

[For use when adopting **updated appendices only** without amending the body of an existing GA ordinance]

MUNICIPALITY OF HOWLAND
GENERAL ASSISTANCE ORDINANCE

Pursuant to 22 M.R.S. § 4305(1), the municipal officers of the Municipality of

HOWLAND, after notice and hearing, hereby amend the municipal General Assistance Ordinance by repealing and replacing appendices A through G of the existing ordinance with the attached appendices A through G, which shall be in effect from October 1, 2022 through September 30, 2023. This amendment will be filed with the Maine Department of Health & Human Services (DHHS) pursuant to 22 M.R.S. § 4305(4), and a copy of the ordinance and amended appendices shall be available for public inspection at the municipal office along with a copy of the 22 M.R.S. chapter 1161.

Signed this 3R day of OCTOBER, 2022, by the municipal officers:

Tami M. Colbath
(Print Name)

[Signature]
(Signature)

Dwight Dawson
(Print Name)

[Signature]
(Signature)

Jeff Arsenault
(Print Name)

[Signature]
(Signature)

Mike Sneyko
(Print Name)

[Signature]
(Signature)

Glenn L Brown
(Print Name)

[Signature]
(Signature)

[Please send a copy of the enactment page only to DHHS, 109 Capitol Street, SHS 11, Augusta, ME 04330-0011]

Oct 1, 2022 to Sept 30, 2023

OVERALL MAXIMUMS

| Persons in Household | | | | |
|----------------------|-------|---------|---------|---------|
| 1 | 2 | 3 | 4 | 5 |
| \$789 | \$792 | \$1,043 | \$1,302 | \$1,420 |

Household of 6 = \$1,495

* Add \$75 for each additional person

HOUSING MAXIMUMS

| | UNHEATED | | Heated | |
|---------|----------|---------|--------|---------|
| | Weekly | Monthly | Weekly | Monthly |
| BEDROOM | | | | |
| 0 | \$152 | \$654 | \$180 | \$775 |
| 1 | \$152 | \$654 | \$180 | \$775 |
| 2 | \$190 | \$816 | \$238 | \$1,022 |
| 3 | \$238 | \$1,025 | \$297 | \$1,278 |
| 4 | \$251 | \$1,078 | \$323 | \$1,391 |

ELECTRIC

NOTE: For an electrically heated dwelling also see "Heating Fuel" maximums below. But remember, an applicant is not automatically entitled to the "maximums" established applicants must demonstrate need.

1) Electricity Maximums for Households Without Electric Hot Water: The maximum amounts allowed for utilities, for lights, cooking and other electric uses excluding electric hot water and heat:

| Number in Household | Weekly | Monthly |
|---------------------|---------|----------|
| 1 | \$14.00 | \$85.50 |
| 2 | \$15.70 | \$67.50 |
| 3 | \$17.45 | \$75.00 |
| 4 | \$19.90 | \$86.00 |
| 5 | \$23.10 | \$99.00 |
| 6 | \$25.00 | \$107.00 |

NOTE: For each additional person add \$10.50 per month.

FOOD MAXIMUMS

| Persons | Weekly | Monthly |
|---------|----------|---------|
| 1 | \$65.35 | \$281 |
| 2 | \$120.00 | \$516 |
| 3 | \$172.09 | \$740 |
| 4 | \$218.37 | \$939 |
| 5 | \$259.53 | \$1,116 |
| 6 | \$311.40 | \$1,339 |
| 7 | \$344.19 | \$1,480 |
| 8 | \$393.26 | \$1,691 |

Add \$211 per month for each + person

PERSONAL CARE & HOUSEHOLD SUPPLIES

| Number in Household | Weekly Amount | Monthly Amount |
|---------------------|---------------|----------------|
| 1-2 | \$10.50 | \$45.00 |
| 3-4 | \$11.60 | \$50.00 |
| 5-6 | \$12.80 | \$55.00 |
| 7-8 | \$14.00 | \$60.00 |

NOTE: For each additional person add \$1.25 per week or \$5.00 per month.

HEATING FUEL

| Month | Gallons | Month | Gallons |
|-----------|---------|----------|---------|
| September | 50 | January | 225 |
| October | 100 | February | 225 |
| November | 200 | March | 125 |
| December | 200 | April | 125 |
| | | May | 50 |

NOTE: When the dwelling unit is heated electrically, the maximum amount allowed for heating purposes will be calculated by multiplying the number of gallons of fuel allowed for that month by the current price per gallon. When fuels such as wood, coal and/or natural gas are used for heating purposes, they will be budgeted at actual rates, if they are reasonable. No eligible applicant shall be considered to need more than 7 tons of coal per year, 8 cords of wood per year, 126,000 cubic feet of natural gas per year, or 1000 gallons of propane.

SUPPLEMENT FOR HOUSEHOLDS WITH CHILDREN UNDER 5

When an applicant can verify expenditures for the following items, a special supplement will be budgeted as necessary for households with children under 5 years of age for items such as cloth or disposable diapers, laundry powder, oil, shampoo, and ointment up to the following amounts:

| Number of Children | Weekly Amount | Monthly Amount |
|--------------------|---------------|----------------|
| 1 | \$12.80 | \$55.00 |
| 2 | \$17.40 | \$75.00 |
| 3 | \$23.30 | \$100.00 |
| 4 | \$27.90 | \$120.00 |

*****New - Appendix H Revisions**

Burial Maximum: \$1,475
Cremation Maximum: \$1,025

2) Electricity Maximums for Households With Electrically Heated Hot Water: The maximum amounts allowed for utilities, hot water, for lights, cooking and other electric uses excluding heat:

| Number in Household | Weekly | Monthly |
|---------------------|---------|----------|
| 1 | \$20.65 | \$89.00 |
| 2 | \$23.75 | \$102.00 |
| 3 | \$27.70 | \$119.00 |
| 4 | \$32.25 | \$139.00 |
| 5 | \$38.75 | \$167.00 |
| 6 | \$41.00 | \$176.00 |

NOTE: For each additional person add \$14.50 per month.

1-800-442-6003

Revised 09/06/2022

2022-2023 GA Overall Maximums

Metropolitan Areas

| Persons in Household | | | | | |
|---|-------|-------|-------|-------|-------|
| COUNTY | 1 | 2 | 3 | 4 | 5* |
| Bangor HMFA: Bangor, Brewer, Eddington, Glenburn, Hampden, Hermon, Holden, Kenduskeag, Milford, Old Town, Orono, Orrington, Penobscot Indian Island Reservation, Veazie | 826 | 955 | 1,219 | 1,515 | 2,071 |
| Cumberland County HMFA: Baldwin, Bridgton, Brunswick, Harpswell, Harrison, Naples, New Gloucester, Pownal, Sebago | 1,016 | 1,075 | 1,409 | 1,865 | 1,991 |
| Lewiston/Auburn MSA: Auburn, Durham, Greene, Leeds, Lewiston, Lisbon, Livermore, Livermore Falls, Mechanic Falls, Minot, Poland, Sabattus, Turner, Wales | 795 | 859 | 1,099 | 1,427 | 1,728 |
| Penobscot County HMFA: Alton, Argyle UT, Bradford, Bradley, Burlington, Carmel, Carroll plantation, Charleston, Chester, Clifton, Corinna, Corinth, Dexter, Dixmont, Drew plantation, East Central Penobscot UT, East Millinocket, Edinburg, Enfield, Etna, Exeter, Garland, Greenbush, Howland, Hudson, Kingman UT, Lagrange, Lakeville, Lee, Levant, Lincoln, Lowell town, Mattawamkeag, Maxfield, Medway, Millinocket, Mount Chase, Newburgh Newport, North Penobscot UT, Passadumkeag, Patten, Plymouth, Prentiss UT, Seboeis plantation, Springfield, Stacyville, Stetson, Twombly UT, Webster plantation, Whitney UT, Winn, Woodville | 789 | 792 | 1,043 | 1,302 | 1,420 |
| Portland HMFA: Cape Elizabeth, Casco, Chebeague Island, Cumberland, Falmouth, Freeport, Frye Island, Gorham, Gray, Long Island, North Yarmouth, Portland, Raymond, Scarborough, South Portland, Standish, Westbrook, Windham, Yarmouth; Buxton, Hollis, Limington, Old Orchard Beach | 1,263 | 1,463 | 1,893 | 2,415 | 2,958 |
| Sagadahoc HMFA: Arrowsic, Bath, Bowdoin, Bowdoinham, Georgetown, Perkins UT, Phippsburg, Richmond, Topsham, West Bath, Woolwich | 874 | 1,031 | 1,253 | 1,650 | 1,880 |

Appendix B

Effective: 10/01/22 to 09/30/23

2022-2023 Food Maximums

Please Note: The maximum amounts allowed for food are established in accordance with the U.S.D.A. Thrifty Food Plan. As of October 1, 2022, those amounts are:

| Number in Household | Weekly Maximum | Monthly Maximum |
|---------------------|----------------|-----------------|
| 1 | \$ 65.35 | \$ 281.00 |
| 2 | 120.00 | 516.00 |
| 3 | 172.09 | 740.00 |
| 4 | 218.37 | 939.00 |
| 5 | 259.53 | 1,116.00 |
| 6 | 311.40 | 1,339.00 |
| 7 | 344.19 | 1,480.00 |
| 8 | 393.26 | 1,691.00 |

Note: For each additional person add \$211 per month.

