



Jefferson County

Non- Medical Assistance Application

210 Courthouse Way Suite 110 Rigby, ID 83442
Phone: (208) 745-9223 Fax: (208) 745-5757

PLEASE READ THIS PAGE BEFORE COMPLETING AN APPLICATION

General Information:

Jefferson County residents may apply for only *TEMPORARY* non – medical assistance.

Jefferson County will consider applications only when, no other alternative is available to the applicant.

Jefferson County may offer rent, utilities, heating bills, etc. and cremations.

Cremations are on a separate application.

Limitations:

You must be a Jefferson County resident by legal Idaho Statue definition.

You must complete and file an assistance application on an approved form.

You must appear and complete a scheduled interview.

You must produce required documents and verification.

Jefferson County:

Will not provide more than one month's assistance in any 12 month time period.

Assistance received from other counties in Idaho will count in this calculation.

Will not pay first month's rent.

Will not provide continuing or long - term assistance.

Will not make payments to relatives or other household members.

Will not pay for reconnection fees, late fees, or interest charges.

Will not pay for cable TV, cell phones, or any other service that is unnecessary to living or maintaining a home.

Will not pay for sewage or garbage collection fees.

Consider Before Applying:

Jefferson County will investigate your ability to work, as well as the income and ability of other adults in your household to work.

If you are unemployed, you must prove you are actively seeking employment; or produce a physician's statement that you are medically unable to work.

If you voluntarily remove yourself from the workforce without good cause, or, were terminated for excessive absences or violating employer policies, your application will be denied.

If federal, state or other programs or assistance are available to meet the needs of a household, an eligible applicant must apply for those programs before the county may provide non – medical assistance.

If you withhold or give false information on an application or during the interview for the purpose of obtaining county aid to which you are no otherwise entitled, you shall be guilty of a misdemeanor.

You will be required to **reimburse Jefferson County** for any funds expended on your behalf.

Jefferson County Non- Medical Assistance Application

210 Courthouse Way Suite 110 Rigby, ID 83442
Phone: (208) 745-9223 Fax: (208) 782-3099

APPLICATION FOR EMERGENCY NON-MEDICAL ASSISTANCE (Rent, Power Bill, Heating Bill, Misc.) **Idaho Code Title 31 Chapter 34**

APPLICANT:
PLEASE USE BLACK INK &
ANSWER ALL QUESTIONS
ON APPLICATION

**DATE RECEIVED BY
JEFFERSON COUNTY** _____

First Name	Middle Initial	Last name	Date of Birth	Social Security Number	
Residence Address		City	County	State	Zip Code
Mailing Address (if different)		City	County	State	Zip Code
Home Phone Number	Message Phone Number		Last County and State of Residence		

LIST WHAT YOU WANT COUNTY TO HELP WITH:

Please answer these questions about your household. Your household includes you, your spouse, parents, children, brothers, sisters and ALL other people who live with you.

NAME (First, Middle, Last)	RELATION TO YOU	DATE OF BIRTH (Mo/Day/Yr)	SEX	SOCIAL SECURITY NUMBER	ATTENDS SCHOOL Yes/No
Your Name 1.	SELF				
2.					
3.					
4.					
5.					
6.					
7.					
8.					

For each place where the applicant has lived in the last five (5) years, give the complete address, the exact dates of residence, landlord's name and the reason(s) for moving. Begin with the present address and go back five years.

AFFIDAVIT OF RESIDENCY

I, _____ (applicant), hereby state for the purpose of applying for County Indigent Assistance from Jefferson County, Idaho, that for the last five (5) years I have lived at the following places of residence:

THIS SECTION MUST BE COMPLETED

Address of Residence	Dates of Residence	Landlord
1) Street	From	Name: Phone:
City: State: County:	To:	Reason for Leaving:
2) Street	From	Name: Phone:
City: State: County:	To:	Reason for Leaving:
3) Street	From	Name: Phone:
City: State: County:	To:	Reason for Leaving:

SUPPLEMENT TO JEFFERSON COUNTY INDIGENT INTAKE APPLICATION:

Are you receiving any State benefits? Yes No

What Program? AFDC or TAFI Approximate Date of Benefits: _____

Food Stamps Approximate Date of Benefits: _____

Medical Approximate Date of Benefits: _____

Child Care Approximate Date of Benefits: _____

Have you been closed from health & Welfare assistance due to non-participation in a work program?

