

**Lee County General Relief Application**

HIPPA Yes \_\_\_\_\_ NO \_\_\_\_\_

**Date of Application:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Phone:** #(\_\_\_\_)-\_\_\_\_-\_\_\_\_

**Name of Applicant:** \_\_\_\_\_  
Last First M.I.

**Current Address:** \_\_\_\_\_

\_\_\_\_\_  
City State Zip County

**Social Security #** \_\_\_\_-\_\_\_\_-\_\_\_\_ **Birth Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Sex:** Male \_\_\_\_\_ Female \_\_\_\_\_

**Parent Name (If applicant is under 18)**

\_\_\_\_\_  
Name Address

**Ethnicity:**

- 1) White, not Hispanic \_\_\_\_\_
- 2) African American \_\_\_\_\_
- 3) Native American \_\_\_\_\_
- 4) Asian or Pacific Islander \_\_\_\_\_
- 5) Hispanic \_\_\_\_\_
- 6) Other (Biracial, Indochinese etc.) \_\_\_\_\_

**Guardian:(name)** \_\_\_\_\_ **Conservator:(name)** \_\_\_\_\_

**Payee:(name)** \_\_\_\_\_

**Veterans of US Armed Forces:**

Yes \_\_\_\_\_ No \_\_\_\_\_

**Marital Status:**

- 1) Single, never married \_\_\_\_\_
- 2) Married \_\_\_\_\_
- 3) Divorced \_\_\_\_\_
- 4) Separated \_\_\_\_\_
- 5) Widowed \_\_\_\_\_

**Legal Status:**

Voluntary: \_\_\_\_\_ Involuntary, Civil Commit: \_\_\_\_\_  
Involuntary, Criminal Commit: \_\_\_\_\_

**Applicant's Living Arrangement:**

- 1) Lives alone \_\_\_\_\_
- 2) Lives with relatives \_\_\_\_\_
- 3) Lives with persons unrelated to applicant \_\_\_\_\_

**Referred By:**

- 1) Self \_\_\_\_\_
- 2) Family Member \_\_\_\_\_
- 3) Case Management \_\_\_\_\_
- 4) Community Corrections \_\_\_\_\_
- 5) Social Services other than Case Management \_\_\_\_\_
- 6) Other \_\_\_\_\_

**Years of Education: (High School or GED) \_\_\_\_\_ College Years Completed: \_\_\_\_\_**

**Health Insurance: (Indicate all that apply)**

- 1) Insured by Employer \_\_\_\_\_
- 2) Other Private Insurance \_\_\_\_\_
- Name of Insurance Provider \_\_\_\_\_
- 3) Medicare \_\_\_\_\_
- 4) Medicaid \_\_\_\_\_ Medicaid (Title XIX)# \_\_\_\_\_
- 5) No Insurance \_\_\_\_\_
- 6) Other (explain) \_\_\_\_\_

**Current Employment Status:**

- Unemployed, available for work \_\_\_\_\_ Student \_\_\_\_\_
- Unemployed, unavailable for work \_\_\_\_\_ Work Activity Employment \_\_\_\_\_
- Employed, full time \_\_\_\_\_ Sheltered Work Employment \_\_\_\_\_
- Employed, part time \_\_\_\_\_ Vocational Rehabilitation \_\_\_\_\_
- Retired \_\_\_\_\_ Armed Forces \_\_\_\_\_
- Homemaker \_\_\_\_\_

**Do You Rent Your Home:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do You Own Your Home:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Do you have a Case Manager:** No \_\_\_\_\_ Yes \_\_\_\_\_ Name \_\_\_\_\_

**Do you have an Income Maintenance Worker:** No \_\_\_\_\_ Yes \_\_\_\_\_ Name \_\_\_\_\_

**Who is your Beneficiary:** \_\_\_\_\_

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

**Do you have life insurance or pre-burial arrangements paid:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you applied for Social Security Disability:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Have you registered at the Workforce Development Office:** Yes \_\_\_\_\_ NO \_\_\_\_\_

**Have you received General Relief in the past:** No \_\_\_\_\_ Yes \_\_\_\_\_ Where \_\_\_\_\_

**Primary Income Source:**

Family and Friends \_\_\_\_\_  
Private Relief Agency \_\_\_\_\_  
SSDI \_\_\_\_\_  
SSI \_\_\_\_\_  
SS \_\_\_\_\_  
Pension \_\_\_\_\_  
Food Stamps \_\_\_\_\_  
Veterans Benefits \_\_\_\_\_  
Workers Comp. \_\_\_\_\_  
General Assistance \_\_\_\_\_  
FIP \_\_\_\_\_

**Number of Persons Residing In Your Household:**

**Adults:** \_\_\_\_\_ **Persons Under 18:** \_\_\_\_\_ **Household Total:** \_\_\_\_\_

**Names of Persons Residing In Your Household, Including Yourself:**

**Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Monthly Gross Income for the Household:**

Public Assistance \$ \_\_\_\_\_ Social Security \$ \_\_\_\_\_ V.A. Benefits \$ \_\_\_\_\_

