

GENERAL ASSISTANCE IMPORTANT NOTICE

The Town of Skowhegan has a General Assistance program for people in need.

If you need help, the Town of Skowhegan is required to take your application for General Assistance.

Applications will be taken in the General Assistance office at the following times by **appointment** only:

Days: WEDNESDAY Hours: 1:00 PM – 3:30 PM

Please call to schedule an appointment: 474-6900

The Town of Skowhegan is required to have someone available 24-hours a day to take applications in an emergency. If you have an emergency and the office is closed, contact Interim Town Manager by calling the Communications Center for Somerset County at 474-6386.

The Town of Skowhegan must give you a written decision within 24 hours of receiving your application.

If the Town of Skowhegan refuses to take your application, if you disagree with a decision that was made, or if you have questions, you can call the Maine Department of Health and Human Services at their toll-free number: 1-800-442-6003. This phone is answered M – F 8:00AM to 5:00PM. If you call after 5:00PM, leave a message with a phone number and you will be contacted the next business day.

The Town of Skowhegan has an ordinance describing the rules for its General Assistance Program. The Town Manager has a copy of this ordinance, as well as a copy of the State's General Assistance Law.

This notice is posted pursuant to Maine law at Title 22 MRSA 4304-4305.

Town Clerk - Treasurer
Tax Collector
Telephone (207) 474-6900
Fax (207) 474-9413



Town Manager
Telephone (207) 474-6907
Fax (207) 474-9413

Town of Skowhegan
225 Water Street
Skowhegan, ME 04976

TOWN OF SKOWHEGAN GENERAL ASSISTANCE
WHEN YOU ARE SEEN YOU MAY NEED WITH YOU:

- Signed Eviction Notice (In an Emergency Situation)
- Prescription Slip (If requesting help with Medication)
- Income and or Pay Stubs (Last 4) (All People in the household) (TANF) (SSI/SSDI) If you have lost a job due to quitting or being fired you will first need to apply for unemployment.
- Lease Agreement
- BRAP Agreement Calculation (If you have applied or are receiving BRAP)
- Copy of Bills (if requesting assistance with payment)
- Social Security Numbers (For all in household)
- Date of Birth (For all in household)
- Receipts (To show how your income is being spent)
- Bank Statement (To show how much money you have in the account and where your income is being spent) (For all People in The Household)
- Proof of Residency
- MaineCare Card or Documentation (All People in the household)
- SNAP Card or Documentation (All People in the household)
- If you are under the age of 25, we will need contact information for your legal guardians. As we will need to speak with them.
- Dr's Statement (If you will need to be exempt from doing workfare)
- Social Security papers (If applying or have applied for Social Security to see where you are in the process)
- Proof of HEAP Appointment (If applying for fuel assistance)

In order to assist you we need to know that you're making a good faith effort to spend your income on your basic needs.

APPLICATION FOR GENERAL ASSISTANCE

Administrator: Please read the following to the applicant or have the applicant read it in your presence.

PENALTY FOR FALSE REPRESENTATION. Whoever knowingly and willfully makes any false representation of a material fact to the overseer of any municipality or to the department or its agents for the purpose of causing that or any other person to be granted assistance by the municipality or by the State is guilty of a Class E crime and shall reimburse the municipality for that assistance. Further assistance may be denied until that person reimburses the municipality for the assistance or enters into a written agreement, which must be reasonable under the circumstances, to reimburse the municipality or that person has been ineligible for assistance for a period of 120 days, whichever period is longer. (22 M.R.S.A. § 4315).

