State of Illinois
Department of Human Services

APPLICATION FOR GENERAL ASSISTANCE

City or Township: _____ Date Issued: _____

Date Returned: _____

County: _____ 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 sevice? ○ 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	Descritpion	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: _____

AVON TOWNSHIP
433 E. Washington St.
Round Lake Park, Illinois 60073

Terry Wilke
Township Supervisor

Date:_____

INSTRUCTIONS TO APPLICANTS

To:_____ Phone #:_____

Address:_____

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:

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

_____BIRTH CERTIFICATES/CITIZENSHIP CERTIFICATE OR LPR CARD

_____LEASE, MOST RECENT RENT RECEIPT OR MORTGAGE STATEMENT

_____SOCIAL SECURITY CARDS FOR YOURSELF AND EVERY FAMILY MEMBER FOR WHOM YOU ARE REQUESTING ASSISTANCE

_____DRIVER'S LICENSE OR STATE I.D (MUST BE A PHOTO IDENTIFICATION)

_____ LAST FOUR (4) PAYCHECK STUBS, EMPLOYER LETTER (IN COMPANY LETTERHEAD) VERIFYING EMPLOYMENTS AND EARNINGS, RECORD OF ALL OTHER INCOME INCLUDING CHILD SUPPORT.

_____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)

_____ALL RECORDS OF OPEN OR CLOSED BANK ACCOUNTS (IF OPEN LAST BANK STATEMENT)

_____PROOF OF MARRIAGE, DIVORCE DOCUMENTS, PROOF OF SEPARATION
_____COPY OF YOUR MOST RECENT INCOME TAX RETURN

_____LETTER OF ACCEPTANCE AND/OR DENIAL FROM OTHER AGENCY (EX. LIHEAP, DHS, SSA, VA)

_____PROOF OF EMERGENCY- LOSS OF INCOME, MEDICAL PROBLEM, CAR REPAIR, ETC

_____ DISCONNECTION NOTICE, 5-10 DAY NOTICE -EVICTION NOTICE _____

_____ OTHER- DOCUMENTATION MAY BE REQUIRED BASED ON EACH INDIVIDUAL CASE _____

_____**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 (CONTINUED)

- PLEASE DO NOT LEAVE ANY ASNWERS 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
- DISCONNECTION NOTICES/ 5-10 DAY NOTICES OR EVICTION NOTICES MUST ACCOMPANY APPLICATION ALONG WITH THE ITEMS LISTED ON THE PREVIOUS INSTRUCTION PAGE AT TIME OF YOUR APPOINTMENT. IF ANY DOCUMENT S ARE MISSING YOUR APPLICATION WILL NOT BE PROCESSED
- PLEASE BE ADVISED THAT IT MAY TAKE UP TO 10 DAYS FOR YOUR APPLICATION TO BE REVIEWED. WHEN A DECISION HAS BEEN MADE YOU WILL BE NOTIFIED VIA TELEPHONE OR MAIL
- MAKE SURE YOU CONTACT THE THIRD PARTY FOR WHOM YOU ARE REQUESTING ASSISTANCE FOR AND NOTIFY THEM THAT AVON TOWNSHIP HAS AUTHORIZATION TO CONTACT THEM IN REGARDS TO YOUR ACCCOUNT. (EX. COMED,NICOR,VILLAGE, LANDLORD
- YOU MUST FIRST APPLY FOR ALL AVAILABLE RESOURCES BEFORE YOUR SCHEDULED APPOINMENT 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

IF YOU HAVE PREVIOUSLY RECEIVED ASSISTANCE FROM THE TOWNSHIP OUR BUDGET WORSHOP MAY BE MANDATED BEFORE RECEIVING FUTURE BENEFITS. Please call and check for upcoming dates

Please write a detailed explanation of why you need assistance. Also explain how you will be able to alleviate the problem in the future. (If more space is needed please use the back of the form)

AVON TOWNSHIP
433 E. Washington St.
Round Lake Park, Illinois 60073

Lisa Rusch
Township Supervisor

Household Monthly 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		Other	
Auto Insurance		Other	
Car Loan			
Child Care			
Transportation (Gas etc)		**TOTAL INCOME**	
Toiletries			
Laundry			
Entertainment			
Hairdresser/Barber			
Education			
Tobacco/Alcohol		Total Income:	
Clothing		Total Expense:	
		Surplus/Deficit:	
TOTAL EXPENSE			

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. You are herewith receiving a written copy of those payment levels which you should keep. Hence, you may not receive the maximum permissible amount if you have any income.

