

Application for County Assistance

Date: _____ Name _____ Case # _____

Amount of Assistance Necessary: \$ _____

Type of assistance you are requesting: _____

Current Address: _____

Street Address
City
State
Zip Code

Please list ALL household members, starting with yourself:

Full Name including maiden name	Relationship to Applicant	Sex	Race	Tribal Affiliation	Birthdate & Birth Place	SS#
	Self					

Landlord/Mortgagor _____ Address _____ Phone _____

Date Moved in: _____

Are you in subsidized housing? _____ Receive a utility check Amount \$ _____ /month

Former Address _____ Rent paid \$ _____ Why left _____

MARITAL STATUS

Single (never been married) _____ Married _____ Separated _____ Divorced _____ Widow(er) _____

Married to _____ Date _____ City _____ State _____

Divorced: _____ Date _____

Separated: _____ Date _____

EDUCATION

Last grade completed by the Man _____ Degree? _____ Woman _____ Degree _____

Adults presently enrolled in school? Yes _____ No _____ Explain _____

FAMILY

To be completed by the Man of the household

My father's name _____ Address: _____

employer: _____ Deceased _____

My mother's name _____ Address: _____

employer: _____ Deceased _____

Nearest relative's name _____ Address _____

Parents/relative able to provide any assistance? _____ Explain _____

To be completed by the Woman of the household

My father's name _____ Address: _____

employer: _____ Deceased _____

My mother's name _____ Address: _____

employer: _____ Deceased _____

Nearest relative's name _____ Address _____

Parents/relative able to provide any assistance? _____ Explain _____

VETERAN STATUS

List any veterans in the household

Name _____ Branch _____ Dates _____ Type of Discharge _____

Not a Veteran _____

MONTHLY OBLIGATIONS

Rent/ Mortgage	
Utilities (gas, lights, water)	
Insurance (medical, car, life)	
Phone/ cell phone	
Cable	

Day Care	
Court-ordered Child Support	
Car payment	
Rent to own	
medical/medication	
Other	

VEHICLES

Year _____ Make _____ Balanced Owed _____

Year _____ Make _____ Balanced Owed _____

EMPLOYMENT

List current job and last 3 jobs for each person

To be completed by the man

Employer	Job Title	Hours/wk	Wages	Start/End Date	Why left

To be completed by the woman

OTHER INCOME/ASSETS (Received in the last 90 days or will receive soon)

INCOME TYPE	Monthy amount	Assets	Value/Amount
SSI/SSDI		HOME	
SOCIAL SECURITY		VEHICLE 1	
TANF		VEHICLE 2	
CHILD SUPPORT		TAX REFUND	
ALIMONY		SAVINGS ACCOUNT	
FOOD STAMPS		CHECKINGS ACCOUNT	
WIC		STOCK/BONDS	
UNEMPLOYMENT		CD'S/ IRA'S	
WORKERS COMP		INHERITANCE/TRUSTS	
ENERGY ASSISTANCE		401 K PLAN	
VETERAN BENEFITS		LAND OWNED	
RETIREMENTS		SCHOLARSHIPS	
RENTAL/LAND			

I DECLARE AND AFFIRM, UNDER THE PENALTIES OF PERJURY AND DENIAL OF BENEFITS, THAT THE ABOVE INFORMATION GIVEN IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE AND CORRECT.

SIGNATURE _____

DATE _____

McPherson County Employer Contact Form

Name _____

Date _____

1. To qualify as a job contact, you must contact prospective employers who would ordinarily hire employees for which you are reasonably qualified.
2. Generally it would not be acceptable to list the same employer more than once.
3. I affirm that I did not refuse any employment offered from any employer.
4. Failure to comply with these requirements can result in your entire household being disqualified from receiving county assistance.
5. The County Welfare Office may at any time verify the below employer contact, and I fully understand that if the information listed above is not correct and true, my household will be disqualified from receiving county assistance.

Signature of Recipient

Date

I have personally made all of the above job contacts and understand if this is not completed with 5 job contacts and turned into the County Welfare Office I will not receive any assistance.

Signature of Recipient

Date

Office of
McPherson County Auditor

Lindley Howard
Auditor/Welfare Director

PO Box 390
Leola, SD 57456
Phone: (605) 439-3314
Fax(605) 439-3394

Acknowledgement

I, the undersigned applicant or representative, declare and affirm under the penalties of perjury that this application has been examined by me and, to the best of knowledge and belief, is in all things true and correct. I further acknowledge that I may be prosecuted under the provisions of SDCL 28-13-62.2 if I sign this application knowing the information contained herein is false in whole or in part.

I understand that, under provision of SDCL 28-14, a lien will be filed against me and any personal property or real estate that I own now or have legal interest in or property that I may own in the future for assistance given to me by the county. I further understand that I am required by law to repay the county for assistance given. Should there be no action made to repay this lien, it will be subject to collection.

Applicant: _____ Date: _____

Spouse: _____ Date: _____

Office of
McPherson County Welfare

Lindley Howard
Auditor/Welfare Director

PO Box 390
Leola, SD 57456
Phone: (605) 439-3314
Fax(605) 439-3394

REQUEST FOR COUNTY ASSISTANCE

I, _____, state that I am a resident of McPherson County and that I am requesting county welfare assistance under the provisions of SDCL 28-13 and SDCL 28-14. In making this application, I understand that a county poor lien will be place against me and any property that I now have or may later acquire.

I state that I declare myself to be indigent as defined in SDCL 28-13, and that I do not have sufficient money, credit or property to furnish support, and do not have anyone able to support me or to whom I am able to look for support, or I am unable to work because of illness or injury.

I understand that it IS be my responsibility to repay to McPherson County for all funds granted on my behalf. In consideration for this assistance, I hereby agree to pay \$_____ per _____, until the assistance is repaid.

I also sign this document as a "Release of Information" to McPherson County to verify and investigate all matters that will help determine my residency and indigency in accordance with SDCL 28-13 and SDCL 28-14 and McPherson County Welfare Guidelines.

*****This form is a request for assistance and not a guaranty of payment. This application will be acted upon by the County Commission of McPherson County and McPherson County Welfare Director for determining eligibility*****

Applicant Signature Date

Address, City, State, Zip Code

Social Security Number

Witness of Signature Date

Office of
McPherson County Welfare

Lindley Howard
Auditor & Welfare Director

PO Box 390
Leola, SD 57201
Phone: (605) 439-3314
Fax (605) 439-3394

AUTHORIZATION TO RELEASE AND FURNISH INFORMATION

I hereby authorize any person, agency or institution to supply information requested by the Department of McPherson County Welfare, concerning me or my family, and to allow inspection and reproduction of records in his or their possession pertaining to me or my family by any duly authorized representative of the Department of County Welfare.

I further authorized the Department of McPherson County Welfare to release such information to providers or cooperating State or Federal agencies.

I here with release any person, agency or institution from any and all liability to me or my family for supplying such information.

This authorization is given only in connection with its use by the Department of McPherson County Welfare in its administration of its programs and for no other purpose.

Signature of Applicant	Social Security #	Date
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Signature of Spouse or Guardian (If Applicable)	SS#	Date
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Street Address	City	State	Zip
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Telephone (Home)	(Work)
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