Yes No

If not due to non-participation, what was the reason for closure of benefits? _____

Have you been closed from Medical Assistance Since July, 1998, due to employment? Yes No

• Have you or any member of your household ever been disqualified from an assistance program? Yes No

If "YES", list the name of the person who was disqualified, program, length of disqualification, where and when the disqualification occurred: _____

• Have you or any member of your household ever served in the military? Yes No

If "YES" who and what branch? _____

• Are you or any member of your household a legal non-citizen who is sponsored by someone NOT listed as a member of your household?

Yes No

If "YES", list the sponsor's name and address: _____

• Applicant – List the name, address and phone number of your parents:

MOTHER'S NAME _____ PHONE NUMBER _____

ADDRESS _____

FATHER'S NAME _____ PHONE NUMBER _____

ADDRESS _____

• Spouse/Significant other – List the name, address and phone number of your parents:

MOTHER'S NAME _____ PHONE NUMBER _____

ADDRESS _____

FATHER'S NAME _____ PHONE NUMBER _____

ADDRESS _____

• List the children of this or previous marriage (not living in your household):

Name (First & Last)	Age	Address
---------------------	-----	---------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- Applicant:** Education completed: _____
 Are you registered with local **Job Service**? _____ When did you register? _____
 Have you applied for **SSD or SSI**? _____ Reason: _____

 Have you applied for **Medicaid**? _____ Status: _____

 Have you applied for **Workers' Comp**? _____ Status: _____

- Spouse/Significant Other:**
 Are you registered with local **Job Service**? _____ When did you register? _____
 Have you applied for **SSD or SSI**? _____ Reason: _____

 Have you applied for **Medicaid**? _____ Status: _____

 Have you applied for **Workers' Comp**? _____ Status: _____

EMPLOYMENT:

List your present or most recent employers for **everyone** in household:

SELF/APPLICANT

- Name & address of employer: _____
 Hourly wage: \$ _____ Hours per week: _____ Pay dates: _____
 Date hired: _____ Date job ended: _____ Reason: _____
- Name & address of employer: _____
 Hourly wage: \$ _____ Hours per week: _____ Pay dates: _____
 Date hired: _____ Date job ended: _____ Reason: _____
- Name & address of employer: _____
 Hourly wage: \$ _____ Hours per week: _____ Pay dates: _____
 Date hired: _____ Date job ended: _____ Reason: _____
- Name & address of employer: _____
 Hourly wage: \$ _____ Hours per week: _____ Pay dates: _____
 Date hired: _____ Date job ended: _____ Reason: _____

SPOUSE/OTHERS

- Name & address of employer: _____
 Hourly wage: \$ _____ Hours per week: _____ Pay dates: _____
 Date hired: _____ Date job ended: _____ Reason: _____
- Name & address of employer: _____
 Hourly wage: \$ _____ Hours per week: _____ Pay dates: _____
 Date hired: _____ Date job ended: _____ Reason: _____
- Name & address of employer: _____
 Hourly wage: \$ _____ Hours per week: _____ Pay dates: _____
 Date hired: _____ Date job ended: _____ Reason: _____

FINANCIAL/PERSONAL ASSETS

Please answer YES or NO and furnish the required information on each line below. The following pertains to items you or any member of your household have or on which your names appear. (Use additional paper if needed.)

