

TOWN OF BOOTHBAY HARBOR
GENERAL ASSISTANCE NOTICE and REQUIREMENTS

General Assistance is a program of the last resort based on immediate need for the most basic necessities. You must use all available income and resources first. Basic necessities include shelter/rent, food, fuel, electricity, personal care and household items, medication, and non-elective medical services as recommended by a physician. (22 MRSA § 4301)

The following are examples of items not considered basic necessities and will not be allowed in the budget computation: phone bills, cell phones, internet connection, cable/satellite television, mail orders, cigarettes, alcohol, gifts, costs of trip or vacations, credit card debts, cost associated with pet care, legal fees, late fees, key deposits, payments on vehicles, furniture and/or appliances, and repayment of unsecured loans.

Parents who are financially able are required by law to support their children under the age of 25. Spouses are legally required to financially support each other. The municipality has the right to require these relatives to repay any assistance that is granted. (22 MRSA § 4319(1))

When you attend your intake please bring the following:

- Picture Identification (State ID or driver's license) for everyone over age 18 in the Household
- Passports, I-94s & Visas (if not U.S. Citizens)
- Social Security Cards for all Household members
- Medical Cards (private, MaineCare, Medicare or Healthy Maine Prescription)
- Written verification of all household income anticipated in the next thirty-day period
- Documentation of all Household Expenses (actual bills – paid and unpaid)
- Current Bank Statements for all accounts including checking & savings
- Verification of any other assistance you receive TANF, SNAP, Subsidized Housing, BRAP, Shelter + Care, RAC, Section 8, Etc.

Household Income includes but is not limited to:

- Wages received for any full-time, part-time or temporary employment (including money earned "under the table")
- Social Security and/or SSI payments (whether in your name, your children's name or the name of a payee)
- Disability payments or Workers Compensation
- Unemployment Compensation Benefits
- VA (Veterans) Benefits;
- TANF/ASPIRE
- Child Support
- Payments from a pension or trust fund (including interest on any assets)
- All State & Federal Income Tax Refunds and their Property Tax Fairness Credit- if not used for basic necessities (formerly the Maine Residents Property Tax Rebate)
- Income from all household members, including children, roommates, relatives, boyfriends or girlfriends
- Income received from all sources including relatives and friends and income 'in kind'
- Lump Sums (Settlements of any kind or one-time payments)

Household Expenses Include but are not limited to:

- Rent or Mortgage
- Utilities (CMP, oil, propane, K-1, sewer bills, water bills, etc.)
- Work related expenses (i.e. childcare, bus tickets, mileage to work & tolls)
- Any bills that you pay on a regular basis (phone, internet, cable, internet, car insurance, medical expenses, credit cards, etc.)

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Repeat Applicants (you need to follow all instructions on your eligibility/ineligibility form):

- Find reasonable housing within the municipality's guidelines that you are or will be residing. (22 MRSA §4301)
- Provide verification of all household income and expenses for the past 30 days. (22 MRSA §4301)
- Provide receipts for the past 30 days' income to show where you spent your money. If determination cannot be made that income was spent on basic needs, the applicant will not be eligible to receive assistance to replace the misspent or missing money. (22 MRSA §4315A)
- Apply for and utilize any available and potential resources or benefits you are referred to. (22 MRSA §4317)
- Do not cause a termination or reduction of benefits from other public assistance programs including Unemployment Insurance. (22 MRSA §4317)
- If working, you must maintain your employment and/or not cause yourself to be fired or quit (22 MRSA §4316-A)
- If you are able to work but are not currently employed, you will be required to complete workfare, job searches, register at the Career Center and participate in no cost training, if referred by the administrator. (22 MRSA §4316-A (2))
- If you have not completed your high school education and/or have limited English skills you will be required to participate in no cost classes, if referred by the administrator. (22 MRSA §4316-A (1-D))
- If you are not able to work, a medical statement will be required. (22 MRSA § (5))
- You must reimburse the Town/City for assistance provided in the event you have the ability to do so. (22 MRSA §4318)

Use of Income, Denial, False Representation and Disqualification:

- The Municipality reserves the right to apply specific use-of-income requirements to any applicant who fails to use his or her income for basic necessities or fail to reasonably document his or her use of income.
- Failure to do any of the above may result in being denied general assistance or affect your future eligibility.
- False representation of the material facts is fraud which is a Class E crime and carries a penalty of \$1,000 fine and possible jail time. (22 MRSA §4315)
- A disqualification from general assistance may also lead to the loss of your food supplement assistance from DHHS. (22 MRSA §4316-A)

Your rights when applying for General Assistance:

- You have the right to make an application which is confidential and receive a written decision within 24 hours.
- If this is the first time you have applied for general assistance your eligibility can be determined only on the basis of need and you can't be stopped from applying because of the lack of length of residence.
- If you are facing an emergency situation you may be found eligible for emergency general assistance, even if you are not eligible for nonemergency general assistance.
- If you are denied help you have the right to appeal and have a fair hearing to decide if the decision denying you assistance was correct. You also have the right to contact the State Department of Health and Human Services (DHHS) in Augusta at 1-800-442-6003 if you think this decision violates State Law.
- You have the right to review the Ordinance, Policy and Statutes that sets forth the rules for the General Assistance Program.

