

1. Please provide identifying information:

Name: First		Middle	Last		Veteran <input type="checkbox"/> Yes <input type="checkbox"/> No	
Social Security Number			Birth date		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address				Apt. #		Race
City		State	Zip	County		Marital Status
Home Phone			Cell No. / Work No. / email / Message No.			Highest School Grade Completed
Employment Status (i.e. FT,PT,retired,student,unemployed)				Employer		

2. Please list everyone living in your home:

Name	Sex	Relationship to You	Age

3. Please list all income for the household: (Must not leave blank or application will be denied.)

Name of Person with Income	Source of Income (i.e.wages, child support,SSI,SSDI, SS, FIP)	Gross Amount per Month

4. Please provide your best estimate of each asset you own. (Must fill each box with 0 or dollar amount.)

Cash	\$	Checking	\$	Savings	\$	Burial	\$
Stocks & Bonds	\$	Real Estate	\$	Vehicles	\$	Life Insurance	\$

5. Please check all of the health insurance coverage that applies to you or check None if you are not covered.

None   
  Medicaid/Title 19 State ID#: \_\_\_\_\_   
  Medicare A/B/D   
  Private Health Insurance Name: \_\_\_\_\_

6. Are you waiting for a Social Security disability determination?  No  Yes

7. Do you have a social security representative payee?  No  Yes, If yes, who is your payee?

Name	Address	Phone

8. Who is your  emergency contact;  court appointed guardian; or  parent? (List at least one.)

Name	Address	Phone

9. Who helped you with this application or referred you to the County?:

Name	Address	Phone

10. How long have you lived in this county?

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:

Applicant's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

(Application **must** be signed or witnessed and dated to be considered for assistance.)

For Office Use Only

<input type="checkbox"/> MH OP	<input type="checkbox"/> 40	<input type="checkbox"/> App Received _____	<input type="checkbox"/> Black Hawk County LS
<input type="checkbox"/> MHDDBS	<input type="checkbox"/> 41	<input type="checkbox"/> App Entered _____	<input type="checkbox"/> SPP
<input type="checkbox"/> IP 125	<input type="checkbox"/> 42	<input type="checkbox"/> Eligible	<input type="checkbox"/> Other _____
<input type="checkbox"/> IP 229	<input type="checkbox"/> 43	<input type="checkbox"/> Pending: <input type="checkbox"/> Income <input type="checkbox"/> Dx <input type="checkbox"/> LS	
<input type="checkbox"/> DOC	<input type="checkbox"/> 31	<input type="checkbox"/> Denied: <input type="checkbox"/> Income <input type="checkbox"/> Dx <input type="checkbox"/> LS	