Case #: _____

Application for Township Assistance
COVID-19

Application Date: _____

Applicant's Full Name: _____ Male ☐ Female ☐

Phone #: _____ Email Address: _____

Social Security #: _____ Date of Birth (MM/DD/YY): _____

Street Address: _____ City, State: _____ Zip: _____

How long have you lived at your current address: _____ months _____ years

What is your housing status? Own ☐ Rent ☐ Homeless ☐

Please list all people living in your household. For each person, select the relationship to the applicant and all income sources.

Name	Relationship*	Income Source	Monthly Amt	Date of Birth
	Yourself	☐ Child Support ☐ Food Stamps ☐ None ☐ Social Security ☐ Unemployment ☐ Wages	$	
		☐ Child Support ☐ Food Stamps ☐ None ☐ Social Security ☐ Unemployment ☐ Wages	$	
		☐ Child Support ☐ Food Stamps ☐ None ☐ Social Security ☐ Unemployment ☐ Wages	$	
		☐ Child Support ☐ Food Stamps ☐ None ☐ Social Security ☐ Unemployment ☐ Wages	$	
		☐ Child Support ☐ Food Stamps ☐ None ☐ Social Security ☐ Unemployment ☐ Wages	$	
		☐ Child Support ☐ Food Stamps ☐ None ☐ Social Security ☐ Unemployment ☐ Wages	$	

**Relationship: yourself, spouse, child, roommate, other*

Income status: ☐ wages stopped ☐ waiting on income ☐ receiving income ☐ no income

Employment status: ☐ working ☐ laid off on ☐ never worked ☐ quit ☐ fired ☐ leave

Do you have investment holdings (stocks, bonds, CDs, IRAs)? ☐ yes ☐ no

Do you have a checking account? ☐ yes ☐ no Do you have a savings account? ☐ yes ☐ no

	Applicant	Other Adult	Other Adult
Current/Recent Employer			
Start Date – End Date			
Reason for leaving			

Is everyone in the household a US citizen: ☐ yes ☐ no

List other public assistance*: _____

**subsidized housing, utility allotment, EAP utility assistance*

Please list assistance needed. _____

READ CAREFULLY* NOTICE OF PUBLIC LAW

Indiana Code 12-20-6-9 requires the township trustee to investigate my circumstances, and the cause of my condition. I understand that I am required to operate in such investigation. I understand that Indiana Code 12-20-6-8 requires the trustee to notify me of the action taken (approval, denial, pending) on my case within 72 hours (excluding weekends and legal holidays) and that the trustee must retain a copy of each application whether or not relief is granted.

Indiana Code 12-20-16-2 prohibits the Trustee from providing medical assistance if the applicant could qualify for that assistance under the Hospital Care for the Indigent Program (IC 12-16). The township may not provide assistance for payment for more than 30 days of heating fuel or electric services assistance unless you have applied for assistance from the Division of Disability, Aging, and Rehabilitative Services as stated under IC 12-20-16-3.
IC 12-20-6-5 provides that applicants, or a member of the applicant's household, granted emergency township assistance, file an application with the appropriate government agency. If the applicant, or a member of the applicant's household, failed to file within fifteen (15) working days, no further Trustee assistance may be granted for sixty (60) days following emergency Trustee assistance granted. Applicants for food assistance may not be provided food assistance for more than thirty (30) days unless an application for food stamps is filed with the Division of Family and Children. IC 12-20-10-1 provides that if applicants applying for aid are in good health, or if any member of their household are so, the trustee shall require those able to work to seek employment and the trustee shall refuse any aid until the trustee is satisfied that the persons claiming help are endeavoring to find work for themselves.
IC 12-20-11-1 requires a recipent or other adult member of the household, with certain exceptions, to do work needed to be done within the county or an adjoining township in any other county for any governmental unit having jurisdiction in those townships.

I HAVE READ THE ABOVE NOTICE OF PUBLIC LAW.

Signature of Applicant	Signature of Other Adult	Signature of Other Adult

Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance?

Applicant: ☐YES☐NO Other Adult: ☐Yes☐No Other Adult: ☐Yes☐No

If not, explain why not: _____

Affidavit

I certify and affirm under penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and member of my family and household, and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify that I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

Signature of Applicant	Signature of Other Adult	Signature of Other Adult

Note: All household members eighteen and older must sign where indicated for application to be complete.

CONSENT TO THE DISCLOSURE OF INFORMATION TO THE TOWNSHIP TRUSTEE

I, _____, Case Number _____, residing at _____

_____, Indiana, consent to the disclosure of the following information to _____, the investigator of township assistance for _____ Township _____County, Indiana:

Information that will verify my:

1. Countable income.
2. Countable assets.
3. Wasted resources.
4. Relatives capable of providing assistance.
5. Past or present employment.
6. Pending claims or causes of action.
7. A medical condition if relevant to work or workfare requirements.
8. Any other information required by law.

This information may be used only in connection with:

(1) My township assistance application from _____ Township _____County, IN.

(2) My application for public assistance from the Division of Family and Children county offices and the Office of Medicaid Policy and Planning.

(3) Others (if any).

_____	_____	_____
Signature of Applicant	Signature of Other Adult	Signature of Other Adult
_____	_____	_____
Date Signed	Date Signed	Date Signed

This consent form expires 180 days after the date of signing.

ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY BY THE TOWNSHIP

The undersigned township trustee or employee acknowledges that he/she may, in the course of employment, have access to certain personal information and that such information is to be treated as confidential, and is to be released and exchanged only with agencies related to the undersigned employment by the township in reviewing and investigating this application or as otherwise provided by law.

_____	_____
Trustee or Employee	Date Signed

CONSENT TO THE DISCLOSURE OF INFORMATION TO THE TOWNSHIP TRUSTEE

I, _____, Case Number _____, residing at _____

_____, Indiana, consent to

the disclosure of the following information to _____, the investigator of

township assistance for Perry Township Marion County, Indiana:

Information that will verify my:

1. Countable income.
2. Countable assets.
3. Wasted resources.
4. Relatives capable of providing assistance.
5. Past or present employment.
6. Pending claims or causes of action.
7. A medical condition if relevant to work or workfare requirements.
8. Any other information required by law.

This information may be used only in connection with:

(1) My township assistance application from Perry Township Marion County, IN.

(2) My application for public assistance from the Division of Family and Children county offices and the Office of Medicaid Policy and Planning.

(3) Others (if any).

Signature of Applicant	Signature of Other Adult	Signature of Other Adult
Date Signed	Date Signed	Date Signed

This consent form expires 180 days after the date of signing.

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Trustee or Employee	Date Signed

INDIANA
WORKFORCE
DEVELOPMENT
AND ITS **WorkOne** CENTERS

RELEASE OF INFORMATION

NAME OF APPLICANT: _____

SOCIAL SECURITY: _____

DATE: _____

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the agency listed below.

_____
SIGNATURE OF APPLICANT

☐ Check this box if Power of Attorney is attached

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.
*NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.

Signature of Requestor: _____

Requesting Agency: Perry Township Trustee

Fax Number: 317-788-4820

Phone Number: 317-788-4810

For questions email EmployVerification@dwd.IN.gov

OFFICE OF THE PERRY TOWNSHIP TRUSTEE

4925 Shelby Street, Suite 400
Indianapolis, Indiana 46227

Office (317) 788-4815
Fax (317) 788-4817
Township Assistance (317) 788-4810

Nancy S. Day
Township Trustee

Jackie Hudman
Chief Deputy Trustee

VERIFICATION OF ELIGIBILITY FOR STATE OR LOCAL PUBLIC BENEFITS REQUIRED BY INDIANA CODE 12-32-1

I, _____ (printed name), am a United States citizen or qualified alien (as defined under 8 U.S.C. 1641).

OR

_____ (printed name), is a United States citizen or qualified alien (as defined under 8 U.S.C. 1641).

I hereby verify under the penalty of perjury that the foregoing statement is true.

Dated this _____ day of _____, 20_____.

_____
(Signed)

_____
(Printed)