

Date issued:  
Date returned:

Case Number:

## APPLICATION FOR ASSISTANCE

TOWNSHIP: \_\_\_\_\_

COUNTY: \_\_\_\_\_

**PLEASE USE INK OR A TYPEWRITER  
AND FILL IN EVERY SPACE  
IF YOU ARE FILLING OUT BY HAND, PLEASE PRINT**

### I. GENERAL INFORMATION

Your full name: \_\_\_\_\_ Home telephone: \_\_\_\_\_  
First Middle Initial Last

Present address: \_\_\_\_\_  
Street Address Apartment Number City Zip Code

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Sex: Male / Female

How long have you lived at present address? \_\_\_\_\_

How long have you resided in this Township? \_\_\_\_\_

Please list your last three previous addresses:

Street Address City Date of Residence

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### II. ASSISTANCE REQUESTED

I am applying for (you may apply for one or both types of assistance; please read explanation below first):

- Emergency Assistance
- General Assistance

**Emergency Assistance** is financial assistance to alleviate a life-threatening circumstance or meet an expense which jeopardizes employment. You can receive Emergency Assistance only once a year. Emergency Assistance is an Aurora Township program which is limited to certain situations and/or certain income standards of eligibility.

**General Assistance** is monthly financial assistance to meet basic needs. You can receive it every month of the year, however, you will probably be subject to certain requirements such as a work requirement.

**YOU CANNOT BE ELIGIBLE FOR AND RECEIVE EMERGENCY ASSISTANCE AND GENERAL ASSISTANCE AT THE SAME TIME. YOU MAY APPLY FOR GENERAL ASSISTANCE, EMERGENCY ASSISTANCE OR BOTH, HOWEVER, YOU CANNOT BE APPROVED FOR BOTH. IF YOU ARE ELIGIBLE FOR GENERAL ASSISTANCE YOU WILL BE INELIGIBLE FOR EMERGENCY ASSISTANCE.**

I am requesting the assistance I have indicated on behalf of myself and the following people who reside with me:

Name Age Date of Birth Relationship Birth Place

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**III. REASON FOR APPLYING FOR ASSISTANCE**

If you are applying for General Assistance, what is the reason you are applying for General Assistance?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you are applying for Emergency Assistance, what life threatening circumstance or expense which jeopardizes employment or self-sufficiency faces you?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IV. PERSONAL AND HOUSEHOLD INFORMATION**

What is your marital status? (single, married, divorced, separated) \_\_\_\_\_

If you are divorced, please indicate when and where you were divorced and if any orders were entered with regard to spousal or child support: \_\_\_\_\_

If support orders were entered, what is your ex-spouse's address? \_\_\_\_\_

If married, indicate spouse's full name \_\_\_\_\_

Please indicate spouse's Social Security number: \_\_\_\_\_

Spouse's age \_\_\_\_\_ Spouse's date of birth \_\_\_\_\_

Date you and your spouse were married and place of marriage \_\_\_\_\_

If you do not reside with your spouse, what is your spouse's address? \_\_\_\_\_

Do you rent or own your home? \_\_\_\_\_ If you rent, please indicate the name and address of your landlord:  
**Monthly Rent/Mortgage**

Names, ages and dates of birth of children and name of other parent if different than present spouse.

<u>Name</u>	<u>Age</u>	<u>Date of Birth</u>	<u>Name of other parent</u>

Indicate the name, age, relationship to you, present means of support and contribution to household expenses of every person who lives with you.

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Means of Support</u>	<u>Contribution</u>

Are you or your present spouse, any of your children or anyone residing with you presently employed? If so, indicate the name of person, employer name, employer address, and employer telephone number:

<u>Name</u>	<u>Employer Name</u>	<u>Employer Address</u>	<u>Telephone number</u>

If you or your present spouse are not presently employed, indicate the names, addresses and telephone number of your last employer, the dates of your employment and the reason for leaving:

<u>Name</u>	<u>Address</u>	<u>Telephone number</u>	<u>Dates of Employment</u>	<u>Reason for leaving</u>
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Are you or any member of your family presently residing with you a military service veteran? \_\_\_\_\_

Are you or any member of your family presently residing with you a member of a union? \_\_\_\_\_ If so, please indicate the union member, the name of the union, and union benefits for which the family member is eligible.

