

# 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.

**Email completed applications to [publichealth@marioncountyiowa.gov](mailto:publichealth@marioncountyiowa.gov)**



- 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\_\_\_\_\_