Shasta County Health and Human Services Agency

Please complete the information below. PLEASE PRINT IN INK.

If you have a disability or need help with this application, let the County know and someone will assist you. Applications are not considered received by Shasta County Health and Human Services Agency unless they contain a minimum of Applicant Name, Address, and Signature of Applicant.

Section 1: Please tell us about yourself. LAST FIRST **APPLICANT NAME:** MI TELEPHONE NUMBER **US CITIZEN** YES NO If no, describe current immigration status Separated Divorced Married (complete spouse info) MARITAL STATUS: Single HOW LONG HAVE YOU LIVED IN SHASTA COUNTY? DO YOU INTEND TO PERMANENTLY RESIDE IN SHASTA COUNTY? Yes No IF NO, PLEASE EXPLAIN: _____ LAST FIRST SPOUSE NAME: MI TELEPHONE NUMBER US CITIZEN VES NO If no, describe current immigration status _____ PHYSICAL ADDRESS: ____ NUMBER STREET CITY STATE ZIP MAILING ADDRESS: Same as above CITY ADDRESS/PO BOX STREET STATE ZIP **ARE YOU CURRENTLY HOMELESS?** YES NO **DO YOU PAY RENT AND/OR UTILITIES?** YES NO If yes, how much? _____ To whom? _____ LANGUAGE: The County will provide an interpreter at no cost to you. What language do you prefer to read (if not English)? What language do you prefer to speak (if not English)? If you are deaf or hard of hearing, please check here \Box

<u>SECTION 2:</u> Please complete the following for yourself and ALL persons in the home.

FULL NAME OF PERSON(S) <u>WANTING AID</u>	How is this person related to you?	GENDER (M or F)	DATE OF BIRTH	SOCIAL SECURITY NUMBER	SOURCE OF INCOME	BIRTHPLACE (IF OUTSIDE U.S.)
	SELF					
	SPOUSE					
OTHERS LIVING <u>IN THE</u> <u>SAME HOME</u>						

SECTION 3: Complete the following information for you and your spouse.

	Applicant	Spouse (if
		none, leave
		blank)
Do you or your spouse have any mental and/or physical condition which may	🗌 Yes 🗌 No	🗌 Yes 🗌 No
prevent you from working? If no, skip to Section 4.		
Are you or your spouse under the care of a doctor?	Yes No	🗌 Yes 🗌 No
Have you or your spouse applied for Social Security benefits?	🗌 Yes 🗌 No	🗌 Yes 🗌 No
If yes, list date of most recent Social Security application		
Applicant Spouse		
Do you have an attorney or advocate handling your claim?	Yes No	🗌 Yes 🗌 No
In the last 12 months, have you or your spouse received, or applied for General	Yes No	🗌 Yes 🗌 No
Assistance/General Relief in Shasta County, another county, or another state?		
➢ If yes, list when and where		
Have you or your spouse applied for public assistance under any other name(s)?	Yes No	Yes No
➢ If yes, list name(s)		
Have you or your spouse ever received CalWORKs (TANF)?	Yes No	Yes No
Have you or your spouse ever been in Foster Care?	Yes No	Yes No
Are you or your spouse pregnant?	Yes No	Yes No
➢ If yes, list due date		
Have you your spouse applied for unemployment or state disability benefits?	Yes No	Yes No
Are you or your spouse hiding or running from the law for a felony, attempted	🗌 Yes 🗌 No	Yes No
felony, parole or probation violation?		
Are you or your spouse a Veteran?	🗌 Yes 🗌 No	🗌 Yes 🗌 No
If yes, list Branch and dates served		
Did you or your spouse graduate from high school? If yes, check one below.	🗌 Yes 🗌 No	🗌 Yes 🗌 No
High School Diploma		
\succ GED \square		
Highest Grade Completed		
Are you or your spouse currently attending school or plan to attend in the near	🗌 Yes 🗌 No	Yes No
future?		

How have you been meeting your basic needs (such as living expenses and toiletries, etc.) since you last had income?

EMPLOYMENT HISTORY (last 2 years)

Applicant

Employer	Location	Type of Work	From	То	Reason for Leaving

Spouse (if applicable)

Employer	Location	Type of Work	From	То	Reason for Leaving

INCOME (received in the last 30 days)

Туре	Yes	No	Source	Amount	How often received?	Date received	Expect to continue?
Job (including side jobs)							
Gifts or contributions							
Unemployment (UIB)/ State Disability (SDI) benefits							
Worker's Compensation							
Child/Spousal Support							
Revenue Share (Tribal)							
Union benefits or pensions							
Social Security							
Pensions or retirement							
Military allotment or pension							
Railroad benefits							
Property income (e.g. oil, mining and mineral rights, trust deeds and notes).							

Туре	Yes	No	Source	Amount	How often received?	Date received	Expect to continue?
Trust fund							
Income from selling personal property							
Veterans' benefits							
Rental Income							
Interest income							
Grants, loans, or scholarships							
Other							

RESOURCES

Туре	Yes	No	Current value	Amount owed	Description of property	Account #	In whose name is the resource listed?
Cash on hand							
Checking							
Savings							
Stocks or Bonds							
Notes, mortgages, trust							
deeds							
Trust funds							
Trustee or beneficiary of an							
estate							
Life insurance policies							
Vehicles							
Trailers or motorhomes							
Recreational vehicles							
Tools							
Burial plots, trusts							
Other property							
Land or buildings							

Have you or your spouse received a lump sum (e.g. sale of property, settlements) in the last 12 months? 🗌 YES 🗌 NO

Source	Amount	Date received	
Have you or your spouse sold, transferred	or given away any pro	operty in the last 12 months?	🗌 YES 🗌 NO
Item description	Value		

Amount received _____ Date received _____

SECTION 4:

	Applicant	Spouse (if
		none, leave
		blank)
Have you ever thought you need to cut down on your drinking or drug use?	🗌 Yes 🗌 No	Yes No
Have people expressed concern over your drinking or drug use?	🗌 Yes 🗌 No	Yes No
Have you ever had a drink or used drugs first thing in the morning to steady your	🗌 Yes 🗌 No	Yes No
nerves or get rid of a hangover?		
Have you ever felt bad or guilty about your drinking or drug use?	🗌 Yes 🗌 No	Yes No
Are you currently working with a rehabilitation program?	🗌 Yes 🗌 No	Yes No
Program Name		
 Counselor's Name 		

Section 5: Please review then sign and date below.

I agree to disclose my financial condition and will give all information necessary to establish eligibility for aid and/or services.

I understand any changes in circumstances concerning income, property, household composition, or any condition which may affect my eligibility must be reported within 5 days and must also be reported on the General Assistance Monthly Income Report, which is due by the 5th working day each month.

I understand that if I am required to attend Drug and Alcohol classes I will also provide the Verification of Participation in Alcohol/Drug Rehabilitation program (Form DSS 5080A) with my Income Report <u>each month</u>.

I understand any misrepresentations or omissions of known facts at the time of this application or thereafter may be the basis for criminal prosecution and/or discontinuance of benefits.

I understand any payments received that are not compensation for work performed must be repaid to the County.

I understand and certify, under penalty of perjury, that all my answers on this Application are correct and complete to the best of my knowledge.

SIGNATURE OF APPLICA	NT	DATE	
SIGNATURE OF SPOUSE_		DATE	
SIGNATURE OF WITNESS (II	F SIGNED WITH MARK) OR PERSON I	HELPING TO COMPLETE THIS FORM	
		DATE	
	County Use Only	Y	
GAS Case Number	CalSAWS Case Number	Active MC/CF	