<u>Union Member</u>	<u>Name of Union</u>	<u>Union Benefits</u>
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## V. PROPERTY AND ASSETS

Do you or any member of your family residing with you own any real estate? \_\_\_\_\_ If so, please describe the real estate and indicate its address, how title is held, and its approximate equity value.

<u>Description</u>	<u>Address</u>	<u>Title</u>	<u>Value</u>
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Do you or any member of your family residing with you own any automobiles, trucks, motorcycles, farm equipment, or other vehicles? \_\_\_\_\_ If so please describe the vehicle (year, make and model) and indicate how it is titled, and what its present equity value is.

<u>Description</u>	<u>Title</u>	<u>Value</u>
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Do you or any member of your family residing with you have any bank accounts or have any interest in any bank or credit union accounts, including checking accounts, savings accounts, certificates of deposit or share deposits? \_\_\_\_\_ If so, indicate the name and address of the bank, the person who holds title or an interest in the account, the account number, and the account balance.

<u>Name and address of bank or credit union</u>	<u>Title</u>	<u>Account Number</u>	<u>Balance</u>
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Do you or any member of your family residing with you own or have an interest in any real estate or personal property, of whatever nature whatsoever, including but not limited to stocks, bonds, securities, savings bonds, government bonds, cash values in life insurance policies, or any other property interest, which has not been mentioned? \_\_\_\_\_ If so, describe such property, the person with the interest in such property, and the present equity value of such property.

<u>Description</u>	<u>Person Interested</u>	<u>Value</u>
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Do you or any member of your family residing with you have any health insurance? \_\_\_\_\_ If so, please indicate the name of the insurance company, the policy number, the person(s) covered and the type of coverage.

<u>Insurance Company</u>	<u>Policy Number</u>	<u>Person(s) Covered</u>	<u>Type of Coverage</u>
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**VI. INCOME**

Do you or any member of your family residing with you have any earned income from wages and salary or from self-employment? \_\_\_\_\_ If so, please indicate the person receiving the income, the source of the income, and the amount of income received (indicate a time period over which the income was generated or earned).

<u>Person receiving income</u>	<u>Source</u>	<u>Amount</u>

Do you or any member of your family residing with you have any unearned income? \_\_\_\_\_ This includes unemployment benefits, worker's compensation, veteran's benefits Social Security retirement benefits, Social Security disability benefits Social Security survivor's benefits, TANF, SSI and any other public assistance, If so please indicate the person receiving the income, the source of the income and the amount of the income received.

<u>Person receiving income</u>	<u>Source</u>	<u>Amount</u>

Do you or any member of your family residing with you have any income, of any nature whatsoever, which has not previously been mentioned? \_\_\_\_\_ If so, describe such income, the person receiving it, the source and the amount.

<u>Person receiving income</u>	<u>Source</u>	<u>Amount</u>

**VII. DEBTS** (Please list any debts below)

<u>Name of Creditor</u>	<u>Description of debt and when incurred</u>	<u>Balance due</u>

**VIII. PERSONS WHO MAY SIGN APPLICATION**

This Application for Assistance must be signed by the Applicant(s) or by a friend, guardian, conservator or authorized individual acting on behalf of the Applicant(s). An Application for Assistance on behalf of a family must be signed by at least one (1) adult in the family or by a friend, guardian, conservator or authorized individual acting on behalf of at least (1) adult in the family.

**IX. ATTESTATION**

I/We have read the above and foregoing Application for Assistance and declare under penalties of perjury that to the best of my/our knowledge and belief the information supplied in this Application and all accompanying statements and documents is true and correct and that it is a complete statement of all income, assets and resources belonging to me/us and the members of my/our family on whose behalf assistance is requested.

I/We agree to notify the Township Supervisor of any change whatsoever in need or in the resources listed herein or of any new or additional income or resources. Further, by my/our signature(s) I/We hereby authorize any person, bank, corporation, transfer agent, agency, institution or the Department of HHS to furnish to the Township Supervisor whatever information the Supervisor may request relative to accounts, deposits, investments, securities, RSDI benefits or business of any kind whatsoever.

Signature of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

I hereby make Application for Assistance on behalf of the person(s) named below and certify that to the best of my knowledge and belief the information furnished herein is a true statement of the income, assets, and resources of the Applicant(s).

Signature of Authorized Person: \_\_\_\_\_

Name(s) and Address of Applicant(s): \_\_\_\_\_

**Office of General Assistance**  
**Phone: 630-897-8777**  
**Fax: 630-897-8393**

**Aurora Township**  
**80 N. Broadway**  
**Aurora, IL 60505**

**General Assistance Appointment Policy**

I understand that I have a responsibility to keep my appointments with the General Assistance Office and any agency to which the General Assistance Office has referred me, and to be on time for those appointments.

I understand that if I am not able to keep my appointment, I must personally contact the General Assistance Office no later than 30 minutes after the scheduled time for the appointment. Failure to do so will be considered missing an appointment and the application will be denied or the case terminated on the same day of business. At that point, I must reapply if I wish to receive benefits again.

Appointments may not be rescheduled more than once. This stipulation applies to all verbal as well as written appointments.

1. Illness
2. Job Interview
3. Appointment with another agency involved in financial assistance, job search or training
4. Death of a family member
5. Work
6. Court Appearance
7. Lack of transportation, only if due to physical disability or severe weather conditions

Verification in writing must be provided for any of the above reasons. Documentary verification from an employer, potential employer in the case of job interview, physician or whoever else may be the agent causing the appointment to be missed must accompany the next interview.

This form constitutes a warning. I have been asked to read, sign, and date this form to show that I am aware of this policy. I understand this policy and have received a copy for my records.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Caseworker's Signature

\_\_\_\_\_  
Date

**AURORA TOWNSHIP**  
**80 N. Broadway**  
**Aurora, IL 60505**

PH: 630-897-8777

Fax: 630-897-8393

Case Name: \_\_\_\_\_

Case Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**CONSENT TO RELEASE INFORMATION**

I (we) do hereby authorize \_\_\_\_\_

to release to the Aurora Township General Assistance Office the following information

which is necessary to ( ) determine ( ) re-determine my (our) eligibility for assistance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Signature of spouse if applicable

\_\_\_\_\_  
Address

\_\_\_\_\_  
Witness Date

**Notice of Rights and Responsibilities of General Assistance**  
**Applicants and Recipients**

As an applicant or recipient of GA, you have certain rights:

You have the right to apply for GA at anytime. Application must be in writing and must contain at least your name, address and signature. Should you desire, you may have help in filling out the application form. Your application must be submitted to the General Assistance office; however, you may do this by mail.

You have the right to be treated with courtesy, consideration and respect. You also have the right not to be discriminated against or denied GA because of race, religious belief, age, handicap, color, national origin, sex or political affiliation. If you feel that you have not been treated courteously or that you have been discriminated against, you have the right to complain to the General Assistance Office without retaliation.

You have the right to look at the General Assistance handbook used by the General Assistance Office to determine eligibility and payment amounts. You have the right to ask questions about your case and to examine your case file at a reasonable time in the presence of a representative of the General Assistance Office.

Under most circumstances, you have the right to prevent the Assistance Office from disclosing information about your case to anyone.

Finally, you have the right to appeal any actions, inaction or decision of the General Assistance Office with which you disagree.

Signature \_\_\_\_\_

Date \_\_\_\_\_

## Responsibilities

As an applicant or recipients you also have certain responsibilities. Your failure or refusal to fulfill these responsibilities could result in a denial or termination of General Assistance (GA) benefits.

You must provide the General Assistance Office with any information necessary to determine if you are eligible for GA. You must also permit the General Assistance Office access to any information necessary to determine your eligibility. You must cooperate with the GA in obtaining this information at any time, even after you have been approved for GA.

You must keep all scheduled appointments with the General Assistance Office.

Unless exempt you must actively seek work, register every 30 days with the Illinois State Employment Service, and participate in the Community Work Program.

You must also advise the General Assistance Office immediately of any changes in your circumstances, such as a change of address, income, assets or household composition, which might affect your eligibility for GA.

You have a responsibility to utilize all resources at your disposal and to apply for any benefits for which you might be eligible. If the General Assistance Office refers you to another office or agency to apply for benefits or receive training, you must accept and follow up such referral in good faith.

I acknowledge receiving a copy of this Notice of Rights and Responsibilities.

Signature \_\_\_\_\_

Date \_\_\_\_\_

<b>Notice of Benefits Under the General Assistance Program</b>
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**MONTHLY FINANCIAL ASSISTANCE**

General Assistance provides monthly financial assistance for Basic maintenance needs, including shelter, utilities, and food (even if you receive Food Stamps), personal essentials (soap, shampoo, toothpaste, etc), household supplies (laundry detergent, fabric softener, etc.), and clothing. If you have certain allowable special needs, such as a therapeutic diet, amounts may be provided for your special needs.

The maximum amount of monthly benefits is limited by the Office of General Assistance payment levels for basic maintenance items for assistance units of certain sizes. You are herewith receiving a written copy of those payment levels, which you should keep. However, you may not receive the maximum amounts if you have any income or if you do not have a sufficient need for certain basic maintenance item.

You will not receive cash. If approved, the General Assistance Office will issue a disbursing order to vendors to supply you with goods and services. Every month you will be issued a disbursing order to vendors to supply you with goods and services. Every month you will be issued a disbursing order totaling the amount of your grant. The disbursing orders may only be used to obtain the basic maintenance needs for which you have been approved.

**MEDICAL ASSISTANCE**

If approved for General Assistance, you are entitled to have certain medical care paid for unless you are denied medical assistance for a specific reason. Medical assistance is disbursed by direct vendor payment; that is, General Assistance Office pays the Medical Provider.

The General Assistance office only pays for necessary and essential medical services. Preventive care is not considered essential, if you have any questions of what types of medical services can be paid for, you should ask personnel of the General Assistance office.

Unless an emergency exists, you must receive prior approval from the General Assistance office for medical care; otherwise the General Assistance office may refuse to pay for such care. You should contact a representative of the General Assistance office during reasonable hours with a specific request to have medical care authorized.

I acknowledge having received a copy of this Notice of Benefits and a copy of the General Assistance Office's payment levels for basic maintenance items:

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Signature of Applicant/Recipient

Date

Name: \_\_\_\_\_

Case # 07-053-AA - \_\_\_\_\_

### NOTICE OF WORKFARE REQUIREMENT

A law passed by the Illinois Legislature in 1979 requires that if you receive financial assistance from the township and are able to work, you may be selected to work without compensation for a governmental body or not for profit agency, subject to the following:

You cannot be selected to replace a regular employee.

The work you are to do must reasonably relate to your skills or interest.

You cannot be required to work more than eight hours per day or 40 hours per week.

The worksite must be within 15 miles of your place of residence.

You can be required to work only until the number of hours worked, multiplied by the federal minimum wage rated per hour, equals the amount of General Assistance you have received from the township. After that, if the government body or agency wants to employ you, they must pay you at least the minimum wage.

Ability to work will be determined according to the same standards as applied by the Illinois Department of Human Services.

I acknowledge receiving a copy of the foregoing information concerning Workfare:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

**AURORA TOWNSHIP  
80 N. Broadway  
Aurora, IL 60505**

**REGISTRATION FORM FOR GENERAL ASSISTANCE  
WORKFARE PROGRAM**

Date: \_\_\_\_\_

07-053-AA-

Name of Client: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Amount of Assistance: \_\_\_\_\_

Type of work skills:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Client's Signature

By: \_\_\_\_\_

Date case opened: \_\_\_\_\_

Date case closed: \_\_\_\_\_

### VOTER REGISTRATION INFORMATION

Are you registered to vote at the address where you are now living?  Yes  No

*If not*, would you like to apply to register to vote at the Township?  Yes  No

**Please Note:** Applying to register to vote or choosing not to register to vote will not affect your eligibility for assistance through Aurora Township or the amount of assistance you might qualify for.

