

WAYNE TOWNSHIP
ALLEN COUNTY, INDIANA

ELIGIBILITY STANDARDS



2024

Austin R. Knox
WAYNE TOWNSHIP TRUSTEE

Committed to the Challenge
Dedicated to the Cause

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**NOTICE TO ALL CITIZENS OF WAYNE TOWNSHIP
ALLEN COUNTY, INDIANA**

TOWNSHIP ASSISTANCE STANDARDS, ELIGIBILITY, AND PROCEDURES

1.00.00. OFFICE HOURS: 7:30 a.m. – 4:00 p.m. Monday through Thursday
8:00 a.m. - 12:00 p.m. Friday

OFFICE ADDRESS: 320 East Superior Street, Fort Wayne, Indiana 46802

TRUSTEE: Austin R. Knox

1.00.01. TELEPHONE LISTING – [Phone number (260) 449-7000]. The township telephone number is listed in the "White Pages" under "Wayne Township Trustee Office." The township answering machine will answer calls when the office is closed, provide information and record a message. We try to return all calls within twenty-four (24) business hours (excluding weekends and holidays). (IC 12-20-5.5-2)

1.00.02. ASSISTANCE UPON NECESSITY – The township trustee, as administrator of township assistance, may provide and shall extend township assistance only when the personal effort of the township assistance applicant fails to provide one (1) or more basic necessities. (IC 12-20-16-1)

1.10.00. APPLICATIONS – An individual desiring to make an initial application for assistance from the township will go through an intake process where he or she will be informed of the services available and the criteria used to determine eligibility. The client will be given a general list of documents and/or information needed to complete an application and affidavit (Schedule A). It is the ultimate responsibility of the applicant and/or members of the applicant's household

to furnish all necessary documentation. The application is good for one hundred eighty (180) days from the date it is received by the trustee. (IC 12-20-6-1) Applicants are required to complete the application by their own hand. If an applicant has difficulty completing this process, he or she may request assistance.

Except under special emergency conditions no township assistance will be granted at any time except by a personal request at the trustee's office. Wayne Township has developed an alphabetical application schedule as listed below. The first letter of the client's last name determines his or her letter day.

A thru F	MONDAY
G thru L	TUESDAY
M thru R	WEDNESDAY
S thru Z	THURSDAY

Letter days do not apply when an applicant requests emergency assistance such as medical, burial or food assistance. Availability of personnel and time constraints may necessitate the rescheduling of walk-in clients.

1.10.01. RECERTIFICATION – A client may need to request assistance more than once and/or the client's household conditions may change during the one hundred eighty (180) day period that the application is in effect. Under those circumstances the township trustee will only extend additional or continuing aid upon completion by the client of an affidavit, "Application for Additional or Continuing Township Assistance" (Schedule B), containing the request for assistance and affirming how, if at all, the personal condition of the individual or the household has changed from that set forth in that client's most recent application. (IC 12-20-6-1 (d))

1.10.02. RESIDENCY – All applicants are required to present a valid, government-issued, picture identification card. It is necessary for the trustee to make some determination as to the applicant's living arrangements and whether they are physically living in the township, or whether they intend to make Wayne Township of Allen County their permanent place of residence. In cases of emergency, however, the trustee may provide temporary assistance to applicants who are temporarily in the township unless the applicant is specifically in the township in order to receive township assistance benefits. This should not be interpreted or construed to mean that individuals living in the adjoining townships may come to Wayne Township for emergency shelter assistance or for help moving into Wayne Township.

1.20.00. COOPERATION – All household members 18 years of age and older will be required to sign the "APPLICATION FOR TOWNSHIP ASSISTANCE - FORM TA-1" (Schedule A) and any other form, instrument or document required by law, or determined to be necessary by the trustee. (IC 12-20-6-8) Individuals pending a determination for Supplemental Security Income benefits will be required to sign a Social Security Reimbursement Authorization form (Schedule C) for interim assistance reimbursement. All applicants must consent to a disclosure and release for information about the applicant and the applicant's household before township assistance may be provided. (IC 12-20-7-1) The household will be required to cooperate with an investigation of all finances, family responsibilities, and eligibility to receive other types of governmental assistance. The investigation may include a home visit and/or contact with any relative of the applicant to determine if that relative may be able and willing to assist. (IC 12-20-6-9 (9) and 12-20-6-10 (b)) A "relative," for this purpose, is defined as a parent, stepparent, child, stepchild, sibling, grandparent, step-grandparent, grandchild, or step-grandchild of the township assistance applicant.

1.30.00. APPLICATION REVIEW – In a case of emergency, the trustee shall accept and promptly act upon a completed application from an individual requesting assistance. In a non-emergency request for township assistance, the trustee shall act on the application not later than seventy-two (72) hours after receiving the completed application, excluding weekends and legal holidays. Unusual circumstances, such as the need for further information concerning the household, may necessitate an additional seventy-two (72) hour period, during which time the

applicant's request will be "pending." The trustee may pend, approve or deny assistance and will report to the applicant the specific reasons for whatever action is taken. (IC 12-20-6-7)

1.30.01. REFERRALS – If the trustee authorizes township assistance on an emergency basis and refers the applicant or a member of the applicant's household to make application for another governmental program, the client has fifteen (15) working days after the date the township assistance is authorized to make application for public assistance and comply with all the requirements necessary for completing the application process. Failure to comply will, by law, result in a denial of township assistance for sixty (60) days following the emergency grant of township assistance. (IC 12-20-6-5)

1.30.02. NON-EMERGENCY REFERRALS – If, before granting non-emergency township assistance, the trustee determines that an applicant or a member of an applicant's household may be eligible for public assistance other than township assistance, the applicant or household member shall be required to make an application and comply with all necessary requirements for completing the application process for public assistance administered by 1) the Division of Family Resources and its county offices and/or 2) any other federal or state governmental entity, within fifteen (15) working days after the township's referral. Failure to comply may result in a denial of assistance for up to sixty (60) days. (IC 12-20-6-5.5)

1.30.03. NOTICE OF ACTION – The applicant will be given a written notice of the township's decision. If assistance is granted, whether wholly or partially, the amount and type of assistance will be noted in writing. If assistance is denied, the reasons for the denial will be stated, along with the type and amount of assistance denied. The notice will be on FORM TA-1A (Schedule D) which will also inform the applicant of his or her right to appeal the trustee's decision not more than fifteen (15) days from the date of issuance. This appeal must be made in writing or orally to the Office of the Allen County Commissioners. The TA-1A may be presented personally or mailed to the applicant at his or her last known address. (IC 12-20-6-8 and 12-20-15-2)

1.40.00. DENIALS – The following circumstances are grounds for denial of requests for township assistance. (This list is not exhaustive.)

1.40.01. If the township finds that an individual has provided false information in order to gain public assistance, including falsifying an application or affidavit, failing to report or under-reporting income, or attempting to gain assistance by means of conduct described in IC 35-43-5-7 (Welfare Fraud), the township may refuse to extend aid for sixty (60) days. (IC 12-20-6-6.5 (b))

1.40.02. If a person is convicted of an offense under IC 35-43-5-7 (Welfare Fraud), the trustee will not extend aid to or for the benefit of the individual for the following periods: one (1) year for a misdemeanor conviction or ten (10) years for a felony conviction. (IC 12-20-6-6.5)

1.40.03. The trustee will require able applicants or adult members of an applicant's household to furnish documented evidence that they are actively seeking employment. Failure to seek and/or to accept gainful employment, whether the compensation for the work will be payable in money, house rent, or in commodities consisting of the necessities of life and/or failure to return employment forms documenting an applicant's sincere effort to obtain employment will result in a denial of township assistance. (IC 12-20-10-1 and 12-20-10-2)

1.40.04. The township may deny assistance to an applicant if he/she or an adult member of the household voluntarily terminates gainful employment or is involuntarily terminated for just cause during the 60 days prior to the date of application for township assistance. (IC 12-7-2-200.5)

1.40.05. A denial will be given for shelter assistance to an otherwise eligible individual if 1) the individual's most recent residence was provided by his or her parent, guardian, or foster parent; and 2) the individual, without just cause (as determined by the trustee), leaves that residence for the shelter for which the individual seeks assistance. (IC 12-20-16-17 (g))

1.40.06. The trustee may deny assistance to applicants whose income exceeds the herein established guidelines (Schedule H). (IC 12-20-5.5-6 (a))

1.40.07. The township is not obligated to provide assistance to a household with an adult member who is a full-time student unless the student was referred to his or her course of study by the trustee. Failure of an applicant or adult member of the applicant's household to participate in a work training program offered by a federal, state, or local government entity or Act, or nonprofit agency is grounds for denial. (IC 12-20-12-1)

1.40.08. Failure of an applicant or applicant's household, within fifteen (15) working days of the trustee's granting of assistance, to make and complete the application process for other governmental programs for which they may qualify or failure to participate or comply with, after being advised by the trustee, a program offered by any public or private agency may result in denial of assistance. See **1.30.01** and **1.30.02** above. See **Schedule U**.

1.40.09. The trustee is not obligated to provide assistance to an individual who at the time assistance is requested is 1) under the influence of drugs or alcohol or 2) incapable of self-care. Furthermore, the trustee may, at no cost to the township, refer an individual described above, to an appropriate agency or facility located in the county or in an adjoining county that has a program or charter specifically addressing the programs of substance abuse, mental illness, or self-care.

1.40.10. Violence, threats of violence, or abusive language used in or around the trustee office, premises, or at activities sponsored or endorsed by the trustee's office will not be tolerated and may be grounds for denial of services for up to ninety (90) days.

1.40.11. Failure to accept or keep adequate, free or low-cost shelter arrangements constitutes "wasted resources" and is grounds for denial. (IC 12-7-2-200.5) See **Schedule U**.

1.40.12. Wasting resources that could and should have been applied to the household's basic necessities is grounds for a denial of assistance. "Wasted resources" consist of any of the

following: 1) money or resources expended by an applicant or adult member of an applicant's household seeking township assistance during the thirty (30) days before the date of application for township assistance for items or services that are not basic necessities; 2) income, resources, or tax supported services lost or reduced as a result of a voluntary act during the sixty (60) days before the date of application for township assistance by an adult member of an applicant's household unless the adult member can establish a good reason for the act; 3) lump sum amounts of money or resources from tax refunds, lawsuits, inheritances, or pension payments of at least four hundred dollars (\$400.00) that are expended by an applicant seeking township assistance or an adult member of the applicant's household during the one hundred eighty (180) days immediately preceding the date of application for township assistance for items or services that are not basic necessities if, at the time of the expenditure, there were amounts due and owing for items or services constituting basic necessities. (IC 12-7-2-200.5)

1.40.13. An applicant who has been found noncompliant/terminated or evicted from subsidized housing for violation of regulations and/or guidelines within 60 days prior to the date of application or who voluntarily terminates housing assistance without just cause (as established by the trustee) has wasted a resource and may be denied assistance. **See Schedule U**

1.40.14. Failure to liquidate non-essential assets (See 1.90.00) may result in denial of township assistance.

1.40.15. Refusing to sign the required "Reimbursement Authorization" (Schedule C) form for township assistance services received during the interim period an individual is awaiting a determination of eligibility from the Social Security Administration for Supplemental Security Income benefits is grounds for denial. (IC 12-20-27-1.5)

1.40.16. Failure to complete assigned Workfare or to comply with the Workfare requirements as outlined by these standards (see 2.10.00 - 2.10.05) may result in denial of services for a period not to exceed one hundred eighty (180) days. (IC 12-20-11-1 (h))

1.40.17. Failure to complete and maintain monthly report forms as required by governmental programs offering assistance for the basic necessities of living or failure to make application; or not cooperating with the agency by doing everything necessary to qualify and maintain public assistance is grounds for denial for up to sixty (60) days. (IC 12-20-6-5) **See Schedule U.**

1.40.18. All applicants are required to cooperate with and provide to the trustee's office all necessary information for determining their eligibility. Cooperation may include a home inspection for all applicants for any type of assistance if the trustee determines an inspection is necessary to decide eligibility or to ascertain if the home is safe and sanitary for habitation. Lack of cooperation will result in denial of assistance.

1.40.19. An applicant's request will be denied if he/she or another member of the household is found to have made an assignment or transfer of assets in order to make the household eligible for township assistance during the sixty (60) days immediately prior to the date of the filing of an affidavit and application for township assistance.

1.40.20. The trustee is not obligated to provide assistance needed as a result of loss or theft of money or other resources.

1.40.21. An applicant who fails to file paternity actions when necessary and appropriate or fails to take the necessary legal action to pursue child support may be denied township assistance.

1.40.22. An applicant or a member of an applicant's household who fails to apply "one-time" monetary awards toward the household's monthly basic need expenses during the 180 days immediately preceding application has wasted resources and may be denied township assistance. "One-time" monetary awards may include but are not necessarily limited to the following: Energy Assistance, retroactive Social Security payments, Workmen's Compensation, inheritances, pensions, insurance settlements, income tax refunds, or any cash award. (IC 12-20-16-1) (IC 12-7-2-200.5)

1.40.23. An applicant may not move into Wayne Township for the specific purpose of applying for and/or receiving township assistance services. The township trustee may deny township assistance to an individual if the township trustee determines that the individual does not intend to make the township or county the individual's sole place of residence.

1.40.24. The township is not obligated to extend aid to a township assistance applicant or any member of an applicant's household, except for burial assistance, if any member of that household has been denied assistance or sanctioned by the local office of Division of Family Resources (including TANF) for non-compliance. (IC 12-7-2-200.5) (IC 12-20-6-0.5)

1.40.25. The trustee may not extend aid to or for the benefit of an individual (or household in which that individual resides) if that aid would pay for goods or services provided to or for the benefit of the individual during a period that the individual has previously applied for and been denied township assistance. (IC 12-20-6-6.6)

1.40.26. The trustee will not use township assistance funds to or for the benefit of individuals residing at an address that is being used for illegal activities. Clients whose residences are being used as sites for use or sale of illicit narcotics or controlled dangerous substances, gambling, or prostitution will be denied further assistance for one hundred eighty (180) days.

1.50.00. COUNTABLE INCOME DEFINED – "Countable income", means a monetary amount either paid to an applicant or a member of an applicant's household not more than thirty (30) days before the date of application for township assistance, or accrued and legally available for withdrawal by an applicant or a member of an applicant's household at the time of application or not more than thirty (30) days after the date of application for township assistance. The term includes the following:

- (1) Gross wages before mandatory deductions.
- (2) Social Security benefits, including Supplemental Security Income.
- (3) Temporary Assistance for Needy Families (TANF)
- (4) Unemployment compensation.

(5) Worker's compensation (except compensation that is restricted for the payment of medical expenses).

(6) Vacation pay.

(7) Sick benefits.

(8) Strike benefits.

(9) Private or public pensions.

(10) Taxable income from self-employment.

(11) Bartered goods and services provided by another individual for the payment of nonessential needs on behalf of an applicant or an applicant's household if monetary compensation or the provision of basic necessities would have been reasonably available from that individual.

(12) Child support.

(13) Gifts of cash, goods, or services.

(14) Other sources of revenue or services that the trustee may reasonably determine to be countable income. (IC 12-7-2-44.7)

1.50.01. COUNTABLE INCOME – The “countable income” of all members of a household applying for township assistance will be used to determine eligibility. Income guidelines to be used for determining the eligibility of a given household may be found on Schedule H. The township shall provide necessary aid only when it does not violate any state or federal law.

1.60.00. RECEIPTS – Whenever an applicant applies for township assistance, all members of the household must verify how their income was expended. Hand-written receipts \$50 or more provided by friends or relatives are considered unacceptable unless notarized. Only receipts for the basic necessities of living will be recognized. Receipts from expenditures for court related expenses, such as: attorney fees, probationary fees, drug and alcohol program fees, fines, court costs, bail, user fees for an in-home detention program, restitution, judgments, or any other expenditures directly or indirectly associated with the applicant or a member of the applicant's household because of his or her involvement with the courts may not be recognized as a legitimate expense. Expenditures for items not considered "basic necessities" will be considered "wasted resources". Expenditures undocumented by receipts will be counted as unexpended

income. Each household will be required to submit a monthly Household Budget Form (Schedule I).

1.70.00. BASIC NECESSITIES DEFINED – "Basic necessities" includes those services or items essential to meet the minimum standards of health, safety, and decency, including the following:

- (1) Medical care described in IC 12-20-16-2.
- (2) Clothing and footwear.
- (3) Food.
- (4) Shelter.
- (5) Transportation to seek and accept employment on a reasonable basis.
- (6) Household essentials.
- (7) Essential utility services.
- (8) Other services or items the trustee determines are necessities.

(IC 12-7-2-20.5)

1.80.00. COUNTABLE ASSETS – "Countable asset", for purposes of IC 12-20, means noncash property that is not necessary for the health, safety, or decent living standard of a household that:

- (1) is owned wholly or in part by the applicant or a member of the applicant's household.
- (2) the applicant or the household member has the legal right to sell or liquidate; and
- (3) includes:

(A) real property other than property that is used to produce income or that is the primary residence of the household.

(B) savings and checking accounts, certificates of deposit, bonds, stocks, and other intangibles that have a net cash value; and

(C) boats, other vehicles, or any other personal property used solely for recreational or entertainment purposes. (IC 12-7-2-44.6)

1.80.01. REPORTING COUNTABLE ASSETS – Upon request of the trustee, a person holding assets or title to assets of a township assistance applicant or a member of the applicant's household shall provide the trustee with information concerning the nature and value of those

assets for purposes of determining the household's financial eligibility to receive township assistance. (IC 12-20-7-3.5)

1.90.00. LIQUIDATION – The trustee shall not be obligated to provide continued assistance to households that have not liquidated any of the "countable assets" listed in 1.80.00 or other unnecessary items of a similar nature, as soon as possible, but no longer than sixty (60) days from the date that their initial application is filed. Nonessential assets purchased by any member of a household after having applied for township assistance must be liquidated immediately before further assistance can be authorized.

1.90.01. EXEMPTIONS – Assets which are exempt from liquidation will include one house or mobile home in which the household resides, and one automobile, so long as the equity does not jeopardize the household from qualifying for other state or federal assistance programs. Whenever the township assistance funds are used directly or indirectly to pay the household's mortgage payment, the township may place a lien (see Schedule R) against the property in order to recover the equity value of such payments after the property has been sold.

2.00.00. EMPLOYMENT – If an applicant and/or any member of the applicant's household is in good health, the trustee shall require that those able to work shall seek employment. The trustee shall refuse to furnish any township assistance until the trustee is satisfied that the township assistance applicant or members of the applicant's household is endeavoring to find work. Furthermore, if the applicant or household member is offered employment, regardless of whether the compensation is in the form of money, rent, or other necessities, or refuses employment at a reasonable compensation offered by any other individual, governmental agency, or employer; the trustee shall not furnish assistance to the applicant until he or she performs the work or shows just cause for not performing the work. All able adult members of the household must be willing to accept employment at the federal minimum wage level. The trustee will also require all adult members of an applicant's household to participate in and cooperate with the township's employment program. (IC 12-20-10-1 to 2)

2.00.01. MEDICAL EXEMPTION FROM WORK – If an applicant or a member of an applicant's household claims an inability to work due to health, the trustee may require a current “Attending Physician's Statement” (Schedule Q) indicating whether the applicant or household member is able to perform work. (IC 12-20-10-3.5)

2.10.00. WORKFARE – The trustee shall obligate any adult member of a household receiving township assistance to participate in Workfare. Suitability to perform available work shall be determined by the trustee. The trustee shall require any adult member of a recipient household to do any work needed to be done within Allen County or an adjoining township in any other county for any non-profit agency or governmental unit, including the state, having jurisdiction in those townships. (IC 12-20-10-3.5) and (IC 12-20-11-1)

2.10.01. WORKFARE CRITERIA – Unexcused absences for scheduled Workfare assignments, or failure to follow through with all requirements, will result in the discontinuance of township assistance for one hundred eighty (180) days.

Written Workfare guidelines (Schedule J) will be provided and explained to each Workfare recipient who will sign and receive a copy. Any Workfare obligations incurred in another township will be carried forward to the gaining township, unless the applicant or household member failed to comply with the former township's guidelines for Workfare participation, at which point he or she will be denied. (IC 12-20-11-1) and (IC 12-20-11-4)

2.10.02. WORKFARE PARTICIPATION – The recipient is required to maintain the minimum criteria necessary for the fulfillment of his/her work detail responsibility until such time as his/her obligation with the township is satisfied. Recipients shall not be permitted to voluntarily work in advance of receiving township assistance in order to accrue work detail credit. It is the sole responsibility of the recipient to meet the criteria of Workfare participation. In satisfying this obligation, only the recipient or members of the recipient's household shall be allowed to perform the required work.

2.10.03. WORKFARE COMPENSATION – Work performed is considered a satisfaction of a condition for township assistance and is not considered as services performed for remuneration or as repayment for township assistance. The recipient shall be required to do an amount of work that equals the value of assistance already received by his or her household. The recipient shall receive credit for the work performed as assigned by the trustee at a rate not less than the federal minimum wage. (IC 12-20-11-1 (c) and 12-20-11-5)

2.10.04. WORKFARE EXCEPTIONS – Recipients will be excused from Workfare only for the following reasons:

- a) The obligated individual is not physically able to perform the proposed work and provides medical evidence such as the township's "Attending Physician's Statement" (Schedule Q).
- b) The obligated individual is a minor or is at least sixty-five (65) years of age.
- c) The obligated individual has full-time employment at the time the recipient receives township assistance.
- d) The obligated individual is needed to care for an individual as a result of the individual's age or physical condition.
- e) The trustee determines that there is no work available for any adult member of the recipient's household.
- f) The individual obligated to perform work is, at the direction of the trustee, attending educational or self-help courses. (IC 12-20-11-1 (a))

2.20.00. FOOD ORDER ALLOTMENTS – Food allotments provided to an eligible household are determined by the household size and other criteria as established by these standards. Food orders can only be purchased directly from a combined grocery and meat market. The food

allotment each household may receive is contained in Schedule K. The trustee will administer township assistance food allotments on a monthly basis. (IC 12-20-16-5 and 12-20-16-7)

2.20.01. FOOD ORDER LIMITATIONS – It shall be unlawful for the trustee to issue a food purchase order for more than thirty (30) days unless the individual filed an application with the trustee that includes evidence of an application for food stamps with the Family and Social Services Administration and the amount of assistance received or the reason for denial of assistance. The only conditions under which the trustee may purchase food for an eligible food stamp family are:

- a) during the interim period when an applicant or a household is awaiting a determination of eligibility from the food stamp office and ending not more than five (5) days after the day the applicant or household becomes eligible to participate in the federal food stamp program.
- b) upon loss of the family's food supply by spoilage, fire or act(s) of nature.
- c) upon a written statement from a physician indicating that at least one (1) member of the household needs a special diet, the cost of which is greater than can be purchased with the household's allotment of food stamps.
- (d) if the trustee determines that an applicant or a household needs supplementary food assistance; and has participated in the federal food stamp program to the fullest extent allowable under federal and state law and supplementary food assistance is required by the circumstances of the particular case. (IC 12-20-16-6)

2.20.02. NON-FOOD ITEMS – Necessary household supplies, referred to as "paper products," will be administered according to the table found in Schedule K. The township may furnish other household necessities when a need is determined. (IC 12-7-2-20.5)

2.30.00. SHELTER – The township shall provide aid in whatever form is necessary to provide shelter or prevent the loss of shelter so long as such aid constitutes the most economical and practical method of relieving the applicant and does not violate any state or federal law. Shelter payments for safe and decent housing will be based on the fair market value in Wayne Township and will comply with the amounts contained in Schedule L. Clients will not be denied shelter assistance merely because they are buying their home. However, the amount paid on behalf of a client may not exceed the shelter allowance standards contained in Schedule L and must still meet the test of being the "most economical and practical" method of relieving the applicant.

2.30.01. SHELTER DEFINED – "Shelter" means a house, a mobile home, an apartment, a group of rooms, or a single room that is occupied or is intended for occupancy as separate living quarters where the occupant or intended occupant 1) does not live and eat with any other individual in the building; and 2) has direct access to the occupant's living quarters from the outside of the building or through a common hall. Exceptions to the definition of "shelter" may include temporary group homes and/or shelters. (IC 12-7-2-177)

2.30.02. SHELTER DOCUMENTATION – Whenever an applicant requests shelter assistance from the trustee's office, a written information statement from the landlord, called a "Shelter Verification and Affidavit" (Schedule M) will be required. This statement will include the full name of the landlord, any agent who will be acting for the landlord, his or her mailing address and telephone number, and other data necessary to determine the eligibility of the household requesting the assistance. The statement will indicate whether or not the landlord will accept shelter payment from the trustee's office, the amount of rent to be charged, the rent due date, what appliances are furnished, what utilities are provided, and the number of individuals in the household. The landlord must agree not to evict the applicant for thirty (30) days after signing a rental payment purchase order. The lease must be in the name of an adult member of the applicant's household, and a copy of the lease must be furnished to the trustee.

2.30.03. SHELTER INSPECTION – A township housing inspector shall use HUD standards, local building codes, and municipal ordinances in determining a housing structure's suitability

for habitation. (IC 12-20-16-17) Substandard housing that does not meet minimum standards of health, safety, and construction is not eligible for the maximum level of shelter payments.

2.30.04. SHELTER DEPOSITS – The trustee is not obligated to spend township assistance funds for a shelter (damage or security) deposit for an eligible township assistance applicant or household.

2.30.05. SHELTER LIMITATIONS – In compliance with IC 12-20-6-10 the trustee may not use township assistance funds to pay the cost of an applicant's shelter to a relative who is the applicant's landlord if the applicant lives in 1) the same household as the relative or 2) housing separate from the relative that is either unencumbered by mortgage or that has not been previously rented by the relative to a different tenant at a reasonable market rate for at least six (6) months. The trustee will not pay for shelter assistance for circumstances listed in **1.40.05** of these standards or where the landlord resides at same address as the applicant. The trustee will not use township assistance funds to or for the benefit of individuals residing at an address that has been deemed as used for illegal activities. Applicants seeking shelter assistance must make application in the month the shelter payment is due.

2.30.06. SHELTER LIEN (RELATIVE) – If shelter payments are made to a relative of a township assistance applicant on behalf of the applicant or a member of the applicant's household, that are not in conflict with **2.30.03** of these Standards, the trustee may file a lien against the relative's real property for the amount of township assistance granted toward shelter (See Schedule R). (IC 12-20-6-10 (d))

2.30.07. SHELTER LIEN (APPLICANT) – Applicants will not be denied shelter assistance merely because they are buying their home. However, the decision to provide a house payment will be based on whether it is the most economical and practical method of relieving the applicant. The trustee may require the applicant to execute documents granting a lien against the real estate (Schedule R). The township will not consider assisting with a second mortgage or consolidation loan taken out against the applicant's shelter.

2.30.08. SHELTER MOVING – Applicants who move from shelter provided by a relative, or from any form, kind, or type of subsidized shelter in the sixty (60) days immediately preceding their application for township assistance, may be declared ineligible for township assistance on the grounds of “Wasted Resources.” (IC 12-7-2-200.5)

2.30.09. SHELTER EMERGENCY PROGRAMS – Emergency shelter assistance (defined here as a facility that provides temporary emergency housing assistance) may be provided to an individual or household that has spent the prior night, or has the likelihood of spending the coming night, in an environment considered to be unsafe or unhealthy. However, the trustee is not obligated to enter into a contract with, or to pay shelter costs to, a shelter that is supported by state or federal funds. (IC 12-20-17-2)

2.30.10. TRANSITIONAL HOUSING – Wayne Township may pay up to \$300.00 a month for a lifetime maximum of ninety (90) days at an approved transitional housing facility. (IC 12-20-13-1) In an emergency situation, where applicants are without shelter, the trustee may refer those applicants to whatever shelter is available.

2.40.00. UTILITY SERVICE AND/OR HEATING FUELS – The trustee may, in cases of necessity, authorize the payment of water, gas or fuels used for heating or cooking and electric services, including the payment of delinquent bills for such services, when necessary to prevent disconnection or to restore terminated services. There are, however, some limitations:

- 1) The township will only consider assistance with actual utility service used (no deposits, trip charges, reconnection fees etc.).
- 2) The utility service must be in the name of an adult member of the requesting household or the household’s landlord.
- 3) The township will not pay for illegally secured utility service, such as service placed in the name of a child or that run from a utility meter that has been tampered with.

4) The township will not consider the payment of utility bills if such aid requested would pay for services provided to or for the benefit of the individual or household during a period that the individual or household had previously applied for and been denied township assistance. (IC 12-20-6-6.6)

5) The township will not consider the payment of "master metered" utility service, when more than one household is served by the same meter.

6) The township will not consider the payment of estimated utility bills or bills twenty-four (24) months and older.

7) The township is not obligated to pay for service used during any time period when the household was not financially eligible for assistance.

8) The township has developed a Monthly Utility Allotment Schedule (S) that governs the amount of township assistance available to an eligible household for utilities.

2.40.01. ENERGY PROGRAMS – During the part of the year when applications for assistance are accepted by the state's Energy Assistance Program, the township will not provide assistance or make any part of a payment for heating fuel or electric services for more than thirty (30) days unless the individual files, and provides evidence of filing, for assistance with that program. The trustee will either refer the applicant to the state's Energy Assistance Program, or the trustee may certify that the township assistance applicant would be eligible using the criteria established for this purpose by the state. The certification shall be on an application form prescribed by the Indiana State Board of Accounts. The trustee will neither certify nor process Energy Assistance applications for non-township assistance clients. (IC 12-20-16-3(e))

2.40.02. ENERGY PROGRAMS/APPLICANT'S RESPONSIBILITY – During the time the applicant or member of the applicant's household has been approved for the Energy Assistance Program, the applicant and/or member of the applicant's household must continue to make

payments on their utility bills as reasonably determined by the trustee. Once the Energy Program has ended, the trustee will not authorize utility assistance if the applicant or member of the applicant's household has not made payments unless they have evidence of other emergency payments that prohibited them from making utility payments. (IC 12-20-16-1)

2.50.00 TELEPHONE SERVICES – The trustee recognizes the telephone and internet as basic necessities and may authorize assistance with those services as long as they are the most cost-effective services available. (See Schedule T).

2.60.00. BURIAL AND FUNERAL OR CREMATION REQUEST – A surviving family member of a deceased individual or a funeral director may apply for burial assistance. The formal request will involve the completion of the Affidavit and Application for Township Assistance TA-1 (Schedule A). Assistance will only be considered prior to services being rendered.

2.60.01. BURIAL EXPENSES ALLOWED – The trustee will utilize Schedule O when providing burial and funeral or cremation assistance. The township will not pay for the cost of transporting the remains of any deceased indigent person back to Wayne Township or to any place outside of this township, nor will the trustee pay for transportation to attend funerals. The trustee may not supplement the cost of services, nor supplement other means of payment for services such as insurance policies. Rather, payment of benefits from any other source may be deducted from the township's allowable maximum. (IC 12-20-16-12)

2.60.02. REIMBURSEMENT FOR BURIAL COSTS – A trustee who provides funeral and burial or cremation benefits to a deceased individual is entitled to a priority claim, to the extent of the cost of the funeral and burial or cremation benefits paid by the township, against any money or other personal property held by the coroner under IC 36-2-14-11. (IC 12-20-16-12 (f))

2.60.03. CREMATION – The trustee's office will not pay to cremate a deceased individual if the deceased individual, or a surviving family member of the deceased individual, has objected in writing to cremation. (IC 12-20-16-12 (g))

2.70.00. MEDICAL SERVICES – The township shall, in cases of necessity, promptly provide medical assistance for qualifying township assistance applicants who are not provided for in public institutions, or presently receiving or qualifying for Medicaid. Medicines and/or medical supplies that are prescribed by a physician will be properly furnished, unless the medical services being sought are available through another governmental, insurance, social service agency or private program. All applicants will be required to make an application with Medicaid, Hospital Care for the Indigent (HCI), or any other applicable program. The township is not obligated to assist with "co-payments." (IC 12-20-16-2)

2.70.01 MEDICAL EXEMPTIONS – The trustee may not provide medical assistance under the township assistance program, if the applicant could qualify for the same service under IC 12-16, Medicaid, or other governmental medical programs. (IC 12-20-16-2 (b))

2.70.02 MEDICAL SERVICES PROVIDED – Under IC 12-20-16-2 (c) the township shall only pay for the following medical services for the eligible and qualifying township assistance applicant:

a) up to a thirty (day) supply of a prescription or over the counter drug as prescribed by a local physician (prescribed within the prior thirty (30) days) provided the applicant is eligible for township assistance and cannot obtain the prescription or over-the-counter drug through Matthew 25 Health Clinic, or any other program providing a similar service. Only income received by the applicant (patient) will be considered in determining eligibility for prescription medication, unless another household member is legally responsible for the applicant (spouse, child, legal guardian).

b) office calls to a physician, provided the individual could not be treated at Matthew 25 Health Clinic or any other program providing a similar service, and having obtained prior authorization from the trustee. The township cannot pay the cost of visits to a medical specialist unless the applicant was first referred to a specialist by a licensed general practitioner.

c) dental care needed to relieve pain or infection or to repair cavities, provided the individual could not be treated at Matthew 25 Health Clinic, or any other program providing a similar service. The township may only pay the cost of fillings and extractions not covered by other tax supported programs. The township will not pay the initial cost of dentures.

d) emergency room treatment that is of an emergency nature, provided a proper request for the service is made to the township office by the applicant or a member of the applicant's household, within fifteen (15) working days prior to the time the services are rendered. However, a medical emergency is not considered to exist in situations where the illness/injury could have been treated during a routine office call by a family doctor, and the applicant could have contacted the township office before such visit.

e) pre-operation testing prescribed by a licensed physician.

f) x-rays and laboratory testing as prescribed by a licensed physician.

g) physical therapy prescribed by a licensed physician.

h) eyeglasses, provided the applicant has exhausted all other programs providing a similar service.

i) repair or replacement, but not the initial cost, of a prosthesis not provided for by other tax-supported, state or federal programs.

j) insulin and items needed to administer insulin.

2.70.03. MEDICAL PAYMENT SCHEDULE – In accordance with the provisions of IC 12-20-16, the township shall utilize the Indiana Medicaid Payment Schedule for determining the amount to be paid by the township for medical services rendered. The township is under no

obligation to provide for medical services and/or prescription drugs that are excluded for payment by the Indiana Medicaid Program.

2.70.04. INTERIM MEDICAL ASSISTANCE AND REIMBURSEMENT – During the application pending period for Medicaid (IC 12-15) or other governmental medical programs, the trustee may provide interim medical services if the township assistance applicant is reasonably complying with all requirements of the application process. Unless prohibited by law, the township will seek reimbursement for the payment of medical services, provided the individual for whom the services were rendered is eligible for medical services under a state medical plan. (IC 12-20-16-2 (b)) and (IC 12-20-16-2 (e))

2.80.00. TRANSPORTATION – The township may provide transportation to individuals for employment purposes or medical appointments within or outside the township, only when there is reasonable evidence provided by the applicant and verified by the township that employment is available and that transportation is necessary.

2.80.01. TRANSPORTATION/NON-RESIDENTS – The trustee will not furnish a nonresident of Wayne Township with transportation at the cost of the township until the trustee determines the legal residence of the individual applying for assistance. Transportation provided to a nonresident of this township must be in the direction of the nonresident's legal residence unless it is shown that the individual in need has a valid claim for support or a means of support in some other place to which the individual asks to be sent. Citizenship and criminal records will be checked prior to any assistance for transportation. (IC 12-20-16-11)

2.80.02. TRANSPORTATION AND RE-APPLICATION – Any individual who has been sent to a place of settlement, by court order, or is transported there at public expense (including township assistance), and who again reapplies for assistance in the township from which the individual or member of the individual's household was sent, may be denied township assistance for a period of one hundred eighty (180) days. (IC 12-20-9-6)

2.90.00. ESTATES – Subject to IC 12-20-11-05(b) a trustee who furnishes township assistance, may file a claim against the estate of a township assistance recipient who 1) dies, leaving an estate; and 2) is not survived by a spouse, disabled adult dependent, or dependent child less than eighteen (18) years of age for the value of township assistance given the recipient before the recipient's death. The estate of a township assistance recipient includes any money or other personal property in the possession of a coroner under IC 36-2-14-11. (IC 12-20-27-1)

3.00.00. FUTURE THIRD PARTY BENEFITS – If a trustee anticipates that a township assistance applicant or a member of the applicant's household is likely to receive a judgment, compensation, or monetary benefits from a third party, the trustee may require the applicant or the affected member of the applicant's household to enter into a subrogation agreement for repayment of any township assistance benefit provided by the township during the interim period. Failure of an applicant or member of an applicant's household to sign the necessary authorizations for reimbursement to the township shall result in a denial of township assistance. (IC 12-20-27-1.5 (b))

3.00.01. INTERIM PERIOD DEFINED – "Interim period" means the period beginning when a township trustee obtains from a township assistance applicant or member of the applicant's household, an agreement or authorization and ending when the applicant or household member receives the judgment, compensation, or monetary benefit or leaves the household. (IC 12-20-27-1.5 (a))

3.10.00. SUPPLEMENTAL SECURITY INCOME – An applicant or member of an applicant's household must make an application with the Social Security Office when referred there by the trustee's office. Individuals must sign a Social Security Administration's Reimbursement Authorization form (Schedule C) for the repayment of any township benefits provided by the township during the interim period. Failure to sign the Reimbursement Form will result in denial of township benefits. (IC 12-20-27.1.5 (b))

3.20.00. CONCLUSION – All decisions regarding eligibility will be based on these standards and the Indiana Township Assistance statutes. The trustee shall always consider whether the

applicant's or the household's needs can be relieved by means other than an expenditure of township money (IC 12-20-17-1). The township shall not be obligated to pay for services or the cost of goods incurred when an applicant's household had sufficient income or resources to have paid for either the goods or services. These standards will be adopted by the township Board and posted at the township trustee's Office. Additional copies will be furnished to the County Commissioner's. Any member of the public will be permitted to inspect and copy these standards at his or her own expense. The Standards will be reviewed and updated annually to reflect changes in the cost of basic necessities in the township and changes in law. (IC 12-20-5.5-1 to 3)

4.00.00. SEVERABILITY – Should a court of competent jurisdiction declare any of these standards unconstitutional, unlawful, or unenforceable, all other parts shall be separate from such and remain in full force and effect until duly amended, revised or replaced according to law.

5.00.00. COURTESY – We expect everyone who comes into the township office to be treated in a courteous and dignified manner. We likewise expect the staff of the township to be treated in a similar manner. The township office is intent on assisting those in need and will endeavor to provide necessary assistance within the limits of the law and these Standards.

MISSION STATEMENT

The essential commitment of the Wayne Township Trustee's Office is to provide prompt, necessary relief to eligible citizens and residents of our township. Our office is dedicated to the important role of providing temporary emergency assistance to those whose personal efforts have not enabled them to meet life's challenges on their own.

The trustee's office is keenly aware of its dual roles. It is a community leader in countering the effects of the cycles of poverty while maintaining careful guardianship of the taxpayer's resources.

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APPENDIX



Eligibility Standards

Application for Township Assistance

Note: Social Sec. #'s are optional.

PHONE NUMBER () - - AREA ### ####	APPLICATION DATE / / MM DD YY	APPLICATION TIME : : HH MM (total:) <input type="checkbox"/> AM <input type="checkbox"/> PM	CASE NUMBER
			office use only
Applicant's Full Name LAST FIRST MI		<input type="checkbox"/> male <input type="checkbox"/> female	Social Security # - - optional MM DD YY
Other Adult's Full Name LAST FIRST MI		<input type="checkbox"/> male <input type="checkbox"/> female	Social Security # - - optional MM DD YY
Other Adult's Full Name LAST FIRST MI		<input type="checkbox"/> male <input type="checkbox"/> female	Social Security # - - optional MM DD YY
Current Address			
Street Address / P.O. Box	Apt. #	City, State	Zip
			_____ Months _____ Years How Long
Previous Address			
Street Address / P.O. Box	Apt. #	City, State	Zip
			_____ Months _____ Years How Long
QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
What is your housing status?	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other
What is your marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

This office does not discriminate on the basis of race, color, national origin, sex, religion, age, or handicap status. Anyone needing special aid, readers, or interpreters, please notify us at least 48 hours in advance.

Schedule A

In the following table, list ALL persons living within this household. For EACH person check the relationship to the applicant and circle ALL income sources for that person. Signature, affirming income, required of all household members eighteen (18) and older.

Note: Social Sec. #'s are optional.

