

PLEASE READ THIS BEFORE FILLING OUT APPLICATION

GENERAL INFORMATION

Residents of Twin Falls County may apply for only “Temporary” non-medical assistance from the county.

- I. The County will consider such application only when No other alternative is available to the applicant.
- II. The County may offer assistance with payment for the following services:
 ·RENT ·UTILITIES ·BURIAL OR CREMATION

LIMITATIONS: YOU MUST...

- Be a Twin Falls County resident by legal definition.
- Complete and file an application on an approved form, appear for an interview and produce required documents.

THE COUNTY

- Will not provide more than one month’s assistance in any 12-month aggregate time period (assistance received by another county in Idaho will be applied in this calculation).
- County will not pay for your first month’s rent.
- County will not provide continuing or long-term assistance.
- County will not pay for past due services from the date of application.
- County will not make payments to relatives or other household members.
- County will pay utility bills only when:
 - A disconnect notice has been received by the applicant.
 - Disconnection would pose an imminent danger, and
 - Applicant has exhausted all other avenues of relief.
- County will not pay for reconnection fees, late fee or interest charges.
- County will not pay for irrigation fees, cable TV, any other goods or services that are unnecessary to living or maintaining a home.
- County will not pay for sewage or garbage collection fees.

THINGS TO CONSIDER BEFORE APPLYING

- In reviewing all applications, the county will investigate your ability to work, as well as the ability of other household members to work.
- Applicants will be required to reimburse the county for any funds expended on their behalf.
- If federal, state or other assistance programs are available to meet the needs of a household, an eligible applicant must apply for those programs before the county may provide non-medical assistance. If denied such other assistance, the applicants must pursue available administration appeals to that program to the final administrative level.
- Applicants must prove they are actively seeking employment, or produce a physician’s statement that applicant is medically unable to work. If you voluntarily remove yourself from the workforce without good cause, your application will be denied.
- If you withhold or give false information on an application or during the interview for the purpose of obtaining county aid to which you are not otherwise entitled, you shall be guilty of a misdemeanor.
- If you divest yourself of assets or resources within three (3) months prior to applying for county assistance in order to become eligible, your application will be denied.

HOW DO I APPLY FOR NON-MEDICAL ASSISTANCE?

STEP 1:

You must file an application for assistance on an approved application form. Applications will not be taken over the phone and only applications submitted on the approved application form will be considered. Once you have completed your application, you must submit your application to Twin Falls County Social Services department.

STEP 2:

When you have completed your application, Twin Falls County Social Services department will schedule an interview with a caseworker.

STEP 3:

At the time of your scheduled interview, you will be required to submit all supporting documents pertaining to your income and household expenses. The caseworker will then prepare and present your case to the Twin Falls County Commissioners. The County Commissioners will determine if the case is approved or denied. Failure to submit required documentation may result in a denial by the County Commissioners.

STEP 4:

A letter of determination will be sent to you at the address on file.

INTERVIEW LOCATION: Twin Falls County Social Service office located at 630 Addison Avenue West, Suite 2100, 2nd floor Twin Falls, Idaho 83301

Please arrive 10 minutes prior to your appointment and plan for a 1 hour interview. If you need to reschedule your appointment, please call our receptionist at 208-736-4037 at least 24 hours prior to your appointment. Your appointment will NOT be rescheduled a third time. Failure to keep your appointment or failure to cooperate with our investigation will result in a denial of your application.

Date received

TWIN FALLS COUNTY ASSISTANCE APPLICATION

If you are requesting medical and non-medical assistance, please advise the receptionist, as you will require a different application form.

Do you need an Interpreter? Language: _____

TYPE OF ASSISTANCE REQUESTED

LANDLORD or AGENCY TO BE PAID	TYPE OF SERVICE	DATES OF SERVICE	AMOUNT REQUESTD
Name: Address: City: State: Telephone:			

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FINANCIAL ASSETS

Complete the following information regarding any items that you or your spouse/significant other own, or on which either of your names appear.

