

MILTON TOWNSHIP GENERAL ASSISTANCE OFFICE
Buffy Higgins–Beard

1492 N. Main St.
Wheaton, IL 60817

Phone: (630) 668-1616

EMERGENCY ASSISTANCE

Client Name: _____ **Date:** _____

Address: _____

In order to determine the eligibility for public assistance for yourself and/or other members of your family for whom you are applying, it is necessary that you allow us to see and copy the items below.

Please bring these items to this office during your scheduled appointment time

For All Clients:

- Application for Emergency Assistance
- Notice of Decision
- Valid photo ID (Must be current address)
- Social Security Card for every family member
- Birth certificate for every family member
- Proof of address (Lease/ notarized letter from landlord)
 - Section 8 paperwork (if applicable)
- DHS Link card Yes: ____ No: ____
- Proof of any and all income in the last 30 days
- Health insurance card/DHS medical card
- Proof of marriage and/or divorce, if applicable
- 3 Months of Bank statements or No bank account form
- Proof of property ownership and stocks and bonds (if applicable)
- Papers relating to legal claims or actions in past 5 years (ex: child support, settlements, lawsuits, etc.)
- Proof of pensions, retirement funds, Workmen’s Comp., etc., if applicable
- Proof of membership and/or compensation for union, fraternity, or lodge, if applicable

Clients at risk of Eviction (rent help)

- 5-day eviction notice
- 1099 Landlord form
- Email from Assessor to show property owner
- Consent to release information to landlord (include name, address & phone number)

Clients in need of Utility Assistance

- Disconnect notice and current bill
- Consent to release information to utility co. (include name, address & phone number)

For Disabled Clients:

- Proof of application and/or denial appeal for SSI or SSDI

For Clients with Criminal History:

- Criminal history report/Parole paperwork

For Clients with Military History:

- Discharge papers or notice from Armed Forces regarding financial allotment

Agencies contacted:

- Agency 1: _____
Name: _____
- Agency 2: _____
Name: _____
- Proof of Emergency

<u>Upon Approval:</u>	Initials _____
<input type="checkbox"/> Copy of 5-day notice/shut off notice	
<input type="checkbox"/> Brief synopsis outlining emergency situation	
<input type="checkbox"/> File in order – put in red file	