

This is an application for emergency assistance for rent and/or utility bills.

- ✓ **Drivers License or Photo ID needed!** Please bring with you when you return this application.
- ✓ **Please complete the application in full.** Please answer all the questions. Any questions not answered or information not provided will cause your application to be considered incomplete and it will be denied.
- ✓ If you have any bank accounts, you will need to complete the **Bank release**. List the name and location of your bank, all account numbers, date, and sign the release. Do not fill in the account balances. We will send the release to your bank for that information.
- ✓ All applicants not currently working must be **registered with Iowa Workforce Development**, unless you furnish a copy of a Doctor's statement that you are currently unable to work.
- ✓ **Income verification for the past 30 days of your entire household is required.** This includes all individuals who live in your household whether they are relatives or not. Return with this completed application, the paycheck stubs or a signed and dated statement of wages earned from your employer(s).
- ✓ For utility assistance (electric, heat, water) the **current months bill** is needed and must be in the name of applicant.
- ✓ When you have completed this application and have all needed verifications available call our office at **319-462-4457** (between the hours of 9 a.m. and 1p.m.) to set up an **appointment**.

JONES COUNTY COMMUNITY SERVICES

P.O. BOX 427

105 Broadway PL, Ste 2

ANAMOSA, IA 52205

Phone: 319-462-4457

Fax 319-462-5804

Case Management

General Assistance

Mental Health Services

Jan.Dole@jonescountyiowa.gov

Office Hours: 9:00 a.m. to 1:00 p.m.

Name: _____ Phone: _____
FIRST MIDDLE LAST

Address: _____ City: _____ Zip: _____

Alt. Phone: _____ Birthdate: _____ Birthplace: _____

S.S. # _____ How long have you lived in Jones Co. _____

Spouse's Name & Address: _____

Marital status: (Check One)

Single _____ Married _____ Divorced _____ Separated _____ Widowed _____ Maiden Name: _____

Is anyone in the household in the Military? Yes _____ No _____ If yes: Date enlisted: _____
Date discharged: _____ Branch: _____ Type of Discharge _____

Has anyone in household received General Assistance in Jones County before? Yes _____ Date: _____ No _____

Are you currently living in subsidized housing of any kind (HUD, EIRHA, Other)? Yes _____ No _____

List all members of household (include yourself)

Name	SS#	Birthdate	Birthplace	Relationship

List the reason(s) why you are applying for General Assistance:

Type of assistance needed: _____

If rent what month: _____

Rent Payment:

\$ _____

Amount **Name and Address of Landlord**

Is the landlord related to any household member? Yes _____ No _____

Are utilities included in your rent? Yes _____ No _____

If yes, list utility that is included: _____

If no, Complete the following: List current amount due:

Electric: \$ _____ Paid to: _____

Heat: \$ _____ Paid to: _____

Water: \$ _____ Paid to: _____

Does anyone in household own any property or land? Yes _____ No _____

If yes, address of property: _____

Does anyone in the household own any vehicles, boats or motorcycles, etc?

Make/Model: _____ Year: _____ Amount still owed: _____

Does anyone in household have the following? If yes, fill in dollar amount:

Cash on hand: _____ Checking Account: _____
Stocks/Bonds: _____ Savings Account: _____

Have you applied for all other benefits for which you may be eligible?

Program	Applied	Approved	Denied	Amount/ Or reason for Denial
Eastern Iowa Regional Housing Authority www.easterniowaregionalhousing.org				
Unemployment Benefits: www.iowaworkforcedevelopment.gov				
Food Assistance www.oasis.iowa.gov				
Family Investment Program(FIP) www.oasis.iowa.gov				
Medicaid/Medicare/Private Ins. www.dhsservices.iowa.gov				
Heat Assistance; HACAP Ph.462-4343				
SSDI or SSI (disability)				
Other:				

Do you or anyone in your household **receive Child Support** payments? Yes _____ No _____

Do you or anyone in your household **pay Child Support** payments? Yes _____ No _____

Monthly amount paid: \$ _____ Monthly amount received: \$ _____

Are you or anyone in your household employed? Yes _____ No _____

List current or last employer of all adults in household.

Who is employed: _____

Employer's Name/Address: _____

Dates Employed : _____

Job Title/Description: _____

If no longer employed, reason for leaving: _____

Who is employed: _____

Employer's Name/Address: _____

Dates Employed: _____

Job Title/Description: _____

If no longer employed, reason for leaving: _____

Bring in Last 30 days of paystubs for all employed and last paystub for unemployed if available.

