

**MARION COUNTY**  
**GENERAL ASSISTANCE**

**Approved by BOS**

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## MARION COUNTY GENERAL ASSISTANCE GUIDELINES

General Assistance is available through the Marion County Public Health Department to families and individuals who are poor or in need, when such persons are not supported by their own means, relatives, or other public or private resources, in accordance with the policies specified below. General Assistance shall be administered to assist in providing decent and healthful living to poor and needy persons within the scope of monies appropriated. Assistance up to \$750 per year, with assistance occurrences up to twice per rolling year will be considered, unless otherwise noted in the policies.

The General Assistance Program shall:

- A. Provide aid to meet the immediate need of persons who are poor as defined in the Iowa code (“individuals who have no property, exempt or otherwise, and are unable, because of physical or mental disabilities, to earn a living by labor”).
- B. Provide aid to meet the needs of persons who are not currently eligible for any federal/state public assistance and who meet the eligibility standards specified below.
- C. Meet the needs of eligible persons in emergency situations for a period not to exceed 30 days.
- D. General Assistance maybe provided: 1.) on a time limited basis to persons who do not have any income or whose regular income is under the current federal poverty guidelines or 2.) on a one-time only basis in emergency situations to persons who have some income for up to a maximum of 30 days.

**SECTION I. GENERAL PROGRAM POLICIES**

- A. All eligibility requirements (Section III) and program requirements (Section IV) must be met before assistance will be approved. Ineligibility circumstances (Section II) are applicable. All assistance specific requirements of Section VIII or Section IX are met.
- B. The verification of any statement or declaration provided in relation to a General Assistance application or re-application may be required by the Care Coordinator or Director.
- C. General Assistance may be provided for the duration of verified needs in accordance with eligibility and assistance standards set forth in these policies.
- D. General Assistance will be granted only from the date of application. No payment of back bills is allowable. Currently due utility bills in an emergency situation will be considered.
- E. General Assistance shall be granted through vendor payment. No cash/voucher payments will be made to applicants.
- F. Vendors must agree to accept a county voucher as full payment, payment on the county's routine payment schedule (2 & 4<sup>th</sup> week of the month) of the item of assistance purchased. No late fees may be assessed to the County or to the applicant for the time period covered by assistance.
- G. No vendor payments will be made to relatives of the applicant.
- H. Non citizens are eligible for General Assistance only as identified in Section V.
- I. Applicants must fully and truthfully report all information related to eligibility for assistance and level of assistance. Applicants are required to immediately report any changes in circumstances. Applicants or recipients shall cooperate and provide all information necessary to determine eligibility, need for assistance and level of assistance.
- J. The applicant must be a current legal resident of Marion County. A resident is defined as a person who is currently living in Marion County and intends to continue living in Marion County. The applicant must also have a valid government issued picture ID. Any person who arrives in Marion County and enters a residential/acute care living/academic arrangement upon arrival will generally not be considered a resident. Any person applying for assistance must show proof of residency in Marion County. Examples of this would include proof of rent paid in Marion County for at least the past thirty (30) days, documentation from local homeless/domestic violence shelters indicating stay of 30 days or longer and/or a hotel/motel receipt for 30 days.
- K. The assistance requested is provided for under these policies.
- L. All other available funding outside of this system has been fully accessed by the applicant prior to requesting General Assistance. Care Coordinators will assist in accessing available resources when needed.
- M. Appointments will be made with care coordinator; Appointments will generally be for one half hour. Decisions for assistance will be made within 20 days of application.

**SECTION II. INELIGIBILITY**

*General Assistance shall be denied or discontinued under the following circumstances:*

- A. Marion County will ALWAYS be payor of last resort.
- B. Client is not eligible if resources and/or income are available to client to meet needs at the General Assistance standard.
- C. Client is not eligible for assistance if they have exhausted the time limited benefit in a twelve month period.
- D. Client has created the need for assistance by use of income/resources for non-basic needs. Non-basic needs include, but are not limited to, all substance use (all tobacco related items, alcohol, etc), cable TV, etc. Applicant may have one source of internet, ie: phone OR home, but assistance is not available with routine payment for two internet sources. (ie: basic phone and home internet, or cell phone with internet and no home internet)
- E. Client refuses to rely on such resources and/or income.
- F. Applicant chooses to discontinue or withdraw application.
- G. Client refuses to cooperate in providing required information or refuses to meet program requirements as outlined in these policies.
- H. Client refuses to participate in referrals and processes that will assist in long term self-sustainability. This can include personal budget planning or training opportunities of such, referral to employment/employability assistance (ie: We Lift), participation in Quitline Iowa or other tobacco cessation program, etc.
- I. Client knowingly provides false information on an application for General Assistance, or provides false information to the Care Coordinator during the determination of the applicant's eligibility for assistance. The client will also be ineligible if they knowingly provide false information on doctor reports.
- J. Although a client will not be denied solely due to failure to repay a previous grant, the Director may determine he/she is ineligible when there has been no effort to repay a previous grant when he/she had the ability or means to do so.
- K. Client or client household, through action or inaction, has created an ineligibility for assistance or a reduced level of assistance from any federal/state financial assistance programs, which would, absent the client's action or inaction, provide financial assistance at or in excess of general assistance guidelines. Clients would also be ineligible for assistance if under a sanction due to fraudulent practices or felony charges with the Social Security Administration.
- L. The assistance requested is under the purview of another entity for funding and determination of need.
- M. Client lives in a residential setting as a part of participation in an organized program.

- N. Client has voluntarily become unavailable for full time employment. Example: Quit or refuse work. Students are not eligible for general assistance.
- O. Client has voluntarily left a subsidized living arrangement which would have provided the basic assistance need requested.
- P. Client who has voluntarily left gainful employment, unless such leaving was the result of an inability to perform job duties as verified by a physician's statement. This must be provided.

### SECTION III. ELIGIBILITY

#### Eligibility Determination

- A. Determination of eligibility will be made at the time of application/re-application, and when a change in a recipient's circumstances indicates possible changes in eligibility or need.
- B. Eligibility periods shall generally be no longer than 30 days, unless otherwise specified in these guidelines. Application process is required with each request, regardless of if it has been less than one year.
- C. Eligibility and amount of assistance needed are determined through a joint process involving both Care Coordinator and client, focusing on:
  1. Comparison of the client's circumstances with the eligibility standards set forth in these policies, determination of the client's unmet needs and the appropriateness of General Assistance in meeting these needs.
  2. Development of a plan for self-support that fully utilizes client's available resources, excluding exempt property.

#### Financial Eligibility

2020 Eligibility Rates for Marion County General Relief, 138% of Poverty. Rationale: 138% of Poverty generally = eligible for Adult Medicaid

Household Size annual	138% FPL Marion Eligible Annual	138% FPL Monthly
1	\$17,236	\$1,436
2	\$23,336	\$1,945
3	\$29,435	\$2,453
4	\$35,535	\$2,961
5	\$41,635	\$3,470
6	\$47,734	\$3,978
7	\$53,834	\$4,324
8	\$59,933	\$4,994

For households with more than 8, add \$4,420 annual, 368.33/month for each additional person.

### *Income*

1. For the purpose of determining income, the total **income of the household** unit for the previous thirty (30) days will be considered. A household is defined as all persons of all ages, whether or not related, who reside/stay/cohabitate “together” in the same household. Care Coordinator must see documentation of previous two paychecks, previous month’s bank statements, etc will be required for all living in the household.
2. Household income: All income received by the client’s household shall be considered, including but not limited to gross wages, retirement benefits, farm income, child support, disability benefits, investment income, rental income, income from trust funds, gifts, loans, and any assistance received from public or private entities.
3. All income and expense must be reported. If income/expense is not reported, the applicant becomes ineligible for assistance for the next 24 months.

### *Resources*

1. Resources shall include liquid assets including but not limited to checking or savings accounts of all types, cash on hand, stocks, insurance dividends, bonds, IRA’s or other investments. The total value of such assets shall be considered an available resource.
2. All real property shall be considered a resource other than as exempted below. All real property not excluded below will be counted as an available resource at net value. (Net value = value of property – remaining payments/mortgage.)
3. Resource Exemptions. The following are considered excluded resources and shall not be considered as available resources:
  - a. A homestead, equity in a family home or farm.
  - b. Household goods and personal effects.
  - c. An equity not to exceed \$2,500 in one motor vehicle. Equity is defined as the Blue Book price – remaining loan balance.
  - d. Life insurance which has no cash surrender value.
  - e. An equity not to exceed \$2,500 in one funeral contract or burial trust for each member of the household.
  - f. Tools of an actively pursued trade.

When the value of one or more of these items exceeds the specified amount, the excess must be counted as available resources; any resources not specifically exempt shall be counted as an available resource.

4. All resources, other than the excluded ones above, shall be considered available to meet basic needs and must be used for such. If resources are available to meet the request at the General Assistance standard, no eligibility exists. If resources are available to partially meet the need, they must be utilized prior to eligibility for assistance.
5. Lump sum payments received in the last 30 days will be considered income. If received prior to 30 days prior, it will be considered a resource in the category of savings.



**SECTION IV. PROGRAM REQUIREMENTS**

**Ability to Pay On-Going Costs**

- A. The applicant must demonstrate the ability to maintain the basic assistance need through their own resources following provision of the requested assistance.
- B. The applicant must be eligible and apply for time limited assistance.
- C. Clients who have been receiving regular income but have not made regular payments toward rent and/or utilities shall have assistance denied unless special circumstances merit a Director's Exception.

**SECTION V. SERVICES TO NON-CITIZENS**

- A. Persons who are illegally in the United States are not eligible for General Assistance.
- B. Legally admitted aliens who are not admitted for permanent residence are not eligible for General Assistance.
- C. Legal immigrants are not eligible for General Assistance except for the following:
  - 1. Refugees admitted under Section 207 of the INA.
  - 2. Asylees admitted under Section 208 of the INA.
  - 3. Aliens whose deportation has been withheld under Section 243(h) of the INA.
  - 4. Veterans of the U.S. Armed Forces who were honorably discharged for reasons other than alienage, their spouses and dependent children.
  - 5. Active duty personnel of the U.S. Armed Forces, their spouses and dependent children.
  - 6. Legal permanent residents who have earned 40 quarters of coverage for social security purposes. Quarters worked after December 31, 1996, in which the alien received any federal means-tested public assistance shall not be considered to be a qualifying quarter.
  - 7. The Director may grant an exception to provide assistance on an emergency one-time basis.

**SECTION VI. DIRECTOR'S EXCEPTION**

The Director or designated alternate shall have the authority to approve assistance to an applicant who does not meet eligibility criteria in instances of extraordinary circumstances. Any such authorization provided through the Director's exception will be so noted on the Notice of Decision provided to the applicant.

- A. The client has income/resources above eligibility limitations, but special circumstances warrant the granting of assistance for up to a 30-day period.
- B. The requested assistance exceeds the maximum expenditure permitted in a particular category, but special circumstances warrant the granting of assistance for up to a 30-day period.
- C. Other requirements of these policies may be exempted for up to a 60-day period.

**SECTION VII. MARION COUNTY/ IOWA ELECTRONIC RECORD SYSTEM**

All applicants agree and accept that information provided during the application and care coordination process will be entered into the Marion County electronic data system for tracking participant needs. This information is shared and verified with trusted community helping providers, in accordance with Treatment, Payment, and Health Care Operations rules. In order to assess need, avoid duplication, and determine levels of assistance needed. Cumulative data will be used to identify community needs and community service gaps.

**SECTION VIII. APPEALS****A. Right to a Hearing.**

1. Applicants/recipients are entitled to a hearing on the following:
  - a. Denial of assistance.
  - b. Amount of assistance granted.
  - c. Failure to determine applicant's eligibility, and if found eligible, grant assistance within twenty (20) working days of application, provided the client has met eligibility requirements.

**B. Informing of Decision and a Right to Appeal.**

1. Applicants/recipients shall be informed orally and in writing at the time of any decision relating to their application or level of assistance of:
  - a. The decision made, including a written notice of the basis of the decision.
  - b. Their right to an appeal and that a clear written communication to the department requesting a review of a decision shall constitute an appeal.
  - c. That they may be represented by themselves or a representative of their choice.

**C. Appeal Request.**

1. Any clear written communication to the Care Coordinator by or on behalf of an applicant/recipient requesting a review of a decision shall constitute a request for an appeal hearing if made within fifteen (15) days of the decision (date of notice of decision) for which the review is requested. The written communication shall specify the applicant's position as to why the decision merits review.
2. The request for an appeal hearing cannot be denied except where the applicant/recipient has abandoned or withdrawn the request in writing.
  - a. A request shall be considered withdrawn upon receipt of a written statement before or on the day of the appeal hearing.
  - b. A request may be considered abandoned if neither the appellant nor representative appears at the agreed time and place for the appeal hearing.
  - c. If appellants inform the Care Coordinator that they are satisfied and no longer wish to pursue their request for an appeal hearing, they will be advised that a written withdrawal of the request must be made.
3. Requests for an appeal must be given to the client's Care Coordinator. If the Care Coordinator is unavailable, the request for an appeal shall be given to the Director.

D. Director's Review.

1. Appeals will be heard as soon as possible and always within twenty (20) working days. At that review, the Care Coordinator decision will be reviewed with the client.
2. The decision of the Director shall be made in writing. It shall be made as promptly as possible and within five (5) working days of the hearing date.
3. If the Care Coordinator's decision is upheld, the appellant has an option of continuing the appeal process by requesting an appeal to the Board of Supervisors within twenty (20) days of the Director's date of written decision.

E. Any clear written communication to the Department on behalf of an applicant/recipient requesting a review of the Director's decision shall constitute a request for an appeal hearing to the Board of Supervisors, if made within twenty (20) days of the decision of the Director for which the review is requested. The written communication shall specify the applicant's position as to why the Director's decision merits review.

F. Board of Supervisors Hearing

Appeals to the Board will be heard at a scheduled meeting of the Board of Supervisors, within twenty calendar days of the request for appeal to the Board.

1. Written notice of the hearing shall be given to the appellant at the time the appeal is given to the Public Health Department. The notice shall inform the appellant:
  - a. Of the date and place of the hearing and the appellant's right to change them if necessary.
  - b. Of the specific issues which are the subject of the hearing.
  - c. Of the manner in which the hearing should be conducted, including means by which adjournment may be requested and granted.
  - d. The right of the parties to be represented by another person of their choice and the right to bring pertinent information with them.

G. The Public Health Department/General Assistance Program shall provide, at the appellant's request, all available pertinent information which the department intends to use at the hearing. This information may be granted to the appellant's representative also if the appellant so requests.

H. Conduct of Hearing-rights of parties:

1. The Board of Supervisors shall preside. An opening statement describing the nature of the proceeding, the issues and the manner in which the hearing will be conducted shall be made by the Board Chair.

2. All parties have a right to be represented by a person of their choice to testify and to bring pertinent information with them.
  3. Technical rules of evidence shall not apply, but evidence must be relevant and material.
  4. Appellants and their representatives (at appellants' request) shall have the right to examine the case record.
  5. The Board's findings shall be based solely upon evidence openly presented at the hearing. The written decision of the Board shall include a statement of the basis and legal or policy authority upon which the decision is based.
  6. General Assistance hearings before the Board shall be tape-recorded. In the event of appeal of the Board's decision, the tape or a transcript shall be made available by the County at the request of a participating party. The hearing recording shall be maintained in the electronic records for the department for at least two (2) years following the decision.
- I. Decision of Board
1. The decision shall be made in writing by the Board. It shall be issued as promptly as possible and within five (5) working days of the hearing date.
  2. A copy of the decision shall be mailed to each of the parties involved, including representatives of the Public Health Department.
  3. The decision of the Board of Supervisors in final.

## **SECTION IX. TYPES OF ASSISTANCE**

### **Emergency One Time Assistance**

Emergency assistance may be granted on a one-time only basis (up to 30 days) to individuals who have some income, but because of circumstances, not attributable to that individual, are unable to meet their basic needs.

Emergency assistance is not available for consistent and/or regular use.

Emergency assistance is available to provide financial assistance with shelter, food, utilities, transportation, clothing, furniture, appliances, cremation, medical, dental and eyeglasses.

The individual circumstances will be taken into account in evaluating the need for General Assistance. Income and resources will be reviewed by the Care Coordinator.

### **Shelter Assistance**

- A. If the applicant is residing in a homeless shelter, they must provide a letter indicating the time period they have been there. This will be considered in Marion County residency criteria.
- B. Assistance may be available to provide shelter in a residential rental arrangement.
- C. All rental arrangements must be agreed to by the landlord. No late fees may be assessed by the landlord to the applicant or to the county. Applicants will be required to bring in a copy of the rental agreement.
- D. As payer of last resort, participant will need to provide written documentation from other assisting agencies regarding assistance provided, unless those other agencies participate in the Marion County electronic data system, and have documented their work and assistance.



*Level of Assistance:*

Assistance may be provided up to \$500 maximum per rolling year, but at no time shall exceed the actual rental cost.

**Utilities**

- A. Must be enrolled in helping programs (ie: heat assistance, weatherization, etc)
- B. Utilities include gas, propane, electric, and water.
- C. Assistance will not be granted unless such assistance and other resources of the applicant are such that the utility provider will agree to continued or reinstated service.
- D. The applicant must be residing full time in the residence for which utility assistance is requested.
- E. The utility bill must be in the name of the applicant.
- F. The applicant must have made a minimum of three payments within a six month period on a gas/electric/propane bill. The applicant must have paid at least one water bill in full within a six month period. Propane: applicant must have contributed to the last fill.

*Level of Assistance:* Assistance granted not to exceed \$200.

**Clothing**

- A. Requests for assistance with clothing will be referred to area helping agencies. Only in special instances shall financial assistance with purchase be granted:
- B. Special instances may include the following:
  - 1. Special work clothing not available through area helping agencies.
  - 2. Clothing needed for protection from weather or decency, which is not available at area agencies, due to size or special needs.

*Levels of Assistance:* Assistance granted shall not exceed \$100.00

**Food**

- A. Requests for food will be referred to local food pantries, local mealsites, including summer meal programs.
- B. All applicants must apply for and use the Department of Human Services food assistance program (SNAP).
- C. Financial assistance will be granted only instances in which needed items are not otherwise available.
- D. Marion County provides a food package, not a voucher. Special food needs and personal products (ie: feminine product, toilet paper) must be identified at the time of request. This will be a general food package and is not guaranteed to be allergen free. It is the responsibility of the recipient to monitor and use food provided as appropriate to any special needs they may have. The quantity and contents of the food package will be determined by the Marion County Health Department.

**Other Needs**

Direct Assistance may include financial assistance with transportation, personal care items, household cleaning supplies, furniture and appliances as described below and not to exceed the assistance levels below.

- 1. Transportation. Financial assistance may be provided for needs as listed below. Transportation shall be provided through the use of public transportation unless the Care Coordinator determines that such is not possible.
  - a. Transportation to medical/dental/mental health care if not covered by other means (ie: Medicaid).
- 2. Personal care/household cleaning supplies. Financial assistance may be provided for purchase of personal hygiene and cleaning supplies. This will be purchased in the same methodology as food package.
- 3. Furniture and appliances. Referrals shall be made to local area agencies, which provide such items. In situations in which an item is not available from local agencies and is required for safety, financial assistance may be made available for purchase of such an item in an amount not to exceed \$100.00. Generally, such items would include a bed, a microwave, or a refrigerator.
- 4. Other essential needs not specifically listed may be considered with approval of the Director. This may include referred emergency needs through the Emergency Management Department when other funding is not available.

### **Medical and Prescriptions**

- A. Marion County will be payer of last resort.
- B. Application to Medicaid (including a Presumptive) must be completed.
- C. Applicant must have sought charity care at medical facilities.
- D. If possible, applicant should be seen at the free clinic
- E. All necessary medical needs of eligible persons shall be provided through a provider of Marion County's choice.
- F. This program does not cover elective medical services.
- G. Applicants eligible through the Department of Human Services for Title XIX (Medicaid) or Iowa Health and Wellness Program (IHWP) must apply for and utilize such assistance. In instances where a medically needy eligibility exists, the amount of the spenddown may be considered in determining eligibility under these guidelines.
- H. Pharmaceutical company assistance will be applied for when available.
- I. Pharmacy assistance cards will be used as available.
- J. Generic Drugs will be used if available
- K. No prescriptions for opioid products will be paid for with county funds.

### **Dental**

- A. Necessary dental needs of eligible persons shall first be referred to the University of Iowa Dental School. Service for the presenting need may be referred to a local dentist with approval by the Director. Reimbursement for requested service at Medicaid rate.
  - 1. Assistance with dental work/extractions shall be available to alleviate pain only.
  - 2. No routine or elective services are covered.

### **Eye glasses**

- A. Financial assistance with refraction and eyeglasses shall be available. MCPHD will provide a free vision screening to the applicant to determine need for referral for evaluation by optometrist.

*Level of Assistance:* Evaluation will be reimbursed at the Medicaid rate. Glasses will be purchased at the most cost effective method as determined by the health department. This may include on line purchase, using the prescription provided. Limit for glasses of any type is \$125.

### **Funeral Assistance**

Marion County will pay for cremation from a crematorium of Marion County' choice. The crematorium will transport the body to the facility, perform the cremation, complete and submit required reports, provide the remains to the family in a basic container at the choice of the crematory. The family will be responsible for all other costs and arrangements.

- A. Death benefits may be available from employment, railroad retirement, pension plans, VA benefits, life insurance policies, prepaid burial agreements or social security. The family of the deceased must apply for these benefits and apply them to costs of services, burial, etc.

B. Application.

1. If county assistance is indicated, a General Assistance application must be completed and signed by the next of kin or representative, within 72 hours of the person's death.
2. Income of the available spouse must be within General Assistance income standards unless an exception is granted. In applications for county burial, the financial ability of the surviving spouse and household, if applicable, must be considered.
3. Ineligibility for county burial will result if the surviving spouse has income at or in excess of 138% of the federal poverty level. Ineligibility will also occur if the surviving spouse fails to contact the Care Coordinator or fails to disclose the financial information requested.

C. Expenses allowed shall be as follows:

1. In all cases, the appropriate disposition benefit identified above represents payment in full.
2. All claims require itemized billing.



- You will need to supply last two income stubs for all household members  
 Wages (Wage) Social Security (SS) Veterans Benefit (Vet) Unemployment (Unemp) Workers  
 Comp (WC) Routine Family Support (RFS) Interest Income (II) Dividends (Div) Trust (Tr) Child  
 Support (CS) Pension/Retirement (Ret) Other - List

Resources:

Cash On Hand		
Checking		
Savings		
CD		
Stock/Bond		
Trust		
Farm		

Are you your own guardian? Yes/No  
 Are you a Veteran? Yes/No  
 Do you own a vehicle? Yes/No  
 Medical Home Yes/No  
 Dental Home Yes/No  
 Smoke? Yes/No  
 Drink? Yes/No  
 Gamble? Yes/No

Who \_\_\_\_\_ phone \_\_\_\_\_  
 How many? \_\_\_\_\_  
 Dr. \_\_\_\_\_  
 Dentist \_\_\_\_\_

Are You enrolled in:

Medicare	Uninsured	SNAP	Summer Lunch
Medicaid	WIC	Free/Reduced Lunch	
Private Ins	Weatherization	Senior Nutrition	

Have you been in contact with:

The Well- Pella The Well- Knoxville	Neighbor Helping Neighbor	Crossroads	Food Pantry:
Helping Hands	Church (list)	Impact Comm Action	other

Expenses:

	Expense	Who
Rent		Relative Y/N
Mortgage		
Utilities - Gas		
Utilities- Electric		
Utilities - Water		
Auto		
Groceries/Personal Items		
Tobacco/beer/alcohol/etc		
Cell Phone		US Cell/Verizon/list other
Internet		
Cable TV		
Laundry		
Total		
Difference Income/Exp		

I hereby certify that the statements made on this application and with the care coordinator are true and correct to the best of my knowledge. I understand that this information will be entered into an electronic data system, and partner agencies will have access to this information within the use of treatment, payment, and health care operations rules. Information will be shared to verify need, to avoid duplication, and to make referrals as needed.

I give permission to Marion County to release/obtain/exchange the following entities to provide information to MCPHD regarding my circumstances to MCPHD Care Coordinator and Marion County Relief Director as needed.

Marion County CROSS Region, Veterans Affairs, Public Health, Marion County Auditor, Assessor, Treasurer, County Attorney, Law Enforcement Agencies, Social Security Administration, Landlords as listed, Utility Providers, Helping Agencies in Marion County, Probation/Parole Officers, Child Support Recovery.

Other	Contact Information

A decision will be made within 20 days. The applicant has the right to appeal, and those policies and processes will be made available upon request.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

Care Coordinator Signature \_\_\_\_\_ Date \_\_\_\_\_

I have been offered a Marion County Notice of Privacy Practice.

\_\_\_\_\_ I accepted the copy of the Notice of Privacy Practice.

\_\_\_\_\_ I declined the copy of the Notice of Privacy Practice.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_