

## ADA COUNTY GENERAL ASSISTANCE APPLICATION

### PLEASE READ THIS BEFORE FILLING OUT AN APPLICATION

#### GENERAL INFORMATION

- + Residents of Ada County may apply for only “*Temporary*” non-medical assistance from the county.
- + The county will consider such applications only when *no other alternative is available to the applicant.*
- + The county may offer assistance with payment for the following services:
  - \* Rent
  - \*Utilities
  - \*Cremation

#### LIMITATIONS – YOU MUST:

- + Be an Ada County resident by legal definition
- + Complete and file application on an approved form, appear for an interview and produce required documents.

#### THE COUNTY:

- + Will not provide more than one month’s assistance in any 12-month aggregate time period (assistance received by another county in Idaho will count in this calculation)
- + Will not pay your first month’s rent
- + Will not provide continuing or long-term assistance
- + Will not make payments to relatives or other household members
- + Will not pay for reconnection fees, late fees or interest charges
- + Will not pay for irrigation fees, cable TV, any other good or service that is unnecessary to living or maintain a home
- + Will not pay for sewage or garbage collection fees

#### THINGS TO CONSIDER BEFORE APPLYING:

- In reviewing all applications, the county will investigate your ability to work, as well as the income and ability of other adults in your household to work.
- You will be required to reimburse the county for any funds expended on your behalf
- If federal, state or other programs or assistance are available to meet the needs of a household, an eligible applicant must apply for those programs before the county may provide non-medical assistance. If denied such other assistance the applicant must pursue available administrative appeals for those programs to the final administrative level.
- Applicants must prove they are actively seeking employment; or produce a physician’s statement that applicant is medically unable to work. If you voluntarily remove yourself from the workforce without good cause, your application will be denied.
- If you withhold or give false information on an application or during the interview for the purpose of obtaining county aid to which you are not otherwise entitled, you shall be guilty of a misdemeanor.
- If you divest yourself of assets or resources within three (3) months prior to applying for county assistance in order to become eligible, your application will be denied.
- If unemployed, you must prove you are actively seeking employment; or produce a physician’s statement that you are medically unable to work. If you quit your job without good cause, or were terminated for excessive absences or violating employer policies, your application will be denied.

#### HOW DO I APPLY FOR NON-MEDICAL ASSISTANCE?

**STEP 1:** You must file and sign an application for assistance on an approved application form. **PLEASE COMPLETE FORM IN BLACK OR BLUE INK ONLY.** Applications will not be taken over the phone and only applications submitted on the approved application form will be considered. Once you have completed your application, *state law requires that you appear for an interview.* Interviews are conducted at Ada County Indigent Services at the address listed below. *No appointments are necessary or scheduled for interviews.*

**STEP 2:** You must bring your completed application with you to the interview. An interview will not be conducted unless you have the **completed** application with you at the time of the interview. You will not be allowed to use the interview time to complete your application.

**Interview Location:** Ada County Indigent Services - 252 E. Front Street, Suite 199 - Boise, Idaho

**Interview Times:** Rent and Utilities interviews are conducted Monday – Friday Starting at: 8:30 a.m. - 3:00 p.m. (*No interviews will be started after 3:00 p.m.*).

Cremation Interviews are conducted Monday-Friday between 8:00 a.m. – 3:30 p.m.

***A limited number of interviews will be conducted in the morning and afternoon and are offered on a first come first served basis.***

Parking is available on the East side of the County Courthouse in a Public Parking lot with a cost of \$1.00 per hour, first hour is free parking. Please enter this facility from Front Street.

**DOCUMENTATION THAT WILL NEED TO BE SUBMITTED AT THE TIME OF YOUR  
INTERVIEW FOR NON-MEDICAL ASSISTANCE**

Please bring these items with you to your scheduled interview:

1. Proof of identity, such as your driver's license or photo identification card.
2. Social Security card and immigration card.
3. Copies of your lease or rental agreements for the house, apartment or dwelling where you live. Your name must be listed on lease or rental agreement.
4. Proof of all household income from all sources for the last three (3) months for you, your spouse and any other adult member of your household, including but not limited to:

Wage Stubs	Employer earning Statement	Settlements
Veteran Benefits	Social Security / SSI	Unemployment
Child Support	Alimony	Retirement / Pension

5. The last three (3) months of bank statements including checking, savings, escrow and credit union accounts for you, your spouse, and any other adult member of your household. Also, please provide source documentation of all deposits and/or transfer of funds from you accounts.
6. If self-employed, the year-to-date bookkeeping records including sales and expense records, & 1099's.
7. Proof of filed applications or documents from agency showing current benefit amount or eligibility, including but not limited to:

Unemployment benefits	Worker's Compensation	Social Security
Medicare	Medicaid	Food Stamps
TAFI	AABD	Housing
Rental / Energy Assistance	Crime Victims Compensation	

8. Proof of the monthly expenses (including balances/arrears owed) for you, your spouse and any adult member of your household, including:

Current months' rent	Land / House Payment	Space Rent
Child Support	Childcare	Medical Expenses
Auto Insurance	Alimony	All Insurance
Utility Bill	Auto Payments	other monthly expenses

(Your name or spouse's name  
must appear on bill)

Date Received by Indigent Services

## ADA COUNTY GENERAL ASSISTANCE APPLICATION

**APPLICANT'S NAME** (please print): \_\_\_\_\_

*If you are requesting medical and non-medical assistance, please advise the receptionist, as you will require a different application form.*

**IF YOU ARE SUBMITTING AN APPLICATION FOR CREMATION, PLEASE USE THE DECEASED PERSON'S INFORMATION ON THIS APPLICATION**

Do you need an Interpreter? Language: \_\_\_\_\_

**PLEASE COMPLETE FORM IN BLACK OR BLUE INK ONLY**

### TYPE OF ASSISTANCE REQUESTED

LANDLORD, UTILITY or FUNERAL HOME TO BE PAID	TYPE OF SERVICE	DATES OF SERVICE	AMOUNT REQUESTED
Name: Street: City: State Telephone:			

**APPLICANT INFORMATION**

First Name		Middle Name		Last Name		Date of Birth	Social Security Number
Current Address (Street, City, State, Zip Code)				How long at this address?		Marital Status	Maiden Name/Aliases
Mailing Address (if different)							
Landlord Name:				Phone:			
Phone – Home	Work	Cell	Message	Currently Employed? Yes      No	Native American Tribe?		
If you are not currently employed, do you have a written Physician's statement that you are not employable?				___ Yes	___ No		
Have you or your spouse served in the military?		APPLICANT ___ YES ___ NO		SPOUSE: ___ YES ___ NO			
<u>Dates of Service</u>		<u>Discharge Date</u>		<u>Branch</u>			
Applicant		Spouse					
What level of education have you completed?							
Have you ever applied for any assistance from any county in Idaho? ___ YES ___ NO				If so, when?		Approved? ___ YES ___ NO	
If yes, provide county name:							
U.S. Citizen ___ YES ___ NO		Alien ID #		Sponsor Name:			
Are you renting from a family member?		___ YES ___ NO		Relationship to you:			
If so, provide: Name:							
Have you or any member of your household ever been sanctioned by or disqualified from an assistance program? ___ YES ___ NO If so, please list:							
<u>Name of Program/Agency</u>		<u>Date of penalty</u>		<u>Reason for Penalty</u>			
List all agencies with whom you have applied for assistance for your current need							
<u>Name of Agency</u>		<u>Date you applied</u>		<u>Status of your application</u>			
List all property (real and personal) you have sold or given away in the last three months							
<u>Description</u>	<u>Date Disposed</u>	<u>Value of Property</u>	<u>Sold To</u>	<u>Given To</u>			
If you or any member of your household have any pending legal actions that might result in a monetary award to you or them, such as a lawsuit, insurance claim, accident claim, victim's compensation claim, divorce, inheritance, etc., please provide details, including case or reference number, date filed & status:							

## RESIDENCE

List the addresses of where YOU have lived for the past three years:

Address	Dates of Residence	Landlord
1) Address	From:	Name:
City:                      State                      County:	To:	Phone:
2) Address	From:	Name:
City:                      State                      County:	To:	Phone:
3) Address	From:	Name:
City:                      State                      County:	To:	Phone:

## HOUSEHOLD MEMBERS

Provide the names and information regarding all people who live at your residence:

NAME	DOB	AGE	RELATIONSHIP TO YOU	SS#	EMPLOYED?		HOURLY WAGE	HOURS PER WEEK
					Y/N	FT/PT		
							\$	
							\$	
							\$	
							\$	
							\$	

### APPLICANT'S EMPLOYMENT HISTORY

Provide the following information beginning with your current or most recent job:

Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed		Reason you no longer work there			
Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed		Reason you no longer work there			
Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed		Reason you no longer work there			
Name & Address of Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed		Reason you no longer work there			

### SPOUSE'S EMPLOYMENT HISTORY

Name & Address of Spouse's Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work performed		Reason spouse no longer works there			
Name & Address of Spouse's Employer	Employer's Phone	Date Hired	Date Ended	Rate of Pay	#Hours/Week
Type of work you performed		Reason spouse no longer works there			

## FINANCIAL INFORMATION

Answer all questions that pertain to you and any member of your household. If your name appears on any document listed below, you must answer the question with a YES.

