

MILLS COUNTY PUBLIC HEALTH/General Relief

PO Box 209

Phone: (712) 527-9699

212 Independence

Fax: (712) 527 4711

Glenwood, IA 5153

Website: mcph.millscoia.us



Public Health
Prevent. Promote. Protect.

MILLS COUNTY GENERAL RELIEF APPLICATION

DATE: _____

Applicant Information

First Name:	Middle Name:	Last Name:	Maiden Name:
Phone:		Alternate Phone:	
Social Security #		Date of Birth	
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Do you have a legal guardian/conservator (person who makes decisions about you or your money)? <input type="checkbox"/> YES <input type="checkbox"/> NO			

Please provide your current street address

Street	City	State	Zip

Please provide your current mailing address (if differs from Street Address)

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Please list addresses where you have resided in last two years

How long have you resided in Mills County?

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Please list all other persons in your household

Name	Date of Birth	SS# (adults only)	Relationship

General Relief Assistance is being request for help with:

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Describe circumstance for why General Relief Assistance is needed:

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Employment History

Are YOU currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>(If yes, please provide last paystub as proof of employment)</i>	
Current or last employer:	Dates of employment:
If not working, are you actively seeking employment? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you registered on Iowa Workforce Development? <input type="checkbox"/> YES <input type="checkbox"/> NO	If cannot work, please provide reason <i>(Supporting documentation is required)</i>

Are any ADULT MEMBERS OF YOUR HOUSEHOLD currently employed? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Name	Current or last employer	Dates of Employment
If not working, are you actively seeking employment? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you registered on Iowa Workforce Development? <input type="checkbox"/> YES <input type="checkbox"/> NO	If cannot work, please provide reason <i>(Supporting documentation is required)</i>	
Name	Current or last employer	Dates of Employment
If not working, are you actively seeking employment? <input type="checkbox"/> YES <input type="checkbox"/> NO Have you registered on Iowa Workforce Development? <input type="checkbox"/> YES <input type="checkbox"/> NO	If cannot work, please provide reason <i>(Supporting documentation is required)</i>	

Education History

What is your highest level of education completed?
Are you or any household member attending post-secondary (college) education courses? <input type="checkbox"/> Yes <input type="checkbox"/> No

Income History

If you or someone in your household is currently employed, please list income below		
Name	Hours worked per week	Wages earned per week

Please list additional sources income for your household

Source of Income	Amount	How often	Who received this income
Unemployment			
SSDI			
SSI			
Retirement			
Rental Income			
Settlement			
Gambling/Lottery			
Workers Comp			

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Please list additional sources income for your household

Source of Income	Amount	How often	Who received this income
Dividend/Interest			
Child Support			
Other			
Other			
Other			

What other types of assistance do you receive?

Source	Date Applied	Approved/Denied	Amount Received
General Relief (prior)			
Food stamps			
WIC			
LIHEA (Heating)			
FIP			
Food Bank			
Share IOWA			
SIRHA (Housing)			
Child Support			
Other			
Other			
Other			

Benefits and Assets History

Do you or your spouse own or are you buying land or property? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you or your spouse own or are buying an automobile? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please provide:</i>	<i>Year</i>	<i>Make</i>	<i>Model</i>
Do you or anyone in your household have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you or anyone living in your household have life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please provide:</i>	<i>Name of Insured</i>	<i>Insurance Carrier</i>	<i>Amount</i>
Do you or anyone in your household have Medicare or Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you or your spouse in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If yes, please provide:</i>	<i>Date Enlisted</i>	<i>Branch</i>	
	<i>Date Discharge</i>	<i>Type of Discharge</i>	

MILLS COUNTY GENERAL RELIEF APPLICATION

Monthly Expense History

Source	Provider	Amount
Rent/House Payment		
Electric		
Gas/Propane		
Water/ Sewer		
Garbage		
Phone		
Medical		
Child Support		
<i>Other</i>		
<i>Other</i>		

GENERAL RELIEF APPLICATION AGREEMENT

I certify that all the information given by me in this application are correct and true to the best of my knowledge.

I authorize: a) any bank or savings institution, insurance company, other financial institution, employer to make available to representatives of the Mills County General Relief Director, any information which they desire to document or verify the information I have given in this application. I agree to assist in helping the General Relief Office document or verify the information given.

I also agree to make every effort to secure employment which will enable me to support myself and my family.

A copy of this application will be given to you for your records.

Applicant Signature

Date

If you are dissatisfied with the resulting decision of your application, you may appeal to the Mills County Board of Supervisors. by contacting Mills County Auditor's Office 712-527-3146 and requesting to be placed on the next Board of Supervisors agenda.

You may be represented by legal counsel at your own expense or you may be eligible for legal assistance through:

*Legal Services Corporation of Iowa
532 1st Ave, Suite 300,
Council Bluffs, IA 51503
(712) 328- 3982 or (800) 432-9229*

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RELEASE OF INFORMATION

I authorize any and all parties to release confidential information concerning my personal and/or financial situation to the Mills County General Relief Office for the purpose of establishing eligibility for general assistance according to the Code of Iowa, Chapter 252.

I release any and all parties from any liability for releasing information whether such information is deemed confidential or not. A photocopy of this form shall have the same force and effect as the original.

Applicant Signature

Date

Applicant Printed Name

MILLS COUNTY GENERAL RELIEF APPLICATION

GENERAL RELIEF LANDLORD AGREEMENT

I understand that Mills County General Relief has agreed to pay \$ _____
on behalf of _____, tenant(s), for rent.

I agree, by accepting these funds, not to evict this tenant for a period of no less than thirty (30) days
from date approved for assistance for non-payment of rent.

No funds will be released until this form is returned to Mills County General Relief.

Landlord Signature

Landlord Printed Name

Mailing Address

Phone