1. HOUSEHOLD (Please type or print)

Name of Applicant:		Date of Birth:	Place of Birth	Social Security Number:	Telephone numbers:	
					Home:	
		Cell:				
					Message:	
Mailing Address:					Length of Use:	
Physical Address:					Length of Residence:	
Most recent previous address:					Length of Residence:	
Applicant is:		Has anyone in the HH ever applied for GA in the past? YES or NO	If yes,		Type of Assistance Received:	
Single			Where:			
Married			When:			
Divorced						
Separated						
Widowed						
Does anyone in your household have a warrant for their arrest as a result of a felony conviction?		If yes, who?	Have you reached the TANF 60 mo. Limit?		If yes, have you applied for an extension?	
Has your household applied for LIHEAP?	Does everyone receive SNAP benefits?	If so, how much?	Do you have a Government funded cell phone?		Has your household filed for an income tax refund?	
Did you or anyone in your household serve in the U.S.Military?	Has anyone applied for a VA pension?	Does anyone receive post-secondary Financial Aid?	Subsidized Housing?		Is everyone in the household a US citizen?	
			Utility Allowance? \$			
Total number of people in household:	Number seeking assistance:	Total # of people for whom applicant is seeking assistance:	Is anyone sanctioned by TANF?		If so, who and date:	
			Is anyone disqualified by GA?			
PEOPLE LIVING WITH THE APPLICANT		RELATIONSHIP	DOB	Birthplace	SOCIAL SECURITY #	Disabled(D) Veteran (V)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

NAMES AND ADDRESSES OF SPOUSE, EX-SPOUSE, PARENTS, GRANDPARENTS AND CHILDREN'S PARENTS WHO ARE NOT MEMBERS OF THE HOUSEHOLD

1. Name:	2. Name:
Mailing Address:	Mailing Address:

Relationship:	Telephone #:	Relationship:	Telephone #:
3. Name:		4. Name:	
Mailing Address:		Mailing Address:	
Relationship:	Telephone #:	Relationship:	Telephone #:

2. EMPLOYMENT INFORMATION - APPLICANT

Is applicant currently employed?		If YES, type of job:	
If yes, name of employer:		Address of Employer:	
Start Date:	How many hours per week?	Date last wages received?	Amount?
LIST TWO PREVIOUS EMPLOYERS (if needed):			
Name:		Address:	Start Date: End Date:
Name:		Address:	Start Date: End Date:
Are you disabled?	Do you have an active SSI/SSDI application?	If so, what stage of the process are you in?	Do you have an attorney? If so, who? Have you filed an IAR?
Under what circumstances did the Applicant leave his/her last place of employment?		Date of Separation from employment:	
If unemployed, has applicant registered with the Maine Job Bank/Career Center?	Highest level of education completed:	Was applicant in the military? Branch?	
Job Skills:			

EMPLOYMENT INFORMATION – OTHER HOUSEHOLD MEMBER - Name: _____

Is member currently employed?		If YES, type of job:	
If yes, name of employer:		Address of Employer:	
Start Date:	How many hours per week?	Date last wages received?	Amount?
LIST TWO PREVIOUS EMPLOYERS :			
Name:		Address:	Start Date: End Date:
Name:		Address:	Start Date: End Date:
Are they disabled?	Do they have an active SSI/SSDI application?	If so, what stage of the process are they in?	Do you have an attorney? If so, who? Have they filed an IAR?
Under what circumstances did this member leave his/her last place of employment?		Date of Separation from employment?	
If unemployed, has member registered with the Maine Job Bank/Career Center?	Highest level of education completed?	Was member in the military? Branch?	
Job Skills:			

EMPLOYMENT INFORMATION – OTHER HOUSEHOLD MEMBER - Name: _____

Is member currently employed?		If YES, type of job:	
IF yes, name of employer:		Address of Employer:	
Start Date:	How many hours per week?	Date last wages received?	Amount?
LIST TWO PREVIOUS EMPLOYERS:			

Name:		Address:		Start Date:	End Date:
Name:		Address:		Start Date:	End Date:
Are they disabled?	Do they have an active SSI/SSDI application?	If so, what stage of the process are they in?	Do they have an attorney? If so, who?		
			Have they filed an IAR?		
Under what circumstances did this member leave his/her last place of employment?			Date of Separation from employment?		
If unemployed, has member registered with the Maine Job Bank/Career Center?		Highest level of education completed?	Was this member in the military? Branch?		
Job Skills:					