Financial Assets	Circle One	Account Name/Bank Title and Address		Amount/Value
Checking Account	YES/NO			\$
Other Checking Account(s)	YES/NO			\$
Savings Account	YES/NO			\$
Other Savings Account(s)	YES/NO			\$
Line of Credit	YES/NO			\$
Credit Card (i.e., Visa, MasterCard)	YES/NO			\$
Other Credit Card(s)	YES/NO			\$
Certificates of Deposit (CD)	YES/NO			\$
Life Insurance Policies (Cash Value)	YES/NO			\$
Stocks, Bonds, Trusts, Annuities, and/or Mutual Funds	YES/NO			\$
Individual Retirement Accounts (IRA) or 401K	YES/NO			\$
Other Retirement Account(s)	YES/NO			\$
Cash On Hand	YES/NO			\$
Other: _____	YES/NO			\$
Real/Personal Property	Circle One	Description/location of Property	Currant Value	Amount Owed
Home/Residence	YES/NO		\$	\$
Land	YES/NO		\$	\$
Mobile Home	YES/NO		\$	\$
Rental Property	YES/NO		\$	\$
Vehicle (i.e., Car, Truck, Motorcycle)	YES/NO	List Year/Make/Model	\$	\$
Other Vehicle(s)	YES/NO		\$	\$
Recreational Vehicles	YES/NO		\$	\$
Trailer/Camper	YES/NO		\$	\$
Equipment/Machinery	YES/NO		\$	\$
Livestock	YES/NO		\$	\$
Tools of Trade	YES/NO		\$	\$
Mining Claims/Timber Stands	YES/NO		\$	\$
Burial Plots	YES/NO		\$	\$
Other: _____	YES/NO		\$	\$

FAMILY BUDGET

EXPENSES	MONTHLY AMOUNT
HOUSING	
Rent/Mortgage Payment	\$
Space Rent	\$
Homeowner's Insurance	\$
Property Taxes	\$
Heat (Type: _____)	\$
Electricity	\$
Water	\$
Garbage	\$
Telephone (Basis Only)	\$
EDUCATION/JOB RELATED:	
Child Care	\$
Car Payment	\$
Transportation (Fuel, oil, bus fare)	\$
Auto Insurance	\$
Tuition/Fees/Books/Supplies	\$
MEDICAL/HEALTH CARE:	
Doctor(s)	\$
Hospital	\$
Prescription/Medicine	\$
Dental/Dentures	\$
Vision/Eyeglasses	\$
Health Insurance	\$
Other: _____	\$
HOUSEHOLD/PERSONAL CARE:	
Groceries: Food	\$
Groceries: Non-Food	\$
Clothing	\$
Other: _____	\$
OTHER:	
Court Ordered Child Support	\$
Garnishments/Fines	\$
Credit Cards/Charge Accounts	\$
Church Tithing	\$
Other: _____	\$

INCOME		MONTHLY AMOUNT
EARNINGS:		
Gross Wages/SELF		\$
Gross Wages/SPOUSE		\$
Gross Wages/OTHER		\$
Self-employment Income		\$
Other: _____		\$
UNEARNED	Receiving:	Applied for:
Social Security	\$	YES/NO
Social Security	\$	YES/NO
SSI	\$	YES/NO
SSI	\$	YES/NO
Child Support/Alimony	\$	YES/NO
Unemployment	\$	YES/NO
Unemployment	\$	YES/NO
Workers' Compensation	\$	YES/NO
Veterans' Benefits/Retirement	\$	YES/NO
Other Retirement/Pension	\$	YES/NO
Tribal Assistance/Commodities	\$	YES/NO
Education Loans/Grants	\$	YES/NO
Gifts/Loans	\$	YES/NO
Interest/Dividends	\$	YES/NO
Insurance/Settlements	\$	YES/NO
Inheritance/Trust Payments	\$	YES/NO
State Cash Assistance	\$	YES/NO
Contributions	\$	YES/NO
Food Stamps	\$	YES/NO
Church or County Assistance	\$	YES/NO
Subsidized Housing/Utility	\$	YES/NO
Energy Assistance	\$	YES/NO
Income Tax Refund	\$	YES/NO
Subsidized Child Care	\$	YES/NO
Rental/Escrow Payment	\$	YES/NO
Sale of Goods	\$	YES/NO
Other: _____	\$	YES/NO
Other: _____	\$	YES/NO

INFORMATION RELEASE

I/We, _____, will fully cooperate with and will supply all information requested to the representative of JEFFERSON COUNTY in order that my/our application can be acted upon within a reasonable time.