Metropolitan FMR Areas

| <u>Penobscot Cty. HMFA</u> | <u>Unheated</u> | | <u>Heated</u> | |
|--|------------------------|---------|----------------------|---------|
| Bedrooms | Weekly | Monthly | Weekly | Monthly |
| 0 | 152 | 654 | 180 | 775 |
| 1 | 152 | 654 | 180 | 775 |
| 2 | 190 | 816 | 238 | 1,022 |
| 3 | 238 | 1,025 | 297 | 1,278 |
| 4 | 251 | 1,078 | 323 | 1,391 |
| | | | | |
| <u>Portland HMFA</u> | <u>Unheated</u> | | <u>Heated</u> | |
| Bedrooms | Weekly | Monthly | Weekly | Monthly |
| 0 | 262 | 1,128 | 290 | 1,248 |
| 1 | 300 | 1,288 | 336 | 1,446 |
| 2 | 387 | 1,666 | 435 | 1,872 |
| 3 | 497 | 2,138 | 556 | 2,391 |
| 4 | 608 | 2,616 | 681 | 2,929 |
| | | | | |
| <u>Sagadahoc Cty. HMFA</u> | <u>Unheated</u> | | <u>Heated</u> | |
| Bedrooms | Weekly | Monthly | Weekly | Monthly |
| 0 | 172 | 739 | 200 | 859 |
| 1 | 199 | 856 | 236 | 1,014 |
| 2 | 239 | 1,026 | 287 | 1,232 |
| 3 | 319 | 1,373 | 378 | 1,626 |
| 4 | 358 | 1,538 | 430 | 1,851 |
| | | | | |
| <u>York Cty. HMFA</u> | <u>Unheated</u> | | <u>Heated</u> | |
| Bedrooms | Weekly | Monthly | Weekly | Monthly |
| 0 | 218 | 937 | 246 | 1,057 |
| 1 | 218 | 937 | 248 | 1,065 |
| 2 | 262 | 1,128 | 310 | 1,334 |
| 3 | 335 | 1,440 | 394 | 1,693 |
| 4 | 382 | 1,642 | 455 | 1,955 |
| | | | | |
| <u>York/Kittery/S. Berwick HMFA</u> | <u>Unheated</u> | | <u>Heated</u> | |
| Bedrooms | Weekly | Monthly | Weekly | Monthly |
| 0 | 256 | 1,102 | 284 | 1,222 |
| 1 | 260 | 1,118 | 297 | 1,276 |
| 2 | 342 | 1,472 | 390 | 1,678 |
| 3 | 446 | 1,917 | 505 | 2,170 |
| 4 | 603 | 2,592 | 676 | 2,905 |

APPENDIX D - UTILITIES

ELECTRIC

NOTE: For an electrically heated dwelling also see “Heating Fuel” maximums below. But remember, an applicant is *not automatically* entitled to the “maximums” established—applicants must demonstrate need.

1) **Electricity Maximums for Households Without Electric Hot Water:** The maximum amounts allowed for utilities, for lights, cooking and other electric uses *excluding* electric hot water and heat:

| <u>Number in Household</u> | <u>Weekly</u> | <u>Monthly</u> |
|----------------------------|---------------|----------------|
| 1 | \$19.95 | \$ 85.50 |
| 2 | \$22.52 | \$ 96.50 |
| 3 | \$24.97 | \$107.00 |
| 4 | \$27.53 | \$118.00 |
| 5 | \$29.88 | \$128.50 |
| 6 | \$32.55 | \$139.50 |

NOTE: For each additional person add \$10.50 per month.

2) **Electricity Maximums for Households With Electrically Heated Hot Water:** The maximum amounts allowed for utilities, hot water, for lights, cooking and other electric uses *excluding* heat:

| <u>Number in Household</u> | <u>Weekly</u> | <u>Monthly</u> |
|----------------------------|---------------|----------------|
| 1 | \$29.63 | \$127.00 |
| 2 | \$34.07 | \$146.00 |
| 3 | \$39.67 | \$170.00 |
| 4 | \$46.32 | \$198.50 |
| 5 | \$55.65 | \$238.50 |
| 6 | \$58.68 | \$251.50 |

NOTE: For each additional person add \$14.50 per month.

