

Town of Elgin

729 S. McLean Blvd.
Elgin, IL 60123

Phone: (847)741-2045
Fax: (847)741-2281

I acknowledge receiving an application for General and Medical Assistance from the Elgin Township Office. I further acknowledge receiving a copy of my Rights and Responsibilities as a General Assistance applicant and/or recipient in accordance with the Township Officials of Illinois General Assistance Manual: TSI-1. I also have been issued Notice of Benefits under the General Assistance program: TSI-2.

I agree to participate in the Elgin Township Community Work Program as determined by the Elgin Township. I have received a copy of my Rights and Responsibilities under the Community Work Program: TSI-20, TSI-21.

Date

Signature

2 copies: 1 Applicant
1 Township File

Rev. 9/94

AGREEMENT TO PARTICIPATE IN THE COMMUNITY WORK PROGRAM

I, _____, am an (applicant for/ recipient of) General Assistance (GA). I hereby agree to participate in and cooperate with the Community Work Program.

I acknowledge that the rules and regulations of the Community Work Program have been explained to me, as have the procedures by which I shall be assigned to a worksite or a training site.

I also acknowledge that I have received a copy of a written Notice of Rights and Responsibilities of Community Work Program Participants. I understand that my failure or refusal to comply with my obligations or any of the requirements under the Community Work Program will result in a denial of my Application for General Assistance or a termination of my General Assistance benefits and may also result in my being ineligible for General Assistance for a period of 90 days.

I am signing this Agreement freely and voluntarily.

Date: _____, 20__

Signature

Address: _____

Telephone: _____

Witness: _____

Signature

AGREEMENT TO COOPERATE WITH SPECIAL SERVICE REFERRALS

I, _____ am (an applicant for/a recipient of) General Assistance (GA). I hereby agree to participate in and cooperate with any special service referrals by the General Assistance Office. I acknowledge that the General Assistance Office's participation and cooperation requirements have been explained to me and I understand that I am required to participate and cooperate in good faith with any special service referrals for medical, psychological, vocational or other services which are designed to enhance and increase my ability to secure and keep gainful employment. I also acknowledge that I am aware that such participation and cooperation includes arriving at the scheduled time and remaining until the services have been rendered by the designated provider and that any unauthorized departure will constitute a missed appointment and non-cooperation.

I understand that my failure or refusal to comply with my obligations or any of the requirements under the Community Work Program will result in a denial of my Application for General Assistance or a termination of my General Assistance benefits and may also result in my being ineligible for General Assistance for a period of 90 days.

Date: _____, 20____

Signature _____

Address: _____

Telephone: _____

Witness: _____

Signature

**Elgin Township Office
729 S. McLean Blvd.
Elgin, IL 60123
(847) 741-2045
Fax (847) 741-2045**

Case Name: _____

Social Security Number: _____

DOB: _____

Case Number: _____

CONSENT TO RELEASE OF INFORMATION

I do hereby authorize _____

(Name of Agency)

to release to the Elgin Township General Assistance Office the following information which is necessary to () determine or () redetermine my eligibility for assistance:

Signed: _____

Address: _____

Witness

POLICY REGARDING SCHEDULED APPOINTMENTS

It is the policy of the Elgin Township General Assistance Office to require applicants for and recipients of assistance benefits to appear on time for all scheduled appointments with their case manager, unless there is prior telephone notification to our office that you will be unable to make the appointment. Notification must be made during regular business hours, 24 hours prior to the appointment, and leaving a voice mail message is not sufficient. Unless there is good cause demonstrated, if you fail to appear for your appointment, without prior notification, your application will be denied or your case will be terminated.

If your case is denied or terminated for failure to keep your appointment and you thereafter wish to receive benefits, you will be required to complete a new application for assistance furnishing all documentation again.

*Elgin Township General Assistance Office
(847-741-2045)*

Receipt

acknowledged: _____

Date _____

Applicant Signature

Town of Elgin

729 S. McLean Blvd.
Elgin, IL 60123

Phone: (847)741-2045
Fax: (847)741-2281

ELGIN TOWNSHIP COMMUNITY WORK PROGRAM INQUIRY

Date: _____

NAME: _____

ADDRESS: _____

City/State/Zip

TELEPHONE: _____

DATE OF BIRTH: _____

EDUCATION: _____

TYPE OF WORK SKILLS: _____

PLEASE LIST ANY HEALTH PROBLEMS OR WORK RESTRICTIONS YOU HAVE:

The Elgin Township may want to send you to a doctor to verify any health problems or work related restrictions.

Signature

NOTICE OF BENEFITS AVAILABLE UNDER THE GENERAL ASSISTANCE PROGRAM

MONTHLY BASIC NEEDS ASSISTANCE

General Assistance (GA) provides monthly assistance for basic maintenance needs, including shelter, utilities, food (even if you receive Food Stamps), personal essentials (soap, shampoo, toothpaste, etc.), household supplies (laundry soap, detergent) and clothing. If you have certain allowable special needs, such as a therapeutic diet, amounts may be provided for your special needs.

The maximum amount of monthly benefits for basic maintenance needs will depend upon the size of your assistance unit, who is in the assistance unit and whether you have any income. Hence, you may not receive the maximum permissible amount if you have any income.

You will not receive cash. If approved, the General Assistance Office will issue "disbursing orders" to vendors to supply you with goods and services. Every month disbursing orders will be issued totaling the amount of your grant. The disbursing orders may only be used to obtain allowable basic maintenance needs.

MEDICAL ASSISTANCE

If approved for GA, you are entitled to have certain medical care paid for unless you are denied medical assistance for a specific reason. Medical assistance is disbursed by direct vendor payment; that is, the General Assistance Office pays the medical provider.

The General Assistance Office only pays for necessary and essential medical services. Preventive care is not considered essential. If you have any questions about what types of medical services can be paid for, you should ask personnel of the General Assistance Office.

(Over)

TOWNSHIP SUPERVISORS OF ILLINOIS GENERAL ASSISTANCE HANDBOOK

Unless an emergency exists, you must receive prior approval from the General Assistance Office for medical care, otherwise, the General Assistance Office may refuse to pay for such care. You should contact a representative of the General Assistance Office during reasonable hours with a specific request to have medical care authorized.

I acknowledge receiving a copy of this Notice of Benefits this _____ day
of _____, 20_____.

Applicant/Recipient

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY

Case Name: _____

Notice of Benefits given on: _____

Notice of Benefits given by: _____

NOTICE OF RIGHTS AND RESPONSIBILITIES OF GENERAL ASSISTANCE APPLICANTS AND RECIPIENTS

RIGHTS

As an applicant or recipient of General Assistance (GA), you have certain **rights**.

You have the right to apply for GA at any time. Application must be in writing and must contain at least your name, mailing address and signature. Should you desire, you may have help in filling out the application form. Your application must be submitted to the General Assistance Office, however, you may do this by mail.

You have the right to be treated with courtesy, consideration and respect. You also have the right not to be discriminated against or denied GA because of race, religious belief, color, sex, marital status, sexual preference, national origin, age, handicap or political affiliation. If you feel that you have not been treated courteously or that you have been discriminated against, you have the right to complain to the General Assistance Office without retaliation.

You have the right to look at the General Assistance Handbook used by the General Assistance Office to determine eligibility and payment amounts. You have the right to ask questions about your case and to examine your case file at a reasonable time in the presence of a representative of the General Assistance Office.

Under most circumstances, you have the right to prevent the General Assistance Office from disclosing information about your case to anyone.

Finally, you have the right to appeal any action, inaction or decision of the General Assistance Office with which you disagree.

RESPONSIBILITIES

As an applicant or recipient you also have certain **responsibilities**. Your failure or refusal to fulfill these responsibilities could result in a denial or termination of General Assistance benefits.

(Over)

TOWNSHIP SUPERVISORS OF ILLINOIS GENERAL ASSISTANCE HANDBOOK

You must provide the General Assistance Office with any information necessary to determine if you are eligible for GA. You must also permit the General Assistance Office access to any information necessary to determine your eligibility. You must cooperate with the General Assistance Office in obtaining this information at any time, even after you have been approved for General Assistance.

You must keep all scheduled appointments with the General Assistance Office.

Unless exempt, you must actively seek work, register every 30 days with the Illinois Department of Employment Security and participate in the Community Work Program.

You must also advise the General Assistance Office immediately of any changes in your circumstances, such as a change of address, income, assets or household composition, which might affect your eligibility for General Assistance.

You have a responsibility to utilize all resources at your disposal and to apply for any benefits for which you might be eligible. If the General Assistance Office refers you to another office or agency to apply for benefits or receive training, you must accept and follow-up such referral in good faith.

I acknowledge receiving a copy of this Notice of Rights and Responsibilities this _____ day of _____, 20_____.

Applicant/Recipient

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY

Case Name: _____

Notice of Rights given on: _____

Notice of Rights given by: _____

NOTICE OF RIGHTS AND RESPONSIBILITIES OF COMMUNITY WORK PROGRAM PARTICIPANTS

As a participant in the Community Work Program, you have the following rights and responsibilities.

RIGHTS

- (1) To be notified of a work or training assignment at least 24 hours in advance of the time the work or training assignment is scheduled to begin.
- (2) To be required to work no more than 8 hours a day and 40 hours a week.
- (3) To be required to work only enough hours as are sufficient to offset the amount of your monthly General Assistance benefits, based on the prevailing minimum wage.
- (4) Not to be required to perform work or engage in training involving a substantial threat to your health or safety.
- (5) To be paid by a sponsor at no less than the prevailing minimum wage if you work for a sponsor more than 8 hours a day, 40 hours a week or beyond the hours you are required to work by the General Assistance Office.
- (6) To be provided with proper and safe clothing and equipment to perform any work or engage in any training.
- (7) To be treated like a regular employee or trainee.
- (8) Not to be discriminated against because of your race, religious beliefs, color, sex, marital status, sexual preference, national origin, age, handicap or political affiliation.
- (9) To appeal any action, inaction or decision of the General Assistance Office with regard to your participation in the Community Work Program.

RESPONSIBILITIES

- (1) To sign an Agreement to Participate in the Community Work Program.
- (2) To participate in and cooperate with the Community Work Program.
- (3) To timely keep all Community Work Program appointments and inter-views.
- (4) To accept training and work assignments from the General Assistance Office.

(Over)

TOWNSHIP SUPERVISORS OF ILLINOIS GENERAL ASSISTANCE HANDBOOK

- (5) To make at least ten (10) job applications a month if you participate in the JSTW program.
 - (6) To report for work or training every day you are scheduled for work or training and not leave a worksite or training site without permission.
 - (7) To contact both the General Assistance Office and the sponsor if you cannot or will not report for work or training.
 - (8) To submit to a complete physical and mental examination at the request of the General Assistance Office.
 - (9) Not to use drugs or alcoholic beverages at a worksite or training site and not to report for work or training in an unfit condition because you took drugs or alcohol.
 - (10) To comply with all orders and directions by those in charge at a worksite or training site.
 - (11) To comply with all worksite and training site rules.
 - (12) To report on time for all work and training assignments.
 - (13) To cooperate and get along with people at a worksite or training site.
 - (14) Not to endanger yourself or others at a worksite or training site.
 - (15) To comply with all municipal ordinances and state and federal laws while at a worksite or training site.
 - (16) To immediately report all worksite and training site accidents and injuries to the General Assistance Office.
 - (17) To satisfactorily complete all work and training assignments.
 - (18) To provide a doctor's statement for all occasions you fall to report, leave or are excused from work or training because of illness or disease.
 - (19) To make-up all work and training hours lost because you were excused from work or training.
 - (20) To notify the General Assistance Office when problems or disputes arise at a worksite or training site.
 - (21) To sign an Agreement to Cooperate with Special Service Referrals and to participate in and cooperate with any special service referrals.
- I acknowledge receipt of a copy of this Notice of Rights and Responsibilities of Community Work Program Participants.

Date: _____, 20 _____

Signature

FOR USE OF GENERAL ASSISTANCE OFFICE ONLY

Case Name: _____

Notice of Rights given on: _____

Notice of Rights given by: _____