Are you physically able to work? YES _____ NO _____

If NO, give the reason why: _____

If Medically unable to work, name and address of doctor: _____

Please bring in current Iowa Workforce Development print out of status of all unemployed adults.

Do you have a legal guardian or Conservator: NO _____ YES _____

If yes name and address: _____

CERTIFICATION STATEMENT

I, _____, do hereby certify that the statements provided by me in this application are true and correct to the best of my knowledge. I fully understand that a false statement given by me in support of my application for emergency relief assistance will result in criminal prosecution. I also fully understand that the personnel of the General Assistance Office will use my statements to determine my eligibility for assistance.

I am aware that the assistance information that I have given may be verified and investigated to determine eligibility for assistance. I hereby authorize all persons to release confidential information concerning my personal situation to the Jones County General Assistance Office, if it deems such information is necessary.

I understand that the Code of Iowa provides that, "Any County having extended any money for the relief and support of a poor person, under the provisions of this chapter, any recover the same from any kindred mentioned herein, from such poor person should he become able or from his estate, from relatives by action brought within two years after becoming able, and from such person's estate by filing claim as provided by law." Section 252.13, Code of Iowa.

In Addition, I understand that in the event I am afforded General Relief assistance; that I may be required to work for the County as provided in Section 252.27 and 252.42 of the Iowa Code. I understand that the transfer of personal or real property made by me within two years preceding the date of this application which was made for the purpose of qualifying for General Relief shall render me ineligible for assistance.

SIGNATURE OF APPLICANT

DATE

SIGNATURE OF CO-APPLICANT

DATE

This application is: APPROVED _____ DENIED _____ For Assistance

JONES COUNTY COMMUNITY SERVICES

P.O. Box 427
105 Broadway PL, Ste 2
Anamosa, IA 52205

Phone: 319-462-4457 Fax 319-462-5804
Case Management General Assistance Mental Health Services

Release of Information

TO: _____	DATE: _____
Bank/Credit Union/Savings & Loan	
_____	_____
Address	Applicant/Account Holder
_____	_____
Address	Address
_____	_____
City/State/Zip Code	City/State/Zip Code

I, hereby authorize you to release to the Jones County Community Services Office, confidential information pertaining to:

The dollar balances in any/all accounts: _____

Checking: _____ Account # _____

Savings: _____ Account # _____

CD/IRA _____ Account # _____

Other _____

Bank Employee Signature

Date form completed

I also do hereby forever release and discharge you from any liability for divulging such information, whether such information is deemed confidential or not.

Signature of Applicant

Signature of Co-Applicant

PLEASE RETURN THIS FORM TO:

Jones County Community Services
P.O. Box 427
105 Broadway Pl. Ste 2
Anamosa, IA 52205

or **Fax to: 319-462-5804**
Attn: General Assistance

THIS RELEASE EXPIRES 90 DAYS AFTER DATE OF SIGNATURE

JONES COUNTY COMMUNITY SERVICES

P.O. Box 427

105 Broadway PL, Ste 2

Anamosa, IA 52205

Phone: 319-462-4457

Fax 319-462-5804

Case Management

General Assistance

Mental Health Services

Release of Information

Consumer Name _____

Social Security # _____ Date of Birth _____

I, the undersigned, hereby authorize Jones County Community Service Staff to release and/or obtain the information indicated below, regarding the above name consumer, with:

Name of Agency HACAP, Alliant, Black Hills

Complete Mailing Address:

The information being released will be used for the following purpose:

Information to be released
by Jones County Community Service

Information to be obtained:

_____ Wages
_____ Distribution of money
 Balances
 Progress Reports

_____ Reported expenses
_____ Vocational
 Progress
 Financial
 Other

This authorization will automatically expire one year from the date of signature, except as specified: _____ (specific #.of days or months)

At that time, no express revocation shall be needed to terminate my consent, but I understand that I may revoke this consent at any time by sending a written notice to: Jones County Community Service, P.O Box 427, 105 Broadway Place, Ste 2, Anamosa, IA 52205 or by sending written notice of revocation to the other above mentioned party releasing information. I understand that my release which was made prior to any revocation in compliance with this authorization shall not constitute a breach of my rights to confidentiality. I understand that I may review the disclosed information by contacting Jones County Community Service or the above names party releasing information.