S.S.I. \$ \_\_\_\_\_ Employment Wages Per Hour \$ \_\_\_\_\_

Number of Hours Worked Each Week \_\_\_\_\_

Total Monthly Wage \$ \_\_\_\_\_

Child Support \$ \_\_\_\_\_

S.S. D. I. \$ \_\_\_\_\_ Dividend Interest \$ \_\_\_\_\_

Other Income \$ \_\_\_\_\_ Income Description \_\_\_\_\_

Total Monthly Income \$ \_\_\_\_\_

**Resources:**

Cash on Hand \$ \_\_\_\_\_ Checking \$ \_\_\_\_\_ Savings \$ \_\_\_\_\_

Time Certificates \$ \_\_\_\_\_ Trust Funds \$ \_\_\_\_\_ Stocks/Bonds \$ \_\_\_\_\_

Other Resources \$ \_\_\_\_\_ Resource Description \_\_\_\_\_

Other Resources \$ \_\_\_\_\_ Resource Description \_\_\_\_\_

Total Resources \$ \_\_\_\_\_

**Resources Continued:**

Item	Yes	No	Make, Year	Market Value	Amount Owed
Automobile/Truck					
Automobile/Truck					
Snowmobiles/Boats					
Mobile Home/Camper					
Machinery, Tools					
Livestock, Other					

**Employment History:**

Employer	Employer's City	Job Duties	From Month	Year	To Month	Year

**Legal Settlement:**

**Note: List all previous addresses up to the point where you lived at an address for three hundred and sixty five days consecutively without receiving any services for mental illness, mental retardation and/or developmental disabilities. Use addition paper if needed.**

Please list where you have lived in the past, **begin with your current address.**

**Current Address:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

What dates have you lived at this address? From: \_\_\_\_\_ To: \_\_\_\_\_

Did you receive treatment or support services for Mental Illness, Mental Retardation or Developmental Disabilities while at this address? Yes \_\_\_\_ No \_\_\_\_

(If yes) What were the dates? From: \_\_\_\_\_ To: \_\_\_\_\_

Who provided your service(s): \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

What dates did you live at this address? From: \_\_\_\_\_ To: \_\_\_\_\_

Did you receive treatment or support service for Mental Illness, Mental Retardation or Developmental Disabilities while at this address? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes) What were the dates? From: \_\_\_\_\_ To: \_\_\_\_\_

Who provided your service(s): \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

What dates did you live at this address? From: \_\_\_\_\_ To: \_\_\_\_\_

Did you receive treatment or support service for Mental Illness, Mental Retardation or Developmental Disabilities while at this address? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes) What were the dates? From: \_\_\_\_\_ To: \_\_\_\_\_

Who provided your service(s): \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

What dates did you live at this address? From: \_\_\_\_\_ To: \_\_\_\_\_

Did you receive treatment or support service for Mental Illness, Mental Retardation or Developmental Disabilities while at this address? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes) What were the dates? From: \_\_\_\_\_ To: \_\_\_\_\_

Who provided your service(s): \_\_\_\_\_

**Previous Address:** \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

What dates did you live at this address? From: \_\_\_\_\_ To: \_\_\_\_\_

Did you receive treatment or support service for Mental Illness, Mental Retardation or Developmental Disabilities while at this address? Yes \_\_\_\_\_ No \_\_\_\_\_

(If yes) What were the dates? From: \_\_\_\_\_ To: \_\_\_\_\_

Who provided your service(s): \_\_\_\_\_

**Signature: I hereby state that the above information is accurate to the best of my knowledge. I understand that I may be liable for the full cost of services provided to me, which were paid based on inaccurate information, which I may have supplied.**

**Release:** I hereby authorize the Lee County General Assistance Office designee to request any and all information to verify the application data. The applicant has a right to appeal the decision of the General Assistance Director by writing a letter requesting an appeal within 30 days of the issuance of the notice of decision concerning that action. The appeal form may be obtained from the Central Point of Coordination Office, P.O. Box 190, Fort Madison, IA 52632. We will consider this application without regard to race, color, sex, age, handicap, religion, national origin or political belief.

**Consumer/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Consumer's Name:** \_\_\_\_\_

**Narative:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Approved:** \_\_\_\_\_ **Denied:** \_\_\_\_\_ **Pending:** \_\_\_\_\_

**Approved for:**

**Rent:** \_\_\_\_\_ \$ \_\_\_\_\_

**Utilities:** \_\_\_\_\_ \$ \_\_\_\_\_

**Medical:** \_\_\_\_\_ \$ \_\_\_\_\_ **or** \_\_\_\_\_

**Burial:** \_\_\_\_\_ \$ \_\_\_\_\_

**If denied, reason for this denial is:**

Over Income Guidelines \_\_\_\_\_ Fraudulent Information \_\_\_\_\_

Explanation: \_\_\_\_\_

**Signature of Person Issuing Decision:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**State Case:** Yes \_\_\_\_\_ No \_\_\_\_\_ **G.R. #** \_\_\_\_\_

**Disability Group (primary diagnosis):** Mental Illness (40) \_\_\_\_\_

Chronic Mental Illness (41) \_\_\_\_\_ Mental Retardation (42) \_\_\_\_\_

Developmental Disabilities (43) \_\_\_\_\_ No Disability (44) \_\_\_\_\_