



# Application for Cassia County Non-Medical Assistance

Disposition of the Indigent Deceased

Rent

Utilities

Traveler Aid/Fuel

## General Information regarding Non-Medical Assistance:

- The County will consider such applications only when **NO** other resource is available.
- The County will not provide more than one month's assistance in any twelve (12) months aggregate time period (including assistance received by any other county in Idaho).
- The County will not provide continuing or long-term assistance.
- Applicants who have divested their assets or resources within three (3) months prior to applying for county assistance, in order to become eligible, shall be denied assistance.
- Any person who withholds information, or gives false or incomplete information for the purposes of obtaining county aid to which they are not otherwise entitled, shall be guilty of a misdemeanor.
- In reviewing all applications, the county will investigate your ability to work, as well as the ability of other adult household members to work.
- Applicants must prove that they are actively seeking employment, or produce a physician's statement that applicant is medically unable to work. If you voluntarily remove yourself from the workforce without good cause, your application may be denied.
- The County will not pay for past due services from the date of application.
- The County will not make payments to relatives or other household members of the applicant.
- The Applicant will be required to provide photo identification and evidence of need, indigency, and residence.
- The Applicant **WILL BE REQUIRED TO REIMBURSE** the county for any funds expended on their behalf.

## Disposition of Indigent Deceased

- Local funeral homes, friends or relatives of the deceased, or the Cassia County Coroner may submit an application for Indigent disposition of deceased. Please note state law requires that the application must be filed **PRIOR** to the disposition of the deceased.
- Upon timely filing of the application, if the requirements of indigency and residency are met, Cassia County will pay an amount established by the Board of County Commissioners for cremation of the deceased, absent a compelling reason to do otherwise.
- A copy of a valid death certificate must accompany the application at the time of filing.
- Cassia County will encourage relatives to keep or dispose of the cremated remains in a manner acceptable to them.
- Cassia County will not pay for the transporting of human remains either into or out of Cassia County.
- Cassia County will not pay to exhume a deceased body.
- Cassia County is not financially responsible for the disposition of a deceased person who at the time of their death was in the custody of the State of Idaho Department of Correction either in Cassia County or elsewhere.
- Cassia County shall be free from any liability for the disposition of the deceased. [§31-3412 Idaho Code]

### **Rent Assistance:**

- The County will not pay first month's rent, hotel/motel charges, mortgage payments, security deposits, late fees, or interest or penalties.
- It is deemed inappropriate to obtain residency within Cassia County by the use of Cassia County emergency funds.
- The County will not subsidize any other governmental entity, or charitable organization for which it provides grant funds, in providing rent assistance.
- Determination of the amount of housing assistance will be based upon the following guidelines:
  - Present community rent structure for low-income housing;
  - Availability of housing in applicant's present school district;
  - Family size and availability of alternate rental housing;
  - Medical or mobility issues of applicant;
  - Projected length of disability.

### **Utility Assistance:**

- The County will only consider assistance with utilities (including electricity, heating) when the following circumstances exist:
  - A disconnect notice has been received by the applicant;
  - Disconnection would pose an imminent danger to the residents; and
  - The applicant has exhausted all other avenues of assistance.
- The County will not pay to reconnect a utility, nor pay late fees, interest, or penalties and will not pay for irrigation fees, cable or satellite television, or any goods or services which are deemed by the Board to be nonessential.
- The County may elect to pay telephone bills only when there is a showing of medical necessity, or when the applicant is elderly and infirm, house bound, or has significant mobility impairment.
- Payment of Utilities, if deemed appropriate, shall be limited to the amount of one average monthly expense for said utilities.
- The County will not pay sewage fees or garbage collection fees.

### **Traveler Aid/Fuel**

- Requests for such aid may generate from a law enforcement agency within Cassia County.
- Cassia County may enter into agreement(s) with vendors to provide petroleum products and services pursuant to this policy.

To Apply: Complete the attached application and submit to:

Cassia County Social Services  
1459 Overland Ave, Room #105,  
Burley, Idaho 83318  
Phone: 208-878-5240 Fax: 208-878-8825  
Email: [socialservices@cassiacy.org](mailto:socialservices@cassiacy.org)

**Personal Information Applicant (person needing the assistance)**

First Name		M.I.	Last Name		Marital Status
Other Names Used:					
Physical Address		City	State	County	Zip
U.S. Citizen:	Legal Alien:	Other:	Veteran:	Type of Discharge:	
If legal Alien, please provide Alien registration number:					
Name of Sponsor:					
Are you registered to vote?		Yes	No	Are you licensed to drive?	
				Yes No	
If Yes, what state/county?			If Yes, what state?		

Phone Number:

**Spouse/Significant other**

First Name		M.I.	Last Name		Marital Status
Other Names Used:					
Physical Address		City	State	County	Zip
U.S. Citizen:	Legal Alien:	Other:	Veteran:	Type of Discharge:	
If legal Alien, please provide Alien registration number:					
Name of Sponsor:					
Are you registered to vote?		Yes	No	Are you licensed to drive?	
				Yes No	
If Yes, what state/county?			If Yes, what state?		

Phone Number:

**List the name, address, phone number of a person OUTSIDE your household who is aware of your circumstances:**

Name:	Relationship:
Address:	Phone Number:

**Household Members: Complete the following for all persons residing in your home. (Attach additional pages if needed)**

Name	Relationship to Applicant	Date of Birth Mo/Day/Yr	Sex	Marial Status	Social Security# or Alien#

**For RENT, UTILITIES and TRAVELER AID/FUEL applications, briefly explain your circumstances and why you need assistance:**

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**If INDIGENT DISPOSITION OF THE DECEASED application please answer the next two questions.**

1. Date of Death:		2. What Mortuary:	
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**Other Assistance**

1. Are you or anyone in your household an enrolled member of a Native American Tribe?	Yes	No
If YES who:		Name of Tribe:
If YES, Phone number of Tribal Council/BIA offices for this tribe:		
2. Have you or anyone in your household ever been disqualified from an assistance program? If YES, list the names of persons disqualified from an assistance program.	Yes	No
3. Do you or anyone in your household have actions pending from which money may be received such as lawsuits, inheritance, accident claim, insurance settlement, etc.?	Yes	No
4. Have you or anyone in your household ever been approved for county assistance in Idaho? If YES, which county and when?	Yes	No
5. Have you or anyone in your household applied for Medicaid, SSI, or Crime Victims in the past year? If YES, name of program and date filed.	Yes	No

**Residency: Please list your place of residence for the past 5 years. (Attach additional pages if needed)**

Physical Address				Dates of Residence		Landlord	
Street:				From:		Name:	
City:		State:		To:		Phone #	
Street:				From:		Name:	
City:		State:		To:		Phone #	
Street:				From:		Name:	
City:		State:		To:		Phone #	
Street:				From:		Name:	
City:		State:		To:		Phone #	
Street:				From:		Name:	
City:		State:		To:		Phone #	

Earned Income: Employment Information (Attach additional pages if needed)													
Applicant						Spouse/Significant other							
Current Employer:				Phone:		Current Employer:				Phone:			
Address:			City:		State:	Zip:	Address:			City:		State:	Zip:
Hours/Weeks		Hourly Rate		Monthly Gross		Hours/Weeks		Hourly Rate		Monthly Gross			
Dates of Employment:						Dates of Employment:							
Current Employer:				Phone:		Current Employer:				Phone:			
Address:			City:		State:	Zip:	Address:			City:		State:	Zip:
Hours/Weeks		Hourly Rate		Monthly Gross		Hours/Weeks		Hourly Rate		Monthly Gross			
Dates of Employment:						Dates of Employment:							
Current Employer:				Phone:		Current Employer:				Phone:			
Address:			City:		State:	Zip:	Address:			City:		State:	Zip:
Hours/Weeks		Hourly Rate		Monthly Gross		Hours/Weeks		Hourly Rate		Monthly Gross			
Dates of Employment:						Dates of Employment:							
Current Employer:				Phone:		Current Employer:				Phone:			
Address:			City:		State:	Zip:	Address:			City:		State:	Zip:
Hours/Weeks		Hourly Rate		Monthly Gross		Hours/Weeks		Hourly Rate		Monthly Gross			
Dates of Employment:						Dates of Employment:							

Unearned Income: Are you or anyone in your household receiving income from any of the following sources?									
	Y	N		Y	N		Y	N	
Social Security			Workers Compensation			Unemployment			
SSI			Veteran's Benefits			Retirement			
Child Support/Alimony			Tribal/Commodities			Gifts/Loans			
Interest/Dividends			Insurance Settlements			Contributions			
Rental/Escrow			State Cash Assistance			Church			
Income Tax Refunds			Inheritance/Trust			Energy Assistance			
Food Stamp			Other						

If you selected Yes to any of the above, please complete the information below.

