

APPLICATION FOR GENERAL ASSISTANCE

After you complete the application, email it to HSGeneralAssistance@Douglas.co.us along with any supporting documentation. Complete applications with all the needed documentation to support your request will speed up the process.

<i>What do you need help with? Please mark what you need</i>	
Burial	Help paying the cost of cremation or burial. <i>Complete form for deceased.</i> Name of Applicant: _____ Relationship to deceased: _____
Housing	For persons needing help preventing an eviction or obtaining housing. <i>Copy of bill required</i> <i>Typically, the average amount of assistance available is \$350.00</i> I currently Rent Own my home Cost per month \$ _____ I can pay \$ _____ I need \$ _____ For _____
Utility or Water	One-time help paying the cost of necessary utility or water bills. <i>Copy of bill required</i>
Other	One-time emergency help to address issues of health, safety and/or well-being.

Have you asked other agencies or organizations to help your household? Yes (If Yes, tell us below of the help) No

First Name	Middle Initial	Last Name	Social Security Number		
Home Address		City	State	Zip	Phone Number
Email Address					
I am (select one) Single Divorced	Married Widow	Are You Homeless? Yes No	Are you a Veteran? Yes No	Are you a Douglas County Resident? Yes No	

Household Composition

Including yourself, list all persons currently living at the address above

Name	Date of Birth	Relationship to Applicant
		Self

HOUSEHOLD INCOME

Is anyone in your household working? Yes No When did you last receive income?

Earned & Unearned income, *i.e.* Child Support, Unemployment, Gifts/Loans, Retirement/Pension/OAP/and/TANF/SSA/SSI/SSDI, etc.
Proof of income (pay stubs, etc.) received in the last 30 days must be provided

Name of person who has income	Where does the money come from? If employed, give employer's name	MONTHLY INCOME AMOUNT (before taxes)

Checking / Savings Account and Current Balances	
Name of Bank/Financial Institution	Current Balance

Affidavit of Legal Residency

I, _____, swear or affirm under penalty of perjury under the laws of the State of Colorado that (check one box only):

- I am a United States citizen or,
- I am a Permanent Resident of the United States, or
- I am lawfully present in the United States pursuant to Federal Law

I understand that this sworn statement is required by law because I have applied for a public benefit or I am a sole proprietor entering into a contract or purchase order with the State of Colorado. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit or prior to entering into a contract with the State. I further acknowledge that making a false, fictitious, or fraudulent statement or representation to this sworn affidavit is punishable under the criminal laws of Colorado as perjury in the second degree under CRS 18-80503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Authorization for Release of Information

By signing this application, I understand that I am allowing Douglas County Human Services to get records as needed from financial institutions, past and present employers, physicians, healthcare providers, hospitals, schools, utility companies, loan companies and other human services programs in order to provide documentation or verify information I have given to the agency. I am also allowing the agency to receive documentation and information from other persons or agencies not previously mentioned. I release these persons, agencies, or institutions from all liability for supplying such information pertaining to me or members of my household listed on page one of this application. I hereby release Douglas County Human Services from any and all liability for supplying such information. This authorization is given to Douglas County Human Services in administering the General Assistance Program and may be used to verify information presented on this or any other application for assistance.

Initial for consent _____

The Douglas County General Assistance Program is intended to help with the one-time emergency need to address issues of health, safety and/or well-being. To be eligible for this help, applicants must show how they can meet their future expenses. Please tell us your need & plan for meeting your basic living expenses going forward:

I hereby affirm that the information provided on this application is true and accurate. I authorize the Douglas County Department of Human Services to make all appropriate inquiries of my application as may be necessary to determine need.

I hereby affirm that all General Assistance benefits that I am awarded will be used in accordance with the laws and rules of Colorado and in the manner intended.

Signature: _____

Date: _____

Signature: _____

Date: _____

(Spouse or Partner)



DEPARTMENT USE ONLY:	Systems Check: previous GA _____
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GA Case # _____

Case Name _____

Application Denied *explain*

Staff Signature

Date

Application Approved

Rent	<input type="checkbox"/>	Walmart CG	<input type="checkbox"/>
Utilities	<input type="checkbox"/>	King Soopers CG	<input type="checkbox"/>
Burial	<input type="checkbox"/>	Other (explain)	<input type="checkbox"/>

General Assistance

\$ _____

TANF-Eligible (client is not on an active BCA case)

\$ _____

Adult Protection (client has an open AP case or is at risk)

\$ _____

Child Welfare (Client has an open CW case or is at risk)

\$ _____

Staff Signature

Date

Payee Name: _____

Payee Address: _____

Payee Phone: _____

Payee Fax: _____

Payee Email: _____



Payee Name: _____

Payee Address: _____

Payee Phone: _____

Payee Fax: _____

Payee Email: _____