Signature of Consumer or Legal Guardian

Date

JONES COUNTY COMMUNITY SERVICES

P.O. BOX 427

105 Broadway PL, Ste 2

ANAMOSA, IA 52205

Phone: 319-462-4457

Fax 319-462-5804

Case Management

General Assistance

Mental Health Services

Privacy Practices Acknowledgement

I acknowledge that on ____ day of _____, 20__,
I received a copy of Jones County Community Services Notice of Privacy practices.

Applicant Signature

or

_____ relationship _____
Legal Guardian or Personal Representative
(or other relationship)

[Users Note: It is recommended that you get the signature of the patient if an adult, even if it is questionable that the patient has the capacity to understand, as long as the patient is not under guardianship, but if there is a family member involved in making decisions and care, that person should sign off as well.]

NOTICE OF PRIVACY PRACTICES SUMMARY SHEET

The attached document is called a "Notice of Privacy Practices". It describes how medical information about you may be used and disclosed and how you can get access to this information. Please review this information carefully.

- Your medical information includes information about your physical and mental health.
- We understand that information about your physical and mental health is personal
- We are committed to protecting medical information about you to the extent permitted and required by law.
- Under the new federal Privacy Rule we may use or disclose your medical information for treatment, payment and administrative services called "health care operations" once you have received this notice and you have acknowledged the notice in writing or we have asked you to sign the acknowledgment but have refused or unable to sign.
- You also have the certain rights with regard to your medical information. These include the following:
 - a. You have the right to inspect and copy medical information that may be used to make decisions about your care or payment.
 - b. You have the right to request a list of disclosures that we made about medical information concerning you.
 - c. You have the right to request a restriction or limitation on the medical information we use or disclose about you for treatment, payment, administrative or health-care operations purposes.
 - d. You have the right to request that we communicate with you about medical matters in a confidential manner, for example, you can ask that we don't contact you at work or by mail.
 - e. You have a right to a paper copy of this Notice.
 - f. If you feel that medical information that we have about you is incorrect or incomplete you may ask us to amend the information.
 - g. You have the right to request an accounting of disclosures.

If you have any questions about what is in this Notice, contact the Jones County Community Services Director @ 319-462-4457

APPEAL RIGHTS

Every applicant, whether granted relief or not, shall be informed in writing of the General Relief Director's decision. The applicant has the right to appeal such decision to the Board of Supervisors. The applicant shall be informed (1) of the method by which an appeal may be taken, and (2) that he or she may represent him or herself, or may be represented by an attorney. Any written appeal or communication to the General Relief Director by or on behalf of an applicant requesting an appeal of the Director's determination shall be taken to the County Auditor and put upon the Board of Supervisor's agenda, for the next regular Board of Supervisor's meeting, provided this appeal shall not be heard sooner than five (5) days after appeal is taken. The written appeal or communication must be made to the General Relief Director within ten (10) days of the Director's determination; the appeal must provide applicant's current address and telephone number and state the reasons for the appeal. The applicant shall be informed immediately, by ordinary mail, of the date and time of hearing before the Board of Supervisors. Applicant and his or her attorney, upon written authorization shall be grant access by the Director to his or her relief case file if request is made.

The Board of Supervisors shall hear the applicant's appeal at the time scheduled in the agenda unless the applicant or the Board of Supervisors requests continuance. Applicant shall be permitted to present documentation in support of the appeal including testifying, having witnesses testify, offering documentary evidence and reasonable cross-examination of other witnesses, if present. The technical value of evidence shall not apply. The Board may question the applicant and the Director shall present the Board with the reasons for the determination. The appeal will be tape-recorded. The hearing before the Board will not be an open meeting under Chapter 28A, Code of Iowa, since the confidential files of the applicant will be in evidence. When the Board deliberates the appeal, no parties shall be present. The Board shall make a decision on the appeal within five (5) working days. The Board's decision shall be only on the basis of the evidence submitted before the Board. The applicant shall be informed of the decision within four (4) working days by ordinary mail. The decision shall also state that an appeal may be taken to the district court from the Board's determination, as provided and the method by which such appeal may be taken. Any appeal to the district court shall be allowed by the applicant from the Board's decision within the time and by the manner and procedures established under the Iowa Administrative Procedures Act, Chapter 17A, Code of Iowa.

In the event the Board of Supervisors, in reviewing the actions of the Director of relief, questions any allowance of relief benefits allowed by the General Relief Director, it shall take no action concerning such allowance until the Board of Supervisors conducts a hearing. This hearing, the reasons for it and notification to the applicant shall be given in the same manner as if the applicant had taken an appeal. This hearing shall proceed in the same manner as an appeal from the Director's determination.