GENERAL ASSISTANCE

EFFECTIVE JULY 2025

General Assistance will be available at Marion County Public Health Department

2003 North Lincoln, Knoxville, IA

Please call 641-828-2238 x 0 to make an appointment

In order to apply for assistance and make a personal budget, please bring the following information

- Your government issued ID (i.e.: Driver's License)
- List and copy of each of your household monthly bills
  - We will want to budget for all your monthly expenses: Rent, gas, electric, phone, internet, TV/cable, car payments, insurance, water, trash, medical, etc.

For all household members:

- List of income amounts and sources
- Copy of last two pay stubs
- Copy of last month's bank statement, checking and savings
- Amount of "cash on hand"
- Sources of Public Assistance

At your appointment, a care coordinator will meet with you to discuss your needs and solutions.

Application
Marion County General Relief Assistance

Name: _____
(Last) (First) (Middle)

Address: _____ Town:_____ Zip_____

Telephone Number_____ ☐ Mine ☐ Message

What is your need today?

How long have you lived in Marion County? _____

Household Members:

Name	Relationship	DOB	Income	Source
				Total Income

- 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 Who_____ phone_____
Are you a Veteran? ☐Yes ☐No
Do you own a vehicle? ☐Yes ☐No How many?_____
Medical Home ☐Yes ☐No Dr. _____
Dental Home ☐Yes ☐No Dentist_____
Smoke? ☐Yes ☐No
Drink? ☐Yes ☐No
Gamble? ☐Yes ☐No

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 ☐Neighbor Helping ☐Crossroads ☐Food Pantry:
☐The Well- Knoxville ☐Neighbor

☐Helping Hands ☐Church (list) ☐Impact Comm Action ☐other

Expenses:

	Monthly Amount of 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 ☐ 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_____