

## **EMERGENCY ASSISTANCE**

### **WATER/SEWER ASSISTANCE**

#### **How To Return Paperwork**

**\*You must be in prior to disconnect or disconnected status in order to receive assistance with your water/sewer bill\***

**If you have picked up the Emergency Assistance Water/Sewer paperwork from our office, you may drop off all forms in attached envelope to Rockford Township at 315 N. Church Street.**

**Otherwise you may:**

- 1. Fax to 815-962-8963 or**
- 2. Scan and email to [accounting@rockfordtownshipil.gov](mailto:accounting@rockfordtownshipil.gov)**

**If you have any questions, please contact our office at 815-962-8855. Once you have submitted all your forms – a Case Worker will contact you by phone for further instructions.**

**PLEASE SUBMIT ALL REQUIRED FORMS IN A PACKET – DO NOT RETURN FORMS ONE AT A TIME!**

**11/25/2020**

## EMERGENCY ASSISTANCE CHECKLIST

### WATER/SEWER ASSISTANCE

**ALL ITEMS BELOW MUST BE PROVIDED IF THESE APPLY TO YOU.**

Complete & sign **EA Applicant Information Form**. All adults in household must sign where indicated at the bottom.

Current/valid State of **Illinois ID or Illinois Driver's License** for all adults in the household.

**SS Cards** for all individuals in the household.

**Birth certificates** for all children under the age of 18 in the household. Copies are acceptable.

If you are **not** a United States Citizen, you must provide the following: **Resident Alien Card, Refugee Card or Citizenship paperwork**.

Must have income to be eligible. Acceptable income includes, but is not limited to: wages, Social Security benefits (including SSI benefits), child support, unemployment benefits, self-employment income, alimony, etc. **CASH INCOME IS NOT ACCEPTABLE!** You **MUST** provide **proof of income** for the past 30-days for all members of the household.

If you are a Veteran, you must provide a **letter from V.A.C** stating they cannot assist you. A copy of your **DD214** will also be required.

Current Checking/Savings Account balance Printout.

Written verification of an **active child support case**. Every applicant with only one parent living in the household, must provide proof of an active child support case for each child in household. **NO EXCEPTIONS**. Child support claims may be filed online at [www.Illinois.gov/HFS/csassist/Pages/csappIVD.aspx](http://www.Illinois.gov/HFS/csassist/Pages/csappIVD.aspx). Please provide printout after you submit your claim.

**Original water and sewer bill that must be in prior to disconnect or disconnected status** (must be in applicant's name). If not in applicant's name, a copy of the lease showing you are required to pay water and sewer bill is required. Per policy, if your water has been turned off, then both entire water and sewer bill must be paid before water will be turned on.

Copy of previous year's **income tax filing and refund** information (both federal & state) for applicants applying February 1<sup>st</sup> through May 31<sup>st</sup> of each year. If you have already received **your income tax refund back** and you are requesting assistance between February 1<sup>st</sup> and May 31<sup>st</sup> you will be required to provide proof of how you spent your refund.

**By signing below, I agree to provide all items checked above in order to be considered for assistance.**

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

**EA Applicant Information Form**

Name: (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) \_\_\_\_\_

SS#: \_\_\_\_\_ DOB: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Other Members of the Household (Adults and Children):**

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

Name: \_\_\_\_\_ SS#: \_\_\_\_\_ DOB: \_\_\_\_\_

**Please accurately answer the questions below. This information will be verified. Failure to accurately report information may result in a denial of your case.**

Are you requesting (circle): Rent/Mortgage Water/Sewer Bill

Are you receiving TANF/Cash Assistance (circle)? YES NO

Are you a veteran (circle)? YES NO

Are you a US Citizen (circle)? YES NO

Have you or anyone in your household been convicted of a Class X or Class 1 felony that involves drugs? Yes: \_\_\_\_ No: \_\_\_\_  
If "yes", What Year? \_\_\_\_\_ What County & State? \_\_\_\_\_

Have you ever lived in a Rockford Housing Authority or Winnebago County Housing Authority Property?  
Yes: \_\_\_\_ No: \_\_\_\_ If "yes", list the date you left: \_\_\_\_\_

**I authorize Rockford Township General Assistance office to utilize the above information in order to determine my eligibility for emergency assistance, and to investigate my background for purposes of determining if I meet the eligibility requirements of this program. I further authorize Rockford Township General Assistance to discuss my background and share my information with any local, state or federal agency as needed to determine my eligibility.**

