

DES MOINES COUNTY VETERANS AFFAIRS

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PLEASE READ ALL INSTRUCTIONS TO COMPLETE THIS APPLICATION!

DES MOINES COUNTY VETERANS AFFAIRS TEMPORARY ASSISTANCE APPLICATION

In order to apply for Assistance, complete the attached application then contact the office to schedule an appointment. Bring your completed application and **ALL** the verification listed below with you to your appointment. At that time, a worker will go over your application with you and answer any questions you may have. Once you have provided all requested verification, a decision on your request will be made within 10 (ten) working days.

Veterans Affairs office hours are Monday – Friday, 8:00A.M.-12:00P.M. & 1:00 P.M.-3:00 P.M.

VERIFICATION YOU NEED TO PROVIDE FOR ALL HOUSEHOLD MEMBERS

1. **Application – you must complete all blanks.**
2. Identification – Valid State of Iowa ID with current Des Moines County address and Social Security card for **all household members.**
3. DD214 for Veteran.
4. Proof of registration at a Workforce Development agency if you are unemployed, unless you are elderly, disabled, or are the primary caregiver of a child under the age of 6.
5. Notice of Decision from Department of Human Services **for entire household** (FIP/ADC, Title XIX, Food Stamps) showing benefits or denial of benefits or appointment letter if no decision has been made to date.
6. Proof of all income for the last 30 days (last 6 mos. for self-employment) **for all household members:**
 - a) Paystubs or a signed statement from employer verifying gross and net wages including paydates.
 - b) Proof of Unemployment Compensation benefits.
 - c) Proof of disability or pension benefits.
 - d) Self-employment records for last 6 months & previous year tax return.
 - e) Personal Income Record if income is from baby-sitting, mowing, shoveling, handyman repair, mechanical repair, collecting scrap metal, odd jobs, etc.
 - f) Any other source of income.
 - g) Child support.
7. SSI or Social Security verification showing monthly benefits, or “Receipt Letter” showing when you applied and/or denial letter for all household members.
8. Lease, current bill or utility bill (and disconnection notice if received) only if you are applying for utility assistance. All documents **MUST** be in the name of the applicant.

Failure to bring above items may result in an automatic rescheduling of your appointment and delayed assistance.

DES MOINES COUNTY VETERANS AFFAIRS

Application for Assistance

APPLICANT INFORMATION:

Name: _____ **Date:** ____ ____ ____
Last First MI Previous (Maiden) Name

Address: _____
(Street) (City) (State) (Zip) (County)

What date did you move to this address? _____

Phone: _____ **Social Security Number** _____

Service Branch _____ **Discharge Type** _____

Date Entered _____ **Date Discharged** _____

ASSISTANCE REQUESTED:

Rent _____ **Utility** _____ **Water** _____ **RX** _____ **Medical** _____ **Other** _____

HOUSEHOLD INFORMATION (STARTING WITH APPLICANT, LIST ALL PERSONS LIVING IN HOUSEHOLD):

| NAME | SEX | SS# | RELATIONSHIP | DOB |
|------|-----|-----|--------------|-----|
| | | | SELF | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

PERSONAL INFORMATION:

Are you your own guardian? Yes ____ No ____

I am presently: Single(Never Married) ____ Married ____ Divorced ____ Widowed ____ Separated ____ Other ____

Were you born in the U.S.? Yes _____ No _____

How long have you lived in U.S? _____ **in Iowa?** _____ **in Des Moines County?** _____

If less than 30 days, what other counties have you lived in? _____

Have you ever received assistance from Des Moines County or any other county? Yes ____ No ____

If yes which other counties? _____

EMPLOYMENT INFORMATION:

Are you employed outside of the home? Yes____ No____

Employer: _____

Address: _____

If not, why? _____

If not employed, date of last employment? _____

Where? _____

Reason for leaving employment? Health____ Termination____ Voluntarily Quit____
Laid-off____ Business Closed____ Seasonal Employment____

Explain why? _____

Are you or anyone in the household disabled? Yes____ No____

Who and when was determination of disability? _____

Is your spouse or significant other employed? Yes____ No____ Where? _____

If not, why? _____

Any other members over 18 of household employed? Yes____ No____

Where? _____

If not, why? _____

Are you or other family member registered with Workforce Development if not employed and where?

HEALTH INFORMATION:

If you can not work because of health reasons, you may be required to provide a physicians note. Are you willing to do so?

Yes____ No____

Does anyone in the household have medical coverage such as private insurance, Title XIX, (Medicaid) Iowacare, Medicare, etc?

Yes____ No____

If yes, who? _____ Company? _____

Do you have life insurance? Yes____ No____ Cash Value?____ Can you borrow? Yes____ No____

HOUSING INFORMATION:

Do you own your home? Yes____ No____ Are you buying? Yes____ No____

Do you rent? Yes____ No____ Landlord name? _____

Landlord Address: _____
(Street) (City) (State) (Zip)

Landlord Phone #: _____ Monthly rent amount: _____

Is the landlord related to any of the household members? (parent, child, aunt/uncle, grandparent, boyfriend/girlfriend, fiancée)

Yes____ No____ If yes, How? _____

INCOME: Have you or has anyone in your household applied for, or received, any of the following sources of income in the last 4 weeks? Please indicate yes or no or applied for each source of income along with the monthly net amount received where applicable.

| SOURCE: | NO | YES | MONTHLY NET AMOUNT |
|-----------------------------------|----|-----|--------------------|
| FIP (ADC / ADC-UP) | | | |
| Cash from friends or family | | | |
| Child Support / Alimony | | | |
| Employment | | | |
| Inheritance / Estate | | | |
| Pension | | | |
| Rent Paid to you | | | |
| Self-Employment | | | |
| SSI or Social Security Disability | | | |
| Social Security | | | |
| Student Loans / Grants | | | |
| Unemployment / Workman's Comp. | | | |
| Food Stamps | | | |
| Any other income | | | |
| TOTAL HOUSEHOLD INCOME | | | |

ASSETS: Do you own, or are you buying, your home, a farm, any land or real estate building, or property?

___ Yes ___ No

If yes, what specifically? _____

What is the current fair market value? _____ **How much do you still owe?** _____

Do you, or does anyone in your household, have any of the following assets:

| ITEM: | NO | YES | VALUE |
|--------------------------------|----|-----|-------|
| Cash on hand | | | |
| Jewelry besides wedding rings | | | |
| Machinery, tools, or equipment | | | |
| Antiques or Collectables | | | |
| Guns or firearms | | | |
| Livestock/ Farm Equipment | | | |
| Life Insurance with cash value | | | |
| Burial trusts / contracts | | | |
| CD's or IRA's | | | |
| Stocks or bonds | | | |
| Checking Account | | | |
| Savings Account | | | |
| Any other asset | | | |
| TOTAL VALUE OF ASSETS | | | |

List all motor vehicle: including cars, trucks, motorcycles, recreational vehicles, boats, etc.

Year Type Make Fair Market Value Amount Owed

F.I.P. – Family Investment Program – If you have children:

Are you eligible to receive F.I.P.? Yes ___ No ___ **If not eligible, why?** _____ **LBP?** _____

If you are receiving F.I.P. Full ___ Partial ___ **Monthly F.I.P. Income \$** _____ **Exceeded 60 months** _____

OTHER INFORMATION:

Have you applied anywhere else for any type of assistance in the last 6 months? Yes ___ No ___

If yes, where and determination? _____

If you have not lived at your present address for at least one consecutive year, list your previous addresses and the dates you lived there:

CERTIFICATION STATEMENT:

I understand that I assume full responsibility for the accuracy of the statements on this form and I understand that Des Moines County Veterans Affairs will use these statements to determine my eligibility. If I provide false statements on this application, or give false statements to the Des Moines County Veterans Affairs worker, this can be considered fraud and may be referred to the Des Moines County Attorney and/or result in permanent ineligibility of any future assistance. Furthermore, I am also aware that giving false information or failure to provide information required for application may result in a denial of assistance and suspension of eligibility permanently or for the remainder of that calendar year. I am aware that this Des Moines County Veterans Affairs information will be verified and investigated.

I am aware of my responsibility to report any changes in my income which is defined as: cash, gross wages, gross salaries, Social Security, pensions, rents, interest, FIP/ADC, cash payments, child support, unemployment or other monies available for the support of my household.

I am aware of my responsibility to report other assistance programs that have been applied for, the sale or purchase of any motor vehicles, and any newly acquired or any changes in my bank accounts.

RELEASE OF INFORMATION:

I hereby authorize the following Des Moines County offices; Central Point of Coordination, General Assistance, Veterans Affairs, Public Health, Auditor, Treasurer, Attorney, Sheriff and further, Iowa Department of Human Services, Iowa Workforce Development Center, Des Moines County Sheriff Department, State Department of Veterans Affairs, Social Security Administration, Child Support Recovery, Community Action, other agencies that provide assistance, landlords, utility providers, GRMC, pharmacies, doctors, churches, current or previous employers, probation, parole officers and law enforcement officials, and

_____ to release confidential information concerning my personal situation to the Des Moines County General Assistance office if such information is deemed necessary. I also authorize Des Moines County Veterans Affairs to release to the previously named agencies and persons, confidential information if such information is deemed necessary. This release is valid for one (1) year from date of signature.

LEGAL CLAIM:

I understand that the Code of Iowa provides that "Any county having expended any money for relief or support of a poor person, under the provisions of this chapter, may recover the same from any of his kindred mentioned herein, from such poor person should he become able or from his estate; from relatives by action brought within two years from the payment of such expenses, from such person's estate by filing the claim as provided by law." (252.13)

Signature or mark of applicant (or legal guardian)

Date

Signature or Co-Applicant

Date

HIPAA Notice of Privacy Practice Provided: _____

DISPOSITION:

You will receive a decision as to the disposition of your application in writing within ten (10) working days unless more information is required. If you do not agree with the action of Des Moines County Veterans Affairs, you may appeal the decision.