POWESHIEK COUNTY COMMUNITY SERVICES
APPLICATION FOR GENERAL ASSISTANCE

**Please use Blue or Black ink to complete this form

Name (Deceased)_____Social Security # _____

Date of Birth _____ Marital Status _____ Veteran ☐ Yes ☐ No

Most Recent Address (other than care facility):_____

City/State _____ Zip Code _____ County _____

Family Contact & Address_____

Phone Number _____ Referral Source ☐ Relative ☐ Agency ☐ Other

Provide a Copy of Driver's License/Valid ID ☐ Copy of Social Security Card ☐ SS# _____

Was the deceased their own guardian? ☐ Yes ☐ No   If no, Name/Phone # _____

Family Email Address _____

Alternate Contact & Phone #_____

LIST ALL MEMBERS OF THE HOUSEHOLD (children in the home full-time, relatives, roommates, etc.)

NAME	RELATIONSHIP	BIRTHDATE	SSN w/ COPY OF CARD
	Head of Household		

ASSISTANCE REQUEST

☒ Burial **Funeral Home/Cremation Service will provide invoice

If applying for burial/cremation, was GA contacted prior to arrangements made? ☐ Yes ☐ No *If no, assistance is NOT available

Have you ever received General Assistance from Poweshiek or any other County? ☐ Yes ☐ No For: _____

HOUSEHOLD EMPLOYMENT
**List all adults residing in the home

NAME	EMPLOYER	EMPLOYER ADDRESS	START DATE	HOURLY RATE/SALARY	HOURS WORKED PER WEEK

Is anyone in your household presently unemployed? ☐ Yes ☐ No Who? _____

Provide PAST 30 days income ALL sources – including employment, unemployment, SSI, SSDI, etc.

RESOURCES

Complete this form to include ALL household members

	Yes	No	Amount	Location	Name of Person
Cash					
Checking Account					
Savings Account					
IRA/CD/s/BOND					
Stocks/Trust					
Burial Contract					
Life Insurance					
Real Estate (Property)					
other					

Do you or anyone in your household own cars, trucks, boats, campers, motorcycles, or other vehicles?

| MAKE	MODEL	YEAR	AMOUNT OWED

Does this person own their home? ☐ Yes ☐ No

Have you applied anywhere else for assistance? ☐ Yes ☐ No

"I have to the best of my ability given the above information truthfully. A false statement or incorrect statement on an application for assistance may be cause for denial."

_____

Signature of Applicant   ALL ADULT RESIDENTS must sign   Date

_____

Signature of Director of General Assistance   Date
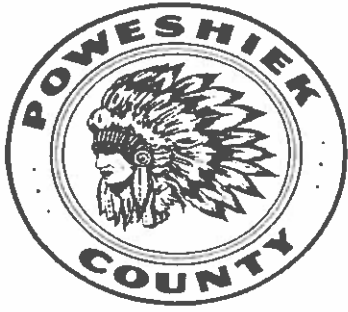
POWESHIEK COUNTY COMMUNITY SERVICES
General Assistance
302 East Main St
PO Box 57
Montezuma, Iowa 50171
P| 641.623.0044
F| 641.623.2363

General Assistance Release of Information

I, _____, hereby certify that the facts set forth in the completed General Assistance application dated _____ are true and complete to the best of my knowledge. A false statement or incorrect statement on an application for assistance may be cause for denial of benefits.

AUTHORIZATION TO OBTAIN INFORMATION:

*"I hereby authorize the following Poweshiek County offices, General Assistance, Veterans Affairs, Public Health, Auditor, Treasurer, Attorney, Sheriff, and the Iowa Department of Human Services, Social Security Administration, UIHC, Iowa Workforce Development, Crisis Center, Child Support Recovery Unit, other medical providers, landlords, utility providers, and **Community Service providers including MICA, Salvation Army, Ministerial Alliance (including area churches), CICS, Campbell Fund and others as deemed necessary to coordinate funding,** as well as current or previous employers, probation, parole officers, or law enforcement officials **to release** confidential information concerning my personal situation to the Poweshiek County General Assistance office and/or Director if such information is deemed necessary. I understand that in order for information to be disclosed from the Poweshiek County General Assistance office and/or Director, a separate Authorization to disclose information will be completed except for payment, treatment, or operations purposes where an authorization is not required. If any other persons not listed above have information that the General Assistance Director needs to process my request, a separate authorization to obtain information will also be completed."*

> *Expires When:* This authorization is good for 12 months from the date signed. I may write to General Assistance and my sources to revoke this authorization at any time. GA will give me a copy of this form if I ask; I may ask the source to allow me to inspect or get a copy of the material to be disclosed.
>
> I have read this form and agree to the disclosures above from the types of sources listed.

_____   _____

(Signature of Applicant)   **All ADULT RESIDENTS must sign**   (Date)

_____   _____

(Signature of Director)   (Allow 10 days for application review & decision)   (Date)