Social Security Administration (and/or any of its programs): _____

Department of Health & Human Services (and or any of its programs): _____

Responsible Relatives: _____

Churches and/or Civic Organizations: _____

Banking and Lending Institutions: _____

Other: _____

I have read and understand the preceding General Assistance Check-off list and General Assistance and Medical Assistance Program Guidelines and will provide accompanying information.

Signature of Applicant

Printed Name of Applicant

Date

Signature of Co-Applicant

Printed Name of Co-Applicant

Date

You have the right.....

.....to expect your application to be accepted and acted upon promptly within thirty (30) days for application for continuing assistance; and within seven (7) days for application for short-term assistance.

.....to appeal and ask for a fair hearing if you are not satisfied with the action taken on your application.

.....to be assisted in various aspects of application or determination of eligibility by the person of your choice.

.....to have confidential treatment of private information.

.....to have program requirements and benefits fully explained.

.....to know that you can be required to reimburse any assistance obtained through misrepresentation or fraud or any interim assistance issued pending a determination of eligibility for any supplemental security income program or other categorical assistance program which provides retroactive benefits or pending the issuance of a lost or stolen warrant.

.....to know that the County of Richardson, Nebraska may request reimbursement for County Medical Assistance from legally responsible parties if they are of sufficient ability to repay.

Signature

Under penalties of law, I declare that I have read this form, including accompanying statements and to the best of my knowledge, it is true, correct and complete. I understand my responsibilities and agree to fulfill them. I agree to provide proof of need if requested, and I give consent for the agency to make whatever contacts are necessary to determine my eligibility, and I hereby authorize release of financial or medical information and understand that my signature below constitutes such a release.

I have had the assistance programs and program requirements explained to me and I (please circle) **do** / **do not** wish to receive assistance based on these requirements.

Printed Name of Applicant

Signature of Applicant

Date

Name of Person Assisting Applicant

Signature of Person Assisting Applicant

Date

Signature

Under penalties of law, I declare that I have read this form, including accompanying statements and to the best of my knowledge, it is true, correct and complete. I understand my responsibilities and agree to fulfill them. I agree to provide proof of need if requested, and I give consent for the agency to make whatever contacts are necessary to determine my eligibility, and I hereby authorize release of financial or medical information and understand that my signature below constitutes such a release.

I have had the assistance programs and program requirements explained to me and I (please circle) **do** / **do not** wish to receive assistance based on these requirements.

Printed Name of Co-Applicant

Signature of Co-Applicant

Date

Name of Person Assisting Co-Applicant

Signature of Person Assisting Co-Applicant

Date