NOTE: For electrically heated households, the maximum amount allowed for electrical utilities per month shall be the sum of the appropriate maximum amount under this subsection and the appropriate maximum for heating fuel as provided below.

APPENDIX E - HEATING FUEL

| <u>Month</u> | <u>Gallons</u> | <u>Month</u> | <u>Gallons</u> |
|--------------|----------------|--------------|----------------|
| September | 50 | January | 225 |
| October | 100 | February | 225 |
| November | 200 | March | 125 |
| December | 200 | April | 125 |
| | | May | 50 |

FOR MUNICIPAL USE ONLY

NOTE: When the dwelling unit is heated electrically, the maximum amount allowed for heating purposes will be calculated by multiplying the number of gallons of fuel allowed for that month by the current price per gallon. When fuels such as wood, coal and/or natural gas are used for heating purposes, they will be budgeted at actual rates, if they are reasonable. No eligible applicant shall be considered to need more than 7 tons of coal per year, 8 cords of wood per year, 126,000 cubic feet of natural gas per year, or 1000 gallons of propane.

APPENDIX F - PERSONAL CARE & HOUSEHOLD SUPPLIES

| <u>Number in Household</u> | <u>Weekly Amount</u> | <u>Monthly Amount</u> |
|-----------------------------------|-----------------------------|------------------------------|
| 1-2 | \$10.50 | \$45.00 |
| 3-4 | \$11.60 | \$50.00 |
| 5-6 | \$12.80 | \$55.00 |
| 7-8 | \$14.00 | \$60.00 |

NOTE: For each additional person add \$1.25 per week or \$5.00 per month.

SUPPLEMENT FOR HOUSEHOLDS WITH CHILDREN UNDER 5

When an applicant can verify expenditures for the following items, a special supplement will be budgeted as necessary for households with children under 5 years of age for items such as cloth or disposable diapers, laundry powder, oil, shampoo, and ointment up to the following amounts:

| <u>Number of Children</u> | <u>Weekly Amount</u> | <u>Monthly Amount</u> |
|----------------------------------|-----------------------------|------------------------------|
| 1 | \$12.80 | \$55.00 |
| 2 | \$17.40 | \$75.00 |
| 3 | \$23.30 | \$100.00 |
| 4 | \$27.90 | \$120.00 |

FOR MUNICIPAL USE ONLY

2022-2023 Mileage Rate

This municipality adopts the State of Maine travel expense reimbursement rate as set by the Office of the State Comptroller. The current rate for approved employment and necessary medical travel etc. is 46 cents (46¢) per mile.

Please refer to the Office of the State Controller for changes to this rate at 626-8420 or visit <http://www.state.me.us/osc/>

Town/City of: _____

03/24/17

APPLICATION FOR GENERAL ASSISTANCE

Administrator: Please read the following to the applicant or have the applicant read it in your presence.

PENALTY FOR FALSE REPRESENTATION. Whoever knowingly and willfully makes any false representation of a material fact to the overseer of any municipality or to the department or its agents for the purpose of causing that or any other person to be granted assistance by the municipality or by the State is guilty of a Class E crime and shall reimburse the municipality for that assistance. Further assistance may be denied until that person reimburses the municipality for the assistance or enters into a written agreement, which must be reasonable under the circumstances, to reimburse the municipality or that person has been ineligible for assistance for a period of 120 days, whichever period is longer.
(22 M.R.S.A. § 4315).