Source of Unearned Income	Person Receiving Income	Amount Received

**Financial Assets: Complete the following information regarding any items that you or your spouse/significant other own, or on which either of your names appear.**

Description	Y	N	Names on Account	Bank Name/Location	Account Number	Amount/Value
Cash						
Checking Account						
Other Checking						
Line of Credit						
Savings Account						
Certificates of Deposit						
Stocks/Bonds						
Mutual Funds						
Trusts/Annuities						
Retirement: IRA 401K etc						
Credit cards						
Other						

**Real/Personal Property**

Real/Personal Property	Y	N	Description	Market Value	Amount Owed	Equity
Home Residence						
Manufactured Home: Year/Make/Model						
Land						
Rental Property						
Vehicle:						
Is It Licensed:						
Used for Business:						
Other Vehicle						
Is It Licensed:						
Used for Business:						
Recreation Vehicle/ Trailer/Camper/Other						
Livestock						
Tools of Trade						
Pending Claims						
Burial Plots						
Life Insurance						
Other						

Have you or your spouse/Significant other sold, traded, given away, or put into a trust, money or any resources within the last year?      Yes      No

If YES, Complete the information below. (Attach additional pages if needed)

Description	Where Sold	Amount Received

Monthly Expenses				
Description		Monthly Expense	Amount Past Due	Vendor/Company (Paid To)
Rent/Mortgage: Subsidized?      Yes      No				
Space Rent:				
Food:				
Non-Food:				
Utilities	Heat Source:			
	Electricity:			
	Water:			
	Sewer/Trash:			
	Telephone:			
	Other:			
Insurance:	Health/Accident:			
	Home:			
	Life:			
	Auto:			
Transportation:	Car Payment:			
	Fuel:			
	Maintenance:			
	Alternate (i.e., bus, taxi etc.			
Previous Medical:	Doctors:			
	Hospitals:			
	Medications:			
	Other:			
Taxes:	Payroll:			
	Property:			
Educational Expenses:				
Child Care: Subsidized      Yes      No				
Duties and Tithing:				
Court Ordered:	Child Support:			
	Garnishment:			
	Fines:			
Contract/Credit Card Payments				
Other:				
Other:				
Other:				
Other:				
Other:				
Other:				
Additional Expenses:				
Additional Expenses:				

# Stop! This page must be signed in front of a Notary!

Name of Applicant: (Print) \_\_\_\_\_

Name of Spouse/Significant Other: (Print) \_\_\_\_\_

## RELEASE OF INFORMATION NON-MEDICAL COUNTY ASSISTANCE

In order to cooperate fully with the investigation and determination of my application for county non-medical assistance, I hereby authorize representatives from Cassia County Assistance to discuss my application with and to secure information, data, copies and records from my relatives, bankers, credit unions, physicians, hospitals, creditors and any other persons or organizations including, but not limited to the State Department of Health and Welfare, Social Security Administration, all branches of the United States Military, Tribal Records, law enforcement agencies, courts, Idaho Department of Labor, or employers having any information concerning me or my circumstances that said county representative feels is pertinent to the investigation of my application.

I hereby authorize Cassia County to release to and exchange pertinent information regarding this application, the contents thereof and action taken thereof with all parties of interest, including but not limited to those listed herein. I acknowledge that my application for assistance waives any and all confidentiality granted by state or federal law to the extent necessary to carry out the intent of Idaho Code Title 31, Chapter 34 regarding my application. I hereby authorize a copy of this agreement to be used when necessary and give it full force as the original.

I understand that I may revoke this consent at any time by submitting to the Cassia County Assistance Department a written document signed by me and notarized except to the extent that action has been taken in reliance on it, and that unless consent is sooner revoke, this release is valid as long as it is pertinent to this application. I also understand that if I revoke this consent, to the extent it prevents or substantially interferes with the completion of the investigation of my application, it may result in my application being denied.

**I understand that by accepting assistance from the county, I agree to repay the county for all or any portion of expenses paid on my behalf as determined by the Board of County Commissioners.**

By my signature, I apply for county assistance and I hereby certify under penalty of perjury that the information contained in my application for county assistance is true and correct to the best of my knowledge.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

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

\_\_\_\_\_  
Signature of Spouse/Significant other

NOTARY

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
Personally appeared before me and proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is(are) subscribed to this instrument and acknowledged to me that he/she (they) executed the same.

SEAL

\_\_\_\_\_  
Notary Public for Idaho  
Residing at:  
My Commission Expires: