

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.

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: _____
Last _____ First _____ MI _____ Previous (Maiden) Name _____ Date: _____ / _____ / _____

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.