Description	Circle One	Names on Account	Bank Name/Location	Account Number	Amount/Value
Cash	YES NO				
Checking Acct	YES NO				
Other Checking	YES NO				
Line of Credit	YES NO				
Savings Acct	YES NO				
Certificates of Deposit	YES NO				
Stocks/Bonds	YES NO				
Mutual Funds	YES NO				
Trusts/Annuities	YES NO				
Retirement (IRA, 401K, etc)	YES NO				
Credit Cards	YES NO				
Other	YES NO				

REAL/PERSONAL PROPERTY

Real/Personal Property	Circle One	Description	Market Value	Amount Owed	Equity
Home Residence	YES NO				
Manufactured Home: Yea/Make/Model	YES NO				
Land	YES NO				
Rental Property	YES NO				
Vehicle: Is it Licensed: Used for Business:	YES NO YES NO YES NO				
Other Vehicle: Is it Licensed: Used for Business:	YES NO YES NO YES NO				
Recreational Vehicle/ Trailer/Camper/Other	YES NO				
Livestock	YES NO				
Items of Trade	YES NO				
Pending Claims	YES NO				
Burial Plots	YES NO				
Life Insurance	YES NO				
Other	YES NO				

Have you or your spouse/significant other sold, traded, given away, or put into a trust, money or any resources within the last year? YES NO If YES, complete the information below. (Attach additional pages if needed)

Description	Where Sold	Amount Received

MONTHLY EXPENSES					
Description		Monthly Amount	Past Due	Balance Due	County Use Only
Rent Mortgage To: Subsidized: YES NO					
Space Rent To:					
Food/Other Special Food Needs					
Non Food					
Utilities:	Heat Source				
	Electricity				
	Water:				
	Sewer/Trash:				
	Telephone (Base Rate)				
	Other				
Insurance:	Health/Accident				
	Home				
	Life				
	Auto				
Transportation	Car Payment: To:				
	Fuel				
	Maintenance				
	Alternate (ie, bus, taxi)				
Previous Medical	Doctors				
	Hospitals				
	Medications				
	Other				
Taxes:	Payroll				
	Property				
Educational Expenses					
Child Care:	Subsidized YES NO				
Duties and Tithing					
Court Ordered:	Child Support				
	Garnishment				
	Fines				
Contract/Credit Card Payments					
Other					
Other					
Additional Expenses					

COUNTY USE ONLY		
Actual Monthly Income	Total Allowable Monthly Expenses	Balance Available

Name of Applicant: (Print)

Name of Spouse/Significant Other: (Print)

RELEASE OF INFORMATION NON-MEDICAL COUNTY ASSISTANCE

In order to cooperate fully with the investigation and determination of my application for county non-medical assistance, I hereby authorize representatives from the Twin Falls County Assistance Department to discuss my application with and to secure information, data, copies and records from my relatives, bankers, credit unions, physicians, hospitals, creditors and any other persons or organizations including, but not limited to the State Department of Health and Welfare, Social Security Administration, all branches of the United States Military, Tribal Records, law enforcement agencies, courts, Idaho Department of Labor, or employers having any information concerning me or my circumstances that said county representative feels is pertinent to the investigation of my application.

I hereby authorize Twin Falls County to release to and exchange pertinent information regarding this application, the contents thereof and action taken thereof with all parties of interest, including but not limited to those listed herein. I acknowledge that my application for assistance waives any and all confidentiality granted by state or federal law to the extent necessary to carry out the intent of Idaho Code Title 31, Chapter 34 regarding my application. I hereby authorize a copy of this agreement to be used when necessary and give it full force as the original.

I understand that I may revoke this consent at any time by submitting to the Twin Falls County Assistance Department a written document signed by me and notarized except to the extent that action has been taken in reliance on it, and that unless consent is sooner revoke, this release is valid as long as it is pertinent to this application. I also understand that if I revoke this consent, to the extent it prevents or substantially interferes with the completion of the investigation of my application, it may result in my application being denied. **I understand that by accepting assistance from the county, I agree to repay the county for all or any portion of expenses paid on my behalf as determined by the Board of County Commissioners.**

By my signature, I apply for county assistance and I hereby certify under penalty of perjury that the information contained in my application for county assistance is true and correct to the best of my knowledge.

Dated this _____ day of _____ 200 ____

Signature of Applicant

Signature of Spouse/Significant other

NOTARY

Dated this _____ day of _____ 200 ____

Personally appeared before me and proved to me on the Basis of satisfactory evidence to be the person(s) whose name(s) is(are) subscribed to this instrument and acknowledged To me that he/she (they) executed the same.

SEAL

Notary Public for Idaho
Residing at:
My Commission Expires: