



# Butler County General Assistance Application

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

Gender:  Male  Female  Non-Binary  Other: \_\_\_\_\_ Pronouns: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Race/Ethnicity: \_\_\_\_\_ Veteran:  Yes  No

Address: \_\_\_\_\_ City: \_\_\_\_\_ State, Zip: \_\_\_\_\_

Move in date of your current address? Month and Year \_\_\_\_\_

If your current address is not in the community then list last community address and dates of that address on the bottom of this form.

Phone number: \_\_\_\_\_ E mail: \_\_\_\_\_

Level of Education:  None  High School  GED  Trade  Associates  Bachelors or higher

### Name and Date of Birth of Spouse and Dependents in Household (use back for more room)

NAME	RELATIONSHIP	DATE OF BIRTH

### CURRENT EMPLOYMENT STATUS

Unemployed  Student  Retired  Employed ( Full Time  Part Time/Seasonal)

Supported Employment ( Sheltered  Prevocational) Other: \_\_\_\_\_

Employer Name: \_\_\_\_\_ Hours/week \_\_\_\_\_ Hourly Wage \$ \_\_\_\_\_

Do you receive Social Security Benefits?  No  Yes

Do you have a social Security Representative Payee?  No  Yes If yes, who is your payee?

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Are you waiting for Social Security Disability determination?  No  Yes

Health Insurance Information: If there is no insurance check here .

Primary Carrier (pays first): \_\_\_\_\_ Policy #: \_\_\_\_\_

Secondary Carrier (pays second): \_\_\_\_\_ Policy #: \_\_\_\_\_

Medicaid State ID# or Medicare Policy #: \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_

<u>Income</u>	<u>Applicant</u>	<u>Others in Household</u>
Social Security		
SSI		
SSDI		
Employment Wages		
FIP		
Child Support		
Veteran's Benefits		
Railroad Pension		
Rental Income		
Dividends, Interest, Etc.		
Other-		
<b>Total Monthly Income</b>		
<u>Resources</u>	<u>Amount</u>	<u>Location</u>
Cash		
Checking Account		
Savings Account		
Stocks and Bond		
Certificates of Deposit		
Life Insurance (cash value)		
Trust Funds		
Burial Contracts		
Recreational Vehicles		
Real Estate (non-residence)		
Other-		
<b>Total Resources</b>		

I hereby attest that the information I have provided is true and I also give Butler County General Assistance 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 may be subject to prosecution if knowingly provide false information.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

(Application must be signed or witnessed and dated to be considered for assistance)

Last Community Address(s) and dates:

\_\_\_\_\_

\_\_\_\_\_

**Please Initial:**

I acknowledge I have been given a copy of the Butler County Notice of Privacy Practices.  \_\_\_\_\_

I have declined a copy of the Butler County Notice of Privacy Practices  \_\_\_\_\_