

# Greenwood Township

5211 Miller Road  
Wonder Lake, IL 60097  
Greenwoodil.supervisor@gmail.com

*Supervisor*

LISA MAIRE  
815.648.4653

Please find enclosed an application for the Greenwood Township General Assistance/Emergency Assistance programs. Please complete all sections of this application. Including the Release of Information Form and return it to me via email, USPS or by dropping it off at our office. You must provide the following documents (if Applicable):

1. Valid driver's license or state ID for all persons 16 years of age or older
2. Social Security cards for each person listed on the application.
3. Birth Certificates for all persons listed on the application.
4. Current bank statements and printout from bank showing current balances.
5. Lease or mortgage statement including eviction notice.
6. Paystubs for the last 30 days for all working family members
7. Link card and medical card. Insurance if applicable.
8. Marriage license or divorce/separation papers
9. Award letter from Social Security (SSD) (SSI)
10. Permanent Resident Card or Certificate of Naturalization if born in a foreign country.
11. Unemployment compensation records showing eligibility.
12. Verification you are registered with the Workforce in Woodstock, IL
13. If you are unable to work, a statement from your doctor stating you cannot work, for what reason and how long.

Lisa Maire  
Supervisor

GREENWOOD TOWNSHIP GENERAL ASSISTANCE OFFICE

Lisa Maire, Supervisor

5211 Miller Rd  
Wonder Lake, IL 60097

Phone: (815) 648-4653

APPLICATION FOR GENERAL ASSISTANCE

PRIMARY CONTACT INFORMATION

Applicant Name: \_\_\_\_\_ SSN: \_\_\_\_\_  Adult  
Other Names or Spellings: \_\_\_\_\_ Relationship: \_\_\_\_\_  
IDES Reg #: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Birthplace: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Application Date: \_\_\_\_\_ Case ID #: \_\_\_\_\_  
Need for Assistance: \_\_\_\_\_

PRESENT ADDRESS INFORMATION

Address 1: \_\_\_\_\_  
Address 2: \_\_\_\_\_ Address 3: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Date Moved In: \_\_\_\_\_ in Township Since: \_\_\_\_\_ in County Since: \_\_\_\_\_ in State Since: \_\_\_\_\_  
Residence Status: \_\_\_\_\_ Amt/Mo: \_\_\_\_\_ Landlord: \_\_\_\_\_  
Landlord Relation: \_\_\_\_\_ Landlord Address: \_\_\_\_\_

PREVIOUS ADDRESS INFORMATION

Address	City	State	Zip	Date Moved In
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MARITAL STATUS

Marital Status: \_\_\_\_\_ Spouse: \_\_\_\_\_  
Married On: \_\_\_\_\_ Location of Marriage: \_\_\_\_\_  
Reason for Separation: \_\_\_\_\_ Spouse Address: \_\_\_\_\_

ASSISTANCE UNIT MEMBERS

Name	Birth Date	Birth Place	Relationship	IDES Reg #	SSN
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NON-ASSISTANCE UNIT MEMBERS

Name	Age	Relationship	Means of Support	Monthly Amount Paid for Expenses
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MILITARY INFORMATION

Family Member	Branch	Serial #	Enlisted	Discharged	Recv Comp?	Recv Pension?
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**PRESENT EARNED INCOME INFORMATION**

Person Receiving	Source	Employer or Description of Resource	Monthly Amount
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**PUBLIC ASSISTANCE AND RELATED PUBLIC BENEFITS**

Person Receiving	Source	Amount
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**PRESENT UNEARNED INCOME INFORMATION**

Person Receiving	Source	Description of Resource	Monthly Amount
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**PRESENT ASSET INFORMATION**

Person Receiving	Source	Description of Resource	Amount
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**MEDICAL INSURANCE BENEFIT INFORMATION**

Name of Company	Type of Coverage	Annual Premium
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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: \_\_\_\_\_

**GREENWOOD TOWNSHIP GENERAL ASSISTANCE OFFICE**  
**Lisa Maire, Supervisor**

5211 Miller Rd.  
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Phone: 815-648-4653

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**RELEASE OF INFORMATION**

I understand that in order to receive assistance from Greenwood Township, it may be necessary for Greenwood Township to request or share information about myself, my family, and my situation with other agencies, public and private, who may be able to assist in the establishment of my need, provide person or financial information or in other ways be helpful to me in determining or maintaining eligibility for receiving assistance. I therefore authorize Greenwood Township to share and receive information and authorize all agencies contacted by Greenwood Township to provide such information as may be helpful to my case. I further authorize this release to be in effect during the period of my valid General Assistance application or until my application is terminated.

