

YOU MUST BRING THE FOLLOWING DOCUMENTS (IF APPLICABLE) TO YOUR INTERVIEW APPT.

- Copy of lease/ rent receipts or mortgage payments from the past 6 months of residency
- Valid Driver's License or State ID for all persons 16 years of age or older
- Birth Certificates for each person listed on the application
- Social Security cards for each person listed on the application
- Pay Stubs/printout from employer for the last 2 months worked for each person in the household
- Marriage license, death certificate
- Illinois Department of Human Resources Records (TANF, Food Stamps, Medical, etc.)
- Check or Award letter for Social Security, Veterans Benefits, Workers Compensation, Unemployment Insurance, Retirement Benefits or any other income
- Current Unemployment records and an updated Job Link Swipe Card from Illinois State Employment Services
- Prison/Probation records
- Military Service Record (DD214)
- All bank accounts (checking, savings, etc.) latest statements and last 30 days of transactions
- Titles and/or Registrations of all Vehicles in your possession
- Divorce/Separation papers (settlements, alimony, child support payments, etc.)
- Credit Union Accounts, trust funds, safety deposit box information, other securities or bonds
- Physician statement (Report of incapacity, Determination of Disability or Verification of Pregnancy)
- All utility bills for the household (current and disconnection notices)
- General Assistance Application (COMPLETED AND SIGNED BY APPLICANTS OF THE FAMILY)

ALL APPLICANT(S) MUST BE PRESENT AT THE TIME OF THE GENERAL ASSISTANCE INTERVIEW!

ELIGIBILITY SHALL BE ESTABLISHED AND GRANT AMOUNT DETERMINED ON THE BASIS OF ADOPTED TOWNSHIP STANDARDS

ADOPTED: 1/14

III. PERSONAL AND OCCUPATIONAL INFORMATION:

1. Marital status: I am married—single—widowed—divorced—separated—deserted. I was married on _____ Date
 at _____ Place

If separated, state reason. _____

The present address of my husband (wife) with whom I am not now living is _____

A court order has (has not) been issued for the support of my children.

2. Living arrangements: I rent (own) my home. My landlord is _____ who lives at _____
 and who is (is not) related to me as follows: _____

3. Military or naval services: The following member of my family _____ Name
 has had or is now in military or naval service as follows: Branch of Service _____ Date Enlisted _____
 Date Discharged _____ Serial No. _____ He received (did not receive) Adjusted Compensation and is (is not) now receiving a pension
 or other income as a result of such service.

4. Past Employment: Listed below for myself and each member of my family who has ever worked ara the last employer and two other employers most
 important because of length of employment possibilities:

Name of Person	Name and Address of Employers	Kind of Work	Monthly Wage	Date Began	Date Left	Reason for Leaving
a.			\$			
b.			\$			
c.			\$			

IV. PRESENT INCOME AND OTHER FINANCIAL INFORMATION—Fill in every space. If none, write "None."

1. RESOURCES: (Attach extra paper if necessary.)

Source	Person Receiving	Employer's name and address or Description of Resource	Weekly Amount
Employment: Salary			\$
Commissions			\$
Profits from: Business			\$
Employment in Home			\$
Sales			\$
Other ()			\$

2. PUBLIC ASSISTANCE AND RELATED PUBLIC BENEFITS:

Source	Person Receiving	Amount	Source	Person Receiving	Amount
AFDC		\$	RSDI		\$
AABD		\$	Other ()		\$
GA		\$			\$

3. OTHER CASH RESOURCES:

Source	Name of Person	Amount	Source	Name of Person	Amount
Cash on Hand		\$	Lodges Unions		\$
Savings		\$	Annuities		\$
Bank Accounts		\$	Alimony/Child Support		\$
Unemployment Benefits		\$	Estates, Court Orders		\$
Workmen's Compensation		\$	Friends, Relatives		\$
Veteran's Benefits		\$	Gov't Bonds		\$
Other Income		\$	Other ()		\$

4. BANKS with which I or any member of my family now have or have had accounts:

Name of Depositor	Name and Address of Bank	Amount of Deposit or Date Last Withdrawal
		\$
		\$
		\$

5. SAFETY DEPOSIT BOXES, any where under any name, owned or rented by me or any member of my family.

Box in Name of	Location of Box	Contents

6. PERSONAL PROPERTY: Securities, Investments, Stocks, Bonds, Mortgages, Notes, Jewelry, Livestock, Etc:

Owned by	Description	Present Sale Value
		\$
		\$
		\$

7. ALL REAL ESTATE owned by me or any other member of my family or in which we have an interest.

Recorded in Name of	Address	Description	Present Value	Date Purchased	Date and Amount Last Taxes Paid	Present Monthly Income
			\$		\$	\$
			\$		\$	\$
			\$		\$	\$

8. AUTOMOBILES, TRUCKS, MOTORCYCLES, FARM EQUIPMENT

Owner	Description and Year of Make	Date Purchased	Motor Vehicle License No. and Year Issued	Present Sale Value
				\$
				\$
				\$

9. INSURANCE: listed below are all life insurance policies in force or lapsed, held by me and all members of my family:

Person Insured	Name of Company	Type of Policy	Amount	Monthly Premium	Date Last Premium Paid	Loans Made	
						Date	Amount
			\$	\$			\$
			\$	\$			\$
			\$	\$			\$
			\$	\$			\$
			\$	\$			\$

Medical, hospital, surgical or other health insurance benefits available to me or other members of my family:

Name of Company	Type of Coverage	Annual Premium
		\$
		\$
		\$
		\$
		\$

COMPLETE NEXT PAGE

I understand that if I want someone else to apply for General Assistance for me, and I am mentally and physically able to apply, I must provide a written statement that gives the person permission to apply on my behalf. The statement must include the full name, address and phone number of the person applying for me. The statement must say that I am still responsible for the information that the person applying for me gives to the local General Assistance office. The statement must also say that I am liable for repaying benefits that were received due to incorrect or incomplete information provided by an approved representative.

This application must be signed by the APPLICANT, HOWEVER, if the person in need of assistance is too ill, or otherwise mentally or physically unable to complete an application, this application may be filed by the SPOUSE, PARENT, ADULT CHILD or ADULT BROTHER or SISTER or OTHER RELATIVE. If there are no relatives this application may be signed by ANY OTHER PERSON able to furnish necessary information with reasonable competence.

I have this application for General Assistance, and declare under the penalties of perjury that to the best of my knowledge and belief the information supplied in this application and all accompanying statements or documents is true and correct, and that it is a complete statement of all income, assets, or resources belonging to me or to any member of my immediate family.

I agree to notify the Supervisor of General Assistance of any change whatsoever in need, or in the resources listed herein, or of any new or additional income or resources. Further, I hereby authorize any person, bank, firm, corporation, transfer agent, agency, institution, or the Department of HHS to furnish to the Supervisor of General Assistance whatever information that may be requested relative to accounts, deposits investments, securities, RSDI benefits, or business or any kind whatsoever.

Signature of Applicant	Date	Signature of Spouse	Date
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I hereby make Application for General Assistance in behalf the person named below, and certify that to the best of my knowledge and belief the information furnished herein is a true statement of his (or her) income, assets, and resources.

Name and Address of Applicant

Signature and Address of Individual making Application for General Assistance in BEHALF of the Person Named Above.

Relationship to Applicant

CONSENT TO RELEASE OF INFORMATION

GENERAL ASSISTANCE OFFICE

NUNDA TOWNSHIP

3510 BAY ROAD

CRYSTAL LAKE, IL 60012

TO: [Name of entity or person to whom Consent is directed]

FROM: [Name of person authorizing release of information]

You are hereby authorized and directed to release to or permit the examination and the copying or reproduction in any manner, whether mechanical, photographic or otherwise, by the Supervisor of General Assistance and the personnel of the General Assistance Office (GAO) named above of any and all such information as may be requested by the aforesaid Supervisor or GAO personnel.

(Over)

Township Supervisors Of Illinois General Assistance Handbook

You are further authorized and directed to furnish as requested oral and written reports to the aforesaid Supervisor and GAO personnel.

You are further authorized and directed to transmit by any method, including the United States Postal Service, fax and modem transmission, copies of such documents as may be requested by the aforesaid Supervisor and GAO personnel.

I hereby revoke any previously dated Consent to Release of Information.

Dated this _____ day of _____, _____.

Signature

Witness: _____
Signature

[Please print following]

Name of witness: _____

Address: _____

RESOURCES

Clothing Closet: 225 Calhoun, Woodstock, 338-5316 (Roberta). They provide good clean used clothing and household items at minimal cost. They also assist with rent or utilities & medical needs. This assistance can range from \$50.00 to \$100.00 (one time only) and they do ask that it is paid back when the people get on their feet. **Hours:** M, W, F 10:00-5:00, Sat. 10:00-1:00. **Assistance Hours:** M, W, F 2:00-4:00.

Good Samaritan: 76 W. Crystal Lake Ave., Clk, 477-2489. Must have CLK address, or belong to St. Thomas, Bethany Lutheran, Immanuel Lutheran, Prince of Peace Lutheran, Ridgefield Presbyterian, CLK Methodist, Hope Covenant, St. Mary's of CLK, CLK Church of Christian Science or Crystal Valley Church of Cary.

Salvation Army: 290 Crystal Lake Ave, Clk, 455-2769. Helps with emergency assistance such as one night to one week's lodging for emergency cases. They will assist with gasoline for a car if you are moving, especially for job reasons, and do not have money for the gas.

Veteran's Assistance: Courthouse, 334-4229, Mike Iwanicki. If you are a veteran who served at least 90 days and have other than dishonorable discharge, you are eligible for emergency assistance from the Veteran's Assistance Commission.

Consumer Counseling: 1143 N. Seminary, Wdsk, 338-5757 Tom Nigbor; or 248 N. Throop, Wdsk, Ann Curry. This service helps families or individuals make better decisions in financial matters -- tries to relieve family tension regarding debts -- reduce wage assignments -- reduce money worries of employees -- reduce losses to creditors through delinquent accounts.

Commonwealth Edison: The **Salvation Army** takes care of accepting and reviewing applications for this program. See file under Energy Assistance Program.

Northern Illinois Gas: Assistance is also provided from Housing Authority but NIGAS has a program called **SHARING**. Customers, employees, suppliers and shareholders contribute to a special fund. **Salvation Army** also administers this program.

McHenry County Housing Authority -- IHEAP Program: 1143 N. Seminary 338-7752. Families can apply for this assistance by filling out an application at the Housing Authority at Woodstock. Thirty day income is considered and you must show proof of this income. Renters need to provide landlord's name and address. IHEAP program assistance can range from \$100.00 to \$300.00 per year. Must times a shut-off notice is required before assistance is given. Housing will also assist with \$100.00 for housing if you qualify.

FISH: McHenry School District residents only -- call 344-4717 Tues & Thurs. 9am-11am to make appointment (Joan Baur). They do not just assist people with food; they also assist in rent and utility payments, perhaps up to \$150.00.

Food Pantries of Crystal Lake, McHenry, Wauconda: Those with Crystal Lake address use the Crystal Lake location 815-455-0961 M&F 10am-2:30pm & 2nd & 4th Sat 9-12. They can help for 6mos at a time. Island Lake and McHenry go to Wauconda location. Call 847-526-8684 or Wauconda Township for hours, which are M-Sat 10am-12pm, Tues. & Thurs. 4:30pm-6pm In McHenry, contact FISH or give the people the phone number to call. **Government Surplus cheese and butter:** Get this through the Clothing Closet in Woodstock, 338-5316. **Woodstock Pantry** call 337-2215.

Community Share Programs **Fox River Grove Share Program** call 847- 639-3325 or 800-961-7287, New Hope Christian Church, 400 Lincoln Ave., Fox River Grove, 4th Sat of the month, share program, \$14.00 a month-2hrs of Community Service. Sign up at the beginning of the month, receive food on the 4th Sat.

WIC Health Department: Courthouse, 334-4510. This is special supplemental food program for women, infants and children. It supplies extra food for women that are pregnant or breast-feeding. Covers infants under one year old and children one to five years old. People on this program must qualify according to income -- applies to low income families.

OTHER POSSIBILITIES: For those with Crystal Lake addresses; Those with a McHenry address; **McHENRY CHURCH OF GOD** 344-6116, or Dianna LaGray 385-2260 or Bob Smith 847-526-8056. **RESURRECTION OUTREACH**, 338-7330

¹POSSIBLE SOURCES OF FINANCIAL ASSISTANCE

Illinois Dept. of Public Aid	2215 Lake Shore Drive, Woodstock	815/338-0234
Catholic Social Services	5215 W. Bull Valley Road, McHenry	815/344-6956
Clothing Closet, McHenry Cty.	225 Calhoun St. Woodstock M-W-F from 2-5 p.m.	815/338-5316
Direct Assistance Program	Congregational Unitarian Church 201 W. South St., Woodstock Tues. & Thurs. AM	815/338-0939
FISH Organization	809-A Front Street, McHenry McHenry address only, by appointment Tuesday & Thursday 9 am – 11 am	815/344-4717
Good Samaritan	76 W. Crystal Lake Ave., Crystal Lake M&W&F from 9-11 a.m. C.L. only	815/477-2489
Resurrection Church	2718 Country Club Road, Crystal Lake. Tues. & Sat 10 a.m. to Noon	815/338-7330
Salvation Army Service Units:	290 Crystal Lake Ave., Crystal Lake Island Lake Village Hall, Island Lake Charles Americh	815/455-2769 847/526-8764
St. Thomas Outreach	Little Christopher 459 Lake Ave, Crystal Lake W 9-11, Sat 9-11 or leave a message	815/455-1249
Veteran's Assistance Commission	County Courthouse, Rm. 180, Wdsk Mike Iwanicki	815/334-4229
Senior Services Associates	McHenry Township Building	815/344-3555
Family Services & Mental Health	5320 W. Elm Street, McHenry	815/385-6400
Family Partnership Health Clinic	Fee's based on a Sliding Scale	815/334-8987
(Swedish American Hospital)		815/943-1234

¹ Word: HELPLIST