3. ASSISTANCE REQUESTED

ASSISTANCE REQUESTED: Please place check mark next to each type of assistance being requested and enter the amount of the request.						
✓	ASSISTANCE	AMOUNT		✓	ASSISTANCE	AMOUNT
	1. Food	\$			7. Household/Personal Supplies	\$
	2. Rent	\$			8. Prescriptions/Medical	\$
	3. Mortgage	\$			9. Water	\$
	4. Electricity	\$			10. Sewer	\$
	5. LP Gas	\$			11. Other (Specify):	\$
	6. Heating Fuel	\$			TOTAL ASSISTANCE REQUESTED	\$

4. USE OF INCOME - PRIOR 30 DAYS FOR REPEAT APPLICANTS ONLY (office use only)

Income:	\$		(Use of income may not bar eligibility for applicants in a life threatening emergency or initial applicants)		
	\$				
	\$				
Total: (A)	\$				
Household Receipts				Other Receipts	
Food	\$			Phone	\$
Housing	\$			Internet	\$
Utilities	\$			Cable	\$
Propane	\$			Tobacco	\$
Fuel	\$	Alcohol	\$		
Household	\$	Magazines	\$		
Personal	\$	Pet Food	\$		
Med/Presc.	\$	Fines/bails	\$		
Water	\$	Other:	\$		
Sewer	\$		\$		
Other:	\$	Total:			
	\$	(C)	\$		
	\$	Total Income:			
Total:		(A)	\$		
(B)	\$	Less Total Receipts:			
		(B)	\$		
Notes:		Misspent Money: (C)			
			\$		
		Plus Difference Between			
		(A)-(B)-(C) = <u>Unaccounted</u>	\$		
		<u>Misspent</u> + <u>Unaccounted.</u>			
		Add to Sec. 5, Line N	\$		

5. PROJECTED 30 DAY INCOME

INCOME: Check YES or NO for each type of income. Enter the amount of all money to be received (in the next 30 days) by: (1) the applicant; (2) the applicant's family; and (3) unrelated household members. Report how often income is received.

TYPE OF INCOME	✓	MONEY APPLICANT RECEIVES		MONEY FAMILY RECEIVES		MONEY OTHERS RECEIVE		OFFICE USE ONLY
		AMOUNT	FREQUENCY	AMOUNT	FREQUENCY	AMOUNT	FREQUENCY	MONTHLY TOTAL
A. Employment		\$		\$		\$		\$
B. TANF		\$		\$		\$		\$
C. Social Security		\$		\$		\$		\$
D. Military/Veteran Benefits		\$		\$		\$		\$
E. Retirement or Pension Plan		\$		\$		\$		\$
F. Unemployment Benefits		\$		\$		\$		\$
G. Worker's Compensation		\$		\$		\$		\$
H. Child Support/Alimony		\$		\$		\$		\$
I. SSI-Supplemental Security Income		\$		\$		\$		\$
J. Bank Accounts & Cash on Hand		\$		\$		\$		\$
K. Income/In kind from Relatives		\$		\$		\$		\$
L. Other (please specify)		\$		\$		\$		\$
For Repeat Applicants Only:								
M. Investment Asset(s) Value (See Section 6, C)								\$
N. Misspent Income & Unverified Expenditures (during the last 30 days)								\$
SUBTOTAL – MONTHLY HOUSEHOLD INCOME								\$
O. LESS: Total verified monthly work-related expenses: Child Care: \$ _____ Mileage: (RT miles ____* # of days a week: ____* # of weeks per month: ____* ordinance mileage: _____)= _____ Other: _____								\$
TOTAL – MONTHLY HOUSEHOLD INCOME								\$

6. ASSETS

ASSETS: Check yes for each asset owned and enter the value. Enter who in the household owns the asset.