I have read the above and understand my responsibilities for General Assistance.

Client's Signature: _____ Date: _____

APPLICATION FOR GENERAL ASSISTANCE

Administrator: Please read the following to the applicant or have the applicant read it in your presence.

PENALTY FOR FALSE REPRESENTATION. Whoever knowingly and willfully makes any false representation of a material fact to the overseer of any municipality or to the department or its agents for the purpose of causing that or any other person to be granted assistance by the municipality or by the State is guilty of a Class E crime and shall reimburse the municipality for that assistance. Further assistance may be denied until that person reimburses the municipality for the assistance or enters into a written agreement, which must be reasonable under the circumstances, to reimburse the municipality or that person has been ineligible for assistance for a period of 120 days, whichever period is longer. (22 M.R.S.A. § 4315).

1. HOUSEHOLD (Please type or print)

Name of Applicant:		Date of Birth:	Place of Birth	Social Security Number:	Telephone numbers:	
					Home:	
		Cell:				
					Message:	
Mailing Address:					Length of Use:	
Physical Address:					Length of Residence:	
Most recent previous address:					Length of Residence:	
Applicant is:		Has anyone in the HH ever applied for GA in the past? YES or NO	If yes,		Type of Assistance Received:	
Single			Where:			
Married			When:			
Divorced						
Separated		Widowed				
Does anyone in your household have a warrant for their arrest as a result of a felony conviction?		If yes, who?	Have you reached the TANF 60 mo. Limit?		If yes, have you applied for an extension?	
Has your household applied for LIHEAP?	Does everyone receive SNAP benefits?	If so, how much?	Do you have a Government funded cell phone?		Has your household filed for an income tax refund?	
Did you or anyone in your household serve in the U.S.Military?	Has anyone applied for a VA pension?	Does anyone receive post-secondary Financial Aid?	Subsidized Housing?		Is everyone in the household a US citizen?	
			Utility Allowance? \$			
Total number of people in household:	Number seeking assistance:	Total # of people for whom applicant is seeking assistance:	Is anyone sanctioned by TANF?		If so, who and date:	
			Is anyone disqualified by GA?			
PEOPLE LIVING WITH THE APPLICANT		RELATIONSHIP	DOB	Birthplace	SOCIAL SECURITY #	Disabled(D) Veteran (V)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

NAMES AND ADDRESSES OF SPOUSE, EX-SPOUSE, PARENTS, GRANDPARENTS AND CHILDREN'S PARENTS WHO ARE NOT MEMBERS OF THE HOUSEHOLD

1. Name:	2. Name:
Mailing Address:	Mailing Address:

Relationship:	Telephone #:	Relationship:	Telephone #:
3. Name:		4. Name:	
Mailing Address:		Mailing Address:	
Relationship:	Telephone #:	Relationship:	Telephone #:

2. EMPLOYMENT INFORMATION - APPLICANT

Is applicant currently employed?		If YES, type of job:	
If yes, name of employer:		Address of Employer:	
Start Date:	How many hours per week?	Date last wages received?	Amount?
LIST TWO PREVIOUS EMPLOYERS (if needed):			
Name:		Address:	Start Date: End Date:
Name:		Address:	Start Date: End Date:
Are you disabled?	Do you have an active SSI/SSDI application?	If so, what stage of the process are you in?	Do you have an attorney? If so, who? Have you filed an IAR?
Under what circumstances did the Applicant leave his/her last place of employment?		Date of Separation from employment:	
If unemployed, has applicant registered with the Maine Job Bank/Career Center?	Highest level of education completed:	Was applicant in the military? Branch?	
Job Skills:			

EMPLOYMENT INFORMATION – OTHER HOUSEHOLD MEMBER - Name: _____

Is member currently employed?		If YES, type of job:	
If yes, name of employer:		Address of Employer:	
Start Date:	How many hours per week?	Date last wages received?	Amount?
LIST TWO PREVIOUS EMPLOYERS :			
Name:		Address:	Start Date: End Date:
Name:		Address:	Start Date: End Date:
Are they disabled?	Do they have an active SSI/SSDI application?	If so, what stage of the process are they in?	Do you have an attorney? If so, who? Have they filed an IAR?
Under what circumstances did this member leave his/her last place of employment?		Date of Separation from employment?	
If unemployed, has member registered with the Maine Job Bank/Career Center?	Highest level of education completed?	Was member in the military? Branch?	
Job Skills:			

