

**LYMAN
GENERAL ASSISTANCE**

Applications will be reviewed by appointment ONLY

Procedure;

- 1- Obtain General Assistance Application from the
Town Clerks Office**
- 2- You may take it home to complete it, or complete it at
Town Hall**
- 3- Return it to the Town Clerks Office**
 - a. The Town Clerk will notify the GA
Administrator of the pending application**
 - b. The Administrator will telephone you to
schedule the earliest possible appointment.**
 - c. Failure to keep an appointment once it has been
set will be considered a withdrawal of
application on your part.**
 - d. In order to avoid delay in processing, please
provide the verification listed on the tri fold GA
brochure**
- 4-  You need to leave a message for the GA
Administrator please call**

**LYMAN WELFARE
GENERAL ASSISTANCE
206-5183**

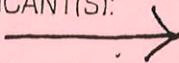
TOWN OF LYMAN

General Assistance Office

11 South Waterboro Road, Lyman, ME 04002

(207) 206-5183 FAX (207) 499-7563

INFORMATION FOR GENERAL ASSISTANCE APPLICANT(S):

Interviews for General Assistance are conducted  by appointment or a walk in basis when available on a first come, first served basis. If you are unable to apply at these times due to illness or your work schedule, please let us know and we will find a way to accommodate you. Interviews take 45 minutes to one hour and it is best to apply early in the day, sometimes because of staffing constraints or the number of clients applying you may be asked to return with a scheduled appointment time.

WHEN YOU ATTEND YOUR INTERVIEW BRING WITH YOU THE FOLLOWING INFORMATION;

- PICTURE IDENTIFICATION (ID'S, drivers license or passports) for everyone over age 18 in the Household,
- 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 or unpaid)
- VEHICLE REGISTRATION (S) & VEHICLE INSURANCE CARD (S),
- CURRENT STATEMENTS for all accounts including checking & savings,
- WRITTEN VERIFICATION of any other assistance you receive TANF, PaS, Food Stamps, Subsidized Housing, BRAP, Shelter + Care, RAC, Section 8 etc.,
- COMPLETED LANDLORD FORM,
- MEDICAL VERIFICATION if you are unable to work.
- STIMULUS CHECK amount and receipts

Repeat applicants will be required to bring written verification of all household income and expenses for the previous thirty day period.

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 SSI payments (whether in your name, your children's name or the name of a payee)
Disability payments;
Unemployment Benefits;
VA Benefits;
TANF/ASPIRE;
Child Support;
Payments from a pension or trust fund (including interest on any assets);
Income from any other household member, including children, roommates, relatives, boyfriends or girlfriends

Household Expenses Include but are not limited to:

Rent or Mortgage,
Utilities (CMP, oil, propane, K-1, sewer bills, water bills, phone, cell phone, internet etc.),
Work related expenses; child care, bus tickets, mileage,
Any bills that you pay on a regular basis

If you have never been seen here before, or it has been 6 months or more since your last appointment, or there are any changes in your address or household, you need to pick up a landlord form and have your landlord complete it. We encourage applicants without children to rent rooms instead of apartments whenever possible. Housing must be located in  and we do not have the ability to locate housing for you.

If you are unemployed and physically able to work you may be required to work off your assistance for the city. You will also be required to seek employment, contact the Career Center & Maine Job Service, and attend classes when appropriate. If you have a medical reason as to why you cannot work, then you must provide us with verification from your doctor of your work limitations. We will provide you with a medical release form that will be sent to your physician.

Town/City of

LYMAN

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. Any person who knowingly and willfully makes any written or oral false statement of a material fact to the administrator for the purpose of causing himself/herself to be granted assistance will be ineligible for assistance for 120 days and may be prosecuted for committing a Class E crime, which carries a penalty of up to a \$1,000 fine and one year in jail (22 M.F.S.A. § 4315).

1. HOUSEHOLD (Please type or print)

Name of Applicant (Last name, First name, Middle Initial)		DOB	Social Security Number	Telephone Number
Mailing Address (Street, City, State, ZIP code)				Length of Residence
Applicant's Most Recent Previous Address (Street, City, State, ZIP code)				Length of Residence
Applicant is: <input type="checkbox"/>	Has the applicant ever applied for General Assistance from this or another municipality?		Type of assistance granted	When
Single	<input type="checkbox"/> Yes <input type="checkbox"/> No		Municipality	
Number in household:	How many are related?	How many are not related?	Total number of people for whom applicant is seeking assistance:	
PEOPLE LIVING WITH THE APPLICANT		RELATIONSHIP	BIRTHDATE	SOCIAL SECURITY #
1	Name			
2	Name			
3	Name			
4	Name			
5	Name			

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

1	Name	Age	2	Name	Age
Mailing Address		Mailing Address			
Relationship		Telephone Number	Relationship		Telephone Number
3	Name	Age	4	Name	Age
Mailing Address		Mailing Address			
Relationship		Telephone Number	Relationship		Telephone Number

2. EMPLOYMENT INFORMATION

A. Is applicant currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, type of job:			
If Yes, Name of Employer	Address of Employer	Length of Employment	
LIST THREE PREVIOUS EMPLOYERS			
1	Name	Address	Length of Employment
2	Name	Address	Length of Employment
3	Name	Address	Length of Employment
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 CareerCenter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?		Highest level of education completed	Was applicant in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch _____
Job Skills			

B. Are any other members of the household employed? Yes No If Yes, who and where? (List below)

	HOUSEHOLD MEMBER	EMPLOYER	TOWN/CITY
1	Name		
2	Name		

3. ASSISTANCE REQUESTED

*ASSISTANCE REQUESTED: Place a check mark next to each type of assistance being requested. Enter the amounts being requested, if known.

ASSISTANCE	AMOUNT	ASSISTANCE	AMOUNT
<input checked="" type="checkbox"/> 1. Food	\$	<input type="checkbox"/> 6. Heating Fuel	\$
<input type="checkbox"/> 2. Rent	\$	<input type="checkbox"/> 7. Household/Personal Supplies	\$
<input type="checkbox"/> 3. Mortgage	\$	<input type="checkbox"/> 8. Other (specify)	\$
<input type="checkbox"/> 4. Electricity	\$	<input type="checkbox"/> 9. Other (specify)	\$
<input type="checkbox"/> 5. LP Gas	\$	TOTAL ASSISTANCE REQUESTED	\$ 0.00

4. 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, if they pool their income. Check how often income is received.

TYPE OF INCOME	YES NO	MONEY APPLICANT RECEIVES		MONEY FAMILY RECEIVES		MONEY OTHERS RECEIVE		AMOUNT
		AMOUNT	HOW OFTEN	AMOUNT	HOW OFTEN	AMOUNT	HOW OFTEN	
A. Employment	<input type="checkbox"/> <input type="checkbox"/>		Weekly	\$	Weekly		Weekly	
B. TANF	<input type="checkbox"/> <input type="checkbox"/>		Monthly	\$	Weekly		Weekly	
C. Social Security	<input type="checkbox"/> <input type="checkbox"/>		Weekly	\$	Weekly		Weekly	
D. Military/ Veterans Benefits	<input type="checkbox"/> <input type="checkbox"/>		Weekly	\$	Weekly		Weekly	
E. Retirement or Pension Plan	<input type="checkbox"/> <input type="checkbox"/>		Weekly	\$	Weekly		Weekly	
F. Unemployment Benefits	<input type="checkbox"/> <input type="checkbox"/>		Weekly	\$	Weekly		Weekly	
G. Worker's Compensation	<input type="checkbox"/> <input type="checkbox"/>		Weekly	\$	Weekly		Weekly	
H. Child Support/ Alimony	<input type="checkbox"/> <input type="checkbox"/>		Weekly	\$	Weekly		Weekly	
I. SSI - Supplemental Security Income	<input type="checkbox"/> <input type="checkbox"/>		Weekly	\$	Weekly		Weekly	
J. Bank Accounts & Cash on Hand	<input type="checkbox"/> <input type="checkbox"/>		Weekly	\$	Weekly		Weekly	
K. Income from Relatives	<input type="checkbox"/> <input type="checkbox"/>		Weekly	\$	Weekly		Weekly	
L. Other (please specify)	<input type="checkbox"/> <input type="checkbox"/>		Weekly	\$	Weekly		Weekly	
For Repeat Applicants Only:								
M. Investment Asset(s) Value (See Section 5, C)								
N. Misspent Income & Unverified Expenditures (during the last 30 days)								
SUBTOTAL - MONTHLY HOUSEHOLD INCOME								\$ 0.00
O. LESS: Total monthly work-related expenses (i.e., actual work-related travel up to ordinance maximums, work-related child care, etc.)								
TOTAL - MONTHLY HOUSEHOLD INCOME								\$ 0.00

5. ASSETS

Assets: Check yes or no for each asset owned and enter the value. Enter who in the household owns the asset.

TYPE OF ASSET	YES	NO	VALUE	ASSET OWNED BY
A. Home	<input type="checkbox"/>	<input type="checkbox"/>		
B. Real Estate (other than home)	<input type="checkbox"/>	<input type="checkbox"/>		
C. Investments: Stocks, Bonds, Retirement Accounts, Life Insurance, etc.	<input type="checkbox"/>	<input type="checkbox"/>		
D. Vehicle(s) (e.g., car, truck, motorcycle)	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>		
E. Recreational Vehicle(s) (e.g., camper, ATV, snowmobile, boat)	<input type="checkbox"/>	<input type="checkbox"/>		
F. Other	<input type="checkbox"/>	<input type="checkbox"/>		

6. EXPENSES

MONTHLY EXPENSES	ACTUAL COST FOR NEXT 30 DAYS	ALLOWED AMOUNT	FOR BIC USE ONLY
1. Food	\$		
2. Rent	NAME AND ADDRESS OF LANDLORD: \$		
3. Mortgage - MORTGAGE HOLDER:	\$		
4. Electricity	\$		
5. LP Gas	\$		
6. Heating Fuel	TYPE: (i.e., oil, electricity, etc.) \$		
7. Household/Personal Supplies	\$		
8. Other Basic Needs (please specify)	\$		
	\$		
TOTAL MONTHLY HOUSEHOLD EXPENSES:	\$ 0.00		

7. 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 (e.g., 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		\$

B. Do you owe any doctors, or have any medical bills? Yes No

If Yes, give name and amount (list below)

DOCTOR'S NAME	AMOUNT	DOCTOR'S NAME	AMOUNT
1	\$	2	\$

8. DEFICIT

A. Overall Maximum Level of Assistance Allowed (See GA Ordinance Appendix A)	\$
B. Income (See Section 4)	\$ 0.00
C. Result (Line A minus line B)	\$ 0.00

D. Deficit (If line A is greater than line B)	\$
E. *Surplus (If line B is greater than line A)	\$
* NOTE: If a surplus exists, applicant is not eligible for regular GA. Proceed to Section 9 to determine if "unmet need" results in eligibility for "emergency" GA.	

9. UNMET NEED

A. Allowed Expenses (See Section 6)	\$ 0.00
B. Income (See Section 4)	\$ 0.00
C. Result (Line A minus line B)	\$ 0.00

D. Unmet Need (Amount from line C, but <u>only</u> if line A is greater than line B)	\$
E. Deficit (See Section 8, line D)	\$
F. Amount of GA Eligibility (The lower of line D and line E)	\$

INSTRUCTIONS:

- 1) If Section 8, 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 9, 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 9, line D) and a "Deficit" (Section 9, 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 (e.g., if the applicant needs one week's worth of GA assistance, they should receive 1/4 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 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 landlord;
- bank(s) or financial institutions;
- the Department of Human Services or any department of the State of Maine;
- the area CAP agency;
- relatives, specify: _____
- persons/vendors to whom I owe money (e.g., utility company, fuel dealer, car dealership);
- physician(s) with information related to my ability to work or receive other benefits: _____
- the following specific sources of information: _____

Applicant's Signature: _____	Date: _____
Administrator's Signature: _____	Date: _____

Town of Lyman

11 So. Waterboro Rd. Welfare/GA Office
1-207-499-7562 Ext. 14
Lyman Maine 04002

GENERAL RELEASE OF CONFIDENTIAL INFORMATION

Date _____

I, _____ do authorize the Town of Lyman and the Welfare Administrator to verify any and all information necessary to determine my eligibility for the General Assistance / Public Assistance Program.

I understand that any information gathered for the purpose of determining eligibility will be held in the same highly confidential manner as is the application. The information will not be shared with any other source without express written permission from me.

This authorization will be valid for a year from the above noted date and will be kept in the case record in the event of re-application.

Signature _____

Date _____

Witness _____

Date _____

Welfare Administrator
Priscilla L. Ouellette