



## General Assistance Guidelines

As an Applicant for General Assistance, it is important that you understand and agree to the following:

- You are responsible for providing the documentation we need to determine eligibility. If information is requested by the caseworker, you will need to provide it before help can be provided.
- This program helps with basic necessities such as: housing, utilities, food, medication, etc.
- All money you receive must be spent on basic necessities before asking for assistance from this office.
- Expenses **not** considered "basic necessities" include: telephone/cell phone, tobacco, alcohol, vehicle costs, cable or internet, court fines, vet bills, credit card payments, repayment of loans, etc. Money spent on these items will be considered misspent.
- You must report any money received by your household in the last 30 days. This includes what relatives/friends buy or give you. You will be required to provide receipts to account for all money; without receipts, that money will be considered still available to you and reduce the amount of assistance you may be eligible to receive.
- You must report any changes in your household size, finances or benefits each time you apply for assistance.
- In the future, if you have the ability to do so, you must reimburse the City for assistance received.
- Providing false information will result in a disqualification from the General Assistance program for 120 days and your case may be referred to the Bangor Police and/or the District Attorney for criminal prosecution. Failure to comply with General Assistance rules or requests may result in denial of assistance until you comply.
- A disqualification for General Assistance benefits will be reported to DHHS and may result in the loss of SNAP benefits or other benefits.

I understand all available money has to be used for basic necessities. Money not spent on basic necessities will be counted as misspent money. I further understand I must provide receipts for any money coming into the household.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
General Assistance Caseworker Signature

\_\_\_\_\_  
Date

**TOWN  
GENERAL ASSISTANCE NOTICE and REQUIREMENTS**

General Assistance is a program of the last resort based on immediate need for the most basic necessities. You must use all available income and resources first. Basic necessities include shelter/rent, food, fuel, electricity, personal care and household items, medication, and non-elective medical services as recommended by a physician. (22 MRSA§ 4301)

The following are examples of items not considered basic necessities and will not be allowed in the budget computation: phone bills, cell phones, internet connection, cable/satellite television, mail orders, cigarettes, alcohol, gifts, costs of trip or vacations, credit card debts, cost associated with pet care, legal fees, late fees, key deposits, payments on vehicles, furniture and/or appliances, and repayment of unsecured loans.

Parents who are financially able are required by law to support their children under the age of 25. Spouses are legally required to financially support each other. The municipality has the right to require these relatives to repay any assistance that is granted. (22 MRSA § 4319(1))

**When you attend your intake please bring the following:**

- Picture Identification (State ID or driver's license) for everyone over age 18 in the Household
- Passports, I-94s & Visas (if not U.S. Citizens)
- Social Security Cards for all Household members
- Medical Cards (private, MaineCare, Medicare or Healthy Maine Prescription)
- Written verification of all household income anticipated in the next thirty-day period
- Documentation of all Household Expenses (actual bills – paid and unpaid)
- Current Bank Statements for all accounts including checking & savings
- Verification of any other assistance you receive TANF, SNAP, Subsidized Housing, BRAP, Shelter + Care, RAC, Section 8, Etc.

**Household Income includes but is not limited to:**

- Wages received for any full-time, part-time or temporary employment (including money earned "under the table")
- Social Security and/or SSI payments (whether in your name, your children's name or the name of a payee)
- Disability payments or Workers Compensation
- Unemployment Compensation Benefits
- VA (Veterans) Benefits;
- TANF/ASPIRE
- Child Support
- Payments from a pension or trust fund (including interest on any assets)
- All State & Federal Income Tax Refunds and their Property Tax Fairness Credit- if not used for basic necessities (formerly the Maine Residents Property Tax Rebate)
- Income from all household members, including children, roommates, relatives, boyfriends or girlfriends
- Income received from all sources including relatives and friends and income "in kind"
- Lump Sums (Settlements of any kind or one-time payments)

**Household Expenses Include but are not limited to:**

- Rent or Mortgage
- Utilities (CMP, oil, propane, K-1, sewer bills, water bills, etc.)
- Work related expenses (i.e. childcare, bus tickets, mileage to work & tolls)
- Any bills that you pay on a regular basis (phone, internet, cable, internet, car insurance, medical expenses, credit cards, etc.)

## **GENERAL ASSISTANCE NOTICE and REQUIREMENTS**

**Page Two**

### **Repeat Applicants (you need to follow all instructions on your eligibility/ineligibility form):**

- Find reasonable housing within the municipality's guidelines that you are or will be residing. (22 MRSA §4301)
- Provide verification of all household income and expenses for the past 30 days. (22 MRSA §4301)
- Provide receipts for the past 30 days' income to show where you spent your money. If determination cannot be made that income was spent on basic needs, the applicant will not be eligible to receive assistance to replace the misspent or missing money. (22 MRSA §4315A)
- Apply for and utilize any available and potential resources or benefits you are referred to. (22 MRSA §4317)
- Do not cause a termination or reduction of benefits from other public assistance programs including Unemployment Insurance. (22 MRSA §4317)
- If working, you must maintain your employment and/or not cause yourself to be fired or quit (22 MRSA §4316-A)
- If you are able to work but are not currently employed, you will be required to complete workfare, job searches, register at the Career Center and participate in no cost training, if referred by the administrator. (22 MRSA §4316-A (2))
- If you have not completed your high school education and/or have limited English skills you will be required to participate in no cost classes, if referred by the administrator. (22 MRSA §4316-A (1-D))
- If you are not able to work, a medical statement will be required. (22 MRSA § (5))
- You must reimburse the Town/City for assistance provided in the event you have the ability to do so. (22 MRSA §4318)

### **Use of Income, Denial, False Representation and Disqualification:**

- The Municipality reserves the right to apply specific use-of-income requirements to any applicant who fails to use his or her income for basic necessities or fail to reasonably document his or her use of income.
- Failure to do any of the above may result in being denied general assistance or affect your future eligibility.
- False representation of the material facts is fraud which is a Class E crime and carries a penalty of \$1,000 fine and possible jail time. (22 MRSA §4315)
- A disqualification from general assistance may also lead to the loss of your food supplement assistance from DHHS. (22 MRSA §4316-A)

### **Your rights when applying for General Assistance:**

- You have the right to make an application which is confidential and receive a written decision within 24 hours.
- If this is the first time you have applied for general assistance your eligibility can be determined only on the basis of need and you can't be stopped from applying because of the lack of length of residence.
- If you are facing an emergency situation you may be found eligible for emergency general assistance, even if you are not eligible for nonemergency general assistance.
- If you are denied help you have the right to appeal and have a fair hearing to decide if the decision denying you assistance was correct. You also have the right to contact the State Department of Health and Human Services (DHHS) in Augusta at 1-800-442-6003 if you think this decision violates State Law.
- You have the right to review the Ordinance, Policy and Statutes that sets forth the rules for the General Assistance Program.

I have read the above and understand my responsibilities for General Assistance.

Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## CONSENT TO RELEASE AND OBTAIN INFORMATION

I hereby permit employees of the City of Bangor to disclose, release, and/or obtain records, papers, files, communications and any other information relating to myself and/or my application for General Assistance in order to determine my eligibility and for other lawful purposes.

I waive any right that I may have to keep these records, papers, files, communications and other information confidential.

This release is valid for one (1) year from this date. I understand that I may also terminate this agreement at any time.

\_\_\_\_\_  
Applicant Printed Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
General Assistance Caseworker Signature

\_\_\_\_\_  
Date

**General Release**  
**Request for Confidential Information**  
Pursuant to 22 M.R.S.A. § § 4306, 4314

This form to be signed by the **General Assistance Applicant**

Applicant's Name	Social Security Number <input style="width: 100%;" type="text"/>
Applicant's Mailing Address	
Municipality	
Address	
Source Name	Source Address
I hereby request and authorize that the above-named source provide the above-named municipality with the following information:	
Signature of General Assistance Applicant: _____	
Date: _____	

Municipality of \_\_\_\_\_

**General Assistance Authorization of Disclosure  
General Consent Form**

I, \_\_\_\_\_ authorize the Municipality of \_\_\_\_\_  
to disclose to \_\_\_\_\_, at the following address  
\_\_\_\_\_, the following information from my records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The purpose or need for such disclosure is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this consent to disclose may be withdrawn by me at any time except where  
action has already been taken based upon my consent. This consent (unless clearly withdrawn in  
writing earlier) expires on

\_\_\_\_\_

I am signing this General Consent Form voluntarily.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

\_\_\_\_\_

**\*Optional\***

**ACKNOWLEDGMENT**

State of Maine

\_\_\_\_\_, S.S.  
(County)

Place: \_\_\_\_\_

Date: \_\_\_\_\_

Personally appeared before me the above named \_\_\_\_\_  
and acknowledged the above disclosure to be his/her free act and deed.

Before me,

\_\_\_\_\_  
(Justice of Peace, Notary Public, Attorney at Law)