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

**GREENWOOD TOWNSHIP GENERAL ASSISTANCE OFFICE**

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**NOTICE OF RIGHTS AND RESPONSIBILITIES OF  
EMERGENCY ASSISTANCE APPLICANTS AND RECIPIENTS**

As an applicant for or recipient of Emergency Assistance you have certain rights and responsibilities.

**RIGHTS**

- You have a right to file a written application for Emergency Assistance and to be assisted in completing an application. You may obtain an application at the General Assistance Office or request one by telephone or mail.
- You have a right to voluntarily withdraw any application for Emergency Assistance you file.
- If the General Assistance Office has an Emergency Assistance Handbook, you have a right to read and ask questions about it.
- You have a right not to be discriminated against because of race, religion, color, sex, sexual preference, national origin, age, handicap status or political affiliation.
- You have a right to have the information you provide kept confidential unless disclosure is required to determine your eligibility or is otherwise required or permitted by law.
- You have a right to written notice of the benefits available under the Emergency Assistance Program.
- You have a right to be treated with respect and in a courteous and considerate manner. If you have not been treated this way, you have a right to complain to the Supervisor. Nothing can be done to you because you complain.
- You have a right to freedom of choice as to where you obtain the goods and services for which the General Assistance Office will pay, however, if the General Assistance Office has an arrangement with a specific vendor to provide goods and services the General Assistance Office may refuse to pay other vendors for such goods and services. In addition, the General Assistance Office has no control over whether any vendor will furnish you with goods and services in exchange for payment by the General Assistance Office.
- You have the right to ask questions about your application and inspect, in the presence of personnel of the General Assistance Office, your case file during regular office hours. You also have a right to request copies of what is contained in your case file. However, certain information may have been provided to the General Assistance Office on the condition that the information or its source would not be revealed to you or is privileged from such disclosure. In such cases the General Assistance Office has a right to remove such information from your case file before you see it, however, if that happens you will be told that information has been removed.
- You have a right to be referred to other agencies for benefits and for other programs which may assist you.
- A decision must be made on your application for Emergency Assistance within 30 days. You have a right to written notice of this decision. If your income or assets result in a denial of your application, you have a right to a written notice indicating how your income or assets make you ineligible for Emergency Assistance.
- You have a right to voluntarily repay any Emergency Assistance provided to you.

**(NEXT PAGE)**

**RESPONSIBILITIES**

- You must fill out a written application for Emergency Assistance which must contain, at the very least, your name, mailing address and signature. An application containing your name, mailing address and signature requires the General Assistance Office to make a decision on your application, however, an application with only this information would not provide sufficient information to approve your application.
- You must keep all scheduled appointments at the General Assistance Office.
- You must provide information needed for a determination of your eligibility for Emergency Assistance.
- You must assist the General Assistance Office in securing and verifying information needed for a determination of your eligibility for Emergency Assistance.
- You must consent to the release by other agencies and persons of information to the General Assistance Office necessary for a determination of your eligibility for Emergency Assistance. You must sign any consent required by the General Assistance Office to obtain necessary information.
- You must report to the General Assistance Office with 5 calendar days of occurrence any change in your circumstances, such as a change in income or the acquisition of property, which might affect your eligibility for Emergency Assistance.
- You must utilize all resources (e.g., relatives, food pantries, community and charitable organizations) which might help alleviate your present needs.
- You must apply for any benefit (e.g., unemployment compensation, worker's compensation , Food Stamps) which might help alleviate your present needs.
- You must accept and follow-up in good faith any referral by the General Assistance Office to any other agency.

**IF YOU FAIL OR REFUSE TO SATISFY ANY OF THESE RESPONSIBILITIES, YOUR APPLICATION FOR EMERGENCY ASSISTANCE MAY BE DENIED.**

I acknowledge receiving a copy of the foregoing Notice of Rights and Responsibilities of Emergency Assistance Applicants and Recipients consisting of (2) pages this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signature: \_\_\_\_\_

**FOR USE OF GENERAL ASSISTANCE OFFICE ONLY**

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

Case #: \_\_\_\_\_

Notice of Rights Given On: \_\_\_\_\_

Notice of Rights Given By: \_\_\_\_\_

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**NOTICE OF BENEFITS AVAILABLE UNDER  
THE EMERGENCY ASSISTANCE PROGRAM**

**Emergency Assistance provides financial aid for two (2) purposes and two (2) purposes only: (1) to help alleviate a life-threatening circumstance, or (2) to help pay work related expense necessary to obtain or maintain employment.** A life-threatening circumstance is a condition which poses an imminent peril to health and safety because of a lack of or the jeopardizing of the availability of shelter, food, utility service, medication, transportation or other basic necessity. You may also receive Emergency Assistance to help pay for a work related expense, but only if payment of the expense is necessary for you to get or keep a job. In order to help you pay such expenses, the General Assistance Office may also refer you to other agencies or programs or for other services.

**You may receive Emergency Assistance only once in any eighteen (18) month period.**

Assistance up to the amount of the Payment Level is disbursed by means of disbursing orders (requests to a vendor to provide goods and services in return for payment by the General Assistance Office) or by the payment directly to a provider of goods and services. **You will not receive cash.** The personnel of the General Assistance Office will tell you what the appropriate Payment Level is for the size of your household.

You may receive Emergency Assistance even though you have applied for and been approved to receive monthly welfare assistance (such as Temporary Assistance to Needy Families (TANF), Aid to the Aged, Blind and Disabled (AABD), Refugee and Repatriate Assistance (RRA) or Supplemental Security Income (SSI)) as long as you have not yet begun to receive monthly payments of such assistance. However, if you have already begun receiving monthly payments of cash welfare assistance you cannot receive Emergency Assistance.

If you have any questions about Emergency Assistance or the program requirements or particulars, you should ask the personnel of the General Assistance Office. In addition, you may inspect the General Assistance Office's Emergency Assistance Handbook during regular office hours.

I acknowledge receipt of a copy of the foregoing Notice of Benefits Available under the Emergency Assistance Program this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

Signature: \_\_\_\_\_

**FOR USE OF GENERAL ASSISTANCE OFFICE ONLY**

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

Case #: \_\_\_\_\_

Notice of Benefits Given On: \_\_\_\_\_

Notice of Benefits Given By: \_\_\_\_\_

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**STATEMENT OF PURPOSE FOR COLLECTION OF  
SOCIAL SECURITY NUMBERS IDENTITY PROTECTION POLICY**

The Identity Protection Act, 5 ILCS 179/1 et seq., requires each local and State government agency to draft, approve, and implement an Identity Protection Policy that includes a statement of the purpose or purposes for which the agency is collecting and using an individual's Social Security number (SSN). This statement of purpose is being provided to you because you have been asked by the Township to provide your SSN or because you requested a copy of this statement.

**Why do we collect your Social Security number?**

You are being asked for your SSN for one or more of the following reasons:

- Crime victim compensation;
- Vendor services, such as executing contracts and/or billing;
- Law enforcement investigation;
- Child support investigation;
- Internal verification;
- General Assistance;
- Administrative services; and/or
- Other:

**What do we do with your Social Security number?**

- We will only use your SSN for the purposes for which it was collected.
- We will not:
  - Sell, lease loan, trade, or rent your SSN to a third party for any purpose;
  - Publicly post or publicly display your SSN;
  - Print your SSN on any card required for you to access our services;
  - Require you to transmit your SSN over the Internet, unless the connection is secure or you SSN is encrypted; or
  - Print your SSN on any materials that are mailed to you, unless State or Federal law requires that your number be on documents mailed to you unless we are confirming the accuracy of your SSN.

If you have questions regarding the Identity Protection Policy, please contact the Township representative who issued this form to you.

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

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

Issued By: \_\_\_\_\_ Date: \_\_\_\_\_