

DEKALB TOWNSHIP GENERAL ASSISTANCE OFFICE

Mary Hess, Supervisor

2323 S. Fourth Street
DeKalb, IL 60115

Phone: (815) 758-8282
Fax: (815) 758-0124

ATTENTION: PLEASE READ COMPLETELY

If you re requesting Financial Aid to meet basic maintenance needs on a monthly basis (General Assistance), there are a few things you need to understand before you begin the application process.

- General Assistance (GA) is a public assistance program mandated by state law for qualified individuals with financial needs.
- GA can provide financial assistance (needs based) to help individuals meet basic needs by direct vendor payment and/or gift cards.
- Eligibility for the GA program is based on income, assets, residency, and cooperation with the program
- An applicant must have no minor children under 18 unless applicant is the non-custodial parent.
- Applicants must apply for all benefits they may be entitled to. This includes Unemployment, TANF (cash assistance), SNAP (food assistance), Child Support (if this applies to you), Etc.
- *The General Assistance program has work requirements. Please refer to the following documents in this application for more information: Assistance Job Search Requirements, Notice of Rights and Responsibilities of Community Work Program Participants, and Agreement to Participate in the Community Work Program.*
- If you are unable to work due to disability, medical documentation, and proof of filing for disability and/or SSI are required.
- Documents on the Verification Request Form (included in application) are required by the State of Illinois General Assistance Handbook and are required to make a determination of eligibility.
- Applicants must meet all financial and non-financial eligibility requirements.
- Individuals approved for GA are required to participate in monthly redeterminations.
- Noncooperation with program guidelines may result in discontinuation of benefits.
- General Assistance and Emergency Assistance cannot be issued at the same time.

How to Apply for Assistance

1. Fill out the application documents as completely as possible. Sign all documents. If you need assistance with completing the application, call us at 815-758-8282 and we will schedule a time to assist you.
2. Collect all documents listed on the Verification Request Form (included in your application).
3. When you have completed steps 1 and 2, call the General Assistance Office to schedule an applicant interview. Bring completed application and all documents to the interview.

APPOINTMENT POLICY: Your appointment is scheduled at a set time. If you are more than 15 minutes late, you will need to reschedule your appointment by calling our office at 815-758-8282

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VERIFICATION REQUEST FORM

CLIENT: _____

In order to process your application, the following verifications are required if they pertain to you. You **MUST** apply for all other benefits available to you before you apply for Township assistance. If you receive SSI or TANF, you are not eligible for Township funds.

1. Application completed with date and signature
2. Assets: Crypto-Currency, Stocks, Bonds, CD's, 401(k), Money Markets, Annuities, Pension, Life Insurance, etc.
3. Bank Statements for all accounts (checking, savings, credit union, prepaid bank card, online accounts, cash apps, etc.) held individually or jointly for the last 30 days
4. Birth Certificates or US Passports for all household members or Legal Permanent Residency Card or Naturalization Certificate if born outside the US
5. Child Support application verification, if applicable
6. DHS award letter or application receipt for AABD, RRP, TANF (cash assistance), SNAP and/or Medicaid/Medical Card
7. Doctor's verification if you are medically unable to work
8. Marriage Certificate, Divorce Decree or Legal Separation documents, including Child Support Order
9. Prison, Parole or Probation Records
10. Proof of Address (Lease/Mortgage statement in your name), AND 5-Day Notice, and/or Landlord Ledger
11. Proof of all household income for the last 30 days (earned and unearned): Paystubs, gifts from friends and/or family, Social Security, Child Support, Pensions, Worker's Compensation, etc.
12. Proof of Hardship statement for Emergency Assistance applicants
13. Social Security/SSI/SSDI Award Letter or application receipt
14. Title or registration for vehicles if you own more than one
15. Unemployment Insurance Benefits registration or payment verification and Illinois Job Link registration
16. Utility Bills (Com Ed, Nicor (if applicable), Water)
17. Valid Photo ID for each adult in the household and Social Security Cards for all household members

Signature: _____ Date: _____

Issued By: _____ Date: _____

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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 you 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: _____



APPLICATION FOR GENERAL ASSISTANCE

City or Township: _____ Date Issued: _____
 County: DeKalb Date Returned: _____
 Record Number: _____

Information required in this application applies to the head of the family and all dependents for whom the application is made.

