

TOWN OF THE CITY OF PEORIA, ILLINOIS

Joseph P. Whalen, Township Supervisor
205 SW Adams St, Peoria, IL 61602
309-674-8237

APPLICATION FOR EMERGENCY ASSISTANCE

Fill in every space
Use ink or type

Date Issued:
Date Returned:

You can receive Emergency Assistance only once in a twelve month period. You cannot be eligible for and receive Emergency Assistance and General Assistance at the same time.

General Information

Name: _____

Present Address: _____ Zip: _____

Phone# _____ Date moved in: _____ Monthly Rent: _____

Household Information

NAME: (First Middle Last)	BIRTHDATE (MO DAY YR)	BIRTHPLACE (CITY / STATE)	RELATION	SOCIAL SECURITY #
Man:				
Woman:				
Child:				

Employment Information

NAME OF PERSON	NAME AND ADDRESS OF EMPLOYER	TYPE OF WORK	MONTHS WORKED	DATE BEGAN	DATE LEFT	REASON FOR LEAVE

Income Information

Source	Name of Person	Amount	Source	Name of Person	Amount
Cash on hand		\$	Retirement benefits		\$
Savings		\$	Disability benefits		\$
Bank accounts		\$	Alimony/Child S.		\$
Unemployment ben.		\$	SSI/Soc Security		\$
Workmen's Comp		\$	Friends, Relatives		\$
VA Benefits		\$	Food Stamps		\$

Attestation

I/We have read the above and forgoing Application for Assistance and declare under penalties of perjury that to the best of my/our knowledge and belief the information supplied in this Application and all accompanying statements and documents is true and correct and that it is a complete statement of all income, assets and resources belonging to me/us and the members of my/our family on whose behalf I/we am/are requesting assistance.

I/We agree to notify the Township Supervisor of any changes whatsoever in need or in the resources listed herein or of any new or additional income or resources. Further, by my/our signature(s) I/we hereby authorize any person, bank or corporation, transfer agent, agency, institution or the Dept. of HHS to furnish to the Township Supervisor whatever information the Supervisor may request relative to accounts, deposits, investments, securities, RSDI benefits or business of any kind whatsoever.

Applicant: _____ (OVER)

NOTICE OF BENEFITS AVAILABLE UNDER THE EMERGENCY ASSISTANCE PROGRAM

Emergency assistance provides financial aid to alleviate a life-threatening circumstance. 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 a necessity. 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 consecutive period. You may receive Emergency assistance even though you have applied for and been approved to receive General Assistance or Categorical Assistance as long as you have not yet received any of said assistance. However if you are currently receiving General Assistance or Categorical Assistance (AABD, AFDC, MANG, SSI, Medicaid, Unemployment, Workman's Compensation, or Refuge and Repatriation Assistance, etc.) you may not receive Emergency Assistance. In addition to providing financial aid, the Township may also refer you to other agencies and programs with services to aid you.

NOTICE OF RIGHTS AND RESPONSIBILITIES OF APPLICANTS AND RECIPIENTS

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

You have a right to file a written application for Emergency Assistance. You cannot be discriminated against because of race, religion, color, sex, national origin, age, handicap, or your politics. The information you provide to the Township must be kept confidential unless the Township must disclose information to determine your eligibility, to administer the program, or to comply with the law. You have the right to a written notice of available benefits under the Emergency Assistance program. You have the right to freedom of choice in your living arrangements. You have the right to ask questions about your application and inspect, in the presence of Township personnel, your case file during regular Township office hours. However, certain information may have been provided to the Township on the condition that it would not be revealed to you or be privileged from disclosure. In such cases, the Township has the right to remove such information for your case before you see it. If that happens, you will be told that the information has been removed. You have a right to be referred to other agencies and for other programs which may assist you. The Township must make a decision on your application for Emergency Assistance within 30 days. You have the right to a written notice of the Township's decision. If your income and assets affected that decision, you have a right to a written notice indicating the calculations the Township performed. You have a right to appeal any action, inaction or decision of the Township to the Township, and can be assisted in completing a Notice of Appeal. You have a right to voluntarily repay the Township for any Emergency Assistance provided to you.

You have the following responsibilities: You must fill out a written application for assistance in its entirety. You must keep all scheduled appointments with Township personnel. You must provide and assist the Township personnel with the information needed for a determination of your eligibility for Emergency Assistance. You must sign a Consent to Release of Information required to obtain necessary information. You must report to the Township within five (5) calendar days of occurrence any change in your circumstances regarding your assets, income, living arrangements, need for goods and services, and anything else which may affect your eligibility for Emergency Assistance or the amount of Emergency Assistance for which you are eligible. You must utilize any resources (e.g. relatives, food pantries, community and charitable organizations) which might alleviate your present needs. You must apply for any benefit (e.g. unemployment compensation, food stamps, etc.) which might alleviate your present needs. You must accept and follow through in good faith any referral by the Township to any other agency or person or for any benefit which might alleviate your present needs.

I have read and understand the foregoing **Notice of Benefits Available Under the Emergency Assistance Program** and **Notice of Rights and Responsibilities of Emergency Assistance Applicants and Recipients**.

YOUR SIGNATURE

DATE