



ZION TOWNSHIP

LEADERSHIP • ADVOCACY • RESOURCES

Cheri L. Neal - Supervisor

Dear applicant:

General Assistance (GA) was designed to assist those with no income and no means of an income to either get back into the workforce or obtain disability, depending on the situation. General Assistance supports you in either goal.

As a GA recipient, we provide you with \$250 in vouchers to help with basic necessities. We also commit to working with you to create a plan to address the barriers that keep you from being successful. We have relationships with many other agencies and resources and commit to doing all we can to help you achieve success.

You are responsible to follow through with whatever is determined between you and your case manager as the best next steps, and to stay in communication with her when that is not possible.

Here is what your Case Manager will discuss with you:

1. What are your immediate needs?
2. What are your long-term goals?
3. What do you believe you need to do to move towards those goals?
4. What might block you from achieving those goals?
5. How can we best support you?

Please call our office and make an appointment to meet with a case manager as soon as possible. Please know, we are invested to YOUR success!

Sincerely,

Cheri Neal, Zion Township Supervisor
and YOUR ZT Team, Adriana, Grace and Sandra



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Application Process

Process One:

Make sure you bring the following items to your GA Initial Appointment:

If you are seeking employment:

- Illinois Job Link Registration
- Unemployment Notice of Decision
- DHS Verification or Notice of Decision for Medicaid Card, Food Stamps, and TANF
- Initial Appointment Checklist Documents (see attached)
- Complete Application
- Ten Job Searches

If you are seeking social security Insurance benefit

- Unemployment Notice of Decision
- DHS – Medicaid Card, Link Card & Cash Assistance Verification or Notice of Decision
- Initial Appointment Checklist Documents
- Complete Application
- SSI/SSDI Verification
- Physician Medical Report

Process Two:

1. Call Zion Township for GA intake appointment at 847-872-2811
2. Bring all necessary documents to appointment
3. Complete background check forms as final verification

Process Three

1. Zion Township Case Manager will contact you once application is approved. By law, each client must be contacted with a Notice of Decision within 30 days from application date.
2. Notice of Decision Appointment
 - a. General Assistance payment level is \$250
 - b. Vouchers could be used to pay rent, utilities (gas, electric, water, phone), food, household supplies, cleaning products, and hygiene products.
 - i. Please make sure you bring current bills if you need assistance with utility bills.

General Assistance Initial Appointment Checklist

Items to bring to your appointment to begin application process

Driver's License or State ID

Social Security Card

Birth Certificate (if no other ID available)

Proof of Zion Residency

Lease, mortgage statement, or a notarized letter from lessee if name not on the lease, housing assistance information

If not U.S born, Permanent Residency Card or Naturalization Cert.

Written verification from DHS on benefits applied for/or receiving

Food Stamps, Medical Card, TANF

Proof of all Income for last 30 days

Utility bills for the current month

Denial from VA

Life Insurance Policy

All Current Bank Statements

Parole / Probation paperwork

Marriage Certificate or Divorce Decree (incl. child support order)

Verification from Workman's Compensation claim/benefit

If you are able to work, you must also provide these items:

Unemployment Compensation Benefits eligibility letter or print out dated within the last 30 days

Verification of current Illinois Job Service registration, copy of resume

10 Employment applications

If you are unable to work due to disability, you must provide these items:

Social Security Administration receipt indicating application date for Disability and/ or SSI paperwork

Completed medical form or DHS Report of Incapacity completed by your physician

If on medical leave of absence, a letter from your employer to verify status

This is a list of general requirements. Accordingly, some items may not apply to you; or additional items may be request from you.



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General Assistance Program Requirements

To begin applying for General Assistance through Zion Township, you must fulfill the requirements of this form and each of the agencies listed below. If you or any of the agencies has any questions or needs clarification, please feel free to contact our *case manager* at 847-872-2811.

Lake County Job Center

One North Genesee St.
Waukegan, IL 60085

Client must complete information session available on Tuesday at 3:00pm or on Thursday at 11:00am and register with [*Illinois Job Link*](#). Bring the following to your General Assistance initial appointment:

- **A copy of your resume**
- **A printout/copy of your *Illinois Job Link* profile**

Illinois Department of Employment Security

You must apply for Unemployment benefits. Bring unemployment benefits verification or denial letter to GA initial appointment.

Apply for unemployment benefits online: www.ides.illinois.gov

Department of Human Services ___ Food Stamps ___ Medical Card ___ Cash Assistance

2000 N. Lewis Ave.
Waukegan, IL 60087

Zion Township General Assistance Office needs verification that this client has applied for, been denied, or is currently receiving food stamps, DHS Medicaid card, and Cash Assistance.

Veterans Assistance Commission of Lake County (Veterans only)

20 South Martin L. King Ave (2 blocks West of Washington St.)
Waukegan, IL 60085

Monday through Friday 8:30 – 4:30 (closed one hour for lunch at noon)

Clients that are Veterans must apply for VA benefits or provide a denial letter from the VA.

This list is for General Assistance applicant's reference.

All GA appointments must be honored.

Late applicants and clients will be required to reschedule their appointments.



APPLICATION FOR EMERGENCY ASSISTANCE

City or Township: _____ Date Issued: _____
 County: _____ Date Returned: _____
 Record Number: _____

Information required in this application applies to the head of the family and all dependents for whom the application is made.

1. General Information

Name: _____ Phone: _____
 Husband's First Name and Middle Initial: _____ Wife's First Name and Middle Initial: _____
 Other Names or Spellings: _____

Address: _____ Date Moved In: _____ Monthly Rent: _____

Previous Three Addresses (including city and state):

Address 1: _____ Date Moved In: _____
 Address 2: _____ Date Moved In: _____
 Address 3: _____ Date Moved In: _____

My family and I have lived in this township since _____ this county since _____
 and this state since _____

Our last address before moving to Illinois was _____

I am now asking for assistance for myself and the following members of my family, who reside with me.

Name			Date of Birth			Birthplace		Relationship	Illinois Department of Employment Security Registration Number	Social Security Number
First	Middle	Last	Month	Day	Year	City	State			
								Self/ Applicant		

In addition to those listed above, the following relatives, boarders, lodgers and other persons, for whom I am not seeking assistance, are living in the same house.

Name			Age	Relationship	Present Means of Support	Amount Paid Monthly for Board, Lodging, or Share of Household Expenses
First	Middle	Last				

2. Why do you need assistance?



APPLICATION FOR EMERGENCY ASSISTANCE

3. Personal and Occupational Information

Marital Status: Married Single Widowed Divorced Separated Deserted

If married, date of marriage: _____ Location of Marriage: _____

If separated, state reason: _____

The present address of my spouse, with whom I am not living, is: _____

Is there a court order for child support? Yes No

Living Arrangement: Rent Own

If rent, Landlord's Name: _____ Landlord's Address: _____

Related to Landlord? Yes No If related, relationship to landlord: _____

Military Service: Does any member of your family have current or previous military service? Yes No

If "Yes", who has current or previous military service? _____

Date of Enlistment: _____ Date of Discharge: _____ Serial Number: _____

If family member has current/previous military service, he/she:
 received Adjusted Compensation did not receive Adjusted Compensation receives pension or other income from such service does not receive pension or other income from such service

Past Employment: List last employer and two longest term employers for applicant and any other family member with work history.

Family Member	Name and Address of Employer	Type Work	Monthly Wage	Start Date	End Date	Reason for Leaving

Present Income and Other Financial Information: Fill in every blank. If none, write "None".
Resources:

Sources	Person Receiving	Employer's Name and Address or Description of Resource	Weekly Amount
Employment: Salary			
Employment: Commissions			
Profits from: Business			
Profits from: Employment in Home			
Profits from: Sales			
Other: (specify)			

Public Assistance and Related Public Benefits

Sources	Person Receiving	Amount	Source	Person Receiving	Amount
TANF			RSDI		
AABD			Other		
General Assistance			Other		



APPLICATION FOR EMERGENCY ASSISTANCE

Other Cash Resources

Sources	Name of Person	Amount	Sources	Name of Person	Amount
Cash on Hand			Lodges/Unions		
Savings			Annuities		
Bank Accounts			Alimony/Child Support		
Unemployment Benefits			Estates/Court Orders		
Worker's Compensation			Friends/Relatives		
Veteran's Benefits			Government Bonds		
Other Income			Other Income		

Banks Accounts Held by Any Family Member

Family Member Holding Account	Name and Address of Bank	Amount of Deposit or Date of Last Withdrawal

Safety Deposit Boxes Held by Any Family Member

Family Member Holding Box	Location of Box	Contents

Personal Property (i.e., securities, stocks, bonds, jewelry, livestock) Held by Any Family Member

Owned By	Description	Present Sale Value

Real Estate Owned, in Whole or Part, by Any Family Member

Recorded Owner	Address	Description	Present Value	Date Purchased	Date Last Taxes Paid	Amount Last Taxes Paid	Present Monthly Income

Vehicles and Farm Equipment Owned by Any Family Member

Owner	Year	Make	Model	Date Purchased	License Number	Year Issued	Present Sale Value



APPLICATION FOR EMERGENCY ASSISTANCE

Life Insurance Policies, Current or Lapsed, Held by Any Family Member

Person Insured	Name of Company	Type Policy	Amount	Monthly Premium	Date Last Premium Paid	Loans Made	
						Date	Amount

Medical, Hospital, Surgical, or Other Health Benefits Available to Any Family Member

Name of Company	Type of Coverage	Annual Premium

I understand that if I want someone else to apply for Emergency 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 Emergency 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 Emergency 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 Emergency 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 Emergency 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 _____ Date: _____ Spouse _____ Date: _____
Signature: _____ Signature: _____

I hereby make Application for Emergency 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: _____ Relationship to Applicant: _____



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1015 27th St. · Zion, IL 60099

General Assistance Program Job Search Form

This form is to confirm that _____ has applied for employment with the signing organization. (Applicant/Client Name)

1. Organization Name _____ Phone _____

Address _____ City _____

Type of work applied for: _____

Type of Contact (please check one):

Application _____ Resume _____ Interview _____ Internet (attach confirmation) _____

Signature of Organization Representative _____

2. Organization Name _____ Phone _____

Address _____ City _____

Type of work applied for: _____

Type of Contact (please check one):

Application _____ Resume _____ Interview _____ Internet (attach confirmation) _____

Signature of Organization Representative _____

3. Organization Name _____ Phone _____

Address _____ City _____

Type of work applied for: _____

Type of Contact (please check one):

Application _____ Resume _____ Interview _____ Internet (attach confirmation) _____

Signature of Organization Representative _____

4. Organization Name _____ Phone _____

Address _____ City _____

Type of work applied for: _____

Type of Contact (please check one):

Application _____ Resume _____ Interview _____ Internet (attach confirmation) _____

Signature of Organization Representative _____

5. Organization Name _____ Phone _____

Address _____ City _____

Type of work applied for: _____

Type of Contact (please check one):

Application _____ Resume _____ Interview _____ Internet (attach confirmation) _____

Signature of Organization Representative _____

6. Organization Name _____ Phone _____

Address _____ City _____

Type of work applied for: _____

Type of Contact (please check one):

Application _____ Resume _____ Interview _____ Internet (attach confirmation) _____

Signature of Organization Representative _____

7. Organization Name _____ Phone _____

Address _____ City _____

Type of work applied for: _____

Type of Contact (please check one):

Application _____ Resume _____ Interview _____ Internet (attach confirmation) _____

Signature of Organization Representative _____

8. Organization Name _____ Phone _____

Address _____ City _____

Type of work applied for: _____

Type of Contact (please check one):

Application _____ Resume _____ Interview _____ Internet (attach confirmation) _____

Signature of Organization Representative _____

9. Organization Name _____ Phone _____

Address _____ City _____

Type of work applied for: _____

Type of Contact (please check one):

Application _____ Resume _____ Interview _____ Internet (attach confirmation) _____

Signature of Organization Representative _____

10. Organization Name _____ Phone _____

Address _____ City _____

Type of work applied for: _____

Type of Contact (please check one):

Application _____ Resume _____ Interview _____ Internet (attach confirmation) _____

Signature of Organization Representative _____