

I would like to apply for (please check one):

- General Assistance
 University of Iowa Hospital & Clinic Services
 Burial Assistance
 Behavioral Support Funding
 Mental Health Treatment

Identification

Please provide identifying information.

Name: Last		First		Middle		Veteran	
						<input type="checkbox"/> Yes <input type="checkbox"/> NO	
Birth Date			Social Security Number			Sex	
						<input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address				Apt. #		Race	
City		State		Zip		County	
Home Phone		Work Phone			Highest School Grade Completed		
Employer				Current Employment Status			

Household

Please list all members of your household.

Name	Sex	Relationship to You	Age

Income

Please list all income for the household.

Name of Person with Income	Source of Income (i.e. wages, child support, SSI, SSDI, SS, FIP)	Amount Received per Month

Resources

Please fill in the market value of each asset you own. (Must fill each box with 0 or dollar amount.)

Cash	Checking	Savings	CD's
Stocks & Bonds	Real Estate	Vehicles	Life Insurance

Insurance

Please check your type of health insurance.

<input type="checkbox"/> No Insurance	<input type="checkbox"/> Medicaid	<input type="checkbox"/> Medicare	<input type="checkbox"/> Private Insurance Company
State ID#:		Policy #:	Policy #:

Legal Residence

If you have not lived in Butler County for the last 3 consecutive years please list your previous addresses going back 5 years.

From	To	Street	City	State	County

I hereby attest that the information I have provided is true and I also give Butler County permission to release this information to verify and/or communicate eligibility for the assistance requested.

Applicants' Signature

Date