

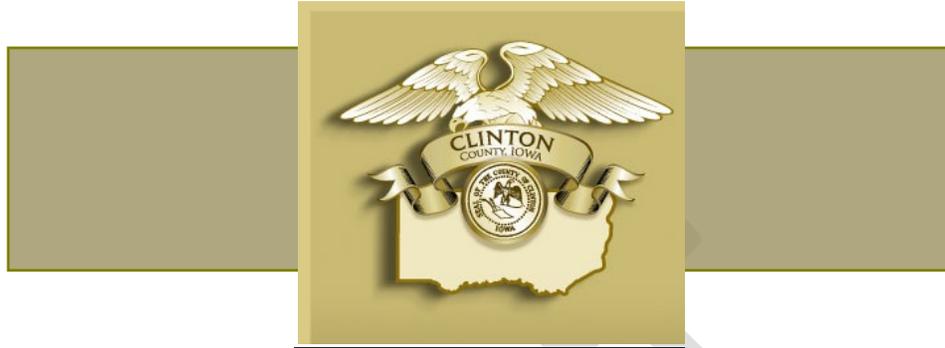
CLINTON COUNTY AUDITOR  
NOTICE OF PUBLIC HEARING

Notice is hereby given that the Clinton County Board of Supervisors will hold a public hearing on Monday, September 14, 2014 at 9:50 a.m. in conference room B, Clinton County Administration Building, 1900 N. 3<sup>rd</sup> Street, Clinton, IA. The purpose of this public hearing is to solicit public comment on the proposed changes to the Clinton County General Assistance Policy. You can obtain a copy of the General Assistance Policy at the Clinton County Auditor's Office or on the Clinton County Iowa website. Any citizen may address the members of the Board at the Hearing, or written comments are to be addressed to the: Clinton County Board of Supervisors, P.O. Box 2957, Clinton, IA 52733-2957.

FOR THE BOARD OF SUPERVISORS

Eric Van Lancker  
Clinton County Auditor

2015



## GENERAL ASSISTANCE POLICY

### Clinton County

Community Assistance Programs  
Clinton County Administration Building  
1900 N 3<sup>rd</sup> St-P.O. Box 2957  
Clinton, IA 52732

Passed By Resolution #: \_\_\_\_\_

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

Phone: (563) 244.0576 ext. 5533

Fax: (563) 243.9027

Email: [kralston@clintoncounty-ia.gov](mailto:kralston@clintoncounty-ia.gov)

# Table of Contents

## General Assistance Policy

A. DEFINITIONS .....	4
B. DIRECTOR'S EXCEPTION .....	7
C. GENERAL ASSISTANCE APPLICATION PROCESS .....	7
1.C Eligibility Determination .....	7
2.C Eligibility Guidelines .....	7
3.C Financial Eligibility: Income and Resources .....	9
D. OTHER GUIDELINES .....	10
1.D Student Criteria .....	10
2.D Employment Criteria .....	10
3.D Household Financial Criteria .....	11
5.D Non-Compliance .....	11
6.D Legal Settlement/Legal Residency .....	12
7.D Planning and Budgeting .....	12
E. BENEFIT DISTRIBUTION .....	12
1.E Short Term Assistance .....	12
2.E Emergency Assistance .....	13
3.E Relief of an Extended Nature .....	13
F. LEVEL OF BENEFIT TYPES .....	13
1.F Rental Assistance .....	13
2.F Emergency Lodging Situations .....	14
3.F Utilities Assistant .....	14
4.F Emergency Medical Services .....	16
5.F Food/Goods .....	17
6.F Personal Hygiene/Cleaning Products .....	18
7.F Transportation .....	18
G. CONFIDENTIALITY .....	19
H. LIMITATIONS .....	20
I. ACCESS TO APPLICANT'S RECORDS .....	20
J. FAXING CONFIDENTIAL INFORMATION .....	20
K. APPEAL PROCESS .....	21

## CLINTON COUNTY GENERAL ASSISTANCE POLICY



Clinton County believes that providing limited emergency assistance to “poor” or “needy” residents who are unable to provide for their basic needs for reasons not directly attributed to them is a benefit to all residents as well as a statutory duty of the County.

The Clinton County General Assistance Policy fulfills the duties imposed upon the County by Iowa Code Chapter 252.25. The ultimate purpose of the program shall be to assist persons to become self-supportive and self-reliant.

Assistance will be considered without regard to age, race, sex, color, national origin, religion, physical or mental disability, veteran status or any other classification protected by law or ordinance.

All applications requiring payment shall adhere to the provisions under Iowa Code Chapter 252 based on legal residency or legal settlement.

There shall be three (3) categories of General Assistance administered in Clinton County as defined by Iowa Code 252.1:

1. Short Term Assistance provided to a “Poor Person”.
2. Short Term Emergency Assistance provided to a “Needy Person”.
3. Relief of an Extended Nature to a “Poor Person”.

To apply for general assistance, the person will have to submit a completed application to the County office and any documentation. After an initial determination the applicant may be referred to local agencies for further assistance. All guidelines for determination of assistance will be adhered to as outlined in this policy.

The applicant will be notified of the CAP Director’s decision. If the applicant is eligible for assistance, the notice will list the type of type of assistance and any pertinent details. The applicant has the right to appeal all decisions

## A. DEFINITIONS

For use in this document, certain terms or words shall be defined as follows:

<b>A.1 GENERAL ASSISTANCE OFFICE</b>	
Fiscal Year	July 1st of one (1) calendar year through June 30th of the next calendar year.
Benefit Year	A twelve (12) month time period.
Community Assistance Programs Director	A person appointed by the Board of Supervisors as the Administrative Overseer/Director of the General Assistance Program.
General Assistance Worker	A person who is responsible to answer questions, receive and review applications and all required documents and to make decisions concerning an applicant's eligibility for assistance.
<b>A.2 RELATIONSHIPS/PERSONS</b>	
Alien/Non-Citizen	A person whose citizenship is in a country other than the United States. Persons who are not citizens of the United States (unless going through the citizenship process) or who are in this country illegally are not eligible to receive assistance through the General Assistance Program.
Applicant	The "poor" person or "needy" person, as defined by this Policy, or an eligible family member or household member, as defined in this Policy, applying for assistance, for or on behalf of the "poor" person or "needy" person.
Disabled: Person diagnosed with a Disability	A person who has a physical or mental impairment, which prevents them from performing any type of employment in exchange for cash or in kind compensation. Applicant's Disability/Medical condition must be verified by a licensed physician's statement.
Household Members	<u>Relationship:</u> The applicant, the applicant's spouse, applicant's significant other, any children, stepchildren, or wards under the age of 18 who are physically residing with the applicant. <u>Non-Relationship:</u> When an applicant is residing with another individual(s) who does not fall into the category noted above but will benefit from the assistance rendered, the individual(s) will be counted as part of the household and as such the applicant will need to provide the individual (s) gross earned/unearned income and resources for the purpose of determining eligibility.
Legal Representative	A person designated by Iowa law to act on the individual's behalf in specified affairs to the extent prescribed by law
Legal Guardian	A Legal Guardian is a person appointed by the court charged with either limited or complete duties as ordered by the court.
"Needy" Person	A person who may own property and is able to work, but because of circumstances not attributed to that person, is in need of immediate, short term emergency assistance to meet basic living needs.
"Poor" Person (IA Code 252.1)	A person who has no property, exempt or otherwise, and are unable, because of physical or mental disabilities, to earn a living by labor as defined in Code of Iowa Ch. 252.1.
Student	A person enrolled in and attending any primary or post secondary education programs, either part time or full time, whether employed or not. If the student is under the age of 18, the parents will be expected to assist the student.
Transient Person(s)	Transient person living in temporary units, homeless shelters, rescue missions, *transitional facilities, halfway houses or residential facilities are not eligible to receive assistance through this program, unless they have previously established legal

	settlement or residency in Clinton County. *Transitional Facilities are all housing programs funded or supported by any type of grant or state, federal, or private money.
Veteran(s)	Veterans/Families that have served a minimum of 90 days and received an honorable discharge will be referred to VA Commission prior to any assistance. They will need to show proof of denial before being considered for assistance through this program.
<b>A.3 APPLICATION PROCEDURES</b>	
Completed Application	The form that needs to be filled out by the applicant, including all documentation requested by the CAP Director in order to determine eligibility for assistance.
Documentation	All financial documents such as payroll statement(s), tax returns, bank statements, receipts, bills, medical statements, employer W-2 statements, statements from any other sources as requested by the CAP Director as necessary in order to render a decision of eligibility.
Assistance	Financial compensation paid directly to the vendor or provider of goods or services as authorized and approved in this Policy.
Benefit Limitations	The maximum amount of yearly assistance an applicant/household is eligible to have paid on their behalf to vendors or suppliers.
Emergency Assistance (county level)	Emergency of assistance is available to “poor” persons and to “needy” persons that are unable to pay for their essential needs due to circumstances. <u>Non-attributed:</u> Examples of circumstance not attributable to that person such as: layoff or a short term physical or mental medical condition; having to care for a child or adult with a disability. <u>Attributed:</u> Examples of circumstances attributed to that person such as: voluntarily quits or refuses to seek employment; failure to keep scheduled appointments for State or Federal Programs; pursuing an education; involvement in illegal/unlawful acts.
Director’s Exception	The CAP Director shall have the authority to approve assistance to an applicant who does not meet eligibility criteria in special circumstances.
Awaiting Approval or Receipt	A period of time during which a decision is pending on a “poor” persons’ application for benefits under any State or Federal law, said application having been pursued with diligence, and said application not having been denied due to failure of “poor” person to pursue all appeal processes.  Persons who have applied for disability benefits and anticipate the receipt of Social Security Income Disability (SSDI) benefits shall be required to sign an “Interim Assistance Reimbursement Agreement” allowing the county to recover any assistance expended on behalf of the applicant/household members during the period of time the disability application was pending.
Merchant/Vendor/Supplier	An agency, entity or business providing goods or services, in exchange for financial compensation, to persons approved for assistance under the terms of this policy.
Notice of Decision	The Notice of Decision will inform the applicant of the approval or denial of assistance, the reason for the actions, what the share of the cost is, if any, and the appeal rights if the individual is dissatisfied with actions specified in the NOD. The Notice of Decision shall be issued within ten (10) working days.
<b>A.4 FINANCIAL/EMPLOYMENT TERMS</b>	
Employment-Seasonal	Employment that does not continue year-round but usually is recurring. Applicants,

UPDATED  
Reviewed 4/20/2015  
Revised 7/10/2015 KR  
7/15/2015 KR  
7/20/2015 KR  
Revised PKL 8/11/2015-8/14/2015; 8/19/2015  
8/19/15 KR  
8/26/15 KR

	whose employment history indicates that seasonal employment is recurring, will be expected to work and apply for unemployment benefits and to utilize their savings to meet their needs.
Employment-Temporary	Employment, which is short term in duration, such as placement through an agency for the purposes of working for special projects. Employment that has lasted more than six (6) months shall not be considered temporary for the purposes of this policy.
Encumbrance	Amount of debt or liability still owed on real estate or personal property.
Equity	Cash value of any vehicles or property, (real or personal) in excess of debt or liability.
Needs/Expenses	Housing, utilities (electric, heat, water and sewer), food, medical, dental, hygiene and limited transportation.
Gross Income	The total amount of all household income earned wages and unearned income from any source, or received by any individual in the household before deductions.
Net Income	The amount of spendable income of all household members who would benefit directly or indirectly, from any assistance rendered to the household.
Personal Property/Real Estate	Real estate, houses, buildings, whether inhabited by the applicant or not, all vehicles, and all items of value the applicant owns individually or jointly with any other person or entity.
Resources/Assets	<p>Resources including but not limited to are:</p> <ul style="list-style-type: none"> <li>• Cash, savings, checking;</li> <li>• Certificate of Deposit (CD's);</li> <li>• Individual Retirement Account (IRA)-Both Traditional &amp; Roth not in the accumulation stage;</li> <li>• Annuities;</li> <li>• 401K: A verifiable employee sponsored retirement program;</li> <li>• Stocks and Bonds;</li> <li>• Whole Life Insurance Policies;</li> <li>• Additional property owned by the applicant.</li> </ul> <p>Any other items of value belonging to applicant/household members that can be liquidated into cash within 20 days.</p> <p>Income that is anticipated to be received by the applicant/household member within thirty (30) days of date of application shall be counted as a resource (i.e. income tax return, rent reimbursement, student loan).</p> <p>A "needy" person is allowed to own a home and a vehicle. Any additional property (i.e. rental property, real estate, business) owned by the applicant/household member is considered a resource.</p>

**A.5 LEGAL RESIDENCY/SETTLEMENT**

Legal Residency	<p>Residency is established by an applicant residing within Clinton County and showing intent to remain.</p> <ul style="list-style-type: none"> <li>• Residency cannot be established while residing in any treatment related facility including the King House or the High Tower Place unless the applicant can verify that he/she established residency in Clinton County prior to admission into the treatment facility. Also, residing in a college dormitory or solely residing in Clinton County to attend college does not establish residency.</li> <li>• Clinton County will not assist anyone to establish residency.</li> </ul>
-----------------	--

UPDATED  
 Reviewed 4/20/2015  
 Revised 7/10/2015 KR  
     7/15/2015 KR  
     7/20/2015 KR  
 Revised PKL 8/11/2015-8/14/2015; 8/19/2015  
 8/19/15 KR  
 8/26/15 KR

Legal Settlement	Iowa Code Chapter 252.16; Legal settlement in Iowa is acquired when an applicant is continuously residing in a county in this state for a period of one (1) year. The concept of legal settlement determines a county's responsibility to assist the applicant or to repay Clinton County for any assistance granted to the applicant.
------------------	--

**B. DIRECTOR'S EXCEPTION**

The CAP Director shall have the authority to approve assistance to an applicant who does not meet eligibility criteria in special circumstances. Any such authorization provided through the Director's Exception will be so noted on the Notice of Decision provided to the applicant.

- The applicant is above the income/resources eligibility limitations, but special circumstances warrant the granting of assistance for up to a 30-day period.
- The requested assistance exceeds the maximum expenditure permitted in a particular category, but special circumstances warrant the granting of assistance for up to a thirty (30)-day period.
- Other requirements of these policies may be exempted for up to a 60-day period.

**C. GENERAL ASSISTANCE APPLICATION PROCESS**

**1.C Eligibility Determination**

Applicant must complete an application for assistance and provide all necessary information to the GA Worker within ten (10) working days of the date they completed the application. Applications are good for thirty (30) working days from completed date, but will be updated upon each request for assistance. The application shall be signed by the applicant under penalty of perjury.

**2.C Eligibility Guidelines**

- a) Applicant must be at least 18 years of age unless they are a legal emancipated adult per the Iowa Code Chapter 252.16.
- b) Applicant must have proof of identity and legal residency in Clinton County or must have legal settlement in Clinton County. This can be verified by providing a valid Iowa driver's license or photo identification (ID) along with at least two (2) of the following items:
  - A voter's registration card;
  - Automobile registration;
  - Iowa Income Tax Return;
  - Iowa public assistance notice of decision from the DHS Office;

- A copy of at least one (1) bill in the applicant's name with current address;
- A current residential rental agreement or signed landlord statement;
- A notarized statement from a family member or friend to verify residency;
- A Social Security card;
- A birth certificate;
- A current passport.

If the applicant does not have a valid Iowa driver's license or ID then they would have to provide at least three (3) of the items listed above as proof of identity and residency.

An applicant may be asked to acquire a valid Iowa Driver's license or an Iowa ID if they present a valid out-of-state license prior to receiving assistance.

- c) If, after review of the application, it appears the applicant/household would be eligible for assistance through any other Federal, State or Local program (i.e. Veterans Affairs, Information & Referral, Benevolent Society, DHS, TRAIN, Community Churches), the GA Worker will immediately refer the applicant to that program and he/she will have to provide proof of application and/or proof of eligibility/denial for these funds prior to assistance being granted.
- d) Veterans and families of Veterans who served a minimum of ninety (90) days of active services with an honorable discharge must apply for assistance at the Clinton County Veteran Affairs Office. This includes individuals who are in the National Guard and who have served at least ninety (90) days of active duty.
- e) Applicant's household gross income minus any deductions must be within the eligibility guidelines established within this policy.
- f) The "needy" person's household resources must be within the eligibility guidelines established within this policy.
- g) Employment Requirements:  
Applicant and household members 18 years of age and older who are able bodied are required to seek and obtain employment.
  - Employment Contact Sheet: The applicant/household members will be provided an Employment Contact sheet to complete and return to the GA Office.
  - Verification: The GA Worker/CAP Director will review the completed employment contact sheet and contact any employer to verify that the applicant had applied for any available jobs.

- Exception: The only exception to the employment criteria is if the applicant is disabled (verified by a licensed physician’s statement that has been written within the previous thirty (30) days; or already receiving disability through the Social Security Administration); or is the primary caretaker in the home for a disabled individual or preschool-aged child.
- h)** If an applicant has applied for disability benefits and Clinton County has paid for the costs of goods and/or services during the period that the individual’s application is pending until SSA makes an eligibility determination, the person will have to sign an SSI Interim Assistance Reimbursement (IAR) Agreement.
- i)** The applicant is responsible to reapply for any additional or subsequent assistance needed beyond initial application date. This may be done in person, via phone or mail.
- j)** If funding is not available due to county budget constraints, the County reserves the right to prioritize funding. In addition, the Clinton County Board of Supervisor’s reserves the right to limit its budget without resolution.

The guidelines for prioritizing funding are:

- The applicant who meet the definition of a “poor” person as defined by Iowa Code Section 252.1.
- The applicant who is considered to be “needy” and is unable to work due to a medical condition verified by their licensed physician. This written verification cannot have been written more than thirty (30) days prior to the date of application.
- The applicant who has an active application for Supplemental Security Income and have signed an Interim Assistance Reimbursement for Clinton County.

### **3.C Financial Eligibility: Income and Resources**

**a) Income Guidelines:**

Household Size	Monthly Federal Benefit Rate (FBR) Maximum limit
1 Person	\$733.00
2+ Persons	\$1,100.00

The FBR increases annually if there is a Social Security cost-of-living. Guidelines based on current monthly SSI guidelines established each January per Social Security Administration and subject to change each January.

**b) Resources Guidelines:**

UPDATED

Reviewed 4/20/2015

Revised 7/10/2015 KR

7/15/2015 KR

7/20/2015 KR

Revised PKL 8/11/2015-8/14/2015; 8/19/2015

8/19/15 KR

8/26/15 KR

- A “poor” person must meet the definition in Iowa Code Chapter 252.1 and therefore may not own property, exempt or otherwise. The only exception is when the applicant/household may own one (1) vehicle. All available resources must be utilized to pay for the type(s) of assistance being sought.
- The “needy” person/household will be expected to utilize all of their available resources to pay for the type(s) of emergency assistance being sought. The “needy” person/household is allowed to own a home and a vehicle.

## D. OTHER GUIDELINES

The following provisions may render the application/household ineligible to receive assistance.

**1.D Student Criteria:** Students will be eligible for assistance through this program if they meet all of the following criteria.

- They are eighteen (18) or more years of age;
- They cannot be claimed as a dependent on their parents' income taxes.
  - If the student receives financial aid that will be counted as income.

**2.D Employment Criteria:**

- Applicants who have left the workforce voluntarily for any reason other than medical reasons which are verified by a licensed physician will not be eligible to apply for assistance for one hundred eighty (180) days from the last date worked.
- Applicants who have been terminated from their employment will not be eligible to receive assistance for a period of one hundred eighty (180) days from the date of termination.
- Applicants who have been laid off from work will have to apply for unemployment and seek employment.
- The applicant and any one over the age of eighteen (18) in the household must apply at the Iowa Work Force Center.
  - Additionally, when the GA Worker has knowledge of specific employers/temporary agencies that have jobs available the applicant/household will have to apply for work.
  - The applicant/household whose members are able to work but refuses to seek and/or accept employment are not eligible for assistance for a period of one hundred eighty (180) days (excluding local medical emergency).
- Applicants who are seasonal workers are aware that there will be periods of unemployment and should plan accordingly.
- The applicant/household whose primary wage earner is unable to obtain or maintain employment due to criminal activity; community service hours and/or incarceration may not be eligible to receive assistance through this program

during the times of incarceration or probation up to three hundred sixty five (365) days; or may only receive assistance one (1) time in a benefit year.

- The applicant/household whose primary wage earner has been arrested, ticketed or jailed and has accumulated state or local fines and is choosing to utilize income by paying the fines instead of paying monthly expenses are not eligible for sixty (60) days from date of application.

### **3.D Household Financial Criteria:**

- The applicant/household will have to provide a copy of their current monthly bills and inform the GA Worker how much they have paid on each bill.
  - Cable/satellite and internet are not considered necessities and any amount paid on them will be deducted from the amount of assistance the applicant may be eligible to receive.
  - An allowable amount up to \$75.00 for cell phones and land lines may be considered medically necessary with a written licensed physician's statement. Any amount paid over this allowance will be deducted from the amount of assistance the applicant may be eligible to receive.
- The applicant/household who are unable to pay essential monthly expenses (i.e. rent, utility, food, medical) because they have chosen to spend their monthly income on non essential items (cable, internet, credit card payment, multiple car payments, etc.) will not be eligible to receive assistance through this program for thirty (30) days past the date of initial application.
- When the applicant/household is waiting for payment of income tax returns, rent reimbursement or any other type of income earned or unearned, they will be required to repay the County. If the applicant does not make a good faith effort to repay Clinton County, they may not be eligible for additional assistance.

### **4.D Information Falsified:**

- The applicant/household who have received or attempted to receive assistance by providing false information (fraud) to the Clinton County General Assistance office or any other public or private assistance agency (i.e. Veteran's assistance, Community Action, Information and Referral, Benevolent Society, Referral Center, Salvation Army, Red Cross) will not be eligible to re-apply/receive assistance through this program.

### **5.D Non-Compliance:**

- The applicant/household who sell or otherwise receive cash or some other in-kind compensation for the value of goods or services funded through this program will not be eligible for additional assistance through this program for a period of one hundred eighty (180) days, and future assistance will be subject to repayment of the funds received.

UPDATED

Reviewed 4/20/2015

Revised 7/10/2015 KR

7/15/2015 KR

7/20/2015 KR

Revised PKL 8/11/2015-8/14/2015; 8/19/2015

8/19/15 KR

8/26/15 KR

- Applicant/household who had been eligible for and/or received assistance through other programs, (i.e. food stamps, FIP, unemployment, worker's comp, disability benefits) but lost that assistance due to non-compliance of program requirements, will not be eligible to receive assistance through this program.

**6.D Legal Settlement/Legal Residency:**

- Applicants who have moved to this county solely for the purpose of receiving assistance or services, and who are likely to become a public charge will not be eligible to receive assistance pursuant to Iowa Code Ch. 252.18.
- Applicants in this community as transients or persons traveling thru the county to a destination other than this county will not be eligible to receive assistance, except for gas or transportation assistance, to help them continue on their way.
- Applicants who are in this county or country illegally will not be eligible to receive assistance through this program.
- Applicants who are not citizens of the United States will not be eligible to receive assistance from this program, unless they can verify they are in the process of becoming a citizen.

**7.D Planning and Budgeting:**

- Applicants will need to develop a plan with the purpose to be able to become self-sufficient and to show how they will be able to meet their expenses the following month.
  - The GA Worker will review their income/expenses and setup a monthly budget. If the applicant has already developed a budget and problem sheet with the TRAIN office the GA Worker may accept this as the applicant's plan.
  - Assistance will be denied for any of the following reasons:
    - The applicant refuses to develop a monthly budget.
    - The applicant refuses to take any action to reduce expenses or is unable to present a plan to cover expenses.

<b>E. BENEFIT DISTRIBUTION</b>
--------------------------------

The three (3) categories of General Assistance to be administered by the County are:

- 1.E** Short Term Assistance is to be provided to a "poor" person who owns no property, exempt or otherwise, and are unable, because of physical or mental disabilities, to earn a living by labor.

- The “poor” person/household may receive assistance two (2) times within a twelve (12) month time period (i.e. August of one year to September of the next).
- 2.E** Emergency Assistance to be provided on one (1) time basis to a “needy” person who does not meet the definition of “poor” but because of a verifiable medical condition is in need of immediate short term assistance;
- The “needy” person/household may receive assistance one (1) time within a twelve (12) month time period (i.e. August of one year to September of the next).
- 3.E** Relief of an Extended Nature: It is the intent of this policy that items of relief provided to applicant/household will not exceed the amount specified within for a twelve (12) month time period. However it may be determined by the CAP Director that if the applicant falls within at least one (1) of the following categories and complies with all other policy guidelines that their household may receive additional assistance.

Categories for additional assistance are:

- a)** Applicant is diligently pursuing disability benefits from the Social Security Administration; has signed an Interim Assistance Reimbursement form; and is complying with anything that the Social Security Office may need in order to process the application.
- GA benefits will terminate upon dismissal of an application for SSI benefits at the State Administrative Law Judge (ALJ) level or for failure to comply with IAR General Assistance guidelines. A reapplication for benefits for the same disability does not entitle the applicant to additional assistance under this section.
  - The applicant/household who has applied for disability benefits will have to meet with the GA Worker and/or CAP Director monthly to review their case or their assistance may be discontinued.
- b)** Applicant is unable to be gainfully employed due to a verified short term physical or mental medical condition may receive one (1) additional month of assistance. The applicant must keep all necessary medical appointments and/or appointments with service providers.

## F. LEVEL OF BENEFIT TYPES

The maximum level of benefits to be provided for each item of relief for each applicant/household will be:

### **1.F Rental Assistance:**

UPDATED

13

Reviewed 4/20/2015

Revised 7/10/2015 KR

7/15/2015 KR

7/20/2015 KR

Revised PKL 8/11/2015-8/14/2015; 8/19/2015

8/19/15 KR

8/26/15 KR

Maximum Monthly Assistance:

"Needy" Household	RENTAL ASSISTANCE			
	1	2	3	4 or more
# People in Household				
Monthly \$ Assistance	\$200.00	\$250.00	\$325.00	\$400.00
"Poor" Household	Current month's rent or \$400.00 whichever is the lesser amount.			
When utilities are included as part of the rent: Add an additional \$25.00				

Rent for the current month of application will be paid to bona fide landlords, property owners or licensed real estate brokers or agents or representatives acting on behalf of property owners. Rent will not be paid for properties managed or owned by family members of the applicant.

The amount of rent paid may be prorated at the discretion of the CAP Director depending upon the date the applicant applied for assistance.

Exclusions for Rental Assistance:

- Rent will not be paid on any unit not occupied by the applicant or any unit the applicant intends to vacate anyway.
- Rent will not be paid if landlord/property owner still intends to evict.
- Rental assistance will not be paid to supplement any other benefits the household may be receiving through any other program such as HUD.
- Rent will not be paid should the applicant be unable to pay the difference owed. The applicant must provide written proof that they have paid the difference owed.
- The applicant must have paid three (3) out of the previous six (6) months of the rent.
- The applicant/household first month's rent, deposits, late fees, penalties on past month's rent are not eligible for payment under this policy.
- Mortgage payments will not be paid.

**2.F Emergency Lodging Situations:**

In emergency situations the GA Worker will authorize payment for an applicant/household to stay in a hotel up to three (3) days. Examples of emergency situations would be extreme cold in the winter and having no heat in their home; displaced due to a domestic dispute; any other situation or length of stay that the CAP Director warrants an Exception to Policy.

**3.F Utilities Assistant:**

Maximum Monthly Assistance:

EMERGENCY ASSISTANCE				
“Needy” Household				
# People in Household	<b>1</b>	<b>2</b>	<b>3</b>	<b>4 or more</b>
Monthly \$ Assistance	\$175.00	\$225.00	\$275.00	\$325.00
“Poor” Household	Current month’s bill or \$400.00 whichever is the lesser amount regardless of household size.			

- Electric and heat (fuel oil and natural gas) for the current month of application will be considered for payment. Current bill for water services may be considered as long as the applicant’s sewer bill is paid up to date
- If the applicant has received a “disconnection” notice, this assistance will be granted only if the utility company agrees not to disconnect services. The applicant will be required to seek and negotiate a repayment agreement with the utility company for any past due or delinquent amounts.
- The utilities must be in the name of the applicant, applicant’s spouse/ex-spouse or property owner, when the applicant was unable to get services in his or her name. In cases where the utilities are in the name of an applicant’s former roommate, the landlord would have to verify that this person had resided there within the previous six (6) months and had moved out.
- If the applicant/ household are on an even pay plan, only the amount actually due for the month the applicant is eligible will be considered for payment.
- When the applicant/household utilities have been disconnected the current month’s bill will be considered only if the applicant can provide written proof that they have paid the reconnection fee and any other outstanding debt to the utility company.
- The applicant/household will be referred to Community Action to apply for the state funded Energy Assistance Program for the months of October through March. An applicant/household member who has been on the state Energy Assistance Program through Community Action will only be eligible for assistance when good faith effort has been shown by the applicant/household to make some payment on their utility bill during each month (October through March) they were on the state funded Energy Assistance Program.

**Exclusions for Utilities Assistance:**

- Water softener, water filtering, air filtering and cable TV services are not considered basic necessary utilities and are not eligible for payment under this policy.
- Local phone service unless the applicant provides a written licensed physician’s statement that it is medically necessary.
- Utility charges for previous months and/or late fees will not be paid.

- Utility charges will not be paid if the utility company still intends to disconnect the service.
- Utilities will not be paid when the current amount owed is greater than the amount of assistance available and the person is unable to pay the difference or is unable to provide proof that the difference has been paid.
- Hookup fees, deposits, reconnect fees, sales tax and late fees or penalties are not eligible for payment under this policy.
- Utility assistance will not be paid to supplement any household who is receiving HUD as utility costs are figured into the amount of HUD assistance that a household receives.
- Utility assistance will not be granted if the applicant/household did not make a good faith effort to make some payment on their utility bill at least three (3) months out of the previous six (6) months.
- Utility assistance will not be granted if the applicant will not agree to enter into a budget plan with the utility company when there is one (1) available that would be financially beneficial to the applicant and not create further financial hardship.

**4.F Emergency Medical Services, Prescriptions and Dental:**  
Maximum Monthly Assistance:

“Needy” Person/ Household	Reasonable cost of the medical/dental procedure or medication not to exceed
“Poor” Person/ Household	\$400.00

Only the reasonable cost of services identified as medically necessary by a licensed physician in direct relation to a medical condition specific to the applicant or eligible household member will be considered. In all instances relating to prescription medications, generic versions or over the counter substitutes, when available, must be used to fill the prescription in order to be paid for by this program.

Applicants will be referred to apply for patience assistance programs for medications that are available.

Dental services will be limited to extraction which includes an office visit, local anesthetic and one (1) x-ray and treatment of infections only. This program does not allow for the payment of dentures or the examinations, tooth extractions or other related services to obtain dentures.

All applicants and/or their household members are required to apply for health insurance coverage thru either the Federal Health Market Place or under the Iowa Health and Wellness Plan through the Department of Human Services. Applicants will be referred to other agencies for possible assistance in obtaining the below services, devices or prescriptions.

**Exclusions for Emergency Medical Service Assistance:**

UPDATED  
 Reviewed 4/20/2015  
 Revised 7/10/2015 KR  
     7/15/2015 KR  
     7/20/2015 KR  
 Revised PKL 8/11/2015-8/14/2015; 8/19/2015  
 8/19/15 KR  
 8/26/15 KR

- Medications that can be purchased for \$4.00 for a thirty (30) day supply through Hy-Vee or Wal-Mart or any other pharmacy with a similar prescription program will not be covered.
- Prescriptions, specifically to alleviate pain, will only be filled one (1) time per benefit year.
- Services, devices or prescriptions considered cosmetic in nature.
- Services, devices or prescriptions specifically to assist the applicant/household members to stop smoking.
- Services or prescriptions specifically to treat mental illness or substance abuse. Applicant/household members will be referred to the appropriate county funding source.
- Services, devices or prescriptions to treat sexually transmitted diseases.
- Services, devices or prescriptions to treat infertility, encourage fertility, assist with birth control or used for pregnancy testing.
- Services or devices to assist a hearing impaired individual or for the examinations.
- Services or devices to assist a visually impaired individual or for the examinations.
- Services or devices to assist physically impaired individuals, or the examinations.
- Vitamins and food supplements.
- Routine dental care.
- Payment for orthodontist, dentures or the examinations, tooth extractions or other related services.
- An applicant eligible for Medicare Part “B” and Part “D” are not eligible for county assistance for doctor’s visits or medications.
- An applicant who may be eligible for Medicaid, Medically Needy Spend down or the Iowa Health and Wellness Plan will have to apply for these benefits and provide proof of ineligibility prior to accessing county funding.

**Exceptions:**

Applicants covered by private, commercial or public health insurance plans are personally responsible to pay the co-pays or deductibles (if any) required by their policy unless due to extreme circumstances they are unable to pay the co-pays or deductibles.

This exception would have to be made by the CAP Director and reasons may include loss of work due to illness/injury or residential placement already being funded by another county funding stream. The applicant would have to meet all other eligibility guidelines and have no available liquid resources.

**5.F Food/Goods:**

**Maximum monthly assistance:**

“Needy” Person/ Household	The maximum amount of assistance will be \$55.00 regardless of
---------------------------	--

UPDATED

17

Reviewed 4/20/2015

Revised 7/10/2015 KR

7/15/2015 KR

7/20/2015 KR

Revised PKL 8/11/2015-8/14/2015; 8/19/2015

8/19/15 KR

8/26/15 KR

“Poor” Person/ Household	household size.
--------------------------	-----------------

All applicants will be referred to a local food pantry first. In the event that the local food pantries are not accessible then emergency assistance may be granted.

All applicants are required to apply for food stamps at DHS or if household consists of children five (5) years of age or younger, must first apply at W.I.C. prior to receiving any additional General Assistance benefits.

Eligible applicants/household will receive a voucher for a local participating grocery store. A voucher will not be given to supplement Food Stamps.

**Exclusions for Food/Goods Services:**

- Alcoholic beverages or products containing more than 10% alcohol
- Tobacco Products
- Pet Foods
- Foods available through a delicatessen
- Pop, candy
- Baby food and formula only when the applicant is not eligible for assistance through another program such as WIC.

**6.F Personal Hygiene/Cleaning Products:**

Maximum monthly assistance:

“Needy” Person/ Household	The maximum amount of assistance will be \$40.00 regardless of household size.
“Poor” Person/ Household	

All applicants will be referred to local community agencies that provide these supplies first. In the event the community agency is not accessible then emergency assistance may be granted for budget priced products intended for personal hygiene, feminine hygiene and grooming such as shampoo, soap, toothpaste, etc. and paper products such as toilet paper, paper towels and cleaning products such as laundry soap, bleach, dish soap, household cleaners.

**7.F Transportation:**

- Transportation, at the most cost effective method, may be approved to assist the applicant in obtaining medical treatment when there is no other transportation assistance available. Necessity of the trip and amount of assistance will be determined by the GA Worker taking the application.
- Assistance may be available to pay for the applicant’s transportation/trips to place of employment/work.

Maximum monthly assistance:

UPDATED  
 Reviewed 4/20/2015  
 Revised 7/10/2015 KR  
     7/15/2015 KR  
     7/20/2015 KR  
 Revised PKL 8/11/2015-8/14/2015; 8/19/2015  
 8/19/15 KR  
 8/26/15 KR

<ul style="list-style-type: none"> <li>• Fee for a bus pass.</li> </ul>
<ul style="list-style-type: none"> <li>• \$25.00 for a fuel card.</li> </ul>

- One-time, one-way transportation, at the most cost-effective method, enabling the applicant to return to their previous residence or to remove applicant from this community may be approved in lieu of any other assistance. Applicants who receive this type of “one-time, one way” assistance are not eligible to apply for or receive any additional or future assistance from this program.

**G. CONFIDENTIALITY**

General Assistance personnel are committed to respecting individual privacy. To that end, all persons, including county designated staff, Governing Board of Directors, and others with legal access to individual information, will have an obligation to keep individual information confidential.

Information will only be released in accordance with the Health Insurance Portability and Accountability Act, hereafter known as HIPAA, and other federal and state laws and in accordance with professional ethics and standards. Protected Health Information hereafter referred to as PHI, will be released only when it is in the best interest of the individual to whom the information pertains to or when required by law.

PHI may be released without written permission of the individual or their guardian for medical or psychological emergencies, inspections by certifying or licensing agencies of the state or federal government, or when required by law to report criminal wounds/child abuse/dependent adult abuse.

Individual files will be maintained in a secure location for seven (7) years following termination of service to the individual.

Procedures to assure PHI include:

- An individual or their legal representative written consent will be obtained prior to release of any PHI, unless an emergency as stated above.
- Information or records released will be limited to only those documents needed for a specific purpose.
- Individual, or a legal representative, will be allowed to review and copy the individual record.
- Individual and related interviews will be conducted in private settings.
- All discussion and review of an individual’s status and/or records by designated county staff, and others will be conducted in private settings.
- All paper and computer files will be maintained in a manner that prevents public access to them.
- All PHI disposed of will be shredded.

- Steps will be taken to assure that all fax, email, and cellular phone transmissions are secure and private.
- Staff will receive initial and ongoing training concerning confidentiality and staff will sign a statement agreeing to confidentiality terms.
- Access to PHI will be by designated staff.

In order to determine eligibility for General Assistance funding, to perform ongoing eligibility review, and to provide service coordination and monitoring, individuals or their legal representatives will be asked to sign release forms. Failure of individuals to sign or authorize a release of information will not be an automatic reason for denial; however, designated county staff's inability to obtain sufficient information to make an eligibility determination may result in denial of regional funding.

## **H. LIMITATIONS**

A person's right to confidentiality is not absolute. It may be superseded with the rights of others, particularly the rights of children, are in need of protection and when maintaining confidentiality might cause serious harm to the client or to a third party. In questionable instances, the Clinton County Attorney's Office will be consulted to obtain further legal advice on the matter.

## **I. ACCESS TO APPLICANT'S RECORDS**

A current or past applicant of the agency may, upon written request, inspect the applicant's own record in the provider agency's office in the presence of staff assigned to the case. An appropriate person designated in writing, such as the applicant's attorney, guardian, guardian ad litem, or other acceptable person may accompany applicants at the examination. The agency reserves the right to exclude persons who are inappropriate for service reasons. Copies of information or reports generated by our office may be provided, upon written request, at the individual's own expense.

## **J. FAXING CONFIDENTIAL INFORMATION**

Confidential Information transmitted via fax should be limited to only what is necessary to meet the requestor's needs. Special access policies and procedures will apply to faxing of client information including the following:

- Secure written Consent to Release Information. Consent to Release Information transmitted via fax is acceptable if all the requirements are met.
- Substance Abuse, Mental Health, HIV/AIDS related information should not be faxed without a fax cover which includes a confidentiality statement.
- Telephone confirmation should be used to verify transmissions. Confidential medical information should be faxed only to monitored machines, and operators should call ahead to alert the recipient that a confidential fax transmission is being sent. Verify fax number to ensure proper transmittal.

- All faxed information must have a cover sheet with the sender and receiving facility clearly listed. Approved confidentiality statement must be on the cover sheet of all faxed information as follows: Faxed documents may be accepted as original and placed in the record.

CONFIDENTIALITY NOTICE: The information contained in this fax is confidential and intended ONLY for the designated recipient. If the reader of the transmittal page is not the intended recipient or a representative of the intended recipient, you are hereby notified that review, dissemination, distribution, or copying of this information is forbidden. If you have received this fax in error, please notify the sender immediately by telephone and return the original by mail to the below address.

## **K. APPEAL PROCESS**

An Applicant who has been denied General Assistance has the right to appeal such decision. The Notice of Decision provided to the Applicant will advise the Applicant as to the form and method of Appeal. Applicant is responsible to pursue the appeal on their own or with the assistance of any person, agent or attorney of their choice and at their own expense.

1. The Appeal must be submitted in writing to the General Assistance Office within ten (10) working days of the date on the Notice of Decision. The Appeal will state the Applicant's full name, current address, telephone number (if any), the type of assistance requested and the reasons for the Appeal.
2. Upon receipt of the Appeal, the GA Worker will be responsible to immediately notify the CAP Director, who will review the circumstances and facts of the application. If the CAP Director upholds the GA Worker's denial, the CAP Director will notify the Board of Supervisors. In the absence of the CAP Director, the GA Worker will notify the Coordinator of Disability Services of the Appeal request.
3. The Appeal will be placed on the Supervisors' regular agenda for review/hearing no less than five (5) and no more than ten (10) working days after the Supervisors have been notified of the Appeal.
4. The applicant will be notified immediately by phone, if possible, or by ordinary mail at the address stated on the Appeal, of the date, time and place of the hearing before the Board of Supervisors. Applicant and any person, agent or attorney may, upon written authorization, be granted access to the information contained in the Applicant's file, which was used to make the decision.
5. The Board of Supervisors will be responsible to hear Applicant's Appeal at the time scheduled on the agenda. If the Applicant requests a continuance, said request must be in writing and received by the Board of Supervisors prior to the date and time of hearing, stating the reasons a continuance is needed. If Board has determined that Applicant has shown good cause for the need of a

continuance, said continuance may be granted and Applicant will be notified of the new date, time and place of the Appeal hearing.

6. The Applicant or his/her legal representative must be physically present at the Appeal hearing if they choose, and may present whatever evidence, verbal or written, necessary to support the basis for their Appeal. Witnesses may present verbal testimony and cross-examination will be allowed. Technical rules of evidence will not apply. Length of time of hearing will be determined by the Board of Supervisors based upon the amount of evidence and number of witnesses to testify.
7. The Appeal Hearing may be held in Closed Session at the request of the Applicant, the Board of Supervisors or the General Assistance Worker, if required according to IA Code Ch. 21. Applicant's file, including confidential information, will be submitted into evidence. The Board may question the Applicant, the CAP Directory and any witnesses present at the hearing. The hearing will be tape-recorded and the recording of the hearing will be sealed and will not be considered a public record open for public inspection if required by Iowa Code Ch. 22 or other state or federal law.
8. The Board of Supervisors will deliberate on the Appeal in closed session if required according to IA Code Ch. 21.
9. The Board of Supervisors will make a decision on the Appeal Hearing within five (5) working days. The Board's decision will be based on all evidence and testimony submitted to the Board at the Appeal Hearing. The applicant will be informed of the Board's decision immediately by phone (if possible) or by regular mail within five (5) working days of the date the Board reaches a decision.

The Notice of Decision will state the reasons for the decision along with any statute or ordinance used to govern the decision. The decision will also state the Applicant's right to appeal the Board's decision to the District Court. The process to appeal to District Court is governed by the Iowa Administrative Procedures Act, Chapter 17A, Code of Iowa, and the pursuit of this method is the sole responsibility of the Applicant, Applicant's Agent or Attorney.

Previous Policy or provisions contained therein that may be in conflict with this Policy are hereby repealed. This Policy will be in effect from \_\_\_\_\_ 2015 forward or until updates/revisions are necessary and approved by the Clinton County Board of Supervisors.

_____	_____
Chairperson, Board of Supervisor	Date
_____	_____
Community Assistance Programs Director	Date

UPDATED

23

Reviewed 4/20/2015

Revised 7/10/2015 KR

7/15/2015 KR

7/20/2015 KR

Revised PKL 8/11/2015-8/14/2015; 8/19/2015

8/19/15 KR

8/26/15 KR