



General Assistance Form

Client's Name: _____ Case Number: _____

The client listed above has applied for township assistance with the Trustee's Office. State law requires the trustee to investigate the applicant/recipient's circumstances. This includes assistance provided by relatives and/or friends whether that be in the form of paying bills, loans or gifts of cash, providing shelter, food, transportation, etc.

Have you provided any type of assistance in the past 30 days: _____ YES _____ NO

If so, please list specifically what you have assisted with (i.e. food, transportation, shelter, paid bills, gift or loan of cash, etc.)

<u>DATE</u>	<u>ASSISTANCE</u>	<u>AMOUNT</u>

What can you assist the client with at this time? _____

Will you be able to assist this client next month? _____ YES _____ NO.

Assistance provided by

Name: _____ Relationship to the client: _____

Address: _____

Phone: _____

Signature: _____ Date Signed: _____

I give my permission for all of the above information to be released to the Township Trustee

Applicant/Recipient's Signature: _____ Date: _____