1. HOUSEHOLD (Please type or print)

| Name of Applicant: | | Date of Birth: | Place of Birth | Social Security Number: | Telephone numbers: | |
|---|--------------------------------------|---|---|-------------------------|--|----------------------------|
| | | | | | Home: | |
| | | | | | Cell: | |
| | | | | | Message: | |
| Mailing Address: | | | | | Length of Use: | |
| Physical Address: | | | | | Length of Residence: | |
| Most recent previous address: | | | | | Length of Residence: | |
| Applicant is: (Circle One) | Single | Has anyone in the HH ever applied for GA in the past? YES or NO | If yes, | | Type of Assistance Received: | |
| Married | Divorced | | Where: | | | |
| Separated | Widowed | | When: | | | |
| Does anyone in your household have a warrant for their arrest as a result of a felony conviction? | | If yes, who? | Have you reached the TANF 60 mo. Limit? | | If yes, have you applied for an extension? | |
| Has your household applied for LIHEAP? | Does everyone receive SNAP benefits? | If so, how much? | Do you have a Government funded cell phone? | | Has your household filed for an income tax refund? | |
| Did you or anyone in your household serve in the U.S. Military? | Has anyone applied for a VA pension? | Does anyone receive post-secondary Financial Aid? | Subsidized Housing? | | Is everyone in the household a US citizen? | |
| | | | Utility Allowance? \$ | | | |
| Total number of people in household: | Number seeking assistance: | Total # of people for whom applicant is seeking assistance: | Is anyone sanctioned by TANF? | | If so, who and date: | |
| | | | Is anyone disqualified by GA? | | | |
| PEOPLE LIVING WITH THE APPLICANT | | RELATIONSHIP | DOB | Birthplace | SOCIAL SECURITY # | Disabled(D) Veteran (V) |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |

NAMES AND ADDRESSES OF SPOUSE, EX-SPOUSE, PARENTS, GRANDPARENTS AND CHILDREN'S PARENTS WHO ARE NOT MEMBERS OF THE HOUSEHOLD

| | |
|----------|----------|
| 1. Name: | 2. Name: |
|----------|----------|

| | | | |
|------------------|--------------|------------------|--------------|
| Mailing Address: | | Mailing Address: | |
| Relationship: | Telephone #: | Relationship: | Telephone #: |
| 3. Name: | | 4. Name: | |
| Mailing Address: | | Mailing Address: | |
| Relationship: | Telephone #: | Relationship: | Telephone #: |

2. EMPLOYMENT INFORMATION - APPLICANT

| | | | |
|--|---|--|--|
| Is applicant currently employed? | | If YES, type of job: | |
| If yes, name of employer: | | Address of Employer: | |
| Start Date: | How many hours per week? | Date last wages received? | Amount? |
| LIST TWO PREVIOUS EMPLOYERS (if needed): | | | |
| Name: | | Address: | Start Date: End Date: |
| Name: | | Address: | Start Date: End Date: |
| Are you disabled? | Do you have an active SSI/SSDI application? | If so, what stage of the process are you in? | Do you have an attorney? If so, who? |
| | | | Have you filed an IAR? |
| Under what circumstances did the Applicant leave his/her last place of employment? | | Date of Separation from employment: | |
| If unemployed, has applicant registered with the Maine Job Bank/Career Center? | | Highest level of education completed: | Was applicant in the military? Branch? |
| Job Skills: | | | |

EMPLOYMENT INFORMATION – OTHER HOUSEHOLD MEMBER - Name:

| | | | |
|--|--|---|--------------------------------------|
| Is member currently employed? | | If YES, type of job: | |
| If yes, name of employer: | | Address of Employer: | |
| Start Date: | How many hours per week? | Date last wages received? | Amount? |
| LIST TWO PREVIOUS EMPLOYERS : | | | |
| Name: | | Address: | Start Date: End Date: |
| Name: | | Address: | Start Date: End Date: |
| Are they disabled? | Do they have an active SSI/SSDI application? | If so, what stage of the process are they in? | Do you have an attorney? If so, who? |
| | | | Have they filed an IAR? |
| Under what circumstances did this member leave his/her last place of employment? | | Date of Separation from employment? | |
| If unemployed, has member registered with the Maine Job Bank/Career Center? | | Highest level of education completed? | Was member in the military? Branch? |
| Job Skills: | | | |

EMPLOYMENT INFORMATION – OTHER HOUSEHOLD MEMBER - Name:

| | | | |
|-------------------------------|--------------------------|---------------------------|---------|
| Is member currently employed? | | If YES, type of job: | |
| If yes, name of employer: | | Address of Employer: | |
| Start Date: | How many hours per week? | Date last wages received? | Amount? |

| | | | |
|--|--|---|--|
| LIST TWO PREVIOUS EMPLOYERS: | | | |
| Name: | | Address: | Start Date: End Date: |
| Name: | | Address: | Start Date: End Date: |
| Are they disabled? | Do they have an active SSI/SSDI application? | If so, what stage of the process are they in? | Do they have an attorney? If so, who? |
| | | | Have they filed an IAR? |
| Under what circumstances did this member leave his/her last place of employment? | | Date of Separation from employment? | |
| If unemployed, has member registered with the Maine Job Bank/Career Center? | | Highest level of education completed? | Was this member in the military? Branch? |
| Job Skills: | | | |

