

Webster County Community Services - Application for Assistance

**** Please provide a copy of your social security card and a picture ID at the time of application**

Applying for Assistance with: Mental Health Services Disability Services Decision-Making General Assistance

If applying for General Assistance, please specify: Medication Rental Utility Transportation Cremation

1. Please provide identifying information:

APPLICATION DATE: ___/___/___

Name: First	Middle	Last	Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No
Social Security Number		Birth date	
Street Address		Apt. #	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
City	State	Zip	County
Home Phone		Cell No. / Work No. / email / Message No.	
Employment Status (i.e. FT,PT,retired,student,unemployed)			Employer
Race			
Marital Status			
Highest School Grade Completed			

2. When did you move to your current address listed above? _____

3. Please list everyone living in your home: *If you rent your home, how much is your monthly rent payment?* _____

Name	Sex	Relationship to You	Age

4. Please list all income for the household: *(Must not leave blank or application will be denied.)*

Name of Person with Income	Source of Income (i.e.wages, child support,SSI,SSDI, SS, FIP)	Gross Amount per Month

5. Please provide your best estimate of each asset you own. *(Must fill each box with 0 or dollar amount.)*

Cash	\$	Checking	\$	Savings	\$	Burial	\$
Stocks & Bonds	\$	Real Estate	\$	Vehicles	\$	Life Insurance	\$

6. Please check all of the health insurance coverage that applies to you.

<input type="checkbox"/> None	<input type="checkbox"/> Medicaid/Title 19 State ID#:	<input type="checkbox"/> Medicare A/B/D	<input type="checkbox"/> Private Health Insurance Name:
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7. Are you waiting for a Social Security disability determination? No Yes

8. Do you have a social security representative payee? No Yes, **If yes, who is your payee?**

Name	Address	Phone
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9. Who is your emergency contact; court appointed guardian; or parent? (List at least one.)

Name	Address	Phone
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10. Who helped you with this application or referred you to us?:

Name	Address	Phone
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I hereby attest that the information I have provided is true and I give my permission to release this information to verify and/or communicate eligibility for the assistance requested. I also understand that this is a government document and I maybe subject to prosecution if knowingly provide false information.

Applicant's Signature: X _____ **Date:** _____
(Application must be signed or witnessed and dated to be considered for assistance.)

For Office Use Only: <input type="checkbox"/> Copy of ID <input type="checkbox"/> Signed Releases <input type="checkbox"/> Privacy Notice <input type="checkbox"/> Rapid Plan <input type="checkbox"/> Guardianship Papers <input type="checkbox"/> Verification of Diagnosis <input type="checkbox"/> Income Verification	<input type="checkbox"/> Service Meeting scheduled for _____ with Service Coordinator _____
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