Person's Name	Relationship	Date of Birth	Income Source	Amount (monthly)
Print _____ Signature _____	<input type="checkbox"/> Yourself	____/____/____ Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Print _____ Signature _____	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	____/____/____ Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Print _____ Signature _____	<input checked="" type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	____/____/____ Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Print _____ Signature _____	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	____/____/____ Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Print _____ Signature _____	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	____/____/____ Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Print _____ Signature _____	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	____/____/____ Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other
Print _____ Signature _____	<input type="checkbox"/> Child <input type="checkbox"/> Spouse <input type="checkbox"/> Relative <input type="checkbox"/> Room Mate <input type="checkbox"/> Other Adult	____/____/____ Date of Birth	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other

Total adults in the household: _____ Total children in the household: _____
 Total of ALL persons living in the household: _____
 Total GROSS income received in the household last 30 days: \$ _____

Does anyone live in this household temporarily or occasionally? YES NO
 If YES, who and how often: _____

List all motorized vehicles owned by ANY person in this household:

Type: _____ (Car/Truck/Boat/Motorcycle) Year: _____ Make: _____
 Type: _____ (Car/Truck/Boat/Motorcycle) Year: _____ Make: _____
 Type: _____ (Car/Truck/Boat/Motorcycle) Year: _____ Make: _____

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
----------	-----------	-------------	-------------

	name: _____	name: _____	
What is your income status?	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income	<input type="checkbox"/> Wages Stopped <input type="checkbox"/> Waiting on Income <input type="checkbox"/> Receiving Income <input type="checkbox"/> No Income

	name: _____	name: _____	
What is your employment status? <i>* answers require explanation below</i>	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work	<input type="checkbox"/> Currently working <input type="checkbox"/> Laid off on: _____ <input type="checkbox"/> Never worked <input type="checkbox"/> Quit: * <input type="checkbox"/> Fired: * <input type="checkbox"/> Sick Leave <input type="checkbox"/> Maternity Leave <input type="checkbox"/> On strike <input type="checkbox"/> Trying to find work

Other Financial Information						
	Applicant		Other Adult		Other Adult	
Do you have life insurance?	Yes	No	Yes	No	Yes	No
Do you have another type of insurance?	Yes	No	Yes	No	Yes	No
Do you have any investment holdings? (Stocks, Bonds, CD's, IRA's)	Yes	No	Yes	No	Yes	No
Do you have any cash on hand? If YES, give amount	Yes	No	Yes	No	Yes	No
Do you have a checking account?	Yes	No	Yes	No	Yes	No
Do you have a savings account? If YES, give name of each bank and current balance	Yes	No	Yes	No	Yes	No
Does anyone in the household have any claims, including lawsuits, against a person, insurance company, employer, or government agency from which you (they) expect to receive a recovery (money)? YES NO						
If yes, explain: _____						

PROPERTY OWNERSHIP			
	Applicant	Other Adult	Other Adult
Do you own any property?	YES NO	YES NO	YES NO
If YES, address: _____			
Name of mortgage company: _____			
Amount of mortgage payment: _____			
Number of years owned: _____ Approximate market value of home: _____			

RENTAL HISTORY	
Number of adults on the lease: _____	Co-lessee's name (if any): _____
Name of apartment complex or landlord: _____	
Address of complex or landlord: _____	
Phone number of complex or landlord: _____	
What date did you move into this rental unit: _____ Monthly rent amount: _____	
Is anyone in the household related to the landlord? YES NO If yes, state relationship: _____	
Are any utilities included? YES NO If yes, which ones? _____	

EMPLOYMENT HISTORY		
	Applicant	
Your most recent employer: _____	name: _____	name: _____
Date you started work there: _____		
Date you last worked there: _____		
Reason not working now: _____		
2nd most recent employer: _____		
Date you started work there: _____		
Date you last worked there: _____		
Reason not working now: _____		

MILITARY SERVICE			
	Applicant	Other Adult	Other Adult
Serial Number: _____			
Enlistment Date: _____			
Branch of Service: _____			
Discharge Date: _____			

CITIZENSHIP
Is everyone in the household a U.S. citizen? YES NO
If no, please explain status by which you are in the U.S.: _____

FAMILY INFORMATION			
Applicant's Maiden Name (if married): _____			
Household members' relatives (parents, brothers, sisters, grandparents, aunts, uncles) including "step" relatives:			
Name	Address	Phone	How have they helped? Are they willing to help?

SAMPLE

CHILD SUPPORT	
If there are minor children in the home, is child support ordered for them by a court?	YES NO
If not will you go to court to get support?	YES NO
If NO, explain: _____	
Are you receiving child support?	YES NO If YES, how much? _____
Name and address of child(ren)'s other parent if not in household: _____	

OTHER SOURCES OF HELP	
Have you or someone in the household been helped from any other source such as churches, multi-service centers, or friends whom you have not already listed on this form?	
	YES NO
If YES, who, how much and when? _____	

CURRENT DEBTS OF ALL HOUSEHOLD MEMBERS						
Amount of debt	Date Purchased	Name of Creditor	Items Purchased	Value	Amount Paid	Last Pay Date

EXPENSE INFORMATION

List below any payments made by any household member to any source in the last thirty (30) days:

Amount	Paid to	Date Paid	Amount	Paid to	Date Paid

SAMPLE

What do you owe today on your rent or mortgage? \$ _____
 What do you owe today on your utilities?
 Electricity \$ _____ Gas/Heating \$ _____ Water \$ _____ Cable \$ _____
 Telephone \$ _____ Sewer \$ _____ Trash Removal \$ _____ Other \$ _____
 Are any of these bills in someone else's name? YES NO
 If YES, which ones and whose name? _____

What is your reason for asking for Trustee help?

- No Income
- Not Enough Income
- Income Stolen
- Emergency Event

Has there been an emergency or extraordinary circumstance you wish the Trustee to consider in your application? YES NO

If YES, explain: _____

Specifically, what are you asking for help with today?

OTHER PUBLIC ASSISTANCE

Are you receiving or have you applied for the following:

APPLICANT

Subsidized Sec. 8, HUD, or other public housing:		YES	NO	Date applied: ___/___/___	Amount: _____
Utility Allotment	YES	NO		Date Applied: ___/___/___	Amount: _____
Food Stamps	YES	NO		Date Applied: ___/___/___	Amount: _____
AFDC Welfare	YES	NO		Date Applied: ___/___/___	Amount: _____
Other Trustee Office	YES	NO		Date Applied: ___/___/___	Amount: _____
Social Security (any type)	YES	NO		Date Applied: ___/___/___	Amount: _____
V.A. Benefits (any time)	YES	NO		Date Applied: ___/___/___	Amount: _____
EAP Utility assistance	YES	NO		Date Applied: ___/___/___	Amount: _____
FEMA Funds	YES	NO		Date Applied: ___/___/___	Amount: _____
Unemployment Benefits	YES	NO		Date Applied: ___/___/___	Amount: _____
Grants/Loans	YES	NO		Date Applied: ___/___/___	Amount: _____
Any other type of help	YES	NO		Date Applied: ___/___/___	Amount: _____

OTHER ADULT

Subsidized Sec. 8, HUD, or other public housing:		YES	NO	Date applied: ___/___/___	Amount: _____
Utility Allotment	YES	NO		Date Applied: ___/___/___	Amount: _____
Food Stamps	YES	NO		Date Applied: ___/___/___	Amount: _____
AFDC Welfare	YES	NO		Date Applied: ___/___/___	Amount: _____
Other Trustee Office	YES	NO		Date Applied: ___/___/___	Amount: _____
Social Security (any type)	YES	NO		Date Applied: ___/___/___	Amount: _____
V.A. Benefits (any time)	YES	NO		Date Applied: ___/___/___	Amount: _____
EAP Utility assistance	YES	NO		Date Applied: ___/___/___	Amount: _____
FEMA Funds	YES	NO		Date Applied: ___/___/___	Amount: _____
Unemployment Benefits	YES	NO		Date Applied: ___/___/___	Amount: _____
Grants/Loans	YES	NO		Date Applied: ___/___/___	Amount: _____
Any other type of help	YES	NO		Date Applied: ___/___/___	Amount: _____

OTHER ADULT

Subsidized Sec. 8, HUD, or other public housing:		YES	NO	Date applied: ___/___/___	Amount: _____
Utility Allotment	YES	NO		Date Applied: ___/___/___	Amount: _____
Food Stamps	YES	NO		Date Applied: ___/___/___	Amount: _____
AFDC Welfare	YES	NO		Date Applied: ___/___/___	Amount: _____
Other Trustee Office	YES	NO		Date Applied: ___/___/___	Amount: _____
Social Security (any type)	YES	NO		Date Applied: ___/___/___	Amount: _____
V.A. Benefits (any time)	YES	NO		Date Applied: ___/___/___	Amount: _____
EAP Utility assistance	YES	NO		Date Applied: ___/___/___	Amount: _____
FEMA Funds	YES	NO		Date Applied: ___/___/___	Amount: _____
Unemployment Benefits	YES	NO		Date Applied: ___/___/___	Amount: _____
Grants/Loans	YES	NO		Date Applied: ___/___/___	Amount: _____
Any other type of help	YES	NO		Date Applied: ___/___/___	Amount: _____

Has anyone in the household been terminated from, refused or had AFDC payments reduced? YES NO

If YES, why? _____

Has anyone in the household ever been convicted of welfare fraud under IC 35-43-5-7? YES NO

If YES, when and where? _____

READ CAREFULLY * NOTICE OF PUBLIC LAW

Indiana Code 12-20-6-9 requires the township trustee to investigate my circumstances, and the cause of my condition. I understand that I am required to cooperate in such investigation. I understand that Indiana Code 12-20-6-8 requires the trustee to notify me of the action taken (approval, denial, pending) on my case within 72 hours (excluding weekends and legal holidays) and that the trustee must retain a copy of each application whether or not relief is granted.

Indiana Code 12-20-16-2 prohibits the Trustee from providing medical assistance if the applicant could qualify for that assistance under the Hospital Care for the Indigent Program (IC 12-16). The township may not provide assistance for payment for more than 30 days heating fuel or electric services assistance unless the applicant has applied for assistance as stated under IC 12-20-16-3. IC 12-20-6-5 provides that applicants, or a member of the applicant's household, granted emergency township assistance, file an application with the appropriate government agency. If the applicant, or a member of the applicant's household, failed to file within fifteen (15) working days, no further Trustee assistance may be granted for sixty (60) days following emergency Trustee assistance granted. Applicants for food assistance may not be provided food assistance for more than thirty (30) days unless an application food stamps is filed with the Division of Family and Children. IC 12-20-10-1 provides that if applicants applying for aid are in good health, or if any member of their household are so, the trustee shall require those able to work to seek employment and the trustee shall refuse any aid until the trustee is satisfied that the persons claiming help are endeavoring to find work for themselves. IC 12-20-11-1 requires a recipient or other adult member of the household, with certain exceptions, to do work needed to be done within the county or an adjoining township in any other county for any governmental unit having jurisdiction in those townships.

I HAVE READ THE ABOVE NOTICE OF PUBLIC LAW.

Signature of Applicant Signature of Other Adult Signature of Other Adult

Are you willing to work for the township and actively seek employment as a condition of receiving trustee assistance?

Applicant: YES NO OTHER ADULT: YES NO OTHER ADULT: YES NO
If no, explain why not: _____

AFFIDAVIT

I certify and affirm under penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and members of my family and household, and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify that I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

Signature of Applicant Signature of Other Adult Signature of Other Adult

Note: All household members eighteen and older must sign where indicated for application to be complete.

CONSENT TO THE DISCLOSURE OF INFORMATION TO THE TOWNSHIP TRUSTEE

I, _____, Case Number _____, residing at _____, Indiana, consent to the disclosure of the following information to _____, the investigator of township assistance for _____ Township _____ County, Indiana:

Information that will verify my:

1. Countable income.
2. Countable assets.
3. Wasted resources.
4. Relatives capable of providing assistance.
5. Past or present employment.
6. Pending claims or causes of action.
7. A medical condition if relevant to work or workfare requirements.
8. Any other information required by law.

This information may be used only in connection with:

- (1) my township assistance application from _____ Township _____ County, IN.
- (2) my application for public assistance from the Division of Family and Children county offices and the Office of Medicaid Policy and Planning.
- (3) others (if any). _____

Signature of Applicant	Signature of Other Adult	Signature of Other Adult
Date Signed	Date Signed	Date Signed

This consent form expires 180 days after the date of signing.

ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY BY THE TOWNSHIP

The undersigned township trustee or employee acknowledges that he/she may, in the course of employment, have access to certain personal information and that such information is to be treated as confidential, and is to be released and exchanged only with agencies related to the undersigned employment by the township in reviewing and investigating this application or as otherwise provided by law.

Trustee or Employee	Date Signed
---------------------	-------------

(THIS PAGE FOR TOWNSHIP USE ONLY)

WORK ORDER:

Given _____ Amount _____ Completed _____

STATISTICAL SUMMARY OF THIS APPLICATION

Date	# Recipients Rec'v. Benefit	Utility \$ Benefits	Housing \$ Benefits	Food \$ Benefits	Health Care \$ Benefits	Other	Total \$ Benefits

SAMPLE

Training Program Referral	Referrals	Workfare Hours	Time Spent on Application

CASE RECORD OF INVESTIGATION

APPLICATION FOR ADDITIONAL OR CONTINUING TOWNSHIP ASSISTANCE

DATE: _____
 NAME: _____ PHONE: _____
 ADDRESS: _____

*Please do not
write in this
column.*

CASE NO.

Number of persons living at your address: _____
 Since your application with the trustee's office dated _____ has your income, resources or
 household size changed? YES ___ NO ___
 Are you or anyone else in the household working? YES ___ NO ___
 Are you or any member of your household under a doctor's care? YES ___ NO ___
 Have you/they applied for disability? YES ___ NO ___
 If YES, what is the status of the case? _____

SINCE THE DATE OF YOUR MOST RECENT APPLICATION:

Have you applied for AFDC? YES NO If receiving, give amount: _____
 Have you applied for Food Stamps? YES NO If receiving, give amount: _____
 Have you applied for Unemployment? YES NO If receiving, give amount: _____
 Have you applied for Energy Assistance? YES NO If receiving, give amount: _____
 Have you applied for / received assistance from any other source? YES NO If YES, explain:

What has been the household's: Total Income: \$ _____ Total Expenses: \$ _____

TODAY I AM REQUESTING ASSISTANCE WITH THE FOLLOWING:	AMOUNT (\$) REQUESTED	ACTION

INCOME AND EXPENSES

INCOME is any source of benefit to you, or any number of your household, whether money or payment assistance. This includes: work income, AFDC, housing assistance, odd job money, sick pay, relative or church assistance, EAP/Project Safe payments, Worker's Compensation, Social Security benefits, unemployment, child support, vacation pay, tax returns, bartered goods, etc.

EXPENSE is any bill you have already paid or anything on which you used the above income.

LIST ALL MONEY, INCOME, BENEFITS RECEIVED BY ANYONE IN YOUR HOUSEHOLD IN THE PAST THIRTY (30) DAYS:	AMOUNT (\$) RECEIVED	VERIFIED AMOUNT
<i>Date Received:</i> _____ <i>Received from:</i> _____ <i>Received for:</i> _____		

(OVER)

LIST ALL PURCHASES, EXPENSES, OR BILLS PAID BY YOU OR MEMBERS OF YOUR HOUSEHOLD IN THE PAST THIRTY (30) DAYS:

Please do not write in this column.

Paid for:	Date Paid:	Paid to:	AMOUNT (\$) PAID OUT	ALLOWED/ VERIFIED
rent/mortgage				
electric service				
gas service				
water service				
sewer service				
phone payment				
food purchased				
babysitting/childcare				
transportation costs				
medical expenses				
insurance payment (state type)				
household items (specify)				
loans/charge payments				
other monthly cost (specify)				
cable television				
other (specify)				
other (specify)				
Expenses OWED (not paid) at this time:				
rent/mortgage amount:				
utilities (type and amount owed):				
other bills (specify type and amount owed):				

AFFIDAVIT

I affirm under the penalties of perjury that the information I have given on this application is true and correct to the best of my knowledge and belief in every respect as to myself and members of my family and household and has not changed since my last request for assistance other than what has been stated on this form; and that I have not withheld any information on matters bearing upon the eligibility and need for relief from myself and members of my family and household, and that I and the members of my family and household have no other means of support than those stated in this application. I also certify I have not been convicted under IC 35-43-5-7 (Welfare Fraud) and am eligible to receive township assistance.

Applicant Signature _____ Date _____ Other Adult in Household _____ Date _____

Other Adult Signature _____ Date _____ Time of Day: _____ : _____ A.M./P.M.

OFFICE USE ONLY		SURPLUS/DEFICIT
TOTAL INCOME \$ _____	ALLOWED EXPENSES \$ _____	\$ _____
Investigator Notes: _____		
Investigator Signature: _____		

For Township to Fill Out

REIMBURSEMENT
AUTHORIZATION

Township	County
Township's Mailing Address	
Client's Name	Date of SSI Application
Client's Phone #	Township Caseworker

AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE

Name: Social Security Number:

Address:

City/Town/Zip Code

Print or Type

The term "state" means the State of Indiana Family and Social Services Administration.

How can the state use this form when blocks for initial claims and posteligibility cases are part of the form?

The state can use this form for one case situation at a time, either an initial claim or a posteligibility case. If both blocks are checked the form is not valid. You and the state must sign and date a new form with only one block checked.

What kind of state payment qualifies for reimbursement by SSA?

SSA can reimburse a state for a payment that is paid only from state or local funds. The state cannot be reimbursed for payments made wholly or partially from Federal Funds.

How does SSA determine how much of my SSI money to pay the state?

SSA decides the amount of payment based on two considerations. First, SSA looks at the amount of money claimed by the state, and second, SSA looks at the amount of your retroactive SSI money available to pay the state. SSA can reimburse the state for a payment made in a month only when you receive a state payment and an SSI payment for the same month. SSA will not pay the state more money than you have for the SSI retroactive period.

What actions am I authorizing when I sign this authorization and I check the "Initial Claim Only" block?

Initial Claim Only

You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the state for some or all of the money the state gives you. This money helps you while SSA decides if you are eligible to receive SSI benefits. If you become eligible, SSA pays the State from the retroactive SSI benefits due to you. The reimbursement covers the time from the first month you are eligible to receive SSI benefits through the first month your monthly SSI benefit begins.

If the state cannot stop the last payment made to you, SSA can reimburse the state for this additional payment amount.

How long is this authorization effective for the state and me if I checked the "Initial Claims Only" block?

This authorization is in effect for you and the state for twelve (12) months. The 12 months begin with the date SSA receives the authorization from the state and end 12 months later. You and a state representative must sign and date the authorization for the authorization to be valid.

SSA must receive the form within 30 calendar days of the date you signed the authorization. If the form is late, SSA will not accept the form as a valid authorization. SSA will not pay any of your retroactive SSI benefits to the state. SSA will send you any SSI money that may be due you, based on SSA's regular payment rules.

Can the authorization stay effective longer than the 12-month period? Can the authorization end before or after the 12-month period ends?

The authorization can stay effective longer than the 12-month period, if you

- apply for SSI benefits before the state has the authorization form, or
- apply within the 12-month period the authorization is effective, or
- file a valid appeal of SSA's determination on your initial claim.

The period of the authorization can end before the 12-month period ends, or end after the 12-month period ends when any of these actions take place:

- SSA makes the first SSI Payment on your initial claim; or
- SSA makes a final determination on your claim; or
- the state and you agree to terminate this authorization.

The authorization period will end with the day of the month any of these actions take place.

Can SSA use this authorization form to protect my filing date for SSI benefits?

SSA can use this form to protect your filing date if you checked the "Initial Claims Only" block. When you sign this form, you are saying that you have the intention of filing for SSI benefits if you have not already applied for benefits.

You have sixty (60) days from the date the state receives this form to file for SSI benefits. Your eligibility to receive SSI benefits can be as early as the date you sign this authorization if you file within 60-day time period. If you file for SSI benefits after the 60-day time period, this form will not protect your filing date. Your filing date will be later than the date you sign this form.

What actions am I authorizing when I sign this authorization and I check the "Posteligibility Case Only" block?

Posteligibility Case Only
You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the state for some or all of the money the state gives you. This money helps you while SSA decides if your SSI benefits can be reinstated after being terminated or suspended. If your SSI benefits resume, SSA pays the state from the retroactive SSI benefits due you. The reimbursement covers the time from the day of the month the reinstatement is effective through the first month your monthly SSI benefit resumes.

If the state cannot stop the last payment made to you, SSA can reimburse the state for this additional payment amount.

How long is this authorization effective for the state and me if I checked the "Posteligibility Case Only" block?

This authorization is in effect for you and the state for twelve (12) months. The 12 months begin with the date SSA receives the authorization from the state and end 12 months later.
You and a state representative must sign and date the authorization for the authorization to be valid.

SSA must receive the form within 30 calendar days of the date you signed the authorization. If the form is late, SSA will not accept the form as a valid authorization. SSA will not pay any of your retroactive SSI benefits to the state. SSA will send you any SSI money that may be due you, based on SSA's regular payment rules.

Can the authorization stay effective longer than the 12-month period? Can the authorization end before or after the 12-month period ends?

The authorization can stay effective longer than the 12-month period, if you file a valid appeal. You must file your appeal within the time frame SSA requires.

What rights and appeals are available to me under this authorization.

The State is required to:

1. Give me written notice explaining:
 - * How much SSA repaid the State for interim assistance it gave to me;
 - * That I will have an opportunity for a hearing with the State if I disagree with its actions regarding repayment of interim assistance or any action it took regarding this authorization.