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 disbursing orders will be issued totaling the amount of your grant. The disbursing orders may only be used to obtain allowable basic maintenance needs.

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 _____

Applicant/Recipient: _____

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY

Case name: _____

Notice of benefits given on: _____

Notice of benefits given on: _____

Agreement to Cooperate with Special Service Referrals

I, _____,
am (an applicant for/a recipient of) General Assistance (GA). I hereby agree to participate in and cooperate with any special service referrals by the General Assistance Office. I acknowledge that the General Assistance Office's participation and cooperation requirements have been explained to me and I understand that I am required to participate and cooperate in good faith with any special service referrals for medical, psychological, vocational or other services which are designed to enhance and increase my ability to secure and keep gainful employment. I also acknowledge that I am aware that such participation and cooperation includes arriving at the scheduled time and remaining until the services have been rendered by the designated provider and that any unauthorized departure will constitute a missed appointment and non-cooperation.

I understand that my failure or refusal to comply with my obligations or any of the requirements under the Community Work Program will result in a denial of my Application for General Assistance or a termination of my General Assistance benefits and may also result in my being ineligible for General Assistance for a period of 90 days.

Date: _____ , 20 _____

Signature: _____

Address: _____

_____

Telephone: _____

Witness Signature: _____

This page is reserved.

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 a 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 twelve (12) 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 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 (PRA) 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 Offices 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 _____ 2 _____.

_____

Applicant

This page is reserved.

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 the following RIGHTS:

(1) 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.

(2) You have a right to voluntarily withdraw any application for Emergency Assistance you file.

(3) You have a right to read the Emergency Assistance Handbook and ask questions about it.

(4) 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.

(5) 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.

(6) You have a right to written notice of the benefits available under the Emergency Assistance Program.

(7) 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.

(8) 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.

(9) You have a 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.

(10) You have a right to be referred to other agencies for benefits and for other programs which may assist you.

(11) 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.

(12) You have a right to appeal any action, inaction or decision of the General Assistance Office to the Public Aid Committee and to be assisted in filing an appeal,

(13) You have a right to voluntarily repay any Emergency Assistance provided to you.

RESPONSIBILITIES

You have the following RESPONSIBILITIES:

(1) 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.

(2) You must keep all scheduled appointments at the General Assistance Office.

(3) You must provide information needed for a determination of your eligibility for Emergency Assistance.

(4) You must assist the General Assistance Office in securing and verifying information needed for a determination of your eligibility for Emergency Assistance.

(5) 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,

(6) You must report to the General Assistance Office within 5 calendar days of occurrence any change in your circumstances, such as a change in income or the acquisition of properly, which might affect your eligibility for Emergency Assistance,

(7) You must utilize all resources (e.g., relatives, food pantries, community and charitable organizations) which might help alleviate your present needs.

(8) You must apply for any benefit (e.g., unemployment compensation, worker's compensation. Food Stamps) which might help alleviate your present needs.

(9) 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 receipt of a copy of the foregoing Notice of Rights and Responsibilities of Emergency Assistance Applicants and Recipients consisting of two (2) pages this _____ day of _____, 2_____.

_____
Applicant

Consent to Release of Information

General Assistance Office

_____

_____

_____

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.

Dated this _____ day of _____, 20 _____

Signature: _____

Witness Signature: _____

(please print following)

Name of witness: _____

Address: _____

_____

Notice of Rights and Responsibilities of General Assistance Applicants and Recipients

RIGHTS

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 have 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.

RESPONSIBILITIES

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 _____

Applicant/Recipient: _____

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY

Case name: _____

Notice of rights given on: _____

Notice of rights given on: _____

The Salvation Army: Service Extension Department Emergency Assistance Application

Applicant: Please complete and return to The Salvation Army Service Extension Volunteer. The following application is to gathe applicant information for documentation and statistical purposes and is not a determination of eligibility. To qualify for emergency assistance there must be a verifiable economic or personal crisis. Applicants must meet eligibility requirements, as outlined in The Salvation Army Service Extension Manual.

Date of Application: ____/____/____

First Name: _____ Middle Initial: _____ Last Name: _____

Address: _____ City: _____ Zip: 60_____

Telephone Number: (_____) _____-_____ Are you the Head of Household: Yes _____ No _____

Date of Birth: _____/_____/_____ Gender: Female_____ Male_____ Social Security Number: XXX-XX-_____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____ Widowed _____

Primary Language: English _____ Spanish _____ Other (please indicate) _____

Race/Ethnicity: _____ Resident or Transient: _____

Household Composition: Number of Adults: Number of Children:

Female _____ Male _____ Female _____ Male _____

List name(s), date of birth, gender, relationship to applicant, race (optional) and the last 4 numbers of the social security number for all individuals residing in the household, excluding Head of Household.

Name_____ DOB___/___/____ Gender: F/M Relationship: _____ Race/Ethnicity: _____ SS#_____

Name_____ DOB___/___/____ Gender: F/M Relationship: _____ Race/Ethnicity: _____ SS#_____

Name_____ DOB___/___/____ Gender: F/M Relationship: _____ Race/Ethnicity: _____ SS#_____

Name_____ DOB___/___/____ Gender: F/M Relationship: _____ Race/Ethnicity: _____ SS#_____

Name_____ DOB___/___/____ Gender: F/M Relationship: _____ Race/Ethnicity: _____ SS#_____

Name_____ DOB___/___/____ Gender: F/M Relationship: _____ Race/Ethnicity: _____ SS#_____

Name_____ DOB___/___/____ Gender: F/M Relationship: _____ Race/Ethnicity: _____ SS#_____

Name_____ DOB___/___/____ Gender: F/M Relationship: _____ Race/Ethnicity: _____ SS#_____

Monthly Gross Income: $_____

- ☐ Disability benefits
- ☐ Employment
- ☐ TANF
- ☐ Unemployment benefits
- ☐ Social security
- ☐ Pension
- ☐ No income
- ☐ Workers compensation
- ☐ General assistance
- ☐ Other (specify) _____

Do you have an Identified Disability? Yes _____ No_____ If yes, please state_____

Are you a Veteran? Yes _____ No _____ If yes, please state specifics_____

Provide a brief description of the current situation and service item requested:

_____

_____

Housing Type:

☐ Rent ☐ Section 8 ☐ Shelter ☐ Homeless/transient
☐ Public housing ☐ Own ☐ Living with relative(s) ☐ Living with non-relative(s)

Presenting Problem(s): check all that apply

☐ Decrease in work hours ☐ Fire loss ☐ Loss of job ☐ Rent/mortgage
☐ Disabled ☐ Homeless ☐ Pending eviction ☐ Substance abuse
☐ Emotional illness ☐ Inadequate income ☐ Physical illness ☐ Utilities
☐ Family problem ☐ Lack of transportation ☐ Relationship problem ☐ Flood
☐ Other (specify) _____

The Salvation Army provides pastoral services. Would you like a pastoral visit? Yes _____ No _____

If "yes" is checked, The Salvation Army Service Extension Volunteer will contact the appropriate Field Representative s that a referral can be made to the local Salvation Army Corps, where an ordained minister (officer) is available.

Applicant statement: **I certify that I have not received emergency assistance at any Salvation Army Servic Extension Program site or Salvation Army Corps within the past 12 months of this application**.

Applicant Signature: _____ **Date:** _____

****

THIS SECTION TO BE COMPLETED BY THE SALVATION ARMY SERVICE EXTENSION VOLUNTEER

Amount of time spent with client:

☐ 0-15 minutes ☐ 15-30 minutes ☐ 30-45 minutes ☐ 45-60 minutes ☐ 60 minutes or more

Based on current situation, applicant meets Service Extension eligibility requirements. Yes _____ No _____

Please explain why: _____

Prepaid card number: _____ Amount of assistance: $_____

Type of Assistance Provided:

☐ Clothing ☐ Lodging (SA) ☐ Transportation ☐ Utility - phone
☐ Groceries ☐ Medical ☐ Rental assistance ☐ Utility - trash
☐ Household furnishings ☐ Mortgage assistance ☐ Utility - electric ☐ Utility - sewer
☐ Lodging (non-SA) ☐ Other_____ ☐ Utility - gas ☐ Utility – water