EMPLOYMENT INFORMATION – OTHER HOUSEHOLD MEMBER - Name: _____

Is member currently employed?		If YES, type of job:	
IF yes, name of employer:		Address of Employer:	
Start Date:	How many hours per week?	Date last wages received?	Amount?
LIST TWO PREVIOUS EMPLOYERS:			

Name:		Address:		Start Date:	End Date:
Name:		Address:		Start Date:	End Date:
Are they disabled?	Do they have an active SSI/SSDI application?	If so, what stage of the process are they in?	Do they have an attorney? If so, who?		
			Have they filed an IAR?		
Under what circumstances did this member leave his/her last place of employment?			Date of Separation from employment?		
If unemployed, has member registered with the Maine Job Bank/Career Center?		Highest level of education completed?		Was this member in the military? Branch?	
Job Skills:					

3. ASSISTANCE REQUESTED

ASSISTANCE REQUESTED: Please place check mark next to each type of assistance being requested and enter the amount of the request.						
✓	ASSISTANCE	AMOUNT		✓	ASSISTANCE	AMOUNT
	1. Food	\$			7. Household/Personal Supplies	\$
	2. Rent	\$			8. Prescriptions/Medical	\$
	3. Mortgage	\$			9. Water	\$
	4. Electricity	\$			10. Sewer	\$
	5. LP Gas	\$			11. Other (Specify):	\$
	6. Heating Fuel	\$			TOTAL ASSISTANCE REQUESTED	\$

4. USE OF INCOME - PRIOR 30 DAYS FOR REPEAT APPLICANTS ONLY (office use only)

Income:	\$		(Use of income may not bar eligibility for applicants in a life threatening emergency or initial applicants)		
	\$				
	\$				
Total: (A)	\$				
Household Receipts				Other Receipts	
Food	\$			Phone	\$
Housing	\$			Internet	\$
Utilities	\$			Cable	\$
Propane	\$			Tobacco	\$
Fuel	\$			Alcohol	\$
Household	\$	Magazines	\$		
Personal	\$	Pet Food	\$		
Med/Presc.	\$	Fines/bails	\$		
Water	\$	Other:	\$		
Sewer	\$		\$		
Other:	\$	Total:			
	\$	(C)	\$		
	\$	Total Income:			
Total:		(A)	\$		
(B)	\$	Less Total Receipts:			
		(B)	\$		
Notes:		Misspent Money: (C)			
			\$		
		Plus Difference Between			
		(A)-(B)-(C) = <u>Unaccounted</u>	\$		
		<u>Misspent</u> + <u>Unaccounted.</u>			
		Add to Sec. 5, Line N	\$		

5. PROJECTED 30 DAY INCOME

INCOME: Check YES or NO for each type of income. Enter the amount of all money to be received (in the next 30 days) by: (1) the applicant; (2) the applicant's family; and (3) unrelated household members. Report how often income is received.

TYPE OF INCOME	✓	MONEY APPLICANT RECEIVES		MONEY FAMILY RECEIVES		MONEY OTHERS RECEIVE		OFFICE USE ONLY
		AMOUNT	FREQUENCY	AMOUNT	FREQUENCY	AMOUNT	FREQUENCY	MONTHLY TOTAL
A. Employment		\$		\$		\$		\$
B. TANF		\$		\$		\$		\$
C. Social Security		\$		\$		\$		\$
D. Military/Veteran Benefits		\$		\$		\$		\$
E. Retirement or Pension Plan		\$		\$		\$		\$
F. Unemployment Benefits		\$		\$		\$		\$
G. Worker's Compensation		\$		\$		\$		\$
H. Child Support/Alimony		\$		\$		\$		\$
I. SSI-Supplemental Security Income		\$		\$		\$		\$
J. Bank Accounts & Cash on Hand		\$		\$		\$		\$
K. Income/In kind from Relatives		\$		\$		\$		\$
L. Other (please specify)		\$		\$		\$		\$
For Repeat Applicants Only:								
M. Investment Asset(s) Value (See Section 6, C)								\$
N. Misspent Income & Unverified Expenditures (during the last 30 days)								\$
SUBTOTAL – MONTHLY HOUSEHOLD INCOME								\$
O. LESS: Total verified monthly work-related expenses: Child Care: \$ _____ Mileage: (RT miles ____* # of days a week: ____* # of weeks per month: ____* ordinance mileage: _____)= _____ Other: _____								\$
TOTAL – MONTHLY HOUSEHOLD INCOME								\$

6. ASSETS

ASSETS: Check yes for each asset owned and enter the value. Enter who in the household owns the asset.