**Important:** If you would like to have help filling out the voter registration application form, Township staff will help you. The decision whether to seek or accept help is yours. You may fill out the application in private. All information will remain confidential and will be used only for voter registration purposes. Anyone choosing not to register to vote and/or information regarding the office from which the application was submitted will remain confidential to be used only for voter registration purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Print Your Full Name

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**COMPLAINT INFORMATION:** If you believe that someone has interfered with your right to register or not register to vote, your right to privacy in deciding whether to register or in applying to register to vote, or your right to choose your own political party or other political preference, you may file a complaint with Rupert T. Borgsmiller, Executive Director, Illinois State Board of Elections, 2329 S. MacArthur Blvd., Springfield, Illinois 62704-4503 or call (217) 782-4141 or TDD (217) 782-1518.

## AURORA TOWNSHIP GENERAL ASSISTANCE ALLOWANCES

Household Members	01
Shelter	\$313.00
Utilities ***	51.00
Food	0.00
Clothing	0.00
Household Supplies	0.00
Personal Essentials	0.00
Transportation * (see below)	0
<b>Total</b>	<b>\$364.00</b>

OR

Household Members	01
Combined Shelter and Utilities (if applicable)	\$364.00
Food	0.00
Clothing	0.00
Household Supplies	0.00
Personal Essentials	0.00
Transportation * (see below)	0
<b>Total</b>	<b>\$364.00</b>

OR

Household Members	01
Room and Board (combined shelter, utilities if applicable)	\$364.00
Clothing	0.00
Household Supplies	0.00
Personal Essentials	0.00
Transportation * (see below)	0
<b>Total</b>	<b>\$364.00</b>

rev./adopted 03/01/01  
 rev./adopted 01/13/03  
 rev./adopted 10/04/04  
 rev./adopted 06/08/06  
 rev./adopted 06/21/07  
 rev./adopted 09/10/09  
 rev./adopted 12/17/13  
 rev./adopted 01/10/14

**AURORA TOWNSHIP**  
**80 N. Broadway**  
**Aurora, IL 60505**

**FORMULARIO DE INSCRIPCIÓN PARA EL PROGRAMA DE ASISTENCIA  
GENERAL PROGRAMA DE EMPLEO**

Fecha: \_\_\_\_\_

07-053-AA –

Nombre del Cliente: \_\_\_\_\_

Domicilio: \_\_\_\_\_  
\_\_\_\_\_

Número de Teléfono: \_\_\_\_\_

Cantidad de Asistencia: \_\_\_\_\_

Tipo de Habilidades de Trabajo: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Firma del Cliente

\_\_\_\_\_  
Por

\_\_\_\_\_  
Fecha en cuando se empezó el Caso

\_\_\_\_\_  
Fecha de Cierre del Caso

Nombre: \_\_\_\_\_

# De Caso 07-053-AA - \_\_\_\_\_

### **AVISO DE PROGRAMA DE EMPLEO REQUERIDO**

Un requisito de ley aprobada por la Legislatura de Illinois en 1979 exige que si usted recibe asistencia financiera de la comuna y son capaces de trabajar, usted será seleccionado para trabajar sin compensación por un organización gubernamental o en una agencia sin fines de lucro, con sujeción a la siguientes:

Usted no puede ser seleccionado para reemplazar a un empleado regular.

El trabajo que tiene que hacer debe ser razonablemente, relacionado a sus habilidades o intereses.

No se puede ser obligado a trabajar más de ocho horas diarias o 40 horas por semana.

El lugar de trabajo debe ser dentro de 15 millas de su lugar de residencia.

Puede ser obligado a trabajar sólo hasta que el número de horas trabajadas, multiplicada por el salario mínimo federal nominal por hora, es igual a la cantidad de Asistencia General que ha recibido del Township (Municipio).

Después de eso, si el organización de gobierno o agencia quiere contratarle, deben pagar le por lo menos el salario mínimo.

La capacidad de trabajo se determinará de acuerdo con las mismas normas aplicadas por el Departamento de Servicios Humanos.