Documentation Checklist:

☐ Client application ☐ Proof of emergency ☐ Proof of income (if available)
☐ Picture ID ☐ Signed Client's Rights Form ☐ Documentation relating to type of assistance needed

Service Extension Unit: _____ Signature: _____ Date: _____

AVON TOWNSHIP
IDENTITY -PROTECTION POLICY

The Board of Trustees of AVON TOWNSHIP adopts this Identity-Protection Policy pursuant to the Identity Protection Act. 5 ILCS 179/1 *et seq.*

Whereas: The Identity Protection Act requires each Local and State government agency to draft, approve, and implement an Identity-Protection Policy to ensure the confidentiality and integrity of Social Security numbers agencies collect, maintain, and use, and,

Whereas: It is important to safeguard Social Security numbers (SSNs) against unauthorized access because SSNs can be used to facilitate identity theft, and,

Whereas: One way to better protect SSNs is to limit the widespread dissemination of those numbers, and,

Whereas: The Identity Protection Act was passed in part to require Local and State government agencies to assess their personal information collection practices, and make necessary changes to those practices to ensure confidentiality.

Be It Hereby Resolved:
AVON TOWNSHIP will take the following action,

Social Security Number Protections Pursuant to Law

Whenever an individual is asked to provide this office with a SSN, AVON TOWNSHIP shall provide that individual with a statement of the purpose or purposes for which AVON TOWNSHIP is collecting and using the Social Security number.

AVON TOWNSHIP shall also provide the statement of purpose upon request. That Statement of Purpose is attached to this Policy.

AVON TOWNSHIP shall not:

1) Publicly post or publicly display in any manner an individual's Social Security number. "Publicly post" or "publicly display" means to intentionally communicate or otherwise intentionally make available to the general public.
2) Print an individual's Social Security number on any card required for the individual to access products or services provided by the person or entity.
3) Require an individual to transmit a Social Security number over the Internet, unless the connection is secure or the Social Security number is encrypted.
4) Print an individual's Social Security number on any materials that are mailed to the individual, through the U.S. Postal Service, any private mail service, electronic mail, or any similar method of delivery, unless State or federal law requires the Social Security number to be on the document to be mailed. SSNs may be included in applications and forms sent by mail, including, but not limited to, any material mailed in connection with the administration of the Unemployment Insurance Act, any material mailed in connection with any tax administered by the Department of Revenue, and documents sent as part of an application or enrollment process or to establish, amend, or terminate an

account, contract, or policy or to confirm the accuracy of the Social Security number. A Social Security number that is permissibly mailed will not be printed, in whole or in part, on a postcard or other mailer that does not require an envelope or be visible on an envelope without the envelope having been opened.

In addition, AVON TOWNSHIP shall not[1]: collect, use, or disclose a Social Security number from an individual unless:

i. required to do so under State or federal law, rules, or regulations, or the collection, use, or disclosure of the Social Security number is otherwise necessary for the performance of AVON TOWNSHIP's duties and responsibilities;

ii. the need and purpose for the Social Security number is documented before collection of the Social Security number; and

iii. the Social Security number collected is relevant to the documented need and purpose.

5) Require an individual to use his or her Social Security number to access an Internet website.

6) Use the Social Security number for any purpose other than the purpose for which it was collected.

Requirement to Redact Social Security Numbers

AVON TOWNSHIP shall comply with the provisions of any other State law with respect to allowing the public inspection and copying of information or documents containing all or any portion of an individual's Social Security number. AVON TOWNSHIP shall redact social security numbers from the information or documents before allowing the public inspection or copying of the information or documents.

When collecting Social Security numbers, AVON TOWNSHIP shall request each SSN in a manner that makes the SSN easily redacted if required to be released as part of a public records request. "Redact" means to alter or truncate data so that no more than five sequential digits of a Social Security number are accessible as part of personal information.

Employee Access to Social Security Numbers

Only employees who are required to use or handle information or documents that contain SSNs will have access. All employees who have access to SSNs are trained to protect the confidentiality of SSNs.

