

WILLIAMSON COUNTY GOVERNMENT

GENERAL ASSISTANCE PROGRAM

ELIGIBILITY GUIDELINES

EFFECTIVE : JANUARY 2014

What is General Assistance?

General Assistance in Williamson County is a locally administered welfare program which provides monthly financial assistance to persons who are not currently eligible for any other State or Federal Assistance programs and do not have adequate income or resources to provide for their own basic needs.

Application Guidelines:

- Must be a resident of Williamson County. If you have lived in Williamson County for less than 6 months, you must provide proof that your previous unit of local government has either refused or denied you coverage under their programs per 305 ILCS 5/6-1.1.
- Must be (1) 21 or over, or (2) married and living with a spouse regardless of age, or (3) 18, 19, or 20 and not living with a natural or adoptive parent per 305 ILCS 5/6-1.9.
- Must be a U.S. resident or legal alien.
- Limited means of income as defined in 305 ILCS 5/6-1.2.
- Must not have a second or subsequent conviction for violation of the Public Aid Code.
- Participants will be required to submit to a urine drug test. If the test comes back positive for the presence of any illegal substance, the participant must wait 30 days and may then re-apply and submit to another urine drug test. If the same participant again tests positive for a second time of any illegal substance at the re-application stage, that participant must wait 12 months from that date before they can re-apply.

Participants can download an application from our website or pick one up in person at our General Assistance office. Participants must call 618-998-2250 to schedule an appointment.

Participants will be required to bring in the following supporting documents that are applicable to their case:

- Completed and Signed General Assistance Application

- Picture I.D.
- Birth Certificate
- Social Security Card
- Proof of current address/living arrangement: Rent/Lease Agreement, receipt, letter from Landlord, mortgage documents or payment book, etc.
- Proof of any employment or income for past 30 days (If a participant is deemed able to engage in employment, that participant must show proof of employment or employment search.)
- Proof of any other income: Unemployment benefits, Social Security, VA benefits, Worker's Compensation, Pension or Retirement income/401K, Rental income, Public Aid, Child Support, Alimony or Maintenance, or any other type of income received.
- Must list any bank accounts: checking, savings, trust funds, etc.
- Proof of insurance if any: Medicaid and/or insurance card
- Proof of marriage or divorce
- If applicable, must provide one of the following regarding property ownership: Deed, Mortgage payments, tax bill, or home owner's insurance.
- If applicable, must provide one of the following regarding vehicle ownership: title, registration, insurance, etc.
- If applicable, verification of application and pending case with Social Security, Medicaid, etc. and name and contact information of caseworker.
- If unable to work due to disability, must provide medical diagnosis with any work restrictions and limitations from licensed medical doctor.

Program Benefits:

For New Participants: The General Assistance program will now be limited to a total of twelve (12) months of benefits. After a participant receives twelve (12) months of benefits, the applicant cannot reapply to the program for twelve (12) consecutive months.

For Existing Participants: Program eligibility will be limited to a total of twelve (12) months of benefits from the participant's original entry date into the program. After a participant receives twelve (12) months of benefits, the applicant cannot reapply to the program for twelve (12) consecutive months.

Financial Assistance: The cash assistance will be limited to \$50.00 per month and will be paid in the form of a voucher. The voucher will be made payable to a utility company for utility charges incurred or a public housing unit for rent or housing costs. An original utility bill must be presented and/or a rent invoice must be received from the public housing unit. Any rent requests for non-public housing units must be reviewed on a case by case basis for approval.

Medical Assistance: The medical assistance will be limited to One hundred and Fifty (\$150.00) dollars per month for prescription drugs. The prescriptions that will be covered are life sustaining only to treat the diagnosis of high blood pressure, diabetes, seizures, heart disease, and/or a diagnosis that requires antibiotics. Any such diagnosis must be sent in writing from the doctor to the General Assistance office for confidential placement in the participant's file. The program will pay for two (2) pre-approved visits to a medical doctor, licensed in Illinois, during the twelve (12) months of eligibility. The first visit must be the in the first six (6) months of eligibility and the second visit must be during the second six (6) months of eligibility. The amount of benefit for the doctor's visit will be limited to \$75.00 for each visit. If the participant misses the scheduled appointment and the doctor's office bills the County for the visit, there will be no additional funds provided for any other visits during the twelve (12) months of eligibility. The Board of Commissioners reserves the right to disallow medical charges for unapproved diagnosis codes.

Redetermination: All approved participants must have a redetermination of eligibility completed after six (6) months of benefits. The participants must meet all of the eligibility guidelines in order to receive the remaining six (6) months of general assistance benefits, including a urine drug test. If at any time there is a change in the participant's address, employment status, medical diagnosis, or income level, the participant is responsible for reporting such change to the General Assistance Program Director within 5 days of such change. Failure to honestly and accurately report such changes to the Program Director could result in denial or revocation of participation in the program, and any further action deemed necessary.

Right to Appeal: A fair hearing may be requested either orally or in writing if there is any disagreement with any action taken on an applicant's case. The hearing must be requested within 60 days of the action taken. The General Assistance Program Director along with the Williamson County Board of Commissioners will be present along with any other person chosen by them.

***The Board of Commissioners reserves the right to change or modify the General Assistance Program and/or General Assistance Guidelines as deemed necessary at any point in time.**

General Assistance Applicant

Date

General Assistance Program Director

Date