3. ASSISTANCE REQUESTED

| ASSISTANCE REQUESTED: Please place check mark next to each type of assistance being requested and enter the amount of the request. | | | | | |
|--|-----------------|--------|---|-----------------------------------|-----------|
| ✓ | ASSISTANCE | AMOUNT | ✓ | ASSISTANCE | AMOUNT |
| | 1. Food | \$ | | 7. Household/Personal Supplies | \$ |
| | 2. Rent | \$ | | 8. Prescriptions/Medical | \$ |
| | 3. Mortgage | \$ | | 9. Water | \$ |
| | 4. Electricity | \$ | | 10. Sewer | \$ |
| | 5. LP Gas | \$ | | 11. Other (Specify): | \$ |
| | 6. Heating Fuel | \$ | | TOTAL ASSISTANCE REQUESTED | \$ |

4. USE OF INCOME - PRIOR 30 DAYS (Office use only)

| | | | | |
|---------------------------|----|-----------------------------|--|----|
| Income: | \$ | | (Use of income may not bar eligibility for applicants in a life threatening emergency or initial applicants) | |
| | \$ | | | |
| | \$ | | | |
| Total: (A) | \$ | | | |
| | | | | |
| Household Receipts | | | | |
| Food | \$ | | | |
| Housing | \$ | | | |
| Utilities | \$ | | | |
| Propane | \$ | | | |
| Fuel | \$ | Other Receipts | | |
| Household | \$ | | | |
| Personal | \$ | | | |
| Med/Presc. | \$ | | | |
| Water | \$ | | | |
| Sewer | \$ | | | |
| Other: | \$ | | | |
| | \$ | | | |
| Total: | \$ | | | |
| (B) | \$ | | | |
| Notes: | | Total: | (C) | \$ |
| | | Total Income: | (A) | \$ |
| | | Less Total Receipts: | (B) | \$ |
| | | Plus Misspent Money: | (C) | \$ |
| | | Plus Difference Between | (A)-(B)+(C) - Unaccounted | \$ |
| | | (A) Total Added to Line "N, | section 5": | \$ |

5. PROJECTED 30 DAY INCOME

INCOME: Check YES or NO for each type of income. Enter the amount of all money to be received (in the next 30 days) by: (1) the applicant; (2) the applicant's family; and (3) unrelated household members. Report how often income is received.

| TYPE OF INCOME | ✓ | MONEY APPLICANT RECEIVES | | MONEY FAMILY RECEIVES | | MONEY OTHERS RECEIVE | | OFFICE USE ONLY |
|--|---|--------------------------|-----------|-----------------------|-----------|----------------------|-----------|-----------------|
| | | AMOUNT | FREQUENCY | AMOUNT | FREQUENCY | AMOUNT | FREQUENCY | MONTHLY TOTAL |
| A. Employment | | \$ | | \$ | | \$ | | \$ |
| B. TANF | | \$ | | \$ | | \$ | | \$ |
| C. Social Security | | \$ | | \$ | | \$ | | \$ |
| D. Military/Veteran Benefits | | \$ | | \$ | | \$ | | \$ |
| E. Retirement or Pension Plan | | \$ | | \$ | | \$ | | \$ |
| F. Unemployment Benefits | | \$ | | \$ | | \$ | | \$ |
| G. Worker's Compensation | | \$ | | \$ | | \$ | | \$ |
| H. Child Support/Alimony | | \$ | | \$ | | \$ | | \$ |
| I. SSI-Supplemental Security Income | | \$ | | \$ | | \$ | | \$ |
| J. Bank Accounts & Cash on Hand | | \$ | | \$ | | \$ | | \$ |
| K. Income/In kind from Relatives | | \$ | | \$ | | \$ | | \$ |
| L. Other (please specify) | | \$ | | \$ | | \$ | | \$ |
| For Repeat Applicants Only: | | | | | | | | |
| M. Investment Asset(s) Value (See Section 5, C) | | | | | | | | \$ |
| N. Misspent Income & Unverified Expenditures (during the last 30 days) | | | | | | | | \$ |
| SUBTOTAL – MONTHLY HOUSEHOLD INCOME | | | | | | | | \$ |
| O. LESS: Total verified monthly work-related expenses: Child Care: \$ _____ Mileage: (RT miles ____ * # of days a week: ____ * # of weeks per month: ____ * ordinance mileage: ____) = _____ Other: _____ | | | | | | | | \$ |
| TOTAL – MONTHLY HOUSEHOLD INCOME | | | | | | | | \$ |

6. ASSETS

| ASSETS: Check yes for each asset owned and enter the value. Enter who in the household owns the asset. | | | |
|--|---|-------|----------------|
| TYPE OF ASSET | ✓ | VALUE | ASSET OWNED BY |
| A. Home | | \$ | |
| B. Real Estate (other than home) | | \$ | |
| C. Investments: Stocks, Bonds, Retirement Account(s), Life Insurance, etc. | | \$ | |
| D. Vehicle(s) i.e., car, truck, motorcycle | | \$ | |
| Additional: | | \$ | |
| E. Recreational Vehicle (s) (i.e., camper, ATV, snowmobile, boat) | | \$ | |
| Additional: | | \$ | |
| F. Other | | \$ | |

7. EXPENSES

| MONTHLY EXPENSES | ACTUAL COST FOR NEXT 30 DAYS | MAXIMUM AMOUNT (OFFICE USE ONLY) | ALLOWED AMOUNT (OFFICE USE ONLY) |
|------------------|------------------------------|----------------------------------|----------------------------------|
| 1. Food | \$ | \$ | \$ |

| | | | |
|---|----|----|----|
| 2. Rent – Name and Address of Landlord: | | | |
| | \$ | \$ | \$ |
| 3. Mortgage – Mortgage Holder: | \$ | \$ | \$ |
| 4. Electricity –Hot Water Y/N Electric Heat Y/N | \$ | \$ | \$ |
| 5. LP Gas | \$ | \$ | \$ |
| 6. Heating Fuel TYPE: | \$ | \$ | \$ |
| 7. Household/Personal Supplies | \$ | \$ | \$ |
| 8. Prescriptions/Medical | \$ | \$ | \$ |
| 9. Water | \$ | \$ | \$ |
| 10. Sewer | \$ | \$ | \$ |
| 11. Other (specify) | \$ | \$ | \$ |
| | \$ | \$ | \$ |
| TOTAL MONTHLY HOUSEHOLD EXPENSES | \$ | \$ | \$ |

8. OTHER EXPENSES

| | | |
|--|---------|--------|
| NOTE: The administrator should be aware of the following to gain an understanding of the applicant's financial situation. | | |
| A. Do you have any debts (i.e., bank loans, car payments, credit cards)? YES NO | | |
| If YES, give (1) name; (2) purpose money was borrowed; and (3) amount (list below). | | |
| NAME | PURPOSE | AMOUNT |
| 1. | | \$ |
| 2. | | \$ |
| 3. | | \$ |

9. DEFICIT (Office use only)

| | | | | |
|---|----|--|---|----|
| A. Overall Maximum Level of Assistance Allowed (See GA Ordinance Appendix A) | \$ | | D. Deficit (If line A is greater than line B) | \$ |
| B. Income (See Section 5) | \$ | | E. *Surplus (If line B is greater than line A) | \$ |
| C. Result (Line A minus line B) | \$ | | * Note: If a surplus exists, applicant is not eligible for regular GA. Proceed to Section 10 to determine if "unmet need" results in eligibility for "emergency" GA | |

10. UNMET NEED (Office use only)

| | | | | |
|--|----|--|---|----|
| A. Allowed Expenses (See Section 7) | \$ | | D. Unmet Need (Amount from line C, but <u>only</u> if line A is greater than line B) | \$ |
| B. Income (See Section 4) | \$ | | E. Deficit (See Section 9, line D) | \$ |
| C. Result (Line A minus line B) | \$ | | F. Amount of GA Eligibility (The lower of line D and line E) | \$ |

INSTRUCTIONS:

- 1) If Section 9, line B (income) is greater than line A (overall maximum), then applicant has a surplus of \$ _____ and will not be eligible for General Assistance unless the GA administrator determines there is need for emergency assistance.
- 2) If Section 10, line A (allowed expenses) is greater than line B (income), the result will be an "Unmet Need" (line D).
- 3) If there is both an "Unmet Need" (Section 10, line D) and a "Deficit" (Section 10, line E), the applicant will be eligible for the lower of the two amounts. This lower amount is the amount of assistance the applicant is eligible for in the next 30-day period, or a proportionate amount for a shorter period of eligibility (i.e., if the applicant needs one week's worth of GA assistance, they should receive 1/4 of the 30 day amount).

Administrator: Please read the following to the applicant or have the applicant read it in your presence.

