



KOOTENAI COUNTY ASSISTANCE

DATE RECEIVED
KOOTENAI COUNTY:

PLEASE USE BLACK OR BLUE INK

APPLICATION FOR NON-MEDICAL ASSISTANCE

General Information

This application is to be used to apply for Kootenai County general assistance.

Completing the Application

Complete all pages of this application as completely and accurately as possible. If you have trouble answering questions, getting information or records, or if you need an interpreter, ask the Kootenai County Assistance office for help.

The Interview

A face-to-face interview is required to apply for County assistance. You will be required to provide proof of all information shown on your application. If you have any questions about this, ask Kootenai County Assistance office for help.

Required Proof

To apply for Kootenai County assistance, you must provide all of the required information to this office. A list of the required documents is given to you at the time you pick up the application and schedule your interview appointment.

Applicant Responsibilities

You Must:

- Complete every question, sign the application, and submit it to Kootenai County Assistance.
- Cooperate with the County in investigating your application by providing documentation and attending an interview.
- Notify Kootenai County Assistance when you receive resources after submitting an application.
- Reimburse the County if assistance is provided and the County determines your ability to do so.

Decisions

Requests for assistance are reviewed by the Board of County Commissioners, and an initial determination will be issued pursuant to Idaho Code guidelines.

General Application 03/07/2023

First Name	Middle Initial	Last Name	Date of Birth	Social Security Number	
Residence Address		City	County	State	Zip Code
Mailing Address (if different)		City	County	State	Zip Code
Home Phone Number	Message Phone Number		Last County and State of Residence		

Please answer these questions about your household. Your household includes you, your spouse, parents, children, brothers, sisters and **ALL other people** who live with you.

NAME (First, Middle, Last)	MARITAL STATUS	RELATION TO YOU	DATE OF BIRTH (Mo/Day/Yr)	SEX	ATTENDS SCHOOL Yes/No	SOCIAL SECURITY NUMBER
Your Name 1.		SELF				
2.						
3.						
4.						
5.						
6.						
7.						
8.						

For each place where the applicant has lived **in the last five (5) years**, give the complete address, the exact dates of residence, landlord's name and the reason(s) for moving. Begin with the present address and go back five years.

AFFIDAVIT OF RESIDENCY

I, _____ (applicant), hereby state for the purpose of applying for County Indigent Assistance from Kootenai County, Idaho, that for the last five (5) years I have lived at the following places of residence:

Address of Residence	Dates of Residence	Landlord
1) Street	From	Name:
City: State: County:	To	Phone:
2) Street	From	Name:
City: State: County:	To	Phone:
3) Street	From	Name:
City: State: County:	To	Phone:

• Have you or any member of your household ever been disqualified from an assistance program? [] YES [] NO

If "YES", list the name of the person who was disqualified, program, length of disqualification, where and when the disqualification occurred: _____

• Have you or any member of your household ever served in the military? [] YES [] NO. If "YES", Who? _____

What branch? _____ Service # _____ Dates: _____ through _____

• Are you or any member of your household a legal non-citizen who is sponsored by someone NOT listed

as a member of your household? [] YES [] NO

If "YES", list the sponsor's name and address: _____

• List the name, address, and phone number of a person *outside* your household who is aware of your circumstances:

Name: _____ Relationship: _____

Address: _____ Phone Number: _____

List present or most recent employers for everyone in household:

1. Household member: _____ Name & address of employer: _____

Hourly wage: \$ _____ Hours per week: _____ Pay dates: _____

Date hired: _____ Date job ended: _____ Reason: _____

2. Household member: _____ Name & address of employer: _____

Hourly wage: \$ _____ Hours per week: _____ Pay dates: _____

Date hired: _____ Date job ended: _____ Reason: _____

3. Household member: _____ Name & address of employer: _____

Hourly wage: \$ _____ Hours per week: _____ Pay dates: _____

Date hired: _____ Date job ended: _____ Reason: _____

4. Household member: _____ Name & address of employer: _____

Hourly wage: \$ _____ Hours per week: _____ Pay dates: _____

Date hired: _____ Date job ended: _____ Reason: _____

5. Household member: _____ Name & address of employer: _____

Hourly wage: \$ _____ Hours per week: _____ Pay dates: _____

Date hired: _____ Date job ended: _____ Reason: _____

6. Household member: _____ Name & address of employer: _____

Hourly wage: \$ _____ Hours per week: _____ Pay dates: _____

Date hired: _____ Date job ended: _____ Reason: _____

• Applicant: Education completed: _____

Are you registered with local Job Service? _____ When did you register? _____

Have you applied for SSD or SSI? _____ Reason: _____ When: _____

Status: _____

Have you applied for Medicaid? _____ Status: _____

Have you applied for Workers' Comp? _____ Status: _____

• Spouse/Significant other: Education completed: _____

Are you registered with local Job Service? _____ When did you register? _____

Have you applied for SSD or SSI? _____ Reason: _____ Status: _____

Have you applied for Medicaid? _____ Status: _____

Have you applied for Workers' Comp? _____ Status: _____

Yes No I have SOLD or GIVEN AWAY PERSONAL PROPERTY (furniture, money, automobiles, appliances, etc.) in the past year. (If Yes, list below)

Yes No I have SOLD or GIVEN AWAY REAL ESTATE (land, buildings, mobile home, etc.) in the last five years. (If Yes, list below)

Description	When sold	How much it was worth	How much was received	Purchaser's Name

Does applicant or any member of the household have any ACTIONS PENDING FROM WHICH THEY MAY RECEIVE MONEY, such as a lawsuit, inheritance, accident claim, divorce, insurance settlement, etc.? Yes No If YES, enter explanation, approximate amount and date expected to receive money: _____

Adjusted Gross Income for the past year (from Income Tax Return) \$ _____

Tax Refund Received \$ _____ Date _____

FINANCIAL/PERSONAL ASSETS

Please answer YES or NO and furnish the required information on each line below. The following pertains to items you or any member of your household have or on which your names appear. (Use additional paper if needed.)

Financial Assets	Circle One	Account Name/Bank Title and Address		Amount/Value
Checking Account	YES/NO			\$
Other Checking Account(s)	YES/NO			\$
Savings Account	YES/NO			\$
Other Savings Account(s)	YES/NO			\$
Line of Credit	YES/NO			\$
Credit Card (i.e., Visa, MasterCard)	YES/NO			\$
Other Credit Card(s)	YES/NO			\$
Certificates of Deposit (CD)	YES/NO			\$
Life Insurance Policies (Cash Value)	YES/NO			\$
Stocks, Bonds, Trusts, Annuities, and/or Mutual Funds	YES/NO			\$
Individual Retirement Accounts (IRA) or 401K	YES/NO			\$
Other Retirement Account(s)	YES/NO			\$
Cash On Hand	YES/NO			\$
Other: _____	YES/NO			\$
Real/Personal Property	Circle One	Description/Location of Property	Current Value	Amount Owed
Home/Residence	YES/NO		\$	\$
Land	YES/NO		\$	\$
Mobile Home	YES/NO		\$	\$
Rental Property	YES/NO		\$	\$
Vehicle (i.e., Car, Truck, Motorcycle)	YES/NO	List Year/Make/Model	\$	\$
Other Vehicle(s)	YES/NO		\$	\$
Recreational Vehicles	YES/NO		\$	\$
Trailer/Camper	YES/NO		\$	\$
Equipment/Machinery	YES/NO		\$	\$
Livestock	YES/NO		\$	\$
Tools of Trade	YES/NO		\$	\$
Mining Claims/Timber Stands	YES/NO		\$	\$
Burial Plots	YES/NO		\$	\$
Other: _____	YES/NO		\$	\$

