



Get Connected. Get Help.™

**OPERATORS ARE  
STANDING BY TO ANSWER  
YOUR QUESTIONS 24/7/365**



United Way of Will County



**WILL COUNTY**

**ONE FREE CALL TO 2-1-1 CONNECTS YOU WITH ALL  
HUMAN SERVICES IN WILL COUNTY**



## GET HELP



- Food
- Clothing
- Shelter



- Housing
- Rent / Utility Assistance
- Counseling



- Substance Abuse
- Domestic Violence
- Sexual Assault



- Transportation
- Support Groups
- Senior Services



- Aging Parents
- Child Care



- Employment
- Legal Assistance
- Health Care



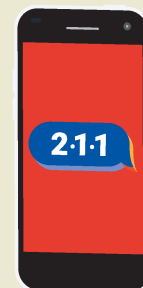
## GIVE HELP

- Volunteer locally
- Find where to donate food, clothes, and furniture

# SAVE 2-1-1

**IN YOUR  
CONTACT  
LIST**

**FOR FUTURE  
REFERENCE!**



**211 IS YOUR NEW, FREE,  
AND CONFIDENTIAL  
INFORMATION & REFERRAL HOTLINE  
HELP IS AVAILABLE IN 150+ LANGUAGES**

**Text 898211 for help**



DATE: \_\_\_\_\_

CASE #: 07-107 \_\_\_\_\_

The following checked items must be returned to Jackson Township so that your application for General Assistance can be processed. Copies of these documents will be made for your General Assistance records.

PLEASE BRING / SEND THESE ITEMS TO THIS OFFICE ON or BEFORE \_\_\_\_\_, 20\_\_\_\_

AT \_\_\_\_\_ AM/PM. YOUR CASE WORKER IS \_\_\_\_\_.

- Social Security Card for each person whom aid is required
- Driver's License
- Auto Registration Certificate
- Birth Certificate
- Dwelling Lease
- Rent Receipt(s) Period Covered: \_\_\_\_\_
- Utility Bill(s) Type: \_\_\_\_\_ Period Covered: \_\_\_\_\_
- Pay Stubs Period Covered: \_\_\_\_\_
- Naturalization Papers
- Alien Registration Papers
- Marriage Certificate
- Divorce Papers
- Court Orders Pertaining to Family
- Life Insurance Policies
- Health and Accident Policies
- Military Discharge Papers
- Tax Bill, Deeds, Mortgage Contracts, Mortgage Payment books
- Bank Books / Statements \_\_\_ Savings \_\_\_ Checking
- Union Card / Union Dues Receipts
- Doctor's Statement (if claiming illness, injury, pregnancy)
- Illinois Job Service Registration Card
- Unemployment Insurance Card
- Proof of Workmen's Compensation
- Proof of Application for Public Aid and SNAP
- Completed and Signed Application for General Assistance
- Workfare Program Papers
- Other \_\_\_\_\_

AS OF THIS DATE, I ACKNOWLEDGE RECEIPT OF APPLICATION & NOTICE OF RIGHTS FORM.

Signature: \_\_\_\_\_ Witness: \_\_\_\_\_



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 Social Security Number (SSN) or because you requested a copy of this statement.

Why do we collect your Social Security Number?

You are being asked for you Social Security Number for one or more of the following reasons.

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

What do we do with your Social Security Number (SSN)?

- We will only use your Social Security Number for the purpose in 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
  - Print your SSN on any materials that are mailed to you, unless State or Federal law requires that your SSN be on documents mailed to you, or we are confirming the accuracy of your SSN.

If you have any questions regarding the Identity Protection Policy, please contact the Township Representative that issued this form to you.

This form was issued by: \_\_\_\_\_



# APPLICATION FOR GENERAL ASSISTANCE

City or Township: \_\_\_\_\_ Date Issued: \_\_\_\_\_  
 County: \_\_\_\_\_ 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 \_\_\_\_\_ Date: \_\_\_\_\_ Spouse \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

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: \_\_\_\_\_

## **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: \_\_\_\_\_



## CONSENT TO RELEASE OF INFORMATION

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

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**FROM:** (Name of person authorizing release of information)

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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: \_\_\_\_\_ Date: \_\_\_\_\_

*Please print the following:*

Name of Witness: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_