

Pocahontas County General Assistance
99 Court Square, Suite 1
Pocahontas, Iowa 50574
Application for Emergency Assistance

Date _____

Name _____
 (Last) (First) (Middle)

Address _____

Phone Number _____

Date of Birth _____ SS# _____

Spouse/Line-in Name _____

Date of Birth _____ SS# _____

Others in Home

Name _____ Relationship _____ Age _____

I am requesting the following assistance: _____

U.S. Citizen? YES NO

Are you or your spouse a veteran? YES NO

Dates served _____

Length of time lived in Pocahontas County _____

Previous County & Dates _____

Length of time in Iowa _____ Previous State _____

Have you transferred property within the last two years? YES NO

Insurance

Who in the home has Health Insurance _____

Name of Insurance Company _____

Title XIX? YES NO

Medically Needy Spend-down Amount \$ _____

Vehicles

Cars, Trucks, Campers or Motorcycles

List Make & Year _____

Personal & Family Resources

Cash amount you have \$ _____

Checking Account \$ _____ Location _____

Saving Account \$ _____ Location _____

Value of Items in Safety deposit box \$ _____

Life Insurance (Cash Value) \$ _____

Renting or Buying your residence (circle one)

If buying, home equity \$ _____

Other Property (Value) \$ _____

List All Income in the Household per Month

Source of Income	Applicant	Spouse/ Live-in	Others
Employer's Name			
Gross Income	\$	\$	\$
Take Home Pay	\$	\$	\$
Unemployment	\$	\$	\$
Social Security	\$	\$	\$
Veteran Benefits	\$	\$	\$
Social Security Income (SSI)	\$	\$	\$
Social Security Disability	\$	\$	\$
Food Stamps	\$	\$	\$
WIC	\$	\$	\$
FIP	\$	\$	\$
Child Support/Alimony	\$	\$	\$
Pension	\$	\$	\$
CDs, IRAs	\$	\$	\$
Stocks, Bonds, Annuities	\$	\$	\$
Interest, Dividends	\$	\$	\$
Any other earned Income	\$	\$	\$
Any other unearned Income	\$	\$	\$

Are your wages being garnished? YES NO

Amount \$ _____ Why? _____

Monthly Expenses

Mortgage/Rent	\$	Phone/cell	\$
Electric	\$	Cable	\$
Gas	\$	Car gas	\$
Water	\$	Dental	\$
Food	\$	Doctor/Hospital	\$
Child Care	\$	Medicine	\$
Child Support	\$	Loans	\$
Insurance	\$	Other Expenses	\$

Release of Information

I hereby attest that the information I have provided is true and I also give the County permission to release this information to verify and/or communicate eligibility for the assistance requested. I also understand that this is a government document and I may be subject to prosecution if I knowingly provide false information.

Signed _____ Date _____

**Pocahontas County General Assistance
99 Court Square, Suite 1
Pocahontas, Iowa 50574
Statement of Understanding**

- I understand that I am responsible for the accuracy of the information on my Application for Emergency Assistance from the Pocahontas County General Assistance.
- I understand Pocahontas County is the funder of last resort and I must apply for and accept all other benefits from other agencies prior to Pocahontas County General Assistance funding including, but not limited to, the Department of Health and Human Services, the Ministerial Association, Iowa Workforce Development (unemployment), Upper Des Moines (UDMO), Burial Trust (if applying for a Burial/Cremation), etc.
- I understand Pocahontas County General Assistance may obtain information from the Department of Health and Human Services; the Social Security Administration; Upper Des Moines Opportunity, Inc.; Child Support Recovery; my employers (past or present); churches; banks; or any other individual, institution or business to verify information I provide to Pocahontas County General Assistance.
- I understand that I must submit all requested documentation for my application to be processed.
- I understand that, depending on the type of assistance I am requesting, I may have to repay Pocahontas County General Assistance the amount of assistance I receive when I am financially able to.
- I understand that I must notify Pocahontas County General Assistance of any changes in my financial situation during my application process.
- I understand that if any of the information given on this application or during the application process is false, I may be suspended from future assistance from Pocahontas County General Assistance.

Signature: _____ Date: _____

Address: _____

POCAHONTAS COUNTY BURIAL AFFIDAVIT

I, _____,
(Name of person completing this form)

am a (mark one) _____ Relative, _____ Executor, _____ Legal Guardian,
_____ Power of Attorney, _____ Concerned other
of the following person:

_____ (Deceased's Name)

_____ (Deceased's SSN)

_____ (Deceased's DOB)

My mailing address is _____.

My phone number is _____.

I hereby attest that, to the best of my knowledge, the following information is true
(initial behind each statement you attest to be true):

Initial

1. The deceased has no life insurance	
2. The deceased does not have a burial contract	
3. The deceased has no real estate	
4. The deceased has no personal property with market value in excess of \$500.00	
5. The deceased has no bank accounts, assets or resources beyond those stated on the application	
6. The deceased is not eligible for Veteran Administration assistance	
7. The deceased is not eligible for crime victim's assistance (Iowa Code 915.86(6))	
8. The deceased is a citizen of the United States	
9. The deceased is a legal resident of County (Iowa Code 252.16)	

I further attest that if I, or other family members, receive any funds from outside sources that are to be applied to the funeral arrangements that this money will be given to Pocahontas County General Assistance for reimbursement of the assistance provided for said decedent's funeral expenses. (Iowa Code 25.13).