FAMILY BUDGET

INCOME		MONTHLY AMOUNT		EXPENSES: (Enter all monthly expenses even if not currently paying.)		MONTHLY AMOUNT		COUNTY USE ONLY ALLOWABLE (BASIC)	
EARNINGS:				HOUSING/UTILITIES:					
Gross Wages	\$			Rent/Mortgage Payment	\$				
Gross Wages	\$			Space Rent	\$				
Gross Wages	\$			Homeowner's Insurance	\$				
Self-Employment Income	\$			Property Taxes	\$				
Other: _____	\$			Heat (Type: _____)	\$				
UNEARNED	Receiving:	Applied for:		Electricity	\$				
Social Security	\$	Yes / No		Water	\$				
Social Security	\$	Yes / No		Garbage	\$				
SSI	\$	Yes / No		Telephone (Basic Only)	\$				
SSI	\$	Yes / No		EDUCATION/JOB RELATED:					
Child Support/Alimony	\$	Yes / No		Child Care	\$				
Unemployment	\$	Yes / No		Car Payment	\$				
Unemployment	\$	Yes / No		Transportation (Fuel, oil, bus fare)	\$				
Workers' Compensation	\$	Yes / No		Auto Insurance	\$				
Veterans' Benefits/Retirement	\$	Yes / No		Tuition/Fees/Books/Supplies	\$				
Other Retirement/Pension	\$	Yes / No		Payroll Taxes	\$				
Tribal Assistance/Commodities	\$	Yes / No		MEDICAL/HEALTH CARE:					
Education Loans/Grants	\$	Yes / No		Doctor(s)	\$				
Gifts/Loans	\$	Yes / No		Hospital	\$				
Interest/Dividends	\$	Yes / No		Prescriptions/Medicine	\$				
Insurance/Settlements	\$	Yes / No		Dental/Dentures	\$				
Inheritance/Trust Payments	\$	Yes / No		Vision/Eyeglasses	\$				
State Cash Assistance	\$	Yes / No		Health Insurance	\$				
Contributions	\$	Yes / No		Other: _____	\$				
Food Stamps	\$	Yes / No		HOUSEHOLD/PERSONAL CARE:					
Church or County Assistance	\$	Yes / No		Groceries: Food	\$				
Subsidized Housing/Utility	\$	Yes / No		Groceries: Non-Food	\$				
Energy Assistance	\$	Yes / No		Cable T.V or Satellite	\$				
Income Tax Refunds	\$	Yes / No		Other: _____	\$				
Subsidized Child Care	\$	Yes / No		OTHER:					
Rental/Escrow Payment	\$	Yes / No		Court Ordered Child Support	\$				
Sale of Goods/Internet Sales	\$	Yes / No		Garnishments/Fines	\$				
Lottery/Casino Winnings	\$	Yes / No		Credit Cards/Charge Accounts	\$				
Other: _____	\$			Church Tithing	\$				

OATH

I/We hereby solemnly swear and affirm that I/we have fully examined and understand the contents of this application and the information provided by me/us is true and correct.

I/We understand that any information given or withheld in regard to this application is subject to investigation and upon recognition of any falsehood, the application will be denied and I/we may be prosecuted to the fullest extent of the law.

Applicant Signature

Spouse/Significant Other Signature

County Interviewer

Date: _____

INFORMATION RELEASE

I/We, willfully cooperate with and will supply all information requested to the representative of KOOTENAI County in order that my/our application can be acted upon within a reasonable time.

I/We also request my/our relatives, banker, credit union, landlord, prospective landlord, hospital(s), physician(s), pharmacies, and any other persons or organizations including the State Department of Health & Welfare, Social Security Administration, Public Health Districts, Department of Veterans Affairs, Dirne Community Health Care, Victim Witness Program, law enforcement agencies, courts, Legal Aid, attorney, shelter or food agencies, Idaho Department of Employment, current or former employer(s), having information concerning me/us or my/our circumstances, to provide the information to such representative(s) of KOOTENAI County, insofar as it is pertinent to this application.

I/We hereby authorize KOOTENAI County and its representatives to release pertinent information regarding the application, the contents thereof and action taken thereon to all parties of interest as provided by Chapters 34 and 35, Title 31, Idaho Code. I/We hereby authorize a copy of this agreement to be used when necessary and give it full force as the original. **This release is valid as long as it is pertinent to this application.**

Signature of Applicant

Spouse/Significant Other Signature

County Interviewer

Date

I acknowledge that some information pertaining to treatment I have received for which I am seeking payment by Kootenai County may include material that is protected under the Federal Law. Specific authorization is given to release Drug/Alcohol abuse information, Mental Health information and HIV information which are under the Federally Protected Status. I authorize any health provider to release information to Kootenai County for benefit of payment. I understand that I am waiving the confidentiality of such records for the limited purpose of this medical application only (Title 42 CFR).

Signature of Applicant

Spouse/Significant Other Signature

County Interviewer

Date