TYPE OF ASSET	✓	VALUE	ASSET OWNED BY
A. Home		\$	
B. Real Estate (other than home)		\$	
C. Investments: Stocks, Bonds, Retirement Account(s), Life Insurance, etc.		\$	
D. Vehicle(s) i.e., car, truck, motorcycle		\$	
Additional:		\$	
E. Recreational Vehicle (s) (i.e., camper, ATV, snowmobile, boat)		\$	
Additional:		\$	
F. Other		\$	

7. EXPENSES

MONTHLY EXPENSES	ACTUAL COST FOR NEXT 30 DAYS	MAXIMUM AMOUNT (OFFICE USE ONLY)	ALLOWED AMOUNT (OFFICE USE ONLY)
1. Food	\$	\$	\$
2. Rent – Name and Address of Landlord:			
	\$	\$	\$
3. Mortgage – Mortgage Holder:	\$	\$	\$
4. Electricity –Hot Water Y/N Electric Heat Y/N	\$	\$	\$
5. LP Gas	\$	\$	\$
6. Heating Fuel TYPE:	\$	\$	\$
7. Household/Personal Supplies	\$	\$	\$
8. Prescriptions/Medical	\$	\$	\$
9. Water	\$	\$	\$
10. Sewer	\$	\$	\$
11. Other (specify)	\$	\$	\$
	\$	\$	\$
TOTAL MONTHLY HOUSEHOLD EXPENSES	\$	\$	\$

8. OTHER EXPENSES

NOTE: The administrator should be aware of the following to gain an understanding of the applicant’s financial situation.

A. Do you have any debts (i.e., bank loans, car payments, credit cards)?	YES	NO
If YES , give (1) name; (2) purpose money was borrowed; and (3) amount (list below).		
NAME	PURPOSE	AMOUNT
1.		\$
2.		\$
3.		\$

9. DEFICIT (Office use only)

A. Overall Maximum Level of Assistance Allowed (See GA Ordinance Appendix A)	\$	D. Deficit (If line A is greater than line B)	\$
B. Income (See Section 5)	\$	E. *Surplus (If line B is greater than line A)	\$
C. Result (Line A minus line B)	\$	* Note: If a surplus exists, applicant is not eligible for regular GA. Proceed to Section 10 to determine if “unmet need” results in eligibility for “emergency” GA	

10. UNMET NEED (Office use only)

A. Allowed Expenses (See Section 7)	\$	D. Unmet Need (Amount from line C, but <u>only</u> if line A is greater than line B)	\$
B. Income (See Section 5)	\$	E. Deficit (See Section 9, line D)	\$
C. Result (Line A minus line B)	\$	F. Amount of GA Eligibility (The lower of line D and line E)	\$

INSTRUCTIONS:

- 1) If Section 9, line B (income) is greater than line A (overall maximum), then applicant has a surplus of \$_____ and will not be eligible for General Assistance **unless** the GA administrator determines there is need for emergency assistance.
- 2) If Section 10, line A (allowed expenses) is greater than line B (income), the result will be an “Unmet Need” (line D).
- 3) If there is both an “Unmet Need” (Section 10, line D) and a “Deficit” (Section 10, line E), the applicant will be eligible for the **lower** of the two amounts. This lower amount is the amount of assistance the applicant is eligible for in the next 30-day period, or a proportionate amount for a shorter period of eligibility (i.e., if the applicant needs one week’s worth of GA assistance, they should receive ¼ of the 30 day amount).

Administrator: Please read the following to the applicant or have the applicant read it in your presence.