FINANCIAL ASSETS	YES	NO	ACCOUNT NAME/BANK TITLE & ADDRESS		AMOUNT/ VALUE
Checking Account					\$
Savings Account					\$
Line of Credit					\$
Credit Card					\$
Certificates of Deposit					\$
Life Insurance Policies					\$
Stocks, Bonds, Trusts Mutual Funds, Annuities, IRA					\$
Burial Plot(s)					\$
Retirement Pension					\$
Cash on Hand					\$
Other					\$
REAL/PERSONAL PROPERTY			Description/Location of Property	Current Value	Amt.Owed
Home					\$
Land					\$
Recreational –Boats, Snowmobiles, etc.					\$
Mobile Home					\$
Rental Property					\$
Vehicle					\$
Vehicle					\$
Vehicle					\$
Trailer/Camper					\$
Equipment/Machinery					\$
Livestock					\$
Other					\$

## INCOME

EARNINGS	SOURCE		MONTHLY AMOUNT	
Gross Wages			\$	
Self-Employment Income			\$	
Severance Pay			\$	
Other: _____			\$	
UNEARNED INCOME	APPLIED FOR		RECEIVING	
	YES	NO	YOU	HOUSEHOLD MEMBER
Social Security			\$	\$
SSI			\$	\$
Child Support/Alimony			\$	\$
Rental Income			\$	\$
Divorce property settlement			\$	\$
Unemployment Benefit			\$	\$
Worker's Compensation			\$	\$
Veteran's Benefits			\$	\$
Retirement/Pension			\$	\$
Tribal Assistance			\$	\$
Educational Loans/Grants			\$	\$
Interest/Dividends			\$	\$
Inheritance			\$	\$
Lawsuit Settlement			\$	\$
Church Assistance			\$	\$
Food Stamps			\$	\$
Subsidized Housing/Utility			\$	\$
Energy Assistance			\$	\$
Income Tax Refunds/EIC			\$	\$
Subsidized Child Care			\$	\$
Sale of personal belongings			\$	\$
Sale of property (real/personal)			\$	\$
Other: _____			\$	\$

## LIVING EXPENSES

HOUSING/UTILITIES	PAID TO:	MONTHLY AMOUNT	COUNTY ALLOWABLE (to be filled in by staff)
Rent/Mortgage			
Space/Lot Rent			
Homeowner's Insurance			
Property Taxes			
Electricity (12 mo. avg. or level pay)			
Gas (12 mo. avg. or level pay)			
Water			
Garbage			
Sewer/Trash			
Phone			
<b>EDUCATION/JOB RELATED</b>			
Child Care			
Car/Truck Payment			
Auto Insurance			
Fuel/Auto Maintenance			
Bus Pass			
<b>MEDICAL/HEALTH CARE</b>			
Doctors			
Hospital			
Prescriptions			
Dental/Vision			
Health Insurance Premiums			
Other _____			
<b>HOUSEHOLD</b>			
Groceries			
Non-food			
Court Ordered Costs			
Court Ordered Child Support			
Credit Cards (for medical bills only)			
Clothing			
Laundry			

Name of Applicant: (print) \_\_\_\_\_

Name of Spouse: (print) \_\_\_\_\_

### RELEASE OF INFORMATION NON-MEDICAL COUNTY ASSISTANCE

In order to cooperate fully with the investigation and determination of my application for county non-medical assistance, I hereby authorize representatives from the Ada County Indigent Services Department to discuss my application with and to secure information, data, copies and records from my relatives, bankers, credit unions, physicians, hospitals, creditors and any other persons or organizations including, but not limited to the State Department of Health and Welfare, Social Security Administration, all branches of the United States Military, Tribal Records, law enforcement agencies, courts, Idaho Department of Labor, or employers having any information concerning me or my circumstances that said county representative feels is pertinent to the investigation of my application.

I hereby authorize Ada County to release to and exchange pertinent information regarding this application, the contents thereof and action taken thereon with all parties of interest, including, but not limited to those listed herein. I acknowledge that my application for assistance waives any and all confidentiality granted by state or federal law to the extent necessary to carry out the intent of Idaho Code Title 31 Chapter 34 regarding my application. I hereby authorize a copy of this agreement to be used when necessary and give it full force as the original.

I understand that I may revoke this consent at any time by submitting to the Ada County Indigent Services Department a written document signed by me and notarized except to the extent that action has been taken in reliance on it, and that unless consent is sooner revoked, this release is valid as long as it is pertinent to this application. I also understand that if I revoke this consent, to the extent it prevents or substantially interferes with the completion of the investigation of my application, it may result in my application being denied. **I understand that by accepting assistance from the county, I agree to repay the county for all or any portion of expenses paid on my behalf as determined by the Board of County Commissioners.**

By my signature I apply for county assistance and I hereby certify under penalty of perjury that the information contained in my application for county assistance is true and correct to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Spouse

**NOTARY**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_,

\_\_\_\_\_ personally appeared before me and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is(are) subscribed to this instrument and acknowledged to me that he/she (they) executed the same.

S E A L

\_\_\_\_\_  
Notary Public for Idaho  
Residing at:  
My Commission Expires:



If you are submitting this application on behalf of a deceased person, please provide the following information:

Your name (please print): \_\_\_\_\_

Your address: \_\_\_\_\_

Your phone number: \_\_\_\_\_

Your relationship to the deceased: \_\_\_\_\_

Today's Date: \_\_\_\_\_

\_\_\_\_\_  
Your Signature