

I received a HIPAA brochure: \_\_\_\_\_



**Office Use Only:**  
GA #: \_\_\_\_\_  
ID TYPE: \_\_\_\_\_  
SSN: \_\_\_\_\_

**POLK COUNTY DEPARTMENT OF COMMUNITY, FAMILY AND YOUTH SERVICES**

**Application for General Assistance**

**\*\*Please use Blue or Black ink to complete this form.**

- Client Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_
- Date of Birth: \_\_\_\_\_ Gender: M or F Marital Status: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_
- Current address: \_\_\_\_\_ Street/Apt.#: \_\_\_\_\_  
City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_
- When was the move-in date of your current address? Please list month & year: \_\_\_\_\_
- Mailing address: \_\_\_\_\_
- Phone number: \_\_\_\_\_ or Contact number: \_\_\_\_\_

**LIST ALL MEMBERS OF THE HOUSEHOLD (children in the home full-time, relatives, roommates, etc.)**

NAME	SSN	BIRTHDATE	RELATIONSHIP	RACE	Gender	Marital Status
	- -	MM / DD / YY				
	- -	MM / DD / YY				
	- -	MM / DD / YY				
	- -	MM / DD / YY				
	- -	MM / DD / YY				
	- -	MM / DD / YY				
	- -	MM / DD / YY				

- Please list separated spouse or divorced spouse/s & dates: \_\_\_\_\_
- Please list maiden name: \_\_\_\_\_
- Please list your **previous** addresses for the last 12 months:

Moved in	Moved out	Street/Apt. #	City/State	County	Zip Code	Evicted?

- Have you ever been in the military? YES or NO
- Has your spouse ever been in the military? YES or NO
- Is there anyone else in the home that has been in the military? YES or NO
- Are there minor children in the home whose parent was in the military? YES or NO
- Is anyone in the household a college student (university, community college, trade/technical school or online)? YES or NO. Did anyone receive Financial Aid? YES, or NO Amount of Financial Aid? \_\_\_\_\_
- What assistance are you requesting (if rent or mortgage, please list the month you are requesting assistance)?  
\_\_\_\_\_
- Do you receive assistance with your rent/mortgage/utility payments? (Section 8, HUD, CIRHA, Student housing, DMMHA, Anawim, Capax Infinity, etc.)? YES or NO ***\*If yes, please list the agency & amount provided:***  
\_\_\_\_\_
- Do you own or rent your home? OWN; monthly house payment: \$ \_\_\_\_\_ trailer payment: \$ \_\_\_\_\_  
RENT; monthly rent: \$ \_\_\_\_\_ lot rent: \$ \_\_\_\_\_

***\*\*\*Please complete opposite side***

Name of Utility Company:	Name on Account:	Account #	Pay arrangement?	Disconnection notice?
Electric:				
Gas:				
Water:				
Propane:				

Household net income (take home pay) for the last 30 days:	Head of Household	Other in household Name:	Other in household Name:
Monthly Employment wages & tips:	\$	\$	\$
Family Investment Program (FIP):	\$	\$	\$
Food Assistance (SNAP):	\$	\$	\$
Retirement Social Security:	\$	\$	\$
Social Security Disability Insurance (SSDI):	\$	\$	\$
Supplemental Security Income (SSI):	\$	\$	\$
Survivor Benefits:	\$	\$	\$
Veterans Benefits:	\$	\$	\$
Retirement Pension:	\$	\$	\$
Unemployment Insurance Benefits (UIB):	\$	\$	\$
Child Support/Alimony:	\$	\$	\$
Workers Compensation:	\$	\$	\$
Short/Long Term Disability:	\$	\$	\$
Tax refund (90 days):	\$	\$	\$
Balance on Checking/Savings/Prepaid card:	\$	\$	\$
Other:	\$	\$	\$

I understand that the information I provide to Polk County Department of Community; Family & Youth Services is used to determine my household's eligibility for General Assistance. This information will be kept confidential as it is required by Iowa law except to the extent that I authorize its use. I hereby authorize the Polk County Department of Community, Family & Youth Services to release the information I have provided, including use of my social security number, for the purpose of checking the accuracy of the information I have provided, to verify my income as reported by the Workforce Development Center, and to determine my eligibility for General Assistance. I also authorize the Polk County Department of Community, Family & Youth Services to inform vendors to who assistance would be paid on my behalf, including my landlord, whether my application for assistance has been approved or denied.

**I solemnly swear that the statements I made are true and correct to the best of my knowledge and belief. I am aware that it is unlawful to give false information.**

**I understand that any willful misrepresentation of the information provided may result in a court action against those persons who have fraudulently participated in the General Assistance Program.**

Signature/s of adults in household applying for assistance

Date (Month/Day/Year)

***Polk County Department of CFYS shall not discriminate against any person because of race, color, religion, creed, sex, sexual orientation, gender identity, age, national origin, genetic information, disability, or veteran or military status.***

**\*\*\* The Polk County General Assistance Denial is valid for any and all requests within the month of which you have applied for assistance.**