General Relief Assistance Program Application

7 North 31st Street
PO Box 2016
Billings, MT 59103
(406) 247-4732

District 7 Human Resources Development Council

General Relief Assistance Application Form

Please note: all information requested on this application form will be kept confidential within District 7 HRDC and partner organizations and evaluators. Much of the personal and financial information collected on this form is necessary only for evaluative purposes.

Personal Information

Name: _____ Social Sec. No.: _____ - ____ - _____

Street: _____ Apt #: _____

City: _____ State: ____ Zip Code: _____

How long have you been at this address?_____ How long have you lived in Yellowstone County?

_____

Home Phone: (____)_____ Work Phone: (____)_____ Cell: (____)_____

Gender: ❒ Female ❒ Male Date of Birth: ____ / ____ / ____

Ethnicity: ❒ African American ❒ Caucasian
❒ Latino or Hispanic ❒ Asian, Pacific Islander
❒ Native American ❒ Other (*please specify*: _____)

How did you hear about the program?_____

Are you obligated to pay Child Support? _____ (If so, attach a copy of your most recent court order and other documentation. How much do you pay per month? _____ If you are past due, how much? _____

Are there any pending litigation, governmental proceedings, or consent orders against you? _____ If so, attach description.

Do you have any special needs HRDC staff should know about? _____

_____

Household Information

"Household" includes all individuals who share use of a dwelling unit as primary quarters for living.

How many adults (18yrs and older) currently live in participant's household: _____

How many children (under 18yrs) currently live in participant's household: _____

Applicant's marital status: ❒ Single (never married) ❒ Married ❒ Separated
❒ Divorced ❒ Widowed

What is your current housing arrangement?:
❒ House ❒ Mobile Home ❒ Other: _____
❒ Sleeping Room ❒ Shared Housing

How much is your monthly house or rental payment? $_____
Are you behind on your house or rental payment? ❒ Yes ❒ No If yes, how much do you owe? $_____

Emergency Contact Information

Please list a relative or friend who would definitely know how to contact you, even if you move:

Name: _____ Phone: (____)_____

Street: _____ Apt #: _____

City: _____ State: ____ Zip Code: _____

Income Information

Are you currently employed? ❒ Yes ❒No

If you are not working, how many months have you been unemployed? _____

Income of all household members - please list *gross income* (before taxes):

Category	Last Month	Typical Month	Last Year
Formal employment (wages)	$_____	$_____	$_____
Self-employment *(selling things you make, doing laundry, sewing, childcare, etc.)*	$_____	$_____	$_____
Government assistance *(TANF, Food Stamps, SSI, Social Security, Unemployment or Veterans' Benefits)*	$_____	$_____	$_____
Pensions or retirement income	$_____	$_____	$_____
Child support / alimony payments	$_____	$_____	$_____
Friends or family	$_____	$_____	$_____
Investment income	$_____	$_____	$_____
Other (please specify: _____)	$_____	$_____	$_____

Do you or does anyone in your household receive any of the following? (Check a box for each)
❒Child Support ❒ Social Security ❒Unemployment ❒ Worker's Comp ❒Veteran's Benefits
❒ Disability ❒Alimony ❒ TANF

If you answered "yes" to any of these, please explain <u>who</u> receives benefits from <u>which</u> program, and <u>how much</u> they receive:

Are you currently applying for SSI/SSDI? Yes ❒ No ❒ **What date did you first file for SSI/SSDI?**:_____

What stage of the SSI process are you currently at?:

❒ Filed an initial application ❒ Denied twice and requested a hearing

❒ Denied once and filed reconsideration paperwork ❒ Other, please explain:_____

Do you currently have an attorney? Yes ❒ No ❒

If yes, please list name and address of the attorney: _____

_____

Have you ever received SSI/DI before?: Yes ❒ No ❒

If yes, when and for what condition? _____

Have you worked five (5) out of the last ten (10) years?: Yes ❒ No ❒

What is the longest time that you have ever worked at one job? _____

What type of job was this? _____

Please list other types of work that you have done: _____

Have you ever been enrolled in Vocational Rehabilitation? Yes ❒ No ❒

If yes, where and when? _____

Please list any other programs you are currently working with:

❒ Legal Services ❒ Family Services ❒ Salvation Army

❒ Veteran Center ❒ Vocational Rehabilitation ❒ Food Bank

❒ Other:_____

Please list any other needs you may have:

❒ Prescriptions ❒ Dental ❒ Eye Care

❒ Personal Hygiene ❒ Other: _____

Assets & Liabilities

Assets and liabilities: *(Circle one)*

Do you own a vehicle(s)?	*Yes*	*No*	Value of vehicle(s): $_____ Outstanding vehicle loan(s): $_____
Do you own a home?	*Yes*	*No*	Value of home: $_____ Outstanding mortgage $_____
Do you own a business?	*Yes*	*No*	Value of business: $_____ Outstanding loan(s): $_____
Do you own stocks, bonds, a 401k, or other investments?	*Yes*	*No*	Value of investments: $_____
Do you have a checking account?	*Yes*	*No*	Amount in account: $_____
Do you have a savings account?	*Yes*	*No*	Amount in account: $_____
Do you owe money to friends or family?	*Yes*	*No*	Amount you owe: $_____
Do you have past due household bills?	*Yes*	*No*	Amount past due: $_____
Are you carrying a balance on credit card(s)?	*Yes*	*No*	Amount of balance(s): $_____
Do you have outstanding student loans?	*Yes*	*No*	Outstanding loans: $_____
Do you have outstanding medical bills?	*Yes*	*No*	Outstanding balance: $_____
Do you owe money to rent to own and/or pawn shops?	*Yes*	*No*	Outstanding balance: $_____

INSTRUCTION: Please READ all of the information below, and then SIGN your name. If you have any questions concerning the Program's eligibility requirements, this application, or any other aspect of the Program, ask the staff at the HRDC office.

1. DEFINED TERMS

a. "Program" means: The General Relief Assistance Program
b. "Gross Income" means: the total of all income (taxable or not) received from all sources by the applicant and all household members including the applicants spouse and dependents in the twelve month period prior to making application. OR, all income (taxable or not) received from all household members for the past month. Gross income does not include food stamps and fuel assistance.
c. "Household" means: All the persons who occupy a housing unit (house or apartment), whether they are related to each other or not.

2. ELIGIBILITY CRITERIA

a. Applicants shall be limited to residents of Yellowstone County. An applicant who has previously been denied by the Program may not re-apply unless there has been a significant change in the application from the one denied.
b. The gross income of the applicant shall not exceed guidelines.

3. DISCLOSURE AND CONFIDENTIALITY STATEMENT

Certain information in the possession of the program must be made available to the Program funders for inspection after an application is received. This information includes the names of applicants, the amount, type and general terms of the assistance, assessments of financial condition at the time of the application, and records obtained by the Program in connection with any monitoring.

If an applicant desires to keep certain information confidential, the applicant must specify in writing which information he or she wishes to remain confidential and an explanation of the basis for the request that the information be kept confidential. Where the applicant asserts that the basis for the confidentiality is that release of the information could place an individual in circumstances which may put them at a disadvantage, the applicant must provide the Program with sufficient information to enable the Program to determine independently the likelihood of such a disadvantage. Applicants may wish to consult with their own attorney as to the scope of HRDC's rights and duties.

IMPORTANT – READ CAREFULLY

I have the right to request a review if not satisfied with the actions affecting my application.

Release of Confidential Information

I understand that you are expressly relying on information contained herein in deciding to approve this application. I warrant and represent that the information provided is true and complete. I agree to notify you promptly in writing upon any material change in the information provided herein, and further acknowledge that you will continue to regard this statement as true and complete until your receipt of such written notification. I authorize any individual, company, agency, or other entity which has information about me or my household to HRDC and/or to any agent or contractor of HRDC's which is authorized to determine eligibility for the General Relief Assistance Program. I authorize the disclosure or release of any information relevant to my eligibility for the General Relief Assistance Program. I understand any information obtained will be kept confidential and will be used only for the purposes directly connected with the administration of benefits or services and only during the pertinent time period. I further understand that any information obtained my be released or disclosed to a proper government agency, court of law, or law enforcement agency for purposes of legal investigative actions concerning fraud. I further understand that information contained on this application can be used in HRDC's electronic databases for the determination of eligibility for the program and/or to record services provided to my household for federal and/or state reporting purposes.

PENALTY WARNING: I SWEAR OR AFFIRM THAT THE STATEMENTS MADE ON THIS APPLICATION ARE TRUE AND CORRECT. MY SIGNATURE BELOW CERTIFIES THAT ALL INFORMATION PROVIDED ON THIS APPLICATION IS ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

Date: _____

Signature of Applicant: _____

Return to:

District 7 HRDC
7 North 31st St
Billings, MT 59101
(406)247-4710

DETERMINATION OF INFIRMITY

CLIENT NAME: _____ Social Security #_____

DIAGNOSIS: _____

_____

PROGNOSIS: ____Stable _____Progressing Rapidly _____Progressing Slowly

____Improving _____Recurring _____Permanent

Can be substantially reduced or removed by treatment: _____

1. In my medical opinion, a physical or mental disability exists: _____ YES ____ NO
2. The disability substantially impairs a life function described as: _____walking _____speaking

____hearing ____seeing ____cognitive ability ____psychological stability

and/or other _____, please specify.

3. The above impairment prevents the person from engaging in substantial gainful work:

_____ Yes _____ No

All three criteria must be present for the person to be considered infirm:

_____ This person is infirm _____ this person is not infirm

4. What is the degree of infirmity: _____

Considering the above criteria, this person is disabled: from _____ to _____

_____ Date: _____

Physician's signature

_____

Physician's Name (type or print)

Address City State Zip

I authorize my doctor to give medical information to District 7 Human Resources Development Council.

_____ Date_____

Signature

RENT VERIFICATION FORM

(THE LANDLORD OR OWNER MUST COMPLETE THIS FORM)

Renter's Name: _____

Physical Address: _____

City: _____ State: _____ Zip Code: _____

Number in Household: _____ Adults _____ Children

Date Move In: _____ [ ] House [ ] Apt # ____ [ ] Trailer/Mobil Home Lot # ____

[ ] Other _____

The rent [ ] is Subsidized (Section 8, HUD, Section 236)

[ ] is NOT Subsidized Renter's Deposit Obligation $ _____

Renter's Monthly Rental Obligation $ _____ 1st Month's Pro-rated $ _____

If the residence is shared, note the amount of rent paid be each adult:

Adult _____ $_____ Adult _____ $ _____

Does the renter work off any portion of the rent? [ ] Yes [ ] No

Actual dollar amount credited toward rent: $_____Hours worked for rent credit: _____

Does renter work for rent every month? [ ] Yes [ ] No

The rent: [ ] does NOT include heating/cooling cost

[ ] includes heating/cooling cost

If the rent includes heating/cooling cost, do you charge a flat fee for this utility?

[ ] Yes – Amount of fee: $_____ [ ] No

The renter is billed separately and responsible to pay for:

[ ] Heating/Cooling – Type of heating/cooling _____

[ ] Electric (other than heating/cooling, i.e., lights)

[ ] Water [ ] Sewer [ ] Garbage

Landlord/Owner's Printed Name _____Phone # _____

Landlord/Owner's Tax ID # /SSN #_____

Landlord/Owner's Address: _____

Signature: Date:

BASIC INTAKE FORM

DISTRICT VII HUMAN RESOURCES
7 NORTH 31ST STREET; P. O. BOX 2016
BILLINGS, MT 59103

(406) 247-4732 1-800-433-1411

HOUSEHOLD ADDRESS INFORMATION

Street Address:_____ Mailing Address:_____

City:_____ State:_____ Zip:_____ County:_____Home phone:_____

Message Phone:_____ Contact Name_____ Housing Type: ___ multi family ___ mobile home ___ single family ___ none

HOUSEHOLD MEMBER INFORMATION **Do you ___ rent or ___ own**

LAST NAME FIRST NAME MI	SOC. SEC. NUMBER	RELATIONSHIP TO HEAD OF HOUSEHOLD	BIRTH DATE M	D	YR	SEX	RACE	TRIBAL MEMBER YES/NO	VETERAN YES/NO	DISABLED YES/NO	HEALTH INSURANCE (CHECK ALL THAT APPLY)	LAST GRADE COMPLETED	EMPLOYMENT STATUS
1.		Head of Household									□ CHIP □ MEDICAID □ MEDICARE □ PRIVATE □ NONE		
2.											□ CHIP □ MEDICAID □ MEDICARE □ PRIVATE □ NONE		
3.											□ CHIP □ MEDICAID □ MEDICARE □ PRIVATE □ NONE		
4.											□ CHIP □ MEDICAID □ MEDICARE □ PRIVATE □ NONE		
5.											□ CHIP □ MEDICAID □ MEDICARE □ PRIVATE □ NONE		
6.											□ CHIP □ MEDICAID □ MEDICARE □ PRIVATE □ NONE		
7.											□ MEDICAID □ MEDICARE □ PRIVATE □ NONE □ CHIP		

RACE CODES
AI = Native American/Alaskan Native
AS = Asian
BL = Black – Not Hispanic
HB = Hispanic - Black
HI = Hispanic
OT = Other
UK = Unknown
WH = White – Not Hispanic
HW = Hispanic - White
PI = Pacific Islander

SEX CODES
F = Female
M = Male

EMPLOYMENT STATUS
N = Not Employed
F = Full-Time Employment
P = Part-Time Employment
R = Retired/Not Working

FOR OFFICE USE ONLY

HH# _____

ENTERED ON COMPUTER _____

PROGRAM INITIALS _____code: _____

OVER PLEASE

Basic Intake Form page 2

GROSS INCOME OF ALL HOUSEHOLD MEMBERS

Enter the requested information for all household members, regardless of age or relationship.
(Do not include Food Stamps or any other non-cash assistance programs below.)

MONTHLY INCOME

NAME OF PERSON RECEIVING INCOME	DATE	SOURCES OF MONTHLY INCOME (EXAMPLE – SOCIAL SECURITY, WAGES, AFDC, ETC.)	TOTAL GROSS INCOME FOR MONTH
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

READ CAREFULLY BEFORE SIGNING.
IF YOU DO NOT UNDERSTAND SOMETHING, ASK YOUR WORKER

- The collection of personal information on clients is essential to the provision of services at DIST. 7 HRDC: information is collected and stored in the agency Central Database System. Only HRDC and its funding sources access this information.

- The information I (we) give here is subject to verification by HRDC officials. If any information is incorrect, my application may be denied and I may be subject to the criminal penalties for knowingly providing incorrect information.

- I certify, under penalty or perjury, that all my answers are correct and complete to the best of my knowledge, including information about each household member.

Head of Household Signature_____ Date ___/____/____