Yo reconozco que recibí una copia de la información anterior sobre el programa de empleo:

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Fecha

## Noticia de Beneficios Bajo el Programa de Asistencia General

### **ASISTENCIA FINANCIERA**

Asistencia General provee asistencia financiera mensual para las necesidades de mantenimiento básicas, como alojamiento, servicios públicos, y los alimentos (incluso si usted recibe estampillas de comida), lo esencial personal (jabón, champú, pasta de dientes, etc.), artículos de uso doméstico (detergente, suavizante, etc.), y la ropa. Si usted tiene cierta necesidad admisible especial, tal como una dieta terapéutica, las cantidades pueden estar previstas en sus necesidades especiales.

La cantidad máximo de beneficios mensuales es limitada por la Oficina de Asistencia General de los niveles de pago de asistencia para los elementos básicos de mantenimiento para las unidades de asistencia de ciertos tamaños. Usted está adjunto recibir una copia escrita de los niveles de pago, que deberá conservar. Sin embargo, no podrá recibir la cantidad máximo si usted tiene cualquier ingreso o si usted no tiene una necesidad suficiente para determinados elemento de mantenimiento básico.

### **ASISTENCIA MÉDICA**

Si es aprobado para la Asistencia General, usted tiene derecho a tener atención médica pagada a menos que se les niega la asistencia médica por una razón específica. La asistencia médica es desembolsada por el pago de proveedores directos, es decir, la Oficina de Asistencia General paga el proveedor médico.

La Oficina de Asistencia General sólo paga por los servicios médicos necesarios y esenciales. La atención preventiva no se considera esencial, si usted tiene alguna pregunta de qué tipos de servicios médicos puede ser de pago, usted debe comunicarse con el personal de la oficina de Asistencia General.

A menos que exista una emergencia, usted debe recibir la aprobación previa de la oficina de Asistencia General de la atención médica, de lo contrario la Oficina de Asistencia General puede negarse a pagar por dicha atención. Usted debe contactar a un representante de la oficina de asistencia general durante el horario razonable, con una petición específica para que el cuidado médico sea autorizado.

Reconozco haber recibido una copia de este Aviso de los Beneficios y una copia de los niveles de pago de la Oficina de Asistencia General para los elementos básicos de mantenimiento:

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Firma de Aplicante/Recipiente

Fecha

## **RESPONSABILIDADES**

Como un solicitante o recipiente que también tiene ciertas responsabilidades. Su falta o la negativa a cumplir con estas responsabilidades podría resultar en una denegación o cancelación de Asistencia General (GA) los beneficios.

Usted debe proporcionar la Oficina de Asistencia General toda la información necesaria para determinar si usted es elegible para la GA. También debe permitir el acceso a la asistencia a la Oficina General de toda la información necesaria para determinar su elegibilidad. Usted debe cooperar con la Asamblea General en la obtención de esta información en cualquier momento, incluso después de haber sido aprobado para la GA.

Usted debe mantener todas las citas con la Oficina de Asistencia General. A menos que usted sea exento debe buscar activamente trabajo, el registro cada 30 días con el Servicio de Empleo del Estado de Illinois y participar en el Programa de Trabajo de la Comunidad.

También debe asesorar a la Oficina de Asistencia General inmediatamente de cualquier cambio en sus circunstancias, como un cambio de domicilio, ingresos, activos o la composición del hogar, lo que podría afectar su elegibilidad para la GA.

Usted tiene la responsabilidad de utilizar todos los recursos a su disposición y para solicitar los beneficios para los que usted puede ser elegible. Si la Oficina de Asistencia General se refiere a otra oficina o agencia para solicitar los beneficios o recibir entrenamiento, debe aceptar y dar seguimiento a dicha remisión de buena fe.

Yo reconozco que he recibido una copia de este Aviso de Derechos y Responsabilidades.

Firma \_\_\_\_\_

Fecha \_\_\_\_\_

## **Aviso de Derechos y Responsabilidades de los Solicitantes de Asistencia General y Recipientes**

Como solicitante o recipiente de Asistencia General, usted tiene ciertos derechos:

Usted tiene el derecho de aplicar en cualquier momento para Asistencia General. La solicitud debe ser por escrito y obtener al menos debe tener su nombre, domicilio y firma. Si usted desea, usted puede tener ayuda para llenar el formulario de solicitud. Su solicitud debe enviarse a la oficina de Asistencia General, sin embargo, puede hacerlo por correo.