In accordance with Maine law (22 M.R.S.A. § 4321) you have the right to be given a written decision concerning your application within 24 hours of submitting a completed application. If you disagree with the administrator’s decision on the application, you have the right to a fair hearing before an impartial hearing authority. If you believe that the municipality has violated state law with respect to your application, you have the right to notify the State Department of Health and Human Services in Augusta (1-800-442-6003)

STATEMENT BY APPLICANT: I hereby affirm that the facts in this application are true, correct and complete, and that I have not knowingly withheld any information. I understand the Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it may result in my not being eligible to receive assistance; therefore, I hereby give my express permission for the Administrator to contact the following specific sources or persons to verify any or all information material to the determination of General Assistance eligibility for my household:

- Employer(s) (past/present);
- Persons, organizations or businesses referenced in this application;
- Past, present and/or future landlords;
- Bank(s) or financial institutions;
- The Department of Health and Human Services or any department of the State of Maine;
- The area Community Action Program;
- Relatives, specify: _____
- Persons/vendors to whom I owe money (i.e. utility company, fuel dealer, car dealership);
- Physician(s) with information related to my ability to work or receive other benefits;
- Housing Authority (local and/or state);
- The following specific sources of information _____

Applicant’s Signature: _____ Date: _____

Applicant’s Signature: _____ Date: _____

Administrator’s Signature: _____ Date: _____

*Town Clerk - Treasurer
Tax Collector
Telephone (207) 474-6902
Fax (207) 474-9413*



*Human Resource – Finance Director
Telephone (207) 474-6900
Fax (207) 858-0320*

*Town of Skowhegan
Department of Finance
225 Water Street
Skowhegan, ME 04976*

CONSENT TO RELEASE AND OBTAIN INFORMATION

I hereby permit employees of the Town of Skowhegan to disclose, release, and/or obtain records, papers, files, communications and any other information relating to myself and/or my application for General Assistance in order to determine my eligibility and for other lawful purposes.

I waive any right that I may have to keep these records, papers, files, communications and other information confidential.

This release is valid for one (1) year from this date. I understand that I may also terminate this agreement at any time.

Applicant Printed Name

Applicant Signature

Date

General Assistance Caseworker Signature

Date

Renee Belliveau

Finance/HR Administrative Assistant/General Assistance Caseworker

General Assistance Guidelines

As an Applicant for General Assistance, it is important that you understand and agree to the following:

- You are responsible for providing the documentation we need to determine eligibility. If information is requested by the caseworker, you will need to provide it before help can be provided.
- This program is based on a 30-day period, any and all vouchers granted during your appointment are only valid during those 30 days. No voucher is to be used out side of the granted 30-day period. If misused you will be disqualified. And the town will ask for reimbursement.
- This program helps with basic necessities such as: housing, utilities, food, medication, etc.
- All money you receive must be spent on basic necessities before asking for assistance from this office.
- Expenses **not** considered “basic necessities” include: telephone/cell phone, tobacco, alcohol, vehicle costs, cable/internet, court fines, vet bills, credit card payments, repayment of loans, etc. Money spend on these items will be considered misspent.
- You must report any money received by your household in the last 30 days. This includes what relatives/friends buy or give you. You will be required to provide receipts to account for all money; without receipts, that money will be considered still available to you and reduce the amount of assistance you may be eligible to receive.
- You must report any changes in your household size, finances or benefits each time you apply for assistance.
- In the future, if you have the ability to do so, you must reimburse the Town for assistance you received.
- Providing false information will result in a disqualification from the General Assistance program for 120 days and your case may be referred to the Skowhegan Police and/or the District Attorney for criminal prosecution. Failure to comply with General Assistance rules or requests may result in denial of assistance until you comply.
- A disqualification for General Assistance benefits will be reported to DHHS and may result in the loss of SNAP benefits or other benefits.

I understand all available money has to be used for basic necessities. Money not spent on basic necessities will be counted as misspent money. I further understand I must provide receipts for any money coming into the household.

× _____
Applicant Signature

_____/_____/_____
Date

× _____
General Assistance Caseworker Signature

_____/_____/_____
Date