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

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

FOR OFFICE USE ONLY			
UCB		COOK	
DHS		ID/DL	
WINN		DATE LAST INQUIRY	
WI		DATE LAST INTAKE	
EMAG		DATE LAST GRANT	
DOC		OTHER:	



# TOWNSHIP OF ROCKFORD

315 NORTH CHURCH STREET  
 ROCKFORD, ILLINOIS 61101-1034  
 (815) 962-8855 • FAX (815) 962-8963

**Jasper St. Angel**  
 - SUPERVISOR -

## APPLICATION FOR GENERAL ASSISTANCE ALL BOXES MUST BE COMPLETED

APPLICATION IS GOOD FOR  
 30-DAYS FROM DATE ISSUED

YOU MAY RETURN FOR AN INTERVIEW  
 MONDAY THRU FRIDAY @ 8:00 AM  
 ON OR AFTER:

\_\_\_\_\_

Date Issued:
Interview Date:

### I. Personal Information

Last Name	First Name	Middle Name:
Current Address Apt #	City:	Zip Code:
Phone #: Cell Phone #	SS#:	Date of Birth: Age:
Marital Status: Never Married: _____ Married: _____ Div: _____ Sep: _____ Widowed: _____	Home: Rent: _____ Own: _____ Amt of monthly payment: _____	Date last rent or mortgage was paid: Date: _____ Amt paid: _____
Date of Divorce: _____ Date of Separation: _____ County: _____	Are you currently approved for Section 8 Housing? Yes _____ No _____	Are you currently residing in Section 8 Housing? Yes _____ No _____
Birth Place: Are you a U.S. Citizen?	How long have you lived in Winnebago County? Yrs: _____ Mos: _____	Is it your intent to remain in this County? Yes _____ No _____
Veteran: Yes _____ No _____ What Branch of Service: _____	Dates of Service: From: _____ To: _____	Type of Discharge: Do you have discharge paperwork? Yes _____ No _____
How many biological children do you have? Other Children	How many children live with you?	What are the ages of children living with You?
What do you need assistance with?	Are you receiving a link card? Yes _____ No _____ What amount/month? _____	Are you court ordered to pay child support? Yes _____ No _____ How much/month? _____

**.II. Education**

Last Grade Completed? _____	High School Diploma? Yes ___ No ___ GED? Yes ___ No ___	What year completed? _____ What school? _____
Are you currently attending classes? Yes _____ No _____	GED/H.S. Yes _____ No _____	Are you attending college classes? Yes _____ No _____ How many credit hours? _____

**III. Employment History**

List below your current job or if not currently working, the last three (3) jobs you have held (including temporary agency jobs):

Name & Address of Employer:	Date Employment Began: _____ Date Employment Ended: _____	Reason for Separation:
Name & Address of Employer:	Date Employment Began: _____ Date Employment Ended: _____	Reason for Separation:
Name & Address of Employer:	Date Employment Began: _____ Date Employment Ended: _____	Reason for Separation:

Are you capable of working? Yes _____ No _____  If able to work, do you have any medical/ Psychiatric restrictions? Yes _____ No _____	List your work restrictions:	When was the last time you saw any Doctor?
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**IV. Present Income & Financial Information**

Employment Income: \$ _____	Unemployment Compensation Weekly Amount: \$ _____	Self-Employment Income: Monthly Amount: \$ _____
Worker's Compensation Benefits: \$ _____/weekly	Veteran's Benefits: Monthly: \$ _____	Social Security Benefits SSI: \$ _____ SSD: \$ _____ Death/Survivor's Benefits \$ _____
Long Term and/or Short-Term Disability: Monthly Amount: \$ _____	Child Support Received: Monthly Amount: \$ _____	Are you currently receiving cash Assistance from the Illinois Department Of Human Services? Yes _____ No _____ How much/month? _____
Pension and/or Retirements Benefits? Monthly Amount? _____	Earnfare: Are you participating: Yes ___ No ___	Earnfare: Monthly amount received? _____

**IV. Present Income & Financial Information (Continued)**

Checking account? Yes ___ No ___ Bank/Credit Union: _____ Current Balance: \$ _____	Savings Accounts? Yes ___ No ___ Bank/Credit Union? _____ Current Balance: \$ _____	Annuities? Yes ___ No ___ Amount? _____
Cash on hand: \$ _____	Have you filed your Income Tax this year? Yes ___ No ___	Did you receive an income tax refund this year? Yes ___ No ___ Amount Received? _____ Date Received? _____

**V. Assets**

<b>Real Estate:</b> Address: _____ Present Value: _____ Mortgage Amount: _____ Single family: Yes ___ No ___	<b>Cars/Trucks:</b> Make/Model: _____ Amount Owed: _____ Is vehicle insured? Yes ___ No ___ Insurance Company: _____	<b>Safety Deposit Boxes:</b> Where: _____ Value of Contents: _____
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**VI. Health Insurance**

Medical Card: Yes ___ No ___ Pending: _____	Other medical insurance: Yes ___ No ___ Is this insurance COBRA? Yes ___ No ___ What Company: _____ Monthly Premium: _____
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**VII. Criminal History**

Failure to notify this office of your complete criminal history (regardless of year of conviction) in this or any other state or county will be cause for denial of application for 90-days or case closure for 90-days.

Are you currently on Parole? Yes ___ No ___ Parole Officer: _____ Have you ever been on Parole? Yes ___ No ___	What County & State: _____ Convicted of: _____ Conviction Date: _____ What County & State: _____ Convicted of: _____ Conviction Date: _____	Are you compliant with your parole requirements? Yes ___ No ___ Did you complete your parole Satisfactorily? Yes ___ No ___
Are you currently on Probation? Yes ___ No ___ Probation Officer: _____ Have you ever been on Probation? Yes ___ No ___	What county & State? _____ Convicted of: _____ Conviction Date: _____ What County & State? _____ Convicted of: _____ Conviction Date: _____	Are you compliant with your probation requirements? Yes ___ No ___ Did you complete your probation satisfactorily? Yes ___ No ___

I have completed this application for General Assistance, and declare under the penalties of perjury that to the best of my knowledge and belief the information supplied in this application and all accompanying statements or documents 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 of any new or additional income or resources. Further, I hereby authorize any person, bank, firm, corporation, transfer agent, agency, institution, or the Department of HHS to furnish to the Supervisor of General Assistance whatever information that may be requested relative to accounts, deposits, investments, securities, RSDI benefits, or business of any kind whatsoever.

The General Assistance Office shall not disclose information regarding a General Assistance applicant or recipient except for any purpose directly connected with the administration of public aid under the Illinois Public Aid Code, including the investigation and verification of eligibility factors and the sharing of information with the Illinois Department of Human Services and other governmental units.

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

\_\_\_\_\_  
Date

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

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 phone 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 in need of assistance is too ill, or otherwise mentally or physically unable to complete an application, this application may be filed by the SPOUSE, PARENT, ADULT CHILD or ADULT BROTHER or SISTER 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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
Signature and Address of Individual making Application for General Assistance in BEHALF of the Person Named Above.

\_\_\_\_\_  
Relationship to Applicant.

Subscribed and sworn to before me this

\_\_\_\_\_ day \_\_\_\_\_

\_\_\_\_\_  
Notary Public

**ROCKFORD TOWNSHIP GENERAL ASSISTANCE OFFICE**  
**315 NORTH CHURCH STREET**  
**ROCKFORD, ILLINOIS 61101**

## INCOME REPORT

THIS IS A FULL ACCOUNT OF ALL INCOME - IN CASH OR KIND - INCLUDING EARNINGS, UNEMPLOYMENT COMPENSATION BENEFITS, SOCIAL SECURITY OR OTHER PENSIONS, ROOMERS AND BOARDERS, INCOME TAX REFUNDS, EXPECTED TO BE RECEIVED BY MYSELF AND OTHER MEMBERS OF MY HOUSEHOLD WITHIN THE NEXT 30 DAYS.

PERSON RECEIVING INCOME	SOURCE OF INCOME	GROSS AMOUNT RECEIVED	DATE RECEIVED
	TOTAL INCOME		

I certify that the above report is true and complete for the above stated period.

