

APPLICATION FOR GENERAL ASSISTANCE

PLEASE PRINT & ANSWER ALL QUESTIONS

<i>What do you need help with? Please mark what you need</i>			
Burial	Help paying the cost of cremation or burial. <i>Complete form for deceased.</i>		<input type="checkbox"/>
	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> I currently <input type="checkbox"/> Rent <input type="checkbox"/> Own my home Cost per month \$ _____ 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)		Are You Homeless?		Are you a Veteran?	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widow		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<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 <input type="checkbox"/> No <input type="checkbox"/> When did you last receive income?

Earned & Unearned income, <i>i.e.</i> Child Support, Unemployment, Gifts/Loans, Retirement/Pension/OAP/and/TANF/SSA/SSI/SSDI, etc.
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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? If employed, give employer's name	MONTHLY INCOME 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 _____

The Douglas County General Assistance Program is intended to help with the one-time emergency need to address issues of health, safety and/or well-being. To be eligible for this help, applicants must show how they can meet their future expenses. Please tell us your need & plan for meeting your basic living expenses going forward:

I hereby affirm that the information provided on this application is true and accurate. I authorize the Douglas County Department of Human Services to make all appropriate inquiries of my application as may be necessary to determine need.

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.

Signature: _____

Date: _____

Signature: _____
(Spouse or Partner)

Date: _____

DEPARTMENT USE ONLY

Systems Check

Prev.
GA _____

GA Case # _____

Case Name _____

<input type="checkbox"/> Application Denied <i>explain</i>	<hr/> <hr/> <hr/>		
	Staff Signature		Date

<input type="checkbox"/> Application Approved	<input type="checkbox"/> Rent	<input type="checkbox"/> Walmart CG	<input type="checkbox"/>
	<input type="checkbox"/> Utilities	<input type="checkbox"/> King Soopers CG	<input type="checkbox"/>
	<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)	\$ _____		
	Staff Signature		Date

Payee Name: _____

Payee Address: _____

Payee Phone: _____

Payee Fax: _____

Payee Email: _____

Payee Name: _____

Payee Address: _____

Payee Phone: _____

Payee Fax: _____

Payee Email: _____