

**Roscoe Township**  
General Assistance Program  
5792 Elevator Road, Roscoe, IL 61073  
(815) 623-7323 Fax (815) 623-7343  
<http://www.roscoetownship.com>

## INSTRUCTIONS TO APPLICANT

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

-PENDING-

The items checked below must be returned to the office so that your application can be processed.

- Completed and signed application for General Assistance and/or Emergency Assistance.
- Verification of residence; rent/mortgage receipts; property owner agreement completed.
- Verifiable fully completed Job Search form.
- Status of unemployment compensation benefits and job service registration at Illinois Department of Employment Security (IDES).
- Verification of ability/inability to work: a written doctor's statement.
- Pay stubs for 4 concurrent weeks of income self-employment records.
- Verification of all Social Security benefits: retirement, disability, SSI, survivor benefits, IAR agreement.
- Verification of pension/retirement accounts: company contributions and or individual contributions.
- Verification of worker's compensation claim.
- Verification of veteran's benefits
- Verification of application or receipt of benefits from Department of Human Services: Temporary Assistance for Needy Families (TANF), Responsibility and Service Plan (RASP), link card, medical.
- Records of bank accounts, trust funds, CD's, bonds, etc.
- All records of additional income such as rental income, child support.
- Verification of ownership of real property including deeds, tax bills, mortgage contracts.
- Social Security numbers, age and relationship of adult(s)/dependent(s) in household.
- Proof of marriage and/or divorce, child custody, court appearances & Department of Children and Family Services (DCFS).
- Schedule of classes and/or appointments \_\_\_\_\_
- Parole/Probation request for information and compliance.
- Past/Present employer request for information and job status.
- Request for information form(s).

**ELIGIBILITY INTERVIEW(S) ARE REQUIRED**

Before you call for a General Assistance appointment you must have the following items:

- Driver's License
- SS card(s) all members list on the application
- Rental Agreement/Proof of Address
- Illinois Job Service Card, stamped every 30-day period
- Unemployment decision
- IL Department of Human Services (DHS) decision/TANF decision if with children (1111 N. Avon St., Rockford, 815-987-7620
- Last pay stub if applicable
- Application fully completed, no blank areas
- Ten job searches, form fully completed

WHEN YOU HAVE, YOUR APPLICATION COMPLETED AND HAVE THE APPLICABLE ITEMS FROM THE ABOVE CHECKLIST CALL THE ROSCOE TOWNSHIP OFFICE TO MAKE AN APPOINTMENT. 815-623-7323



# APPLICATION FOR GENERAL ASSISTANCE

City or Township: ROSCOE Date Issued: \_\_\_\_\_  
 County: WINNEBAGO Date Returned: \_\_\_\_\_  
 Record Number: \_\_\_\_\_

Information required in this application applies to the head of the family and all dependents for whom the application is made.

1. General Information

Last Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Husband's First Name and Middle Initial: \_\_\_\_\_ Wife's First Name and Middle Initial: \_\_\_\_\_

Other Names or Spellings: \_\_\_\_\_  
 Address: \_\_\_\_\_ Date Moved In: \_\_\_\_\_ Monthly Rent: \_\_\_\_\_

Previous Three Addresses (including city and state):  
 Address 1: \_\_\_\_\_ Date Moved In: \_\_\_\_\_  
 Address 2: \_\_\_\_\_ Date Moved In: \_\_\_\_\_  
 Address 3: \_\_\_\_\_ Date Moved In: \_\_\_\_\_

My family and I have lived in this township since \_\_\_\_\_ this county since \_\_\_\_\_  
 and this state since \_\_\_\_\_  
 Our last address before moving to Illinois was \_\_\_\_\_

I am now asking for assistance for myself and the following members of my family, who reside with me.

Name			Date of Birth			Birthplace		Relationship	Illinois Department of Employment Security Registration Number	Social Security Number
First	Middle	Last	Month	Day	Year	City	State			
								Self/ Applicant		

In addition to those listed above, the following relatives, boarders, lodgers and other persons, for whom I am not seeking assistance, are living in the same house.

Name			Age	Relationship	Present Means of Support	Amount Paid Monthly for Board, Lodging, or Share of Household Expenses
First	Middle	Last				

2. Why do you need assistance?



# APPLICATION FOR GENERAL ASSISTANCE

### 3. Personal and Occupational Information

Marital Status:  Married  Single  Widowed  Divorced  Separated  Deserted

If married, date of marriage: \_\_\_\_\_ Location of Marriage: \_\_\_\_\_

If separated, state reason: \_\_\_\_\_

The present address of my spouse, with whom I am not living, is: \_\_\_\_\_

Is there a court order for child support?  Yes  No

Living Arrangement:  Rent  Own

If rent, Landlord's Name: \_\_\_\_\_ Landlord's Address: \_\_\_\_\_

Related to Landlord?  Yes  No If related, relationship to landlord: \_\_\_\_\_

Military Service: Does any member of your family have current or previous military service?  Yes  No

If "Yes", who has current or previous military service? \_\_\_\_\_

Date of Enlistment: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_ Serial Number: \_\_\_\_\_

If family member has current/previous military service, he/she:  
 received Adjusted Compensation  did not receive Adjusted Compensation  receives pension or other income from such service  does not receive pension or other income from such service

Past Employment: List last employer and two longest term employers for applicant and any other family member with work history.

Family Member	Name and Address of Employer	Type Work	Monthly Wage	Start Date	End Date	Reason for Leaving

Present Income and Other Financial Information: Fill in every blank. If none, write "None".  
Resources:

Sources	Person Receiving	Employer's Name and Address or Description of Resource	Weekly Amount
Employment: Salary			
Employment: Commissions			
Profits from: Business			
Profits from: Employment in Home			
Profits from: Sales			
Other: (specify)			

#### Public Assistance and Related Public Benefits

Sources	Person Receiving	Amount	Source	Person Receiving	Amount
TANF			RSDI		
AABD			Other		
General Assistance			Other		



# APPLICATION FOR GENERAL ASSISTANCE

Other Cash Resources

Sources	Name of Person	Amount	Sources	Name of Person	Amount
Cash on Hand			Lodges/Unions		
Savings			Annuities		
Bank Accounts			Alimony/Child Support		
Unemployment Benefits			Estates/Court Orders		
Worker's Compensation			Friends/Relatives		
Veteran's Benefits			Government Bonds		
Other Income			Other Income		

Banks Accounts Held by Any Family Member

Family Member Holding Account	Name and Address of Bank	Amount of Deposit or Date of Last Withdrawal

Safety Deposit Boxes Held by Any Family Member

Family Member Holding Box	Location of Box	Contents

Personal Property (i.e., securities, stocks, bonds, jewelry, livestock) Held by Any Family Member

Owned By	Description	Present Sale Value

Real Estate Owned, in Whole or Part, by Any Family Member

Recorded Owner	Address	Description	Present Value	Date Purchased	Date Last Taxes Paid	Amount Last Taxes Paid	Present Monthly Income

Vehicles and Farm Equipment Owned by Any Family Member

Owner	Year	Make	Model	Date Purchased	License Number	Year Issued	Present Sale Value



# APPLICATION FOR GENERAL ASSISTANCE

Life Insurance Policies, Current or Lapsed, Held by Any Family Member

Person Insured	Name of Company	Type Policy	Amount	Monthly Premium	Date Last Premium Paid	Loans Made	
						Date	Amount

Medical, Hospital, Surgical, or Other Health Benefits Available to Any Family Member

Name of Company	Type of Coverage	Annual Premium

I understand that if I want someone else to apply for General Assistance for me, and I am mentally and physically able to apply, I must provide a written statement that gives the person permission to apply on my behalf. The statement must include the full name, address and telephone number of the person applying for me. The statement must say that I am still responsible for the information that the person applying for me gives to the local General Assistance office. The statement must also say that I am liable for repaying benefits that were received due to incorrect or incomplete information provided by an approved representative.

This application must be signed by the applicant, however, if the person is too ill, or otherwise mentally or physically unable to complete an application, this application may be filed by the spouse, parent, child, adult sibling, or other relative. If there are no relatives this application may be signed by any other person able to furnish necessary information with reasonable competence.

I have read this application for General Assistance and declare under penalties of perjury that, to the best of my knowledge and belief, the information supplied in this application and all accompanying statements is true and correct, and that it is a complete statement of all income, assets, or resources belonging to me or to any member of my immediate family.

I agree to notify the Supervisor of General Assistance of any change whatsoever in need, or in the resources listed herein, or any new or additional income or resources. Further, I hereby authorize any person, bank, firm, corporation, transfer agent, agency, institution or the Department of Human Services to furnish the Supervisor of General Assistance whatever information that may be requested relative to accounts, deposits, investments, securities, Railroad System Disability Income benefits, or business of any kind whatsoever.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Spouse Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

Applicant: \_\_\_\_\_ Applicant Representative Signature: \_\_\_\_\_

Applicant Representative Address: \_\_\_\_\_ Relationship to Applicant: \_\_\_\_\_

# CONSENT TO RELEASE OF INFORMATION

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GENERAL ASSISTANCE OFFICE

ROSCOE TOWNSHIP  
5792 Elevator Road  
Roscoe, IL 61073                      815-623-7323

TO:                      (NAME OF ENTITY OR PERSON TO WHOM CONSENT IS DIRECTED)

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FROM:                      (NAME OF PERSON AUTHORIZING RELEASE OF INFORMATION)

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You are hereby authorized and directed to release to or permit the examination and the copying or reproduction in any manner, whether mechanical, photographic or otherwise, by the Supervisor of General Assistance and the personnel of the General Assistance Office (GAO) named above of any and all such information as may be request by the aforesaid Supervisor or GAO personnel.

TOWNSHIP SUPERVISORS OF ILLINOIS GENERAL ASSISTANCE HANDBOOK

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You are further authorized and directed to furnish as requested oral and written reports to the aforesaid Supervisor and GAO personnel.

You are further authorized and directed to transmit by any method, including the United States Postal Service, fax and internet, copies of such documents as may be requested by the aforesaid.

I hereby revoke any previously dated Consent to Release of information.

Dated the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_.

\_\_\_\_\_  
Signature

Witness: \_\_\_\_\_

(Please print following)

Name of witness: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_



Roscoe Township  
General Assistance Program  
5792 Elevator Road  
Roscoe, IL. 61073  
(815)623-7323  
Fax (815)6237343

## JOB SEARCH FORM

Applicant / Recipient Name: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Roscoe Township Representative Name: \_\_\_\_\_

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DATE: \_\_\_\_\_ CONTACT PERSON'S SIGNATURE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ( ) Application ( ) Resume

PHONE: \_\_\_\_\_ ( ) Interview ( ) Other/Explain

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DATE: \_\_\_\_\_ CONTACT PERSON'S SIGNATURE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ POSITION APPLIED FOR: \_\_\_\_\_

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ADDRESS: \_\_\_\_\_ ( ) Application ( ) Resume

PHONE: \_\_\_\_\_ ( ) Interview ( ) Other/Explain

STATELINE STAFFING SERVICE  
856 PROGRESSIVE LANE  
SOUTH BELOIT, IL 61080  
815-624-7020

TRINITY LABOR SERVICE  
14469 DE LA TOUR DRIVE  
SOUTH BELOIT, IL 61080  
815-624-7785

DICKEY STAFFING SOLUTIONS  
1880 WINDSOR ROAD  
LOVES PARK, IL 61111  
815-636-4477