Signature/printed name of person completing this Affidavit

Date

Signature/printed name of witness

Date

**Pocahontas County General Assistance
99 Court Square, Suite 1
Pocahontas, Iowa 50574**

Required Documents Needed to Process Application

- Social Security cards for all household members
- Income— Verification of wages of all members in the home
 - If self-employed - tax forms filed for last year
 - If employed - pay stubs for the last three months
 - If unable to find all the pay stubs - statement from employer listing gross and net income for each pay period for last three months
 - If unemployed – letter from previous employer regarding date last worked, date and amount of last check received and reason why employee no longer is employed there
- Other resources— Proof of all other money or assistance coming into your household
 - Unemployment benefits
 - Child Support, Alimony, Child Support Case Number
 - Social Security (including SSI, SSD), Veterans benefits, Retirement funds
 - Stocks, Bonds, Annuities, Certificates, Dividends and Interest
 - Notice of Decision from DHS (for FIP/food stamps/Title XIX/Medically Needy)
 - Notice of Decision from Upper Des Moines Opportunity (for WIC/fuel/ rent/ utilities)
 - Unearned Income (money from others)
- Three months of checking and saving accounts statements
- Rent—statement from your landlord showing status of what is due (for rent assistance only).
- Utility — the actual utility bills (for utility assistance only).
- Medical expenses —actual bills or statement from the pharmacy (for medical assistance only).
- Public assistance — You must apply for all other programs that appear you may be eligible for
 - Department of Human Services - FIP, food stamps, Title XIX, Medically Needy
 - Upper Des Moines Opportunity – WIC, fuel, utilities, and rest assistance
 - Social Security Administration - SSI, SSD, Social Security
 - Veterans Affairs – Compensation, Pension, County AssistanceVerification of application for these programs is needed
- Employment — You must be working, actively seeking employment, medically unable to work, or be caring for a medically dependent family member who required home care and supervision. All adults must complete a job search and be registered with the Iowa Workforce Development. If you are unable to work or caring for a medically dependent family member a medical statement will need to be completed by your doctor.
- Eligibility will be determined within 30 days after the required information is received.

PLEASE NOTE
After you complete your application and gather information needed
YOU MUST CALL TO SCHEDULE AN APPOINTMENT
Phone: 712-335-3270

VI. BURIAL/CREMATION

- A. Immediate and extended family are responsible to assist in payment of a burial/cremation (Iowa Code, Section 252.13). A Pocahontas County Burial Affidavit shall be completed by the person applying for a county burial/cremation for the decedent. The decedent must have been a documented citizen. The decedent must be a resident of Pocahontas County (IAC 441-75.10). All income and resource guidelines for General Assistance shall be applied to burial/cremation assistance. This includes the following:

Life Insurance, Burial Contracts, Real Estate, Personal Property, Bank Accounts, Stocks, Bonds, Retirement Accounts, eligibility for other assistance such as Veteran's Administration or Crime Victims Assistance (Iowa Code 915.86(6)), any remaining tangible property including current or future assets belonging to the estate.

- B. If the funeral home identifies that the decedent may be in need of county assistance for their burial/cremation they will direct family and or friends to complete an application for assistance with the General Assistance office. County funerals (burial or cremation) will be at the discretion of the funeral home.
- C. Once a completed application is received by General Assistance office and the deceased is believed to be eligible for a county burial/cremation, the General Assistance office will contact the funeral home to discuss whether or not immediate or extended family can assist with payment of the burial/cremation. If no other person(s) can assist with the burial/cremation expenses a written notice of decision will be sent to the applicant within three business days identifying the decedent's eligibility for a county burial/cremation.
- D. Burial/cremation expenses are limited to a maximum of \$1500.00 per burial/cremation in Pocahontas County. The funeral home shall consider this as payment in full. The family or other party will not be charged over and above this amount. Neither the family nor the funeral home is allowed to augment the burial/cremation. This includes such items as visitations, services, burials, announcements, etc. The family will receive the remains of the deceased and are responsible for such.
- E. Pocahontas County will fund a maximum number of six (6) cremations or \$9000.00 each fiscal year.
- F. Pocahontas County will only fund funeral homes located within Pocahontas County.

- G. The maximum that may be paid for the burial of non-resident indigent transients and the payment of the reasonable cost of burial is \$250.00, as stated in Chapter 252.27 of the Iowa Code. If a burial plot is needed, an indigent plot may be available.
- H. All eligibility guidelines for General Assistance will be applied to burial/cremation assistance.
- I. Pocahontas County General Assistance must have an itemized statement of all burial/cremation expenses before a warrant will be issued to the vendor.