In accordance with Maine law (22 M.R.S.A. § 4321) you have the right to be given a written decision concerning your application within 24 hours of submitting a completed application. If you disagree with the administrator's decision on the application, you have the right to a fair hearing before an impartial hearing authority. If you believe that the municipality has violated state law with respect to your application, you have the right to notify the State Department of Health and Human Services in Augusta (1-800-442-6003)

Workfare Agreement

I understand that persons who are able to work and need general assistance may be required to work for the municipality or for a designated organization as a condition of receiving general assistance. I understand that by signing this agreement form, I agree to perform work for the municipality in return for any assistance I am granted.

I understand that unless I have good reason, I must satisfactorily perform the workfare assignment as a condition of receiving future General Assistance or as a condition of receiving General Assistance currently being granted to me pursuant to the "workfare first" policy described below. I further understand the following:

that any amount of the workfare assignment that is not performed because I am temporarily unable to perform the assignment for just cause reasons shall be reassigned.

that in no circumstances will the number of hours I work exceed the value of the assistance I receive computed at the rate of at least the state's minimum wage.

that in addition to being an eligibility criteria, the value of any workfare I perform will reduce (in proportion to the value of workfare performed) the amount I am ultimately responsible to reimburse the municipality.

that the municipality may not assign any work that would interfere with my: existing employment, ability to accept work, ability to attend a job interview, or ability to participate in an approved vocational training program. In addition, I understand that I cannot be required to work for a nonprofit organization if that work would violate religious beliefs.

that if I refuse to perform work or fail to perform work for the municipality without just cause, I may be disqualified from receiving assistance for 120 days, unless I become employed or regain my eligibility in accordance with the procedures described in the municipal General Assistance ordinance.

that a refusal or failure to perform a workfare assignment includes:

- not reporting to the assignment, without just cause;
- not completing the assignment, without just cause;
- willfully failing to perform the assignment without just cause; or
- willfully performing the assignment below average work standards without just cause.

"Workfare first" policy. I understand that under the authority of 22 M.R.S.A. § 4316-A(2)(D), the administrator may, in accordance with the following guidelines, require me to perform a workfare assignment prior to the actual issuance of the non-emergency general assistance benefit conditionally granted.

- 1) In no circumstance will emergency general assistance for which I am eligible be withheld pending the satisfactory performance of workfare. I understand emergency general assistance to be assistance that is immediately necessary to prevent a dangerous or life-threatening situation.
- 2) I understand that I have a right under this policy to be provided a written decision prior to performing any workfare for the municipality associated with my request for assistance.
- 3) I understand that in addition to any disqualification penalty that may apply, the consequences of refusing to perform or completely failing to perform the "workfare first" assignment, without just cause, or performing the entire workfare assignment below the average standards of that job, without just cause, will be the termination of the entire general assistance grant.
- 4) I understand that if some of the workfare first assignment is satisfactorily performed but there has been a failure to perform the remainder of the assignment, without just cause, the administrator shall issue a grant of general assistance in the amount of the number of workfare hours satisfactorily performed times the hourly rate used to calculate the duration of the workfare assignment. In addition to any disqualification penalty that may apply, the remaining value of the conditionally issued general assistance grant shall be reassigned.

Questions to be answered by the workfare participant:

- 1) Do you agree to perform the following workfare assignment for the municipality (*Municipality enter all relevant information*):

(Check One: Yes No)

If "no," please explain.

- 2) Do you agree to perform the above workfare assignment for the municipality for _____ hours at the rate of \$_____ an hour in return for the assistance you are granted? (Check One: Yes No)

If "no," please explain.

- 3) Do you have the full physical, mental, emotional, and medical ability to perform workfare, with or without a reasonable accommodation? (Check One: Yes No)

If "no," please explain.

- 4) Have you ever been disciplined for or had any safety problems in your jobs? (Check One: Yes No)

If "no," please explain.

Declaration of the Workfare Participant

To my knowledge there is no reason I would be prevented from accepting or completing my workfare assignment. This workfare agreement and its conditions have been explained to me and I understand what my responsibilities are under the municipal work program. I understand that I have a right to review the municipal General Assistance ordinance and a copy of Maine's General Assistance statutes.

I certify that the above information is true, correct and complete and that no information has been knowingly withheld. I understand that false representation is a violation of state law and may result in my being ineligible to receive assistance for 120 days and prosecution for committing a Class E crime.

Applicant's Signature

Date

I hereby certify that I have informed the applicant of his/her rights and responsibilities under the municipal workfare program.

Administrator's Signature

Date

