

RICH TOWNSHIP GENERAL ASSISTANCE OFFICE
Calvin Jordan, Supervisor

22013 Governors Highway
Richton Park, IL 60471

Phone: (708) 748-6722

APPLICATION FOR EMERGENCY ASSISTANCE

NAME: _____ DATE: _____
ADDRESS: _____
PHONE: _____ SSN: _____

Emergency Assistance is financial assistance to alleviate a life-threatening circumstance or meet an expense which jeopardizes employment. You can receive Emergency Assistance only once in any twelve (12) month period.

YOU CANNOT BE ELIGIBLE FOR AND RECEIVE EMERGENCY ASSISTANCE AND GENERAL ASSISTANCE AT THE SAME TIME. You may apply for either General Assistance, Emergency Assistance or both, however, you cannot be approved for both.

I am requesting emergency assistance on behalf of myself and the following people who reside with me.

NAME	AGE	DATE OF BIRTH	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTICE OF BENEFITS AVAILABLE UNDER THE EMERGENCY ASSISTANCE PROGRAM

Emergency Assistance provides financial aid to alleviate a life-threatening circumstance or to assist in attaining self-sufficiency. Assistance up to the amount of the Township's payment level is disbursed by means of vendor payments, that is, a provider of goods and services is paid directly by the Township. Township personnel will tell you what the Township's payment level is. You may receive Emergency Assistance only once in any twelve (12) month period.

A life-threatening circumstance is a condition which poses a peril to health or well-being because of a need for or the jeopardizing of the availability of shelter, food utility service, medication, transportation or other necessity. If you are eligible, the Township will provide Emergency Assistance up to the amount of its payment level to alleviate a life-threatening circumstance involving a need for assistance for shelter, food, utility expenses, medication, transportation or other necessity.

Self-sufficiency means the financial capacity to pay work related expenses necessary to obtain or maintain employment. Work related expenses may include uniform or other required clothing costs and necessary safety equipment. If you are eligible, the Township will provide Emergency Assistance up to the amount of its payment level to assist you in paying expenses necessary for you to get or keep your job.

In addition to providing financial aid, the Township may also refer you to other agencies and programs or for other services to aid you in alleviating a life-threatening circumstance or assist you in attaining self-sufficiency.

I have read and understand the foregoing information.

Signature: _____ Date: _____

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CONSENT TO RELEASE OF INFORMATION

TO: (Name of entity or person to whom consent is directed)

Rich Township General Assistance Department

22013 Governors Highway

Richton Park, IL 60471

Phone: 708-748-6722 Fax: 708-228-5523

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.

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 internet, 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.

Effective Dates: _____ to _____

Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Please print the following:

Name of Witness: _____

Address: Rich Township

22013 Governors Highway

Richton Park, IL 60471

RICH TOWNSHIP GENERAL ASSISTANCE OFFICE
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22013 Governors Highway
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**STATEMENT OF PURPOSE FOR COLLECTION OF
SOCIAL SECURITY NUMBERS IDENTITY PROTECTION POLICY**

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and State government agency to draft, approve, and implement an Identity Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security number (SSN). This statement of purpose is being provided to you because you have been asked by the Township to provide your SSN or because you requested a copy of this statement.

Why do we collect your Social Security number?

You are being asked for your SSN for one or more of the following reasons:

- Crime victim compensation;
- Vendor services, such as executing contracts and/or billing;
- Law enforcement investigation;
- Child support investigation;
- Internal verification;
- General Assistance;
- Administrative services; and/or
- Other:

What do we do with your Social Security number?

- We will only use your SSN for the purposes for which it was collected.
- We will not:
 - Sell, lease loan, trade, or rent your SSN to a third party for any purpose;
 - Publicly post or publicly display your SSN;
 - Print your SSN on any card required for you to access our services;
 - Require you to transmit your SSN over the Internet, unless the connection is secure or your SSN is encrypted; or
 - Print your SSN on any materials that are mailed to you, unless State or Federal law requires that your number be on documents mailed to you unless we are confirming the accuracy of your SSN.

If you have questions regarding the Identity Protection Policy, please contact the Township representative who issued this form to you.

Name: _____

Signature: _____ Date: _____

Issued By: _____ Date: _____

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Calvin Jordan, Supervisor

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Richton Park, IL 60471

Phone: (708) 748-6722

**NOTICE OF BENEFITS AVAILABLE UNDER
THE EMERGENCY ASSISTANCE PROGRAM**

Emergency Assistance provides financial aid for two (2) purposes and two (2) purposes only: (1) to help alleviate a life-threatening circumstance, or (2) to help pay work related expense necessary to obtain or maintain employment. A life-threatening circumstance is a condition which poses an imminent peril to health and safety because of a lack of or the jeopardizing of the availability of shelter, food, utility service, medication, transportation or other basic necessity. You may also receive Emergency Assistance to help pay for a work related expense, but only if payment of the expense is necessary for you to get or keep a job. In order to help you pay such expenses, the General Assistance Office may also refer you to other agencies or programs or for other services.

You may receive Emergency Assistance only once in any twelve (12) month period. Assistance up to the amount of the Payment Level is disbursed by means of disbursing orders (requests to a vendor to provide goods and services in return for payment by the General Assistance Office) or by the payment directly to a provider of goods and services. **You will not receive cash.** The personnel of the General Assistance Office will tell you what the appropriate Payment Level is for the size of your household.

You may receive Emergency Assistance even though you have applied for and been approved to receive monthly welfare assistance (such as Temporary Assistance to Needy Families (TANF), Aid to the Aged, Blind and Disabled (AABD), Refugee and Repatriate Assistance (RRA) or Supplemental Security Income (SSI)) as long as you have not yet begun to receive monthly payments of such assistance. However, if you have already begun receiving monthly payments of cash welfare assistance you cannot receive Emergency Assistance.

If you have any questions about Emergency Assistance or the program requirements or particulars, you should ask the personnel of the General Assistance Office. In addition, you may inspect the General Assistance Office's Emergency Assistance Handbook during regular office hours.

I acknowledge receipt of a copy of the foregoing Notice of Benefits Available under the Emergency Assistance Program this _____ day of _____, 20 ____.

Signature: _____

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY

Case Name: _____

Case #: _____

Notice of Benefits Given On: _____

Notice of Benefits Given By: _____

RICH TOWNSHIP GENERAL ASSISTANCE OFFICE
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**NOTICE OF RIGHTS AND RESPONSIBILITIES OF
EMERGENCY ASSISTANCE APPLICANTS AND RECIPIENTS**

As an applicant for or recipient of Emergency Assistance you have certain rights and responsibilities.

RIGHTS

- You have a right to file a written application for Emergency Assistance and to be assisted in completing an application. You may obtain an application at the General Assistance Office or request one by telephone or mail.
- You have a right to voluntarily withdraw any application for Emergency Assistance you file.
- If the General Assistance Office has an Emergency Assistance Handbook, you have a right to read and ask questions about it.
- You have a right not to be discriminated against because of race, religion, color, sex, sexual preference, national origin, age, handicap status or political affiliation.
- You have a right to have the information you provide kept confidential unless disclosure is required to determine your eligibility or is otherwise required or permitted by law.
- You have a right to written notice of the benefits available under the Emergency Assistance Program.
- You have a right to be treated with respect and in a courteous and considerate manner. If you have not been treated this way, you have a right to complain to the Supervisor. Nothing can be done to you because you complain.
- You have a right to freedom of choice as to where you obtain the goods and services for which the General Assistance Office will pay, however, if the General Assistance Office has an arrangement with a specific vendor to provide goods and services the General Assistance Office may refuse to pay other vendors for such goods and services. In addition, the General Assistance Office has no control over whether any vendor will furnish you with goods and services in exchange for payment by the General Assistance Office.
- You have the right to ask questions about your application and inspect, in the presence of personnel of the General Assistance Office, your case file during regular office hours. You also have a right to request copies of what is contained in your case file. However, certain information may have been provided to the General Assistance Office on the condition that the information or its source would not be revealed to you or is privileged from such disclosure. In such cases the General Assistance Office has a right to remove such information from your case file before you see it, however, if that happens you will be told that information has been removed.
- You have a right to be referred to other agencies for benefits and for other programs which may assist you.
- A decision must be made on your application for Emergency Assistance within 30 days. You have a right to written notice of this decision. If your income or assets result in a denial of your application, you have a right to a written notice indicating how your income or assets make you ineligible for Emergency Assistance.
- You have a right to voluntarily repay any Emergency Assistance provided to you.

(NEXT PAGE)

RESPONSIBILITIES

- You must fill out a written application for Emergency Assistance which must contain, at the very least, your name, mailing address and signature. An application containing your name, mailing address and signature requires the General Assistance Office to make a decision on your application, however, an application with only this information would not provide sufficient information to approve your application.
- You must keep all scheduled appointments at the General Assistance Office.
- You must provide information needed for a determination of your eligibility for Emergency Assistance.
- You must assist the General Assistance Office in securing and verifying information needed for a determination of your eligibility for Emergency Assistance.
- You must consent to the release by other agencies and persons of information to the General Assistance Office necessary for a determination of your eligibility for Emergency Assistance. You must sign any consent required by the General Assistance Office to obtain necessary information.
- You must report to the General Assistance Office with 5 calendar days of occurrence any change in your circumstances, such as a change in income or the acquisition of property, which might affect your eligibility for Emergency Assistance.
- You must utilize all resources (e.g., relatives, food pantries, community and charitable organizations) which might help alleviate your present needs.
- You must apply for any benefit (e.g., unemployment compensation, worker's compensation , Food Stamps) which might help alleviate your present needs.
- You must accept and follow-up in good faith any referral by the General Assistance Office to any other agency.

IF YOU FAIL OR REFUSE TO SATISFY ANY OF THESE RESPONSIBILITIES, YOUR APPLICATION FOR EMERGENCY ASSISTANCE MAY BE DENIED.

I acknowledge receiving a copy of the foregoing Notice of Rights and Responsibilities of Emergency Assistance Applicants and Recipients consisting of (2) pages this _____ day of _____, 20 ____.

Signature: _____

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY

Case Name: _____

Case #: _____

Notice of Rights Given On: _____

Notice of Rights Given By: _____

RICH TOWNSHIP GENERAL ASSISTANCE OFFICE
Calvin Jordan, Supervisor

22013 Governors Highway
Richton Park, IL 60471

Phone: (708) 748-6722

REFERRAL FORM

Agency: Rich Township General Assistance Department

22013 Governors Highway

Richton Park, IL 60471

Phone: 708-748-6722 Fax: 708-228-5523

Regarding: _____

The aforementioned client is being referred to your office by the General Assistance Office to apply for or obtain information with regard to potential benefits. Please complete this Referral Form and return to the aforementioned General Assistance Office to advise it of the status of the client with regard to such benefits. Thank you for taking the time to complete and return this Referral Form.

GENERAL ASSISTANCE OFFICE

Issued By: _____ Date: _____

(Please print or type)

Has the client applied at your office for any of the following types of benefits? If so, please check the box that applies and indicate the date of application.

- | | Date of Application |
|--|----------------------------|
| <input type="checkbox"/> Unemployment compensation | _____ |
| <input type="checkbox"/> TANF | _____ |
| <input type="checkbox"/> SS, SSI, SSDI | _____ |
| <input type="checkbox"/> Food Stamps | _____ |
| <input type="checkbox"/> Expedited Food Stamps | _____ |
| <input type="checkbox"/> Medical Aid No Grant | _____ |
| <input type="checkbox"/> Medicaid | _____ |
| <input type="checkbox"/> Other _____ | _____ |

Is the client eligible for or receiving assistance under any of the following programs? If yes, please indicate the amount of assistance and when it did or will commence.

	Date Commenced	Amount
<input type="checkbox"/> Unemployment compensation	_____	_____
<input type="checkbox"/> TANF	_____	_____
<input type="checkbox"/> SS, SSI, SSDI	_____	_____
<input type="checkbox"/> Food Stamps	_____	_____
<input type="checkbox"/> Expedited Food Stamps	_____	_____
<input type="checkbox"/> Medical Aid No Grant	_____	_____
<input type="checkbox"/> Medicaid	_____	_____
<input type="checkbox"/> Other _____	_____	_____

Has the client provided your agency with all documentation required to process their application?

Yes No If no, what further documentation is needed?

Has the client been denied for any of the above listed benefits?

Yes No If yes, what was the type of benefit, date of and reason for the denial?

Agency: _____

By: _____ Date: _____