DATE \_\_\_\_\_

(SIGNED) \_\_\_\_\_

ADDRESS \_\_\_\_\_





# TOWNSHIP OF ROCKFORD

315 NORTH CHURCH STREET  
ROCKFORD, ILLINOIS 61101-1034  
(815) 962-8855 • FAX (815) 962-8963

**Jasper St. Angel**  
- SUPERVISOR -

## Attending Physician's Statement

DATE: \_\_\_\_\_ Patient Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Issued by: \_\_\_\_\_ Intake  Case Management

Authorization for Release of Information: I hereby authorize release of this medical information to Rockford Township General Assistance:

Signature of Applicant/Client \_\_\_\_\_ Date: \_\_\_\_\_

Date of scheduled appt:	Name of Physician:
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### PHYSICIAN: PLEASE COMPLETE THE FOLLOWING INFORMATION: DIAGNOSIS:

Diagnosis/ICD-10 Code(s): (Please list all diagnoses.)
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### WORK STATUS:

<b>Work Status (Abilities/Limitations):</b>  1) Is this patient able to work? Yes <input type="checkbox"/> No <input type="checkbox"/>  How many hours/day may patient work? _____ hrs.  How many days/week may patient work? _____ days	<b>ONLY FILL OUT IF PATIENT IS ABLE TO WORK.</b>  Does this patient have any restrictions and/or limitations for work? Yes <input type="checkbox"/> No <input type="checkbox"/>  If yes, what are the restrictions/limitations?
<b>IF PATIENT IS NOT ABLE TO WORK AT THIS TIME:</b>  What is the anticipated return to work date? _____	

### CLASSROOM STATUS:

Is this patient able to participate in GED or HS classes?  Yes <input type="checkbox"/> No <input type="checkbox"/>	Since you have stated this patient is able to work, may he/she participate in Vocational Training through the Department of Rehabilitation Services?  _____ Yes _____ No
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### RETURN TO CLINIC:

Next Appointment:		
Months: _____	Weeks: _____	Days: _____
Physician Signature: _____		
Date: _____		
Physician's Name (Print) _____		Phone: _____

THIS FORM MUST BE FULLY COMPLETED PRIOR TO CLIENT/PATIENT RECEIVING ANY ROCKFORD TOWNSHIP ASSISTANCE.



# ROCKFORD TOWNSHIP

315 North Church Street • Rockford, IL 61101 • 815/962-8855 • 815/962-8963

Jasper St. Angel, *Supervisor*

## INTAKE REQUEST FOR INFORMATION - PAROLE/PROBATION

Date: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ IDOC: \_\_\_\_\_

1. IS THE APPLICANT ON PAROLE: Yes \_\_\_\_\_ No \_\_\_\_\_ In what County: \_\_\_\_\_

Offense(s): \_\_\_\_\_ Case #(s): \_\_\_\_\_

Dates of Supervision: \_\_\_\_\_ Movement Schedule: \_\_\_\_\_

2. IS THE APPLICANT ON PROBATION: Yes \_\_\_\_\_ No \_\_\_\_\_ In What County: \_\_\_\_\_

Offense(s): \_\_\_\_\_ Case #(s): \_\_\_\_\_ Supervision Dates: \_\_\_\_\_

3. Has the applicant been convicted of a Class X or Class 1 felony under the IL Controlled Substance Act, the IL Cannabis Control Act, or any other comparable state or federal criminal law comparable to a Class X or Class 1?

Yes \_\_\_\_\_ No \_\_\_\_\_ Date/County of Conviction: \_\_\_\_\_

4. Has the applicant been convicted of a non-Class X or non-Class 1 felony under the IL Controlled Substances Act or any other comparable state or federal criminal law comparable to a non-Class X or non-Class 1 within the last 2 years?

Yes \_\_\_\_\_ No \_\_\_\_\_ Date/County of Conviction: \_\_\_\_\_

If yes, has he/she successfully completed or is presently in a drug treatment, aftercare, or similar program?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please give program & dates: \_\_\_\_\_

5. Has the applicant been convicted of any sexual crime, crime against a child, or violent crime?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Is the applicant required to register as a sex offender? Yes: \_\_\_\_\_ No: \_\_\_\_\_ Duration: \_\_\_\_\_

6. In the last 30-days, has the applicant violated ANY condition of parole/probation: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list date and type of violation: \_\_\_\_\_

Has a petition to vacate/violate/revoke been issued for this applicant? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, next court date: \_\_\_\_\_

7. Does the applicant currently have any court ordered treatment or counseling requirements?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

THE UNDERSIGNED HEREBY AUTHORIZES THE RELEASE OF THE ABOVE INFORMATION

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

VERIFICATION OF THE ABOVE INFORMATION WAS PROVIDED BY:

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_ Phone: # \_\_\_\_\_