Usted tiene el derecho a ser tratado con cortesía, consideración y respeto. Usted también tiene el derecho a no ser discriminado o negado Asistencia General por motivos de raza, creencia religiosa, edad, discapacidad, color, origen nacional, sexo o afiliación política. Si usted siente que no haya sido tratado con cortesía o que usted ha sido discriminado, usted tiene derecho a quejarse ante la Oficina de Asistencia General, sin represalia.

Usted tiene el derecho de ver el manual de Asistencia General utilizados por la Oficina de Asistencia General para determinar la elegibilidad y el pago de cantidades. Usted tiene el derecho a hacer preguntas sobre su caso y para examinar su expediente en un plazo razonable para la presencia de un representante de la Oficina de Asistencia General.

En la mayoría de circunstancias, usted tiene el derecho de impedir la Oficina de Asistencia General de revelar información sobre su caso a nadie.

Finalmente, usted tiene el derecho de apelar cualquier acción, omisión o decisión de la Oficina de Asistencia General con la que no está de acuerdo.

Firma \_\_\_\_\_

Fecha: \_\_\_\_\_

**AURORA TOWNSHIP**

**80 N. Broadway**

**Aurora, IL 60505**

Tele: 630-897-8777

Fax: 630-897-8393

Nombre de Caso: \_\_\_\_\_

Número de Caso: \_\_\_\_\_

Número de Seguro Social: \_\_\_\_\_

**CONSENTIMIENTO PARA DIVULGAR INFORMACIÓN**

Yo (nosotros) por este medio autorizo \_\_\_\_\_

a liberar a Aurora Township (Municipio de Aurora) la siguiente información que e

es necesario para ( ) determinar ( ) redeterminar mi (nuestra)

elegibilidad para asistencia:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Firma

\_\_\_\_\_  
Firma de cónyuge, si es apropiado

\_\_\_\_\_  
Domicilio

\_\_\_\_\_  
Ciudad, Estado, Código Postal

\_\_\_\_\_  
Testigo

\_\_\_\_\_  
Fecha

Oficina de Asistencia General  
Teléfono: 630-897-8777  
Fax: 630-897-8393

Aurora Township  
80 N. Broadway  
Aurora, IL 60505

### La Póliza Con Respecto a Mantener Las Citas

Entiendo que tengo la responsabilidad de mantener mis citas con la Oficina de Asistencia General y cualquier agencia al que la Oficina de Asistencia General se ha referido a mí, y para estar a tiempo para las citas.

Yo entiendo que si yo no soy capaz de mantener mi cita, debo comunicarme personalmente con la Oficina de Asistencia General no más tarde que 30 minutos después de la hora prevista para la cita. De no hacerlo será considerado falta una cita y la solicitud será negada o el caso terminado en el mismo día de los negocios. En ese punto, debo volver a aplicar, si quiero recibir los beneficios de nuevo.

La cita no puede ser reprogramado más de una vez. Esta disposición se aplica a todas las verbales, así como las citas por escrito.

1. Enfermedades
2. Entrevista de trabajo
3. Cita con la otra agencia involucrada en la ayuda financiera, búsqueda de empleo o de entrenamiento
4. La muerte de un miembro de la familia
5. Trabajo
6. Tribunal Aspecto
7. La falta de transporte, sólo si, debido a una discapacidad física o condiciones climáticas severas

Verificación por escrito debe ser proporcionado por cualquiera de las razones mencionadas anteriormente. Comprobación de los documentos de un empleador, el empleador potencial en el caso de la entrevista de trabajo, el médico o cualquier otro que puede ser el agente causante de la cita que se perdió deberá acompañar la siguiente entrevista.

Esta forma constituye una advertencia. Se me ha pedido a leer, firmar y fechar este formulario para demostrar que soy consciente de esta póliza. Yo entiendo que esta póliza y ha recibido una copia par mis registros.

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Client's Signature

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Date

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Caseworker's Signature

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Date