**Fulton County Department of Family and Children Services**

**Office of Family Independence**

**Request for:**

**Fulton County Interim Assistance**

We will consider this application without regards to color, sex, age,

disability, religion, national origin, or political affiliation

Application\_\_\_\_\_\_ Review\_\_\_\_\_\_

To apply for benefits, you only need to list the name of the person(s) requesting assistance, sign your name, and return this application. You may return this application by mail to 1249 Donald Lee Hollowell Pkwy, NW, Atlanta, GA 30318 or leave the application in the dropbox at your local DFCS Office. Once received, a decision will be made within 60 days of receipt of your application. You will be contacted by phone for an interview. List a phone number below in order for a case manager to contact you.

**Person Requesting Assistance (Please Print)**

|  |  |  |
| --- | --- | --- |
| First M. Last | Soc Sec# | Date of Birth |
| Mailing Address (Include Apt #) | City, State Zip Code | Phone # |
| Home Address: | City, State Zip Code | Contact Phone # |

**LIST YOUR SPOUSE AND MINOR CHILDREN LIVING WITH YOU.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **First M Last** | **Date of Birth** | **Relationship** | **Soc Sec #** | **U.S. Citizen (Y/N)** |
|  |  | SELF |  |  |
|  |  | SPOUSE |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**III. WHAT IS YOUR DISABILITY? Please describe why you are requesting Interim**

**Assistance? Are you currently under a doctor’s care? Yes No**

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**IV. EMPLOYMENT HISTORY**

|  |
| --- |
| When and where did you last work? From: To: |
| Employer: |
|  |
| Reason for Leaving: |
|  |
|  |
|  |
| Clearinghouse Results (DFCS USE ONLY): |

V. Property and Income Answer the following questions for yourself, spouse, and children. Check the appropriate items.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **YES** | **NO** | **RESOURCES** | **AMOUNT** | **VERIFICATION (DFCS ONLY)** |
|  |  | Cash |  |  |
|  |  | Checking Account |  |  |
|  |  | Savings Account |  |  |
| **YES** | **NO** | **INCOME** | **AMOUNT (monthly)** | **VERIFICATION (DFCS ONLY**) |
|  |  | Retirement |  |  |
|  |  | Social Security (RSDI) |  |  |
|  |  | SSI |  |  |
|  |  | Veterans Benefits |  |  |
|  |  | Wages/Working |  |  |
|  |  | Unemployment |  |  |
|  |  | Worker’s Compensation |  |  |
|  |  | Contributions (money from others) |  |  |
|  |  | Rental from rooms, land, leasing, small business, other |  |  |
|  |  | Other income (self-employment, side jobs/odd jobs, etc. |  |  |

**VI. SHELTER EXPENSES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **AMOUNT** | **Date Last Paid** | **Past Due Amount** | **Verification (DFCS only)** |
| Do you pay rent/mortgage Yes No |  |  |  |  |
| Do you pay any utility bills Yes No |  |  |  |  |
| Gas |  |  |  |  |
| Electricity |  |  |  |  |
| Water |  |  |  |  |
| Other |  |  |  |  |
| Has anyone paid any of these bills for you? Yes No If yes, by whom?  Was this money given directly to you? Yes No  Was this money given to the landlord or utility company? Yes No | | | | |
| Budget Considerations (DFCS Only) | | | | |

**VII. RIGHTS AND RESPONSIBILITIES**

* I swear/affirm that I have reported my circumstances truthfully to the best of my knowledge.
* I agree to report any changes in my circumstances within 10 days. I will report if I start working, if I start receiving SSI, RSDI, or any other income.
* I understand that Social Security numbers for myself, my spouse, and minor children living in my home will be used for computer matching with the records of other governmental agencies to help determine my eligibility.
* I understand that I cannot receive Interim Assistance until I have applied for SSI by providing a signed and dated Form 105 completed by the Social Security Administration.
* I understand that I must cooperate with periodic reviews of my case I am approved for Interim Assistance.
* I understand that if my application is denied or my case is closed, I may request to have my case re-evaluated by a County DFCS’ panel. I must request a re-evaluation within 30 days after I am notified of the decision.

**Signature**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**\_\_\_\_\_\_\_\_\_\_\_\_