1. General Information

Last Name: _____ Phone: _____
 Husband's First Name and Middle Initial: _____ Wife's First Name and Middle Initial: _____

Other Names or Spellings: _____

Address: _____ Date Moved In: _____ Monthly Rent: _____

Previous Three Addresses (including city and state):

Address 1: _____ Date Moved In: _____

Address 2: _____ Date Moved In: _____

Address 3: _____ Date Moved In: _____

My family and I have lived in this township since _____ this county since _____
 and this state since _____

Our last address before moving to Illinois was _____

I am now asking for assistance for myself and the following members of my family, who reside with me.

Name			Date of Birth			Birthplace		Relationship	Illinois Department of Employment Security Registration Number	Social Security Number
First	Middle	Last	Month	Day	Year	City	State			
								Self/ Applicant		

In addition to those listed above, the following relatives, boarders, lodgers and other persons, for whom I am not seeking assistance, are living in the same house.

Name			Age	Relationship	Present Means of Support	Amount Paid Monthly for Board, Lodging, or Share of Household Expenses
First	Middle	Last				

2. Why do you need assistance?



APPLICATION FOR GENERAL ASSISTANCE

3. Personal and Occupational Information

Marital Status: Married Single Widowed Divorced Separated Deserted

If married, date of marriage: _____ Location of Marriage: _____

If separated, state reason: _____

The present address of my spouse, with whom I am not living, is: _____

Is there a court order for child support? Yes No

Living Arrangement: Rent Own

If rent, Landlord's Name: _____ Landlord's Address: _____

Related to Landlord? Yes No If related, relationship to landlord: _____

Military Service: Does any member of your family have current or previous military service? Yes No

If "Yes", who has current or previous military service? _____

Date of Enlistment: _____ Date of Discharge: _____ Serial Number: _____

If family member has current/previous military service, he/she:
 received Adjusted Compensation did not receive Adjusted Compensation receives pension or other income from such service does not receive pension or other income from such service

Past Employment: List last employer and two longest term employers for applicant and any other family member with work history.

Family Member	Name and Address of Employer	Type Work	Monthly Wage	Start Date	End Date	Reason for Leaving

Present Income and Other Financial Information: Fill in every blank. If none, write "None".
Resources:

Sources	Person Receiving	Employer's Name and Address or Description of Resource	Weekly Amount
Employment: Salary			
Employment: Commissions			
Profits from: Business			
Profits from: Employment in Home			
Profits from: Sales			
Other: (specify)			

Public Assistance and Related Public Benefits

Sources	Person Receiving	Amount	Source	Person Receiving	Amount
TANF			RSDI		
AABD			Other		
General Assistance			Other		



APPLICATION FOR GENERAL ASSISTANCE

Other Cash Resources

Sources	Name of Person	Amount	Sources	Name of Person	Amount
Cash on Hand			Lodges/Unions		
Savings			Annuities		
Bank Accounts			Alimony/Child Support		
Unemployment Benefits			Estates/Court Orders		
Worker's Compensation			Friends/Relatives		
Veteran's Benefits			Government Bonds		
Other Income			Other Income		

Banks Accounts Held by Any Family Member

Family Member Holding Account	Name and Address of Bank	Amount of Deposit or Date of Last Withdrawal

Safety Deposit Boxes Held by Any Family Member

Family Member Holding Box	Location of Box	Contents

Personal Property (i.e., securities, stocks, bonds, jewelry, livestock) Held by Any Family Member

Owned By	Description	Present Sale Value

Real Estate Owned, in Whole or Part, by Any Family Member

Recorded Owner	Address	Description	Present Value	Date Purchased	Date Last Taxes Paid	Amount Last Taxes Paid	Present Monthly Income

Vehicles and Farm Equipment Owned by Any Family Member

Owner	Year	Make	Model	Date Purchased	License Number	Year Issued	Present Sale Value