_____ Date _____
Signature of Recipient

_____ Date _____ GR Code **15480**
Signature of State or Township Representative

Copies to: Client SSA Field Office ITA State Office Original: Township Client File

OFFICE OF THE WAYNE TOWNSHIP TRUSTEE
320 East Superior / (260) 449-7000
Fort Wayne, Indiana 46802
NOTICE OF TOWNSHIP ASSISTANCE ACTION

Case:

Name:

Last, First MI

Address : _____

Action taken or to be taken on your request(s) is as follows:

_____ 1 of 3

_____ 2 of 3

_____ 3 of 3

Date of Application 01/01/2009 Time _

Date this Notice Sent 01/01/2009 Time _ _____
(Township Trustee's Signature)

(Supervisor) (Investigator's Signature) (Applicant's Signature)

APPEAL RIGHTS AND PROCEDURE

- . The township trustee shall act on your application within seventy-two (72) hours. (Excluding weekends and the State's legal holidays listed in IC 1-1-9) in accordance with IC 12-20-6-7.
- . If you disagree with the action taken on your case, you have a right to appeal to the board of county commissioners. Your request for an appeal should be in writing or orally as may be required by the board of commissioners. The appeal must be made within fifteen (15) days from the date the township trustee denies assistance.
- . The hearing on your appeal may be conducted by the board of county commissioners or by a hearing officer appointed by that board within ten (10) working days after your appeal is received. In hearing the appeal, the board shall be governed by the uniform relief standards of eligibility and need established by the township trustee, to the extent the standards comply with existing law, for granting TOWNSHIP ASSISTANCE in the township.
- . At the hearing of your appeal you shall appear in person, may retain counsel, and may have persons speak in your behalf. This office is also entitled to be represented. However, you have the right to examine any evidence it introduces and to cross-examine its witnesses. You will be notified of the decision of the board within five (5) working days after the hearing.
- . If you wish to appeal the above action, fill out the appeal request form below.
- . You or the township trustee may appeal a decision of the board of county commissioners to a circuit or superior court in the county. In hearing an appeal, the court shall be governed by uniform relief standards of eligibility and need established by the township trustee for granting TOWNSHIP ASSISTANCE in the township. If legally sufficient standards have not been established, the court shall be guided by the circumstances of the case.

APPEAL REQUEST - TOWNSHIP ASSISTANCE ACTION

_____ County Board of Commissioners Date: _____

(Address)

You are hereby notified of an appeal to the action taken by the Township trustee, _____ Township, _____ County, Indiana, in the Township case of the undersigned, and a hearing is requested for the following reason(s): _____

I certify that the above statements are true and correct to the best of my knowledge and belief.

Name

Address

Telephone

City or Town

, IN

Zip Code

Austin R Knox

===== TRUSTEE WAYNE TOWNSHIP - ALLEN COUNTY =====

320 East Superior Street
Fort Wayne, IN 46802

(260) 449-7000
EXT 358

TO: Name
Address
Fort Wayne, IN 46802

DATE:

RETURN DATE:

CASE #:

PLEASE APPLY FOR EMPLOYMENT AT:

1. Please apply within (3) working days from receipt of this letter.
2. Please bring this referral letter with you when you apply and ask the potential employer to complete the bottom portion of this letter.
3. After you apply, return this signed letter to Wayne Township. If you have an up-coming appointment at the Township, bring it with you then. If you do NOT have a future appointment, please bring it in within six (6) working days.
4. Failure to comply is cause for denial of future assistance (per Indiana Code 12-20-10-1).

Please notify us immediately if you are already employed, or as soon as you get hired, so you may be excused from this referral.

Contact us at the number above Monday – Thursday, 8:00 AM to 4:00 PM or Friday 8:00 AM to 12 PM. If we are unavailable, please leave a message with your full name, phone number, and employment details. You may also leave a message 24 hrs. per day, 7 days per week.

EMPLOYER: Please consider the above-named person for the position of:

PLEASE COMPLETE THIS SECTION

By completing this information, you are verifying that this applicant has applied for work.

Company Name or Stamp _____

Company Representative _____ Date: _____
Signature

Company Phone: _____



EMPLOYMENT REGISTRATION

Date _____

Name _____ Address _____

Telephone _____ Case # _____ Investigator _____

Previous Employers	Position	Dates Employed	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Felonies yes no SS Pending yes no Receiving Social Security yes no

Number of Children in School or Daycare _____ Number of children in the house under the age of ten _____

English as a first language yes no Serious Medical Issues yes no Physician Statement yes no

Resumé yes no Currently Employed yes no E-mail address _____

Skills – Trades – Specialized Training – Tools _____

Certifications – Licenses _____

Education GED yes no Diploma yes no Years Completed _____ Transportation

High School Name _____ Car

College Name _____ Public

Trade School Name _____ License

Hours Available for Work (Circle Shifts)

1st Shift 7 AM – 3 PM

2nd Shift 3 PM – 11 PM

3rd Shift 11 PM – 7

What type of work do you like doing? _____

What languages do you speak? _____

Do you have any limitations or disabilities? yes no They would include _____

I understand that the Wayne Township Employment Department may send/give me job referrals and that I will be expected to follow up by applying at those places of employment. Failure to follow up may result in denial of future assistance.

Signed: _____ Date: _____

EMPLOYMENT RECORD

NAME	LAST	FIRST	SOCIAL SECURITY # (Last four numbers)
ADDRESS			

EMPLOYER'S NAME	ADDRESS	PHONE #:
DATE HIRED:	_____	
EXPECTED DATE OF 1 ST CHECK: (If applicable)	_____	
RATE OF PAY:	_____	
ANTICIPATED HOURS PER WEEK:	_____	
DATE DISCHARGED: (If applicable)	_____	
DATES OF TEMP. EMPLOYMENT:	FROM _____	to _____

GROSS & NET PAY FOR THE LAST 60 DAYS (2) MONTHS:

DATE OF PAY	GROSS PAY	NET PAY

REASON FOR LEAVING:

CHANCE FOR RE-HIRE: YES _____ NO _____

REMARKS: _____

FORM COMPLETED BY: _____ POSITION _____

EMPLOYER REPRESENTATIVE

CLIENT SIGNATURE: _____ CASE NO: _____

INVESTIGATOR: _____ DATE: _____



WAYNE TOWNSHIP TRUSTEE OFFICE

ALLEN COUNTY

320 E. Superior Street

Fort Wayne, Indiana 46802

Phone: (260) 449-7000 Fax: (260) 422-8460

AUSTIN R KNOX

TRUSTEE

INCOME GUIDELINES

Effective February 13, 2024

Income Guidelines

Based on 120% of 2024 Federal Poverty Level

PERSONS IN HOUSEHOLD	MONTHLY GROSS INCOME
1	\$ 1,506
2	\$ 2,044
3	\$ 2,582
4	\$ 3,120
5	\$ 3,658
6	\$ 4,196
7	\$ 4,734
8	\$ 5,272

For each additional person – add \$538

HOUSEHOLD BUDGET

Date	Expenditures	Amount	Resources of Income	Gross	Net
	Food Stamps		TANF		
	Food & Paper Products/Cash		Social Security (S.S.D.)		
	Paper Products Only Cash		Child Support		
	Rent-Own-Payment		S.S.I.		
	Rental Deposit		Earnings		
	Gas / Gas Deposit		Checking Account		
	Electric / Electric Deposit		Savings Account		
	Water / Water Deposit		Pensions		
	Fuel Oil		Unemployment Compensation		
	Telephone (Basic Service)		Roomer / Boarders		
	Insurance (Life, Med, Auto)		Utility Allowance (FWHA)		
	RX's / Medical (Receipts) Bills		Settlements		
	Clothing (Receipts)		Loans		
	Transportation (Medical / Work)		Gift		
	Car Repairs (Medical / Work)		Sick Benefits		
	Bus		Federal Tax Refund		
	Day Care (\$45/wk, work only) Babysitter (\$1.00/hr., work only)		State Tax Refund		
	Support Payment (out of household)		Other		
	Automobile Payments (work only)				
	Other (Emergencies) INTERNET ALLOT				
	TOTAL		TOTAL		

320 East Superior Street
Fort Wayne, IN 46802

(260) 449-7000
Workfare Department Ext. 317

**WAYNE TOWNSHIP TRUSTEE WORKFARE PROGRAM
PARTICIPANT GUIDELINES**

You have been assigned work days by the Wayne Township Trustee Office. **YOUR RESPONSIBILITIES:**

1. The first day of your Workfare assignment will consist of orientation or a work day. For orientation, you are required to report to the Wayne Township Trustee Office Workfare Program by 8:45. Upon arrival, check in at the front desk. During orientation, you will receive an explanation of the policies and procedures of the Wayne Township Workfare Program. Failure to adhere to these policies and procedures will result in denial of future assistance.
2. You are required to work the time and worksite assigned to you. You are required to attend all assigned training, at the time and location assigned.
3. You must work your assigned days consecutively, as assigned. When you work a double day, you are expected to be at the worksite or training the next day. Do not skip days for working extra hours.
4. You are required to work a four (4) hour day, unless stipulated otherwise by the Trustee or designee. You are required to report to your assigned job site on time. You will be given a Direct Weekly form to cover a week or more of work days. Your Direct Weekly must be signed daily by the supervisor at your worksite. At the end of your assigned work week, return your completed Direct Weekly form either **by 2:00 PM** on the last day assigned on the Direct Weekly, or by **2:00 PM** the following work day, to the Wayne Township Trustee Workfare Office.
5. If you find employment of at least 25 hours per week while participating in the Wayne Township Workfare Program, you must notify The Workfare Department as your workdays **may** be waived. Notification of your employment must be in writing. **Those who fail to notify the Workfare Department in writing will not be released from their workfare obligations.**

I FULLY UNDERSTAND THE GUIDELINES OF THE WAYNE TOWNSHIP TRUSTEE WORKFARE PROGRAM AND REALIZE THIS IS A COMMITMENT THAT MUST BE ADHERED TO IN ITS ENTIRETY. I ALSO UNDERSTAND THAT FAILURE TO ADHERE TO THESE GUIDELINES, OR ANY POLICY OR PROCEDURE, WILL RESULT IN THE DENIAL OF FUTURE ASSISTANCE FOR 180 DAYS.

Date: _____

Client's Signature: _____

Case #: _____

Investigator: _____

Austin R Knox
Wayne Township Trustee

1 copy for case/1 copy for client

_____ Work hours assigned starting _____ thru _____

Wayne Township Trustee Workfare Program

The Workfare Department assigns you a worksite based upon where you are needed and the skills you possess. You will be given an assignment sheet (Direct Weekly) that must be completed by the supervisor at your assigned worksite. You **MUST RETURN** this assignment sheet or you **WILL NOT** receive credit for the days you have worked! Return your completed assignment sheet by either **2:00 PM** on the last day of your assigned week **or** by **2:00 PM** on the following day.

IT IS MANDATORY THAT YOU WORK A MINIMUM OF 4 (FOUR) HOURS DAILY. You may or may not receive a break during your 4 hour workday at your worksite. Some sites do allow you to work more hours during the day.

- Work for 4 (four) hours – You receive credit for a single day.
- Work for 6 (six) hours – You receive credit for a day and a half.
- Work for 8 (eight) hours – You receive credit for 2 (two) days.

YOU MUST ADHERE TO THE FOLLOWING BEHAVIOR AND DRESS CODES OR YOU WILL BE RED-FLAGGED. RED-FLAGGED MEANS YOU FACE A DENIAL OF FUTURE ASSISTANCE FOR 180 DAYS.