TYPE OF ASSET	✓	VALUE	ASSET OWNED BY
A. Home		\$	
B. Real Estate (other than home)		\$	
C. Investments: Stocks, Bonds, Retirement Account(s), Life Insurance, etc.		\$	
D. Vehicle(s) i.e., car, truck, motorcycle		\$	
Additional:		\$	
E. Recreational Vehicle (s) (i.e., camper, ATV, snowmobile, boat)		\$	
Additional:		\$	
F. Other		\$	

7. EXPENSES

MONTHLY EXPENSES	ACTUAL COST FOR NEXT 30 DAYS	MAXIMUM AMOUNT (OFFICE USE ONLY)	ALLOWED AMOUNT (OFFICE USE ONLY)
1. Food	\$	\$	\$
2. Rent – Name and Address of Landlord:			
	\$	\$	\$
3. Mortgage – Mortgage Holder:	\$	\$	\$
4. Electricity –Hot Water Y/N Electric Heat Y/N	\$	\$	\$
5. LP Gas	\$	\$	\$
6. Heating Fuel TYPE:	\$	\$	\$
7. Household/Personal Supplies	\$	\$	\$
8. Prescriptions/Medical	\$	\$	\$
9. Water	\$	\$	\$
10. Sewer	\$	\$	\$
11. Other (specify)	\$	\$	\$
	\$	\$	\$
TOTAL MONTHLY HOUSEHOLD EXPENSES	\$	\$	\$

8. OTHER EXPENSES

NOTE: The administrator should be aware of the following to gain an understanding of the applicant’s financial situation.

A. Do you have any debts (i.e., bank loans, car payments, credit cards)?	YES	NO
If YES , give (1) name; (2) purpose money was borrowed; and (3) amount (list below).		
NAME	PURPOSE	AMOUNT
1.		\$
2.		\$
3.		\$

9. DEFICIT (Office use only)

A. Overall Maximum Level of Assistance Allowed (See GA Ordinance Appendix A)	\$	D. Deficit (If line A is greater than line B)	\$
B. Income (See Section 5)	\$	E. *Surplus (If line B is greater than line A)	\$
C. Result (Line A minus line B)	\$	* Note: If a surplus exists, applicant is not eligible for regular GA. Proceed to Section 10 to determine if “unmet need” results in eligibility for “emergency” GA	

10. UNMET NEED (Office use only)

A. Allowed Expenses (See Section 7)	\$	D. Unmet Need (Amount from line C, but <u>only</u> if line A is greater than line B)	\$
B. Income (See Section 5)	\$	E. Deficit (See Section 9, line D)	\$
C. Result (Line A minus line B)	\$	F. Amount of GA Eligibility (The lower of line D and line E)	\$

INSTRUCTIONS:

- 1) If Section 9, line B (income) is greater than line A (overall maximum), then applicant has a surplus of \$_____ and will not be eligible for General Assistance **unless** the GA administrator determines there is need for emergency assistance.
- 2) If Section 10, line A (allowed expenses) is greater than line B (income), the result will be an “Unmet Need” (line D).
- 3) If there is both an “Unmet Need” (Section 10, line D) and a “Deficit” (Section 10, line E), the applicant will be eligible for the **lower** of the two amounts. This lower amount is the amount of assistance the applicant is eligible for in the next 30-day period, or a proportionate amount for a shorter period of eligibility (i.e., if the applicant needs one week’s worth of GA assistance, they should receive ¼ of the 30 day amount).

Administrator: Please read the following to the applicant or have the applicant read it in your presence.

In accordance with Maine law (22 M.R.S.A. § 4321) you have the right to be given a written decision concerning your application within 24 hours of submitting a completed application. If you disagree with the administrator’s decision on the application, you have the right to a fair hearing before an impartial hearing authority. If you believe that the municipality has violated state law with respect to your application, you have the right to notify the State Department of Health and Human Services in Augusta (1-800-442-6003)

STATEMENT BY APPLICANT: I hereby affirm that the facts in this application are true, correct and complete, and that I have not knowingly withheld any information. I understand the Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it may result in my not being eligible to receive assistance; therefore, I hereby give my express permission for the Administrator to contact the following specific sources or persons to verify any or all information material to the determination of General Assistance eligibility for my household:

- Employer(s) (past/present);
- Persons, organizations or businesses referenced in this application;
- Past, present and/or future landlords;
- Bank(s) or financial institutions;
- The Department of Health and Human Services or any department of the State of Maine;
- The area Community Action Program;
- Relatives, specify: _____
- Persons/vendors to whom I owe money (i.e. utility company, fuel dealer, car dealership);
- Physician(s) with information related to my ability to work or receive other benefits;
- Housing Authority (local and/or state);
- The following specific sources of information _____

Applicant’s Signature: _____ Date: _____

Applicant’s Signature: _____ Date: _____

Administrator’s Signature: _____ Date: _____