APPLICATION FOR GENERAL ASSISTANCE

Life Insurance Policies, Current or Lapsed, Held by Any Family Member

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

Medical, Hospital, Surgical, or Other Health Benefits Available to Any Family Member

Name of Company	Type of Coverage	Annual Premium

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 telephone 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 is too ill, or otherwise mentally or physically unable to complete an application, this application may be filed by the spouse, parent, child, adult sibling, 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 read this application for General Assistance and declare under penalties of perjury that, to the best of my knowledge and belief, the information supplied in this application and all accompanying statements 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 any new or additional income or resources. Further, I hereby authorize any person, bank, firm, corporation, transfer agent, agency, institution or the Department of Human Services to furnish the Supervisor of General Assistance whatever information that may be requested relative to accounts, deposits, investments, securities, Railroad System Disability Income benefits, or business of any kind whatsoever.

Applicant _____ Date: _____ Spouse _____ Date: _____
Signature: _____ Signature: _____

I hereby make Application for General Assistance on behalf of 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/her income, assets and resources.

Applicant: _____ Applicant Representative Signature: _____

Applicant Representative Address: _____ Relationship to Applicant: _____

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

MONTHLY BASIC NEEDS ASSISTANCE

- General Assistance (GA) provides monthly assistance for basic maintenance needs, including shelter, utilities, food (even if you receive Food Stamps), personal essentials (soap, shampoo, toothpaste, etc.), household supplies (laundry soap, detergent) and clothing. If you have certain allowable special needs, such as a therapeutic diet, amounts may be provided for your special needs.
- The maximum amount of monthly benefits for basic maintenance needs will depend upon the size of your assistance unit, who is in the assistance unit and whether you have any income. You are herewith receiving a written copy of those payment levels which you should keep. However, you may not receive the maximum amounts if you have any income or if you do not have a sufficient need for a certain basic maintenance need.
- You will not receive cash. If approved, the General Assistance Office will issue "disbursing orders" to vendors to supply you with goods and services. Every month you will be issued disbursing orders totaling the amount of your grant. The disbursing orders may only be used to obtain the basic maintenance needs for which you have been approved.

I acknowledge receiving a copy of this Notice of Benefits and a copy of the General Assistance Office's payment levels for basic maintenance items this _____ day of _____, 20 ____.

Signature: _____

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY

Case Name: DeKalb Township

Case #: 24GA02639

Notice of Benefits Given On: 4/26/2024

Notice of Benefits Given By: Casey Bachochin

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**AGREEMENT TO COOPERATE WITH
SPECIAL SERVICE REFERRALS**

I, _____, am (an applicant for / a recipient of) General Assistance (GA), I hereby agree to participate in and cooperate with any special service referrals by the General Assistance Office. I acknowledge that the General Assistance Office's participation and cooperation requirements have been explained to me and I understand that I am required to participate and cooperate in good faith with any special service referrals for medical, psychological, vocational or other services which are designed to enhance and increase my ability to secure and keep gainful employment. I also acknowledge that I am aware that such participation and cooperation includes arriving at the scheduled time and remaining until the services have been rendered by the designated provider and that any unauthorized departure will constitute a missed appointment and non-cooperation.

I understand that my failure or refusal to comply with my obligations or any of the requirements under the Community Work Program will result in a denial of my Application for General Assistance or a termination of my General Assistance benefits and may also result in my being ineligible for General Assistance for a period of 90 days.

Signature: _____ Date: _____

Address: _____

Phone: _____

Witness: _____ Date: _____

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ASSISTANCE JOB SEARCH REQUIREMENTS

The Public Aid Code, State of Illinois, requires unemployed General Assistance individuals to register for work, to seek work, to accept jobs, and to participate in work programs as a condition for assistance. The General Assistance Job Search Program is administered by DEKALB TOWNSHIP.

The General Assistance Job Search Program consists of the following:

JOB SEARCH: After your application for General Assistance is approved, you will be required to look for employment on your own. You will be required to make at least **20** employment applications every month. You will be required to fill out a Job Search Form including the company phone number.

We will accept half of the required applications as on-line applications, but only if verification is provided that application was filed an accepted. If you apply at a local business, and they instruct you to apply through the internet, have the business stamp the job search sheet and indicate on-line application required and you must run off the verification of an on-line application and supply with your job search sheet.

COOPERATION: A General Assistance client must:

- **Maintain current registration for employment with IDES**
- **Turn in a Job Search Form every due date**
- **Accept a job referral or offer as a condition of GA eligibility**
- **Report when he/she finds a job**

APPLICANTS/RECIPIENTS: Failure to do so will result in **DENIAL OF THE APPLICATION OR THE TERMINATION OF THE ASSISTANCE** and you will be **INELIGIBLE** to receive **GENERAL ASSISTANCE** for a period defined by the **GENERAL ASSISTANCE OFFICE**.

I UNDERSTAND THE ABOVE AND AGREE TO THE STIPULATIONS.

Signature: _____ Date: _____

Client: _____

Address: _____

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**NOTICE OF RIGHTS AND RESPONSIBILITIES OF
GENERAL ASSISTANCE APPLICANTS AND RECIPIENTS**

As an applicant or recipient of General Assistance (GA), you have certain **rights**.

- You have the right to apply for GA at any time. Application must be in writing and must contain at least your name, mailing address and signature. Should you desire, you may get help in filling out the application form. Your application must be submitted to the General Assistance Office, however, you may do this by mail.
- You have the right to be treated with courtesy, consideration and respect. You also have the right not to be discriminated against or denied GA because of race, religious belief, color, sex, marital status, sexual preference, national origin, age, handicap or political affiliation. If you feel that you have not been treated courteously or that you have been discriminated against, you have the right to complain to the General Assistance Office without retaliation.
- You have the right to look at the General Assistance Handbook used by the General Assistance Office to determine eligibility and payment amounts. You have the right to ask questions about your case and to examine your case file at a reasonable time in the presence of a representative of the General Assistance Office.
- Under most circumstances, you have the right to prevent the General Assistance Office from disclosing information about your case to anyone.
- Finally, you have the right to appeal any action, inaction or decision of the General Assistance Office with which you disagree.

As an applicant or recipient you also have certain **responsibilities**. Your failure or refusal to fulfill these responsibilities could result in a denial or termination of General Assistance benefits.

- You must provide the General Assistance Office with any information necessary to determine if you are eligible for GA. You must also permit the General Assistance Office access to any information necessary to determine your eligibility. You must cooperate with the General Assistance Office in obtaining this information at any time, even after you have been approved for General Assistance.
- You must keep all scheduled appointments with the General Assistance Office. Unless exempt, you must actively seek work, register every 30 days with the Illinois Department of Employment Security and participate in the Community Work Program.
- You must also advise the General Assistance Office immediately of any changes in your circumstances, such as a change of address, income, assets or household composition, which might affect your eligibility for General Assistance.
- You have a responsibility to utilize all resources at your disposal and to apply for any benefits for which you might be eligible. If the General Assistance Office refers you to another office or agency to apply for benefits or receive training, you must accept and follow-up such referral in good faith.

I acknowledge receiving a copy of this Notice of Rights and Responsibilities this _____ day of _____, 20 ____.

Signature: _____

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY

Case Name: _____

Notice of Rights Given On: _____

Notice of Rights Given By: _____

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**NOTICE OF RIGHTS AND RESPONSIBILITIES OF
COMMUNITY WORK PROGRAM PARTICIPANTS**

As a participant in the Community Work Program, you have the following rights and responsibilities.

RIGHTS

1. To be notified of a work or training assignment at least 24 hours in advance of the time the work or training assignment is scheduled to begin.
2. To be required to work no more than 8 hours a day and 40 hours a week.
3. To be required to work only enough hours as are sufficient to offset the amount of your monthly General Assistance benefits, based on the prevailing minimum wage.
4. Not to be required to perform work or engage in training involving a substantial threat to your health or safety.
5. To be paid by a sponsor at no less than the prevailing minimum wage if you work for a sponsor more than 8 hours a day, 40 hours a week or beyond the hours you are required to work by the General Assistance Office.
6. To be provided with proper and safe clothing and equipment to perform any work or engage in any training.
7. To be treated like a regular employee or trainee.
8. Not to be discriminated against because of your race, religious beliefs, color, sex, marital status, sexual preference, national origin, age, handicap or political affiliation.
9. To appeal any action, inaction or decision of the General Assistance Office with regard to your participation in the Community Work Program.

RESPONSIBILITIES

1. To sign an Agreement to Participate in the Community Work Program.
2. To participate in and cooperate with the Community Work Program.
3. To timely keep all Community Work Program appointments and interviews.
4. To accept training and work assignments from the General Assistance Office.
5. To make at least twenty (20) job applications a month if you participate in the JSTW program.
6. To report for work or training every day you are scheduled for work or training and not leave a worksite or training site without permission.
7. To contact both the General Assistance Office and the sponsor if you cannot or will not report for work or training.
8. To submit to a complete physical and mental examination at the request of the General Assistance

(NEXT PAGE)

Office.

9. Not to use drugs or alcoholic beverages at a worksite or training site and not to report for work or training in an unfit condition because you took drugs or alcohol.
10. To comply with all orders and directions by those in charge at a worksite or training site.
11. To comply with all worksite and training site rules.
12. To report on time for all work and training assignments.
13. To cooperate and get along with people at a worksite or training site.
14. Not to endanger yourself or others at a worksite or training site.
15. To comply with all municipal ordinances and state and federal laws while at a worksite or training site.
16. To immediately report all worksite and training site accidents and injuries to the General Assistance Office.
17. To satisfactorily complete all work and training assignments.
18. To provide a doctor's statement for all occasions you fail to report, leave or are excused from work or training because of illness or disease.
19. To make-up all work and training hours lost because you were excused from work or training.
20. To notify the General Assistance Office when problems or disputes arise at a worksite or training site.
21. To sign an Agreement to Cooperate with Special Service Referrals and to participate in and cooperate with any special service referrals.

I acknowledge receipt of a copy of this Notice of Rights and Responsibilities of Community Work Program Participants.

Signature: _____ Date: _____

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY

Case Name: _____

Case #: _____

Notice of Rights Given On: _____

Notice of Rights Given By: _____

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DeKalb Township General Assistance Application and Redetermination Appointment Policy

I understand that I have a responsibility to keep my appointments with the General Assistance Office (GAO) and any agency to which the GAO has referred me and to be on time for those appointments.

I understand if unable to keep my appointment, I must personally contact the GAO to reschedule the appointment within 24 hours prior to the scheduled appointment time. Failure to do so, will be considered a "No Call/No Show" which may result in a denial of my application for assistance or a sanction for up to 90 days of termination of assistance. If I arrive 10 minutes or more late to my appointment, I will be considered a "late arrival" and will have to reschedule my appointment for a later date with my case manager. Appointments may not be rescheduled more than once without approved documentation. This stipulation applies to all verbal and written appointments.

If I know I have a prior commitment on the date of the scheduled appointment, it is my responsibility to contact my case manager as soon as possible to reschedule my appointment. If I can provide verification of the conflict, my case manager may exempt me from the appointment for that date.

If I have not received an appointment letter or made an appointment verbally with my case manager, it is my responsibility to check with the General Assistance Office to determine if there has been an oversight. Unreceived mail will not be considered a valid reason for missing an appointment.

FAILURE TO ADHERE TO THESE POLICIES WILL BE CONSIDERED MISSING AN APPOINTMENT AND THE APPLICATION WILL BE DENIED. IF MY REDETERMINATION IS TERMINATED DUE TO MISSING APPOINTMENTS, I WILL BE SANCTIONED FOR UP TO 90 DAYS. IF I AM DENIED OR TERMINATED, I MUST REAPPLY WITHIN THE APPROPRIATE TIME LIMITS IF I WISH TO RECEIVE BENEFITS IN THE FUTURE.

Applicant's Signature

Date

Witness's Signature

Date