I/We also request my/our relatives, banker, credit union, landlord, prospective landlord, hospital(s), physician(s), pharmacies, and any other persons or organization including the State Department of Health & Welfare, Social Security Administration, Public Health Districts, Department of Veterans Affairs, Crime victims Compensation Program, Victim Witness Program, law enforcement agencies, courts, Legal Aid, Attorney, shelter or food agencies, Idaho Department of Employment, current or former employer(s), having information concerning me/us or my/our circumstances, to provide the information to such representative of JEFFERSON COUNTY, insofar as it is pertinent to this application.

I/We hereby authorize JEFFERSON COUNTY and its representatives to release pertinent information regarding the application, the contents there of and action taken thereon to all parties of interest as provided by Chapters 34 and 35, title 31, Idaho code. I/We hereby authorize a copy of this agreement to be used when necessary and give it full force as the original.

This release is valid as long as it is pertinent to this application.

Signature of Applicant

Signature of Spouse

County Interviewer

Date

STATE OF IDAHO)
)SS:
COUNTY OF JEFFERSON)

SUBSCRIBED AND SWORN before me this _____ day of _____, _____.

S
E
A
L

Notary Public
Residing at: _____
My Commission Expires: _____

REIMBURSEMENT AGREEMENT

I/We understand I/we will be required to reimburse Jefferson County, State of Idaho for any expense for assistance which I/we have requested or which has been requested on my/our behalf and received, if at any time I/we have the ability to do so, including but not limited to my/our estate.

I/We agree to notify representatives of the Board of Jefferson County Commissioners when I/we come into possession of any income, resources, property, or information concerning my/our circumstances which I/we do not now possess. I/We accept the responsibility to immediately notify a representative of Jefferson County of any subsequent change in my/our circumstances relative to this application and request.

I/We agree to increase the rate of reimbursement or make lump sum payments consistent with any ability to pay when additional resources become available.

Signature of Applicant/Patient

Signature of Spouse

Date: _____

STATE OF IDAHO)
)SS:
COUNTY OF JEFFERSON)

SUBSCRIBED AND SWORN before me this _____ day of _____, _____.

S
E
A
L

Notary Public
Residing at: _____
My Commission Expires: _____

OATH

I/We hereby solemnly swear and affirm that I/we have fully examined and understand the contents of this application and the information provided by me/us is true and correct.

I/We understand that any information given or withheld in regard to this application is subject to investigation and upon recognition of any falsehood, the application will be denied and I/we may be prosecuted to the fullest extent of the law.

Signature of Applicant/Patient

Signature of Spouse

Date

County Interviewer

STATE OF IDAHO)
)SS:
COUNTY OF JEFFERSON)

SUBSCRIBED AND SWORN before me this _____ day of _____, _____.

S
E
A
L

Notary Public
Residing at: _____
My Commission Expires: _____

DOCUMENTATION REQUIRED AT THE TIME OF YOUR INTERVIEW:

Please bring the following items to your interview:

- Proof of Identity, such as a driver's license or photo identification card.
- Social Security card/Immigration card.
- Copies of your lease/rental agreements for house or apartment where you live.
 - Your name must be listed on lease or rental agreement.
- Proof of ALL household income from all sources in the last 60 days, including but not limited to:
 - ✓ Wage Stubs
 - ✓ Veteran Benefits
 - ✓ Child Support
 - ✓ Employer earning statement
 - ✓ Social Security/SSI
 - ✓ Alimony
 - ✓ Settlements
 - ✓ Unemployment
 - ✓ Retirement/Pension
- The last month of bank statements including checking, savings, escrow and credit union accounts for you, your spouse, and any other adult member of your household. Please also provide source documentation of all deposits and/or transfer of funds from your accounts.
- If self – employed, the year-to-date bookkeeping records including sales and expense records, and 1099's.
- Proof of the monthly expenses (including balances/arrears owed) for you, your spouse, and any adult member of your household, including but not limited to:
 - ✓ Current months' rent
 - ✓ Child support
 - ✓ Auto insurance
 - ✓ Utilities
 - ✓ Land/House payment
 - ✓ Childcare
 - ✓ Alimony
 - ✓ Auto payments
 - ✓ Space rent
 - ✓ Medical expenses
 - ✓ All insurance
 - ✓ Other monthly expenses