

COUNTY USE ONLY:

Date Application Received: _____

Lien Instrument #: _____

Filing Date: _____

UCC Filing Date: _____

COUNTY ASSISTANCE APPLICATION

Type of help requested:

Past Due Mortgage _____; **Eviction** _____; **Disconnection of Utility** _____; **Fuel** _____
Medications _____; **Medical Insurance Premiums** _____

Burial of _____; **Cremation of** _____

(Name of deceased)

(Name of deceased)

Name of mortuary _____; Name of cemetery _____

Date of Birth _____; Date of Death _____;

Deceased's Social Security No. _____;

Deceased's previous physical address _____;

How long had the deceased previously resided in Minidoka County? _____

Deceased's next of kin: _____

Will there be a probate? YES / NO

Does the deceased have an interest in:

Bank accounts? YES / NO

Life Insurance Policy? YES / NO

Real Estate? YES / NO

Retirement accounts? YES / NO

Vehicles? YES / NO

Any other assets? YES / NO

Before aid can be given for mortgage, eviction, utilities, and fuel:

- Evidence of need, indigency and residence shall be supplied to the county.
- Applicant and all household members who are not fully employed and are capable of employment, is requested to file an application with the department of employment, use their best efforts to seek employment, and provide verification of such efforts to the county.
- If any household member of employable age is disabled or unable to work due to medical reasons, you shall provide proof of receiving SSD or submit a medical statement certifying any inability to work.
- Individuals voluntarily removing themselves from the work force may be denied assistance.
- No county shall be obligated to provide services to persons who have become ineligible for cash assistance by exhaustion of lifetime limits for such benefits or by noncompliance with their personal responsibility contract as defined by rules of the department of Health and Welfare.
- If federal, state or other programs or assistance are available to meet the needs of a household, an eligible applicant must apply for those programs before assistance may be provided. If denied such assistance, the applicant must pursue available administrative appeals for those programs to the final administrative level.
- Provide photo identification.
- On the back of this application, write a brief description of what caused you to be in this situation, how you will be able to pay your bills next month, who referred you to us, and where you have previously applied for help.
- Failure to comply shall result in denial of the requested assistance.

Reimbursement Agreement

I/We understand and agree to reimburse Minidoka County, State of Idaho, for any expenses incurred for assistance that which has been requested on my/our behalf and received, heretofore or hereafter. I/We understand that reimbursement includes, but is not limited to my/our estate.

I/We agree to begin making **monthly payments** as determined by the Board of County Commissioners if my/our application is approved.

I/We agree to increase the rate of reimbursement or make lump sum payments consistent with any ability to pay when additional resources become available, including but not limited to yearly state and federal **tax refunds**.

I/We agree to immediately **notify** a representative of Minidoka County Assistance of any subsequent change of circumstances relative to my/our application for county aid.

I/We acknowledge and understand that Minidoka County may turn this reimbursement agreement over to its Collections Agency if I/We fail to make payments as required by this agreement.

I/We acknowledge and agree to allow Minidoka County to place a **lien** against my/our real and personal property.

I/We also acknowledge that with regards to burial or cremation, Minidoka County may place a **lien** against any real and personal property of the deceased.

DATED this _____ day of _____, 2_____.

Name

Name

PERSONAL INFORMATION (Please circle appropriate response)

<u>PATIENT/APPLICANT</u>						
First Name	Middle Initial	Last Name	Date of Birth		Social Security #	
Other Names Used:						
Physical Address		City	State	County	Zip Code	
Mailing Address (if different)		City	State	County	Zip Code	
Home Phone Number			Message Number:			
Marital Status (circle one): Single Married Separated Widowed Divorced						
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other If legal alien, please provide alien registration number: Name of Sponsor:			Veteran: YES / NO Type of Discharge: V.A. ID #:			
Are you registered to Vote: YES / NO If YES, what state/county?			Are you licensed to Drive: YES / NO If YES, what state?			
<u>SPOUSE/SIGNIFICANT OTHER</u>						
First Name	Middle Initial	Last Name	Date of Birth		Social Security #	
Other Names Used:						
Physical Address		City	State	County	Zip Code	
Home Phone Number			Message Number:			
<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien <input type="checkbox"/> Other If legal alien, please provide alien registration number: Name of Sponsor:			Veteran: YES / NO Type of Discharge: V.A. ID #:			
Are you registered to Vote: YES / NO If YES, what state/county?			Are you licensed to Drive: YES / NO If YES, what state?			
List the name, address, and phone number of a person <i>outside</i> your household who is aware of your circumstances:						
Name: _____			Relationship: _____			
Address: _____			Phone Number: _____			

HOUSEHOLD

Complete the following information for all persons residing in your home. *(Attach additional pages if needed)*

Name	Relationship to Patient/Applicant	Date of Birth Mo/Day/Yr	Sex	Marital Status	Social Security # or Alien #
	SELF				

HEALTH INSURANCE/OTHER ASSISTANCE

- 1. Is anyone in your household covered by Health Insurance, Medicaid and/or Medicare? YES / NO
- 2. Did you or anyone in your household have health insurance in the last 6 months? YES / NO
- 3. Did you or anyone in your household have health insurance in the last 60 days? YES / NO
- 4. Did anyone in your household have a job in the last 90 days but is now unemployed? YES / NO
- 5. If no longer employed, were COBRA Benefits available? YES / NO
 Date employment ended _____ Have you received COBRA forms? YES / NO
- 6. Do you or anyone in your household have insurance available through school? YES / NO
- 7. Has a court ordered anyone to pay medical expenses or provide health insurance for anyone in your household? YES / NO

If you answered YES to any of the questions listed above, complete the table below.

Eligible Person(s)	Subscriber	Insurance Company Name	Policy Number

- 8. Are you or anyone in your household an enrolled member of a Native American Tribe? YES / NO
 If YES, who? _____ Name of Tribe: _____
 If YES, phone number of Tribal Council/BIA offices for this tribe: _____
- 9. Have you or anyone in your household ever been disqualified from an assistance program? YES / NO
 If YES, list names of persons disqualified, program, and date. _____
- 10. Do you or anyone in your household have actions pending from which money may be received such as lawsuits, inheritance, accident claim, insurance settlement, etc.? YES / NO
- 11. Have you or anyone in your household ever been approved for county assistance in Idaho? YES / NO
 If YES, which county and when? _____
- 12. Have you or anyone in your household applied for Medicaid, SSI, or Crime Victims in the past year? YES / NO
 If YES, name of program, date filed _____

RESIDENCY

During the last five years I have lived at the following places of residence: *(Attach additional pages if needed)*

Physical Address	Dates of Residence	Landlord
1. Street: City: State: County:	From: To:	Name: Phone #:
2. Street: City: State: County:	From: To:	Name: Phone #:
3. Street: City: State: County:	From: To:	Name: Phone #:
4. Street: City: State: County:	From: To:	Name: Phone #:
5. Street: City: State: County:	From: To:	Name: Phone #:

INCOME

EARNED INCOME

Employment Information. *(Attach additional pages if needed)*

PATIENT/APPLICANT				SPOUSE/SIGNIFICANT OTHER			
Current Employer		Phone		Current Employer		Phone	
Address	City	State	Zip	Address	City	State	Zip
Hours/Week	Hourly Rate	Monthly Gross		Hours/Week	Hourly Rate	Monthly Gross	
List Dates of Employment:				List Dates of Employment:			
Previous Employer:				Previous Employer:			
Address	City	State	Zip	Address	City	State	Zip
Hours/Week	Hourly Rate	Monthly Gross		Hours/Week	Hourly Rate	Monthly Gross	
List Dates of Employment:				List Dates of Employment:			

UNEARNED INCOME

Are you or anyone in your household receiving income from any of the following sources? Please circle your response.

Social Security	YES / NO	Workers Compensation	YES / NO	Unemployment	YES / NO
SSI	YES / NO	Veteran's Benefits	YES / NO	Retirement	YES / NO
Child Support/ Alimony	YES / NO	Tribal/BIA Assistance/ Commodities	YES / NO	Gifts/Loans	YES / NO
Interest/ Dividends	YES / NO	Insurance Settlements	YES / NO	Contributions	YES / NO
Rental/Escrow Payments	YES / NO	State Cash Assistance	YES / NO	Church	YES / NO
Income Tax Refunds/ Earned Income Credit		Inheritance/Trust		Energy Assistance	YES / NO
		Payments	YES / NO	Food Stamp Benefits	YES / NO
			YES / NO	Other	YES / NO

If you circled YES to any of the above, please complete the information below.

Source of Unearned Income	Person Receiving Income	Amount Received

RESOURCES

FINANCIAL ASSETS

Complete the following information regarding any items that you or your spouse/significant other have or on which either of your names appear.

Description	Circle One	Names on Account	Bank Name/ Location	Account Number	Amount/Value
Cash	YES / NO				
Checking Acct.	YES / NO				
Other Checking	YES / NO				
Line of Credit	YES / NO				
Savings Acct.	YES / NO				
Certificates of Deposit	YES / NO				
Stocks/Bonds	YES / NO				
Mutual Funds	YES / NO				
Trusts/Annuities	YES / NO				
Retirement (IRA, 401K, etc.)	YES / NO				
Credit Cards	YES / NO				
Other	YES / NO				

REAL/PERSONAL PROPERTY

Real/Personal Property	Circle One	Description	Market Value	Amount Owed	Equity
Home Residence	YES / NO				
Manufactured Home: Year/Make/Model	YES / NO				
Land	YES / NO				
Rental Property	YES / NO				
Vehicle: Is It Licensed: Used for Business:	YES / NO YES / NO YES / NO				
Other Vehicle: Is It Licensed: Used for Business:	YES / NO YES / NO YES / NO				
Recreational Vehicle/ Trailer/Camper/Other	YES / NO				
Livestock	YES / NO				
Tools of Trade	YES / NO				
Mining Claims	YES / NO				
Burial Plots	YES / NO				
Life Insurance	YES / NO				
Other	YES / NO				

Have you or your spouse sold, traded, given away, or put into a trust, money or any resources within the last year? YES / NO **If YES, complete the information below. (Attach additional pages if needed)**

Description	When Sold	Amount Received

CURRENT MONTHLY HOUSEHOLD EXPENSES

Description	Monthly Amount	Past Due	Balance Due	County Use Only
Rent/Mortgage To: Subsidized: YES / NO				
Space Rent To:				
Food/Other Special Food Needs				
Non Food				
Utilities: Heat Source				
Electricity				
Water: Sewer/Trash:				
Telephone (Base Rate)				
Other				
Insurance: Health/Accident				
Home				
Life				
Auto				
Transportation – Car Payment: To:				
Fuel				
Maintenance				
Alternate (i.e. bus, taxi)				
Previous Medical:				
Doctors				
Hospitals				
Medications				
Other				
Taxes: Payroll				
Property				
Education Expenses				
Child Care: Subsidized YES/ NO				
Dues and Tithing				
Court Ordered: Child Support				
Garnishment				
Fines				
Contract/Credit Card Payments				
Other:				
Other:				
Total Expenses				

COUNTY USE ONLY		
Total Monthly Income	Total Allowable Monthly Expenses	Balance Available

I/we, _____, will fully cooperate with and will supply all information requested to the representative of _____ County in order that my/our application can be acted upon within a reasonable time

I/we understand that the county may record a lien on my/our real and personal property and that I/we will be required to reimburse the county for any expense which I/we have requested or has been requested on my/our behalf.

I/we hereby certify under penalty of perjury that the information contained in this application for county assistance is true and correct to the best of my/our knowledge.

DATED this ____ day of _____, 200__.

Signature of Applicant

Signature of Spouse

If by a third party applicant on behalf of the applicant:

By _____
Signature of Third Party Applicant

Printed Name of Third Party Applicant

Relationship to Applicant: _____ Phone: _____

STATE OF IDAHO)
):
County of _____)

On this ____ day of _____ 200__, _____ personally appeared before me _____, and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument and acknowledged to me that he/she/they executed the same.

Subscribed and sworn before me:

(SEAL)

Notary Public for the State of Idaho
Residing at: _____
My Commission Expires On: _____

RELEASE OF INFORMATION

I/we also request my/our relatives, banker(s), credit union(s), physician(s), hospital(s), creditor(s), and any other persons or organizations including the State Department of Health and Welfare, Social Security Administration, public health districts, Veterans Administration, Crime Victims Compensation Program, utility companies or departments, law enforcement agencies, courts, Idaho Department of Labor, or employer(s), having any information concerning me/us or my/our circumstances to provide the information to such representative of _____ County, inasmuch as it is pertinent to this application.

I/we hereby authorize _____ County and its representatives to release pertinent information regarding this application, the contents thereof and action taken thereon to all parties of interest as provided by Chapter 34, Title 31, Idaho Code. I/we acknowledge that my/our indigency application waives any confidentiality granted by state law to the extent necessary to carry out the intent of Idaho Code Title 31, Chapter 34 regarding such applications. I/we hereby authorize a copy of this agreement to be used when necessary and give it full force as the original.

I/we understand that I/we may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that unless consent is sooner revoked; this release is valid as long as it is pertinent to this application.

DATED this ____ day of _____, 200__.

Signature of Applicant

Signature of Spouse

STATE OF IDAHO)
):
County of _____)

On this ____ day of _____ 200__, _____ personally appeared before me _____, and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to this instrument and acknowledged to me that he/she/they executed the same.

Subscribed and sworn before me:

(SEAL)

Notary Public for the State of Idaho
Residing at: _____
My Commission Expires On: _____