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[1]] These prohibitions do not apply in the following circumstances:

(1) The disclosure of Social Security numbers to agents, employees, contractors, or subcontractors of a governmental entity or disclosure by a governmental entity to another governmental entity or its agents, employees, contractors, or subcontractors if disclosure is necessary in order for the entity to perform its duties and responsibilities; and, if disclosing to a contractor or subcontractor, prior to such disclosure, the governmental entity must first receive from the contractor or subcontractor a copy of the contractor's or subcontractor's policy that sets forth how the requirements imposed under this Act on a governmental entity to protect an individual's Social Security number will be achieved. (2) The disclosure of Social Security numbers pursuant to a court order, warrant, or subpoena. (3) The collection, use, or disclosure of Social Security numbers in order to ensure the safety of: State and local government employees; persons committed to correctional facilities, local jails, and other law-enforcement facilities or retention centers; wards of the State; and all persons working in or visiting a State or local government agency facility. (4) The collection, use, or disclosure of Social Security numbers for internal verification or administrative purposes. (5) The disclosure of Social Security numbers by a State agency to any entity for the collection of delinquent child support or of any State debt or to a governmental agency to assist with an investigation or the prevention of fraud. (6) The collection or use of Social Security numbers to investigate or prevent fraud, to conduct background checks, to collect a debt, to obtain a credit report from a consumer reporting agency under the federal Fair Credit Reporting Act, to undertake any permissible purpose that is enumerated under the federal Gramm Leach Bliley Act, or to locate a missing person, a lost relative, or a person who is due a benefit, such as a pension benefit or an unclaimed property benefit.

The Salvation Army
Emergency Assistance Program
Client's Rights Statement

- I have chosen to receive services from The Salvation Army Emergency Assistance Program.
- My choice has been voluntary, and I understand that I may terminate my participation at any time.
- I understand that there is no assurance that my situation will improve. Because Short Term Emergency Support is a cooperative effort between me and my case manager, I will work with my case manager in a cooperative manner to resolve my difficulties.
- I understand that during the course of my participation with this unit, material may be discussed which will be upsetting in nature and that this may be necessary to help me resolve my problems.
- I understand that records and information collected about me will be held or released in accordance with state laws regarding confidentially of such records and information.
- Permission to Share: I understand that information about me, my household, and my case including names, dates of birth, demographic information, basic needs services received from The Salvation Army, income information, living situation and housing history, military history, and the same information for any other family members being served at this time, including children of age 17 and younger, will be placed in a Client Database system.
- I understand that state and local laws require that my case manager report all cases in which there exists a danger to self or others.
- I understand that there may be other circumstances in which the law requires my case manager to disclose confidential information.
- I understand that I may be contacted by other Salvation Army personnel to ensure continuity and quality of my treatment during and/or after the completion of treatment to assess the outcome of treatment.

I have read and had explained to me the basic rights of individuals who receive services from The Salvation Army Emergency Assistance. These rights include:

- The right to be informed of the various steps and activities involved in receiving services.
- The right to confidentially under federal and state laws relating to the receipt of services.
- The right to humane care and protection from harm, abuse, or neglect.
- The right to make an informed decision whether to accept or refuse services.
- The right to contact and consult with counsel at my expense.
- The right to select practitioners of my choice at my expense.

I understand that my case manager, Salvation Army representatives and (other coordinating Agencies as needed) may exchange any and all information pertaining to my case plan, to the extent that such disclosure is necessary for benefit processing, case management, coordination of treatment, quality assurance or utilization review purposes. I understand that I can revoke my consent at any time except to the extent that services have already been rendered or the action has been taken in reliance on this consent, and that if I do not revoke this consent, it will expire automatically in one year.

I have read and understand the above.

_____ _____

Client Signature Date

_____ _____

Worker Signature Date

THE SALVATION ARMY
EMERGENCY ASSISTANCE PROGRAM

Philosophy of Care

We treat all people with dignity and respect. We care through presence, relationship, participation, and prevention. We seek to address the emotional, physical, and spiritual concerns of the whole person. We faithfully believe that strength and capacity for change are inherent within each individual and within society, and that people and communities can affect their own future. We work in partnership with others towards a more caring and just society. We continuously adapt to a changing environment, create new solutions and approaches that work, and discard those that do not. We aspire to provide the highest quality service; we achieve measurable and sustainable results.

(copy to be given to the client during first visit)