

# JEFFERSON COUNTY ASSISTANCE

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210 Courthouse Way, Ste 110 • Rigby, ID 83442  
Office 208-745-9223 • Fax 208-745-5757

## APPLICATION FOR EMERGENCY NON-MEDICAL ASSISTANCE (Rent, Power Bill, Gas, Misc.)

**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
<b>Your Name</b>	<b>SELF</b>				
1.					
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:**

Were you receiving any State benefits prior to July, 1997?  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, 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: \_\_\_\_\_  
\_\_\_\_\_

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- 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 \_\_\_\_\_

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- 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.)

<b>Financial Assets</b>	<b>Circle One</b>	<b>Account Name/Bank Title and Address</b>		<b>Amount/Value</b>
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			\$
<b>Real/Personal Property</b>	<b>Circle One</b>	<b>Description/location of Property</b>	<b>Currant Value</b>	<b>Amount Owed</b>
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
<b>HOUSING</b>	
Rent/Mortgage Payment	\$
Space Rent	\$
Homeowner's Insurance	\$
Property Taxes	\$
Heat (Type: _____)	\$
Electricity	\$
Water	\$
Garbage	\$
Telephone (Basis Only)	\$
<b>EDUCATION/JOB RELATED:</b>	
Child Care	\$
Car Payment	\$
Transportation (Fuel, oil, bus fare)	\$
Auto Insurance	\$
Tuition/Fees/Books/Supplies	\$
<b>MEDICAL/HEALTH CARE:</b>	
Doctor(s)	\$
Hospital	\$
Prescription/Medicine	\$
Dental/Dentures	\$
Vision/Eyeglasses	\$
Health Insurance	\$
Other: _____	\$
<b>HOUSEHOLD/PERSONAL CARE:</b>	
Groceries: Food	\$
Groceries: Non-Food	\$
Clothing	\$
Other: _____	\$
<b>OTHER:</b>	
Court Ordered Child Support	\$
Garnishments/Fines	\$
Credit Cards/Charge Accounts	\$
Church Tithing	\$
Other: _____	\$

INCOME		MONTHLY AMOUNT
<b>EARNINGS:</b>		
Gross Wages/SELF		\$
Gross Wages/SPOUSE		\$
Gross Wages/OTHER		\$
Self-employment Income		\$
Other: _____		\$
<b>UNEARNED</b>	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 the I/we will be required to reimburse Jefferson County, State of Idaho for any expense for assistance which I/we have requested or has been requested on my/our behalf and received, heretofore the hereafter, if at anytime 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: \_\_\_\_\_

**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

\_\_\_\_\_  
County Interviewer

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