- 1.** Upon your arrival at your worksite, contact the site supervisor to determine your workfare responsibilities at the site. Comply with the agency supervisor on the worksite.
- 2.** Adhere to your assigned work hours.
- 3.** Inform the agency **AND** the Workfare Dept. if you are going to be absent.
- 4.** Provide proper documentation (Dr's excuse, etc.) to Workfare when you are absent, even for 1 day. Absence due to a job interview must be documented to be excused.
- 5.** Display a good attitude, which means being peaceful, helpful, reasonable, and polite.
VIOLENCE AND THREATS OF VIOLENCE ARE NOT TOLERATED.
- 6.** Look presentable at all times. Always wear a shirt and shoes. Pants/shorts must come to the knee or below. No hats or scarves should be worn. No foul language, no profanity, and no pictures of drugs on any clothing.
- 7.** Do not use foul language or profanity.
- 8.** You must not be under the influence of alcohol or nonprescription drugs. You are not allowed to have nonprescription drugs or alcohol in your possession on the Wayne Township Trustee Office premises, at a workfare site, or at a training site.
- 9.** **YOU ARE NOT ALLOWED TO HAVE ANY TYPE OF WEAPON IN YOUR POSSESSION ON THE WAYNE TOWNSHIP TRUSTEE OFFICE PREMISES, AT A WORKFARE SITE, OR AT A TRAINING SITE.**
- 10.** **IMMEDIATELY INFORM THE WAYNE TOWNSHIP TRUSTEE WORKFARE PROGRAM OF ANY UNSAFE WORKING CONDITIONS YOU ENCOUNTER AT YOUR WORKFARE SITE (260) 449-7000 X317.**

Remember: You represent yourself and the Wayne Township Trustee Office Workfare Department! You **may** be released from your Workfare obligation if you find employment of at least 25 hours per week and provide proper documentation. Note: you will not be eligible for any assistance until you complete your workdays.

Your signature below indicates that you participated in Workfare orientation including a question and answer opportunity, and that you fully understand all of the above information.

WORKFARE PARTICIPANT SIGNATURE

DATE

**FOOD AND PAPER PRODUCTS
MONTHLY ALLOTMENT SCHEDULE**

HOUSEHOLD SIZE	FOOD ALLOTMENT	PAPER PRODUCTS ALLOTMENT*	TOTALS: FOOD & PAPER PRODUCTS
1	200.00	80.00	280.00
2	285.00	85.00	370.00
3	305.00	105.00	410.00
4	325.00	125.00	450.00
5	345.00	145.00	490.00
6	365.00	165.00	530.00
7	385.00	185.00	570.00
8	405.00	205.00	610.00
9	425.00	225.00	650.00
10	445.00	245.00	690.00

***An additional \$50.00 can be considered for one person in need of incontinence products and \$25 for each person in the household after that.**

MONTHLY SHELTER ALLOTMENT

All clients requesting assistance from the Wayne Township Trustee Office must apply for affordable shelter at the Fort Wayne Housing Authority and remain in compliance with Housing Authority requirements (See schedule U). Clients not eligible for Housing Authority must apply and continue to comply with a comparable housing program to find low-cost housing.

Wayne Township will consider assisting with shelter at the following monthly rates.

HEAT INCLUDED*

Transitional Housing	\$300.00	
Boarding House/Sleeping Rooms		
Efficiency	\$500.00	
One (1) bedroom	\$700.00	\$ 760.00
Two (2) bedrooms	\$800.00	\$ 870.00
Three (3) bedrooms	\$900.00	\$ 980.00
Four (4) bedrooms	\$1000.00	\$1095.00

The amount of shelter assistance provided must be the most economical and practical method of relieving the applicant. Wayne Township will provide shelter assistance only for the size of the housing unit needed to accommodate the number of persons and family composition of those in the household. To determine the maximum size of the unit necessary for

the household, Wayne Township will take into consideration the number of persons in the household; the relationship, age and gender of the household members, and any special circumstances that might necessitate a larger unit.

The general standards are:

<u>Household Size</u>	<u>Maximum Unit Size</u>
One person or couple	1 Bedroom
One person or couple Plus one additional occupant	2 Bedroom
One person or couple Plus two additional occupants	3 Bedroom
One person or couple Plus three additional occupants	4 Bedroom

WAYNE TOWNSHIP TRUSTEE'S OFFICE
320 E. Superior Street
Fort Wayne, IN 46802

Case # _____

Investigator _____

Date _____

Shelter Verification and Affidavit

To the Landlord of: _____
Address: _____ Fort Wayne, IN. 468_____

The above named individual has applied for Township assistance from the Wayne Township Trustee's Office and has named you as his/her Landlord. The applicant, by signature below, is requesting that you provide the following information so that the township may determine eligibility for assistance.

Applicant

Applicant

1. Are you willing to accept a General Purchase Order from the Township as Shelter payment for this household? (If no, sign and return.) Yes NO
2. Is owner, landlord or agent related to any member of this household? Yes NO
If Yes: What is the relationship? _____ Does property have mortgage? _____
Was property previously rented to non-related tenant for at least six months? _____
Does owner, landlord or agent reside at this property? _____
3. How many rooms does this unit have? _____ How many bedrooms? _____
4. How many persons presently live in this unit? Adults: _____ Children (under 18): _____
5. What appliances do you provide? _____
6. What utilities are included in the rent payment? _____

Does this unit have a separate utility meter for each utility service not included in the rental payment? Yes NO
If your answer is "No," which utility service is "master" metered? _____
7. Do you require a damage/security deposit? Yes NO
If yes, how much? \$ _____ Date deposit paid: _____, 20____.
8. Does this household/tenant owe you back rent? Yes NO
If yes, how much? \$ _____ Date of last payment: _____, 20__ Amount: \$ _____
9. Date this household/tenant moved into your unit: _____, 20__.

The undersigned affirms under penalties of perjury:

- (1) That _____ is the legal owner of real property located at: _____ and is legally entitled to collect rent thereon.
- (2) That said property has been rented to: _____ for \$ _____ per month:
 utilities included utilities not included
- (3) That the owner hereby authorizes: _____ to act as agent of owner to collect the rent for the above described property (if applicable).
- (4) Wayne Township will CONSIDER paying \$ _____ rent from _____, 20__ to _____, 20__, only if the undersigned hereby GUARANTEES owner will not raise this tenant's rent earlier than ninety (90) days from this date and GUARANTEES owner will not evict tenant earlier than thirty (30) days after the date of signing purchase order for township rent assistance. **SIGNATURE OF OWNER, LANDLORD OR AGENT BELOW CONSTITUTES AGREEMENT WITH THE FOREGOING STATEMENT.**

For Tax Purposes	
_____	Signature of Owner/Landlord
_____	Printed Name of Owner/Landlord
_____	Address, (City, State, Zip) of Owner/Landlord
_____	Telephone Number of Owner/Landlord
_____	Social Security or Federal I.D. Number of Owner/Landlord

Signature of Agent

Printed Name of Agent

Telephone Number of Agent

Upon approval, check is being mailed to the following: Name: _____ Address: _____ _____ _____

ATTENTION LANDLORD – PLEASE READ

All Wayne Township purchase orders (or vouchers) issued from this office must be signed and returned to the office by the last business day of each month. The Township has developed a 45 day payment cycle. Landlord checks will, under normal circumstances, be mailed out the 15th of second month from receipt. Rent assistance is still granted on a monthly basis. The Shelter Verification Affidavit (this form) is not a commitment to pay; it is merely a confirmation of ownership (or management), tenant identity, number of bedrooms, and rental amount.

“I (we) affirm, under the penalties of perjury, that the foregoing representation(s) is (are) true.

Signature of Registered Owner, Landlord, or Agent

Date

Any person who falsifies an affirmation or representation of fact shall be subject to the same penalties as are prescribed by law for the making of a false affidavit.

BURIAL ALLOTMENT

	<u>INFANT</u>	<u>ADULT</u>	<u>OVERSIZED</u>
Funeral Home	\$ 132.00	\$ 1200.00	\$1200.00
Cemetery	\$ 75.00	\$ 1200.00	\$1300.00
Cremation	Price varies – the average allotment is \$175		

Case Number: _____

Client Name: _____

ASSISTANCE MEMO

You must seek assistance on the following days if your last name begins with:

MONDAY	A	B	C	D	E	F		
TUESDAY	G	H	I	J	K	L		
WEDNESDAY	M	N	O	P	Q	R		
THURSDAY	S	T	U	V	W	X	Y	Z

You may use any assigned day during the month. You must be in the office by 9:00am.

1. All clients receiving assistance from the Wayne Township Trustee's Office must provide a current and valid state or federal photo I.D. **for all adults in the household.**
2. Wayne Township Trustee's Office has the right to conduct an outstanding warrants check of all clients and household members over the age of 18.
3. All clients requesting utility assistance must present Wayne Township Trustee Office with original utility bills (or counter bills).
4. Clients seeking assistance through the Wayne Township Trustee Office must make application in the month that the bill is received (except for certain statutory exceptions for utility bills) or the month shelter is due. Clients failing to do so will be DENIED assistance for the month(s) in which they did not make application.
5. Clients have five (5) working days (excluding weekends and holidays) to provide Wayne Township with all requested information. Failure to do so will result in DENIAL of all requests for non-compliance.
6. **Please be prompt for your scheduled appointment.**

I, CLIENT, have read and understand the above.

Client's Signature

Date

Austin R Knox
Wayne Township Trustee

OFFICE OF THE WAYNE TOWNSHIP TRUSTEE OFFICE
320 EAST SUPERIOR STREET, FORT WAYNE, INDIANA 46802

Telephone 260-449-7000

FAX 422-8460

Client # _____

ATTENDING PHYSICIAN'S STATEMENT

Please return this statement as soon as possible, in order to determine eligibility for Township assistance for the client mentioned below. If for some reason this statement cannot be completed, please state reason for refusal in the "Remarks" section below.

I hereby authorize (physician's name and address) _____

to furnish to the Office of the Wayne Township Trustee all information concerning the illness, accident, reports of any physical or mental condition, including answers to the questions and remarks listed below for:

Print Patient's Name _____ Relationship to WTTO Client _____

Client/Guardian's Signature _____ Date Signed _____ Address _____

Investigator's Signature _____ Date Signed _____ Phone Number 260-449-7000 Ex _____

This information is confidential and will be used only for a determination of assistance. This release expires 180 days after it is signed.

Physicians please complete the following information on the client mentioned above:

1. If known, insurance company and address _____

2. Benefits Available: Medicaid _____ Medicare _____ Workman's Comp _____

3. Date of Accident or Illness _____

4. Cause of Accident or Illness _____

5. Date and Nature of Surgery _____

6. Diagnosis (Describe Fully) _____

7. Treatment or Service Rendered _____

8. If hospitalized, name the hospital, date of discharge _____

9. