

## **APPLICATION FOR GENERAL ASSISTANCE**

PLEASE PRINT & ANSWER ALL QUESTIONS

| <i><b>What do you need help with? Please mark what you need</b></i> |  |                          |
|---|--|--------------------------|
| Burial  | Help paying the cost of cremation or burial. <i>Complete form for deceased.</i><br>Name of Applicant: _____ Relationship to deceased: _____  | <input type="checkbox"/> |
| Housing   | For persons needing help preventing an eviction or obtaining housing. <i>Copy of bill required</i><br>I currently <input type="checkbox"/> Rent <input type="checkbox"/> Own my home Cost per month \$ _____<br>I can pay \$ _____ I need \$ _____ For _____ | <input type="checkbox"/> |
| Utility or Water  | One-time help paying the cost of necessary utility or water bills. <i>Copy of bill required</i>  | <input type="checkbox"/> |
| Other   | One-time emergency help to address issues of health, safety and/or well-being.   | <input type="checkbox"/> |

Have you asked other agencies or organizations to help your household? ☐ Yes (If Yes, tell us below of the help) ☐ No

|  |                |   |  |  |              |
|--|----------------|---|--|--|--------------|
| First Name   | Middle Initial | Last Name   | Social Security Number   |  |              |
| Home Address   |                | City  | State  | Zip  | Phone Number |
| Email Address  |                |   |  |  |              |
| I am (check one)<br><input type="checkbox"/> Single <input type="checkbox"/> Married<br><input type="checkbox"/> Divorced <input type="checkbox"/> Widow |                | Are You Homeless?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a Veteran?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Are you a Douglas County Resident?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |              |

### Household Composition

*Including yourself, list all persons currently living at the address above*

| Name | Date of Birth | Relationship to Applicant |
|------|---------------|---------------------------|
|      |               | Self                      |
|      |               |                           |
|      |               |                           |
|      |               |                           |
|      |               |                           |
|      |               |                           |
|      |               |                           |

**HOUSEHOLD INCOME**Is anyone in your household working? Yes ☐ No ☐ When did you last receive income?

Earned & Unearned income, *i.e.* Child Support, Unemployment, Gifts/Loans, Retirement/Pension/OAP/and/TANF/SSA/SSI/SSDI, etc.  
 \*\*Proof of income (pay stubs, etc.) received in the last 30 days must be provided\*\*

| Name of person who has income | Where does the money come from?<br>If employed, give employer's name | MONTHLY INCOME<br>AMOUNT (before taxes) |
|-------------------------------|--|---|
|                               |  |   |
|                               |  |   |
|                               |  |   |
|                               |  |   |

**Checking / Savings Account and Current Balances**

| Name of Bank/Financial Institution | Current Balance |
|------------------------------------|-----------------|
|                                    |                 |
|                                    |                 |
|                                    |                 |

**Affidavit of Legal Residency**

I, \_\_\_\_\_, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one box only):

- ☐ I am a United States citizen or,  
☐ I am a Permanent Resident of the United States, or  
☐ I am lawfully present in the United States pursuant to Federal Law

I understand that this sworn statement is required by law because I have applied for a public benefit or I am a sole proprietor entering into a contract or purchase order with the State of Colorado. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit or prior to entering into a contract with the State. I further acknowledge that making a false, fictitious, or fraudulent statement or representation to this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under CRS 18-80503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

**Signature****Date****Authorization for Release of Information**

By signing this application, I understand that I am allowing Douglas County Human Services to get records as needed from financial institutions, past and present employers, physicians, healthcare providers, hospitals, schools, utility companies, loan companies and other human services programs in order to provide documentation or verify information I have given to the agency. I am also allowing the agency to receive documentation and information from other persons or agencies not previously mentioned. I release these persons, agencies, or institutions from all liability for supplying such information pertaining to me or members of my household listed on page one of this application. I hereby release Douglas County Human Services from any and all liability for supplying such information. This authorization is given to Douglas County Human Services in administering the General Assistance Program and may be used to verify information presented on this or any other application for assistance.

**Initial for consent** \_\_\_\_\_

[illegible]

I hereby affirm that all General Assistance benefits that I am awarded will be used in accordance with the laws and rules of Colorado and in the manner intended.

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

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
































[illegible]

\_\_\_\_\_

GA Case # \_\_\_\_\_

Case Name\_\_\_\_\_

☐ **Application Denied** *explain*

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|  |  |                 |                          |            |                          |           |                          |                 |                          |        |                          |                 |                          |  |
|--|--|-----------------|--------------------------|------------|--------------------------|-----------|--------------------------|-----------------|--------------------------|--------|--------------------------|-----------------|--------------------------|--|
| <input type="checkbox"/> <b>Application Approved</b>                                 | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Rent</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> <td style="width: 40%;">Walmart CG</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Utilities</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>King Soopers CG</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Burial</td> <td style="text-align: center;"><input type="checkbox"/></td> <td>Other (explain)</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table> | Rent            | <input type="checkbox"/> | Walmart CG | <input type="checkbox"/> | Utilities | <input type="checkbox"/> | King Soopers CG | <input type="checkbox"/> | Burial | <input type="checkbox"/> | Other (explain) | <input type="checkbox"/> |  |
| Rent   | <input type="checkbox"/>   | Walmart CG      | <input type="checkbox"/> |            |                          |           |                          |                 |                          |        |                          |                 |                          |  |
| Utilities  | <input type="checkbox"/>   | King Soopers CG | <input type="checkbox"/> |            |                          |           |                          |                 |                          |        |                          |                 |                          |  |
| Burial   | <input type="checkbox"/>   | Other (explain) | <input type="checkbox"/> |            |                          |           |                          |                 |                          |        |                          |                 |                          |  |
| <input type="checkbox"/> General Assistance  |  | \$ _____        |                          |            |                          |           |                          |                 |                          |        |                          |                 |                          |  |
| <input type="checkbox"/> TANF-Eligible (client is not on an active BCA case)         |  | \$ _____        |                          |            |                          |           |                          |                 |                          |        |                          |                 |                          |  |
| <input type="checkbox"/> Adult Protection (client has an open AP case or is at risk) |  | \$ _____        |                          |            |                          |           |                          |                 |                          |        |                          |                 |                          |  |
| <input type="checkbox"/> Child Welfare (Client has an open CW case or is at risk)    |  | \$ _____        |                          |            |                          |           |                          |                 |                          |        |                          |                 |                          |  |

**Payee Name:** \_\_\_\_\_

**Payee Address:** \_\_\_\_\_

**Payee Phone:** \_\_\_\_\_

**Payee Fax:** \_\_\_\_\_

**Payee Email:** \_\_\_\_\_

**Payee Name:** \_\_\_\_\_

**Payee Address:** \_\_\_\_\_

**Payee Phone:** \_\_\_\_\_

**Payee Fax:** \_\_\_\_\_

**Payee Email:** \_\_\_\_\_