APPLICATION FOR GENERAL ASSISTANCE

1. Identifying Information: _____
First Last M.I.

_____
Street Address City State Zipcode

_____
SSN DOB Sex Non-Citizen Card # (if applicable)

2. Marital Status: ☐ Single ☐ Married ☐ Domestic Partner ☐ Separated ☐ Divorced or Court Dissolved Partnership ☐ Widowed Spouse or Domestic Partner

Identifying Information: _____
First Last M.I.

_____
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Does your Spouse or Domestic Partner live with you? ○ YES ○ NO

If NO, where does he/she live? (indicate last known address) _____

If the Marriage or Domestic Partnership ended or a court ordered separation exists, has support been ordered? ○ YES ○ NO

If YES, county where court order was issued:

3. Have you or your family (including children) received or applied for public assistance? ○ Yes ○ No

Place last received	Date last received	Please check any assistance programs that you have received:
_____	_____	☐ CalWORKs ☐ GA ☐ Food Stamps ☐ Medi-Cal ☐ SSI ☐ CAPI

4. Did you ever receive Foster Care in Alameda County? ○ YES ○ NO Date last received:___
Services from ILSP? ○ YES ○ NO Are you currently receiving ILSP? ○ YES ○ NO

5. Do you own any property? Car value $_____ Bank or Other $_____ House or Other $_____

6. Have you worked in the past two years? ○ YES ○ NO Employer name: _____

7. Gross monthly income: $_____ Last day worked:_____ Last check received:_____

8. Do you have a Sponsor? ○ YES ○ NO Sponsor's name: _____

9. Are you a veteran, or the spouse of a veteran? ○ YES ○ NO
If YES, what was your or your spouse's service period? From: _____ To: _____

10. Have you ever been convicted of a felony? ○ YES ○ NO

11. Are you under sanction or time limits in another county? ○ YES ○ NO
If Yes, What County: _____

12. Have you lived in Alameda County for more than fifteen (15) days? ○ YES ○ NO
If NO, when did you arrive in Alameda County? Date: _____

13. If you moved to Alameda County within the past 12 months, where did you live before?
_____

14. If the applicant is not making this application, why is he or she unable to apply on his or her own behalf?
_____

My signature acknowledges that I am making this application for General Assistance on my, or the applicant's, behalf:

_____ _____ _____ _____
Applicant/ Recipient's Signature Date Spouse/ Domestic Partner/ Representative's Signature Date

CERTIFICATION UNDER PENALTY OF PERJURY

- I certify that all statements on this application are complete and true.
- I certify that I have read, or I have had read to me, the section entitled: "Your Rights and Reporting Responsibilities as an Applicant or Recipient."
- I certify that I understand my duty to report any changes in circumstances, which may affect my General Assistance eligibility. This may include, but is not limited to, employment, income, property, marital status, minors who are under my care, eligibility for other services, or changes in my ability to work.

I declare under Penalty of Perjury that the above certifications are true and correct.

Date _____ Place _____ Signature of Applicant/Recipient _____

Date _____ Place _____ Signature of Spouse or Domestic Partner _____

Signature of Eligibility Technician _____ Worker Number _____

GENERAL ASSISTANCE REIMBURSEMENT AGREEMENT

I, _____ _____ _____
Applicant or Recipient Birth date Social Security Number

I, _____ _____ _____
Applicant or Recipient Spouse Birth date Social Security Number

CURRENT ADDRESS _____
Street City State Zip

In exchange for any aid provided and for the right to receive aid on a continuing basis from the Alameda County Social Services Agency, understand and agree that General Assistance cash benefits are a loan and I will repay Alameda County for all aid received from (***effective date***) _____.

As security for this loan, I hereby agree to give a lien to Alameda County against all money, credit, and property that currently and in the future belong to me. This lien would include, but not be limited to, any legal judgments, settlements, or awards from any source, that is obtained by me or held on my behalf. I also agree to sell, transfer or release any property, cash, recovery or settlement and assign my title rights to Alameda County. This lien will be for the total amount of General Assistance cash benefits that I received from Alameda County.

Each person signing this agreement, when signed by more than one person, will be jointly and separately obligated to repayment.

Date Signed _____ Applicant/ Recipient Signature _____

Date Signed _____ Spouse pr Domestic Partner's Signature _____

GENERAL ASSISTANCE REIMBURSEMENT AGREEMENT

GENERAL ASSISTANCE
YOUR RIGHTS AND RESPONSIBILITIES AS AN APPLICANT OR RECIPIENT

YOUR RIGHTS AS AN APPLICANT OR RECIPIENT:

1. To be served without regard to race, color, national origin, religion, political affiliation, marital status, sex, disability, or age.
2. To be treated with courtesy, consideration and respect.
3. To discuss your case with the Alameda County Social Services Agency any time you are not satisfied.
4. The county must inform you in writing if you qualify for aid, and when your aid changes or stops.
5. To request a hearing if you are not satisfied with an action or lack of action by the Social Services Agency, or if you feel you have been discriminated against in any way. Your request should be in writing and must state that you want a hearing and the reason you are dissatisfied. Use the back of your notice of action or obtain a request form from the Social Services Office. Your request for hearing must be within 90 days of the date of the notice of action letter. You are entitled to representation by a person of your own choosing, including legal counsel. Send your request for an Administrative Hearing to:

   APPEALS UNIT, General Assistance Hearing Request, 7751 Edgewater Drive, Oakland, CA 94621
6. To have all information in your case records remain confidential. However, if a felony arrest warrant is issued for you or a member of your family, we may release identity, telephone number, and address information to law enforcement officials. This release of information would also be made on deceased members of your family.

YOUR RESPONSIBILITIES AS AN APPLICANT OR RECIPIENT

1. You must complete all forms required to determine your eligibility.
2. You must return a properly completed SAR7 (Income and Eligibility Report) by the last day of the month in which it is due. A late SAR7 may cause your next GA payment to be late.
3. You must provide written verification of information necessary to determine your eligibility.
4. You must apply for, and accept any unconditionally available income; you must also accept Alameda County's, or its designees, services and assistance in seeking unconditional sources of income, such as SSI/SSP.
5. If you are participating as an outpatient in a drug and/or alcohol treatment program, you must submit written verification of treatment to your worker by the end of the month following the treatment.
6. As a recipient, you must comply with the General Assistance Employment Services program unless a medical provider determines that you cannot work due to a physical or mental disability. A medical report or statement is required to document the determination.
   a. At your first Employment Services appointment, the county will explain the Employment Services program to you.
   b. You must sign a statement of the Employment Services program's cooperation requirements and sanctions.
   c. If you attend a school or a training program during the day, the Social Services Agency must approve the program, or you will not be eligible. This does not apply to individuals who are under 18 or is exempt.
7. You must comply with all required program requirements. The County may discontinue your General Assistance case and impose a 180-day sanction for any willful failure or three negligent failures to comply with program requirements.

THE FOLLOWING CHANGES MUST BE REPORTED TO YOUR WORKER WITHIN 10 DAYS:

1. You begin or stop work and/or a training program.
2. You are unable to work due to an illness or disability.
3. Your income increases, decreases, starts, or stops. Income could be from relatives, employment, unemployment or disability benefits, tax refunds, worker's compensation, or any other source.
4. You receive a lump sum payment. Report it before you spend it.
5. You move to another address or visit outside the County or State for more than 30 days.
6. Your housing costs change, or you begin receiving free rent or utilities where you live.
7. Anyone moves in or out of your home, including your children or parents.
8. You marry, separate, divorce, or are widowed.
9. You obtain or dispose of real or personal property (such as you open a bank account or buy a car).
10. You begin a period of incarceration in a County jail, a work furlough facility, a live-in drug or alcohol treatment program, or in a State prison.

I CERTIFY THAT I HAVE READ OR HAVE HAD READ TO ME THE ABOVE RIGHTS AND RESPONSIBILITIES AND HAVE RECEIVED A COPY.

Date Signed	Applicant/ Recipient's Signature
Date Signed	Spouse or Domestic Partner's Signature

(CASE COPY)

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4. The county must inform you in writing if you qualify for aid, and when your aid changes or stops.
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4. You receive a lump sum payment. Report it before you spend it.
5. You move to another address or visit outside the County or State for more than 30 days.
6. Your housing costs change, or you begin receiving free rent or utilities where you live.
7. Anyone moves in or out of your home, including your children or parents.
8. You marry, separate, divorce, or are widowed.
9. You obtain or dispose of real or personal property (such as you open a bank account or buy a car).
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Date Signed	Spouse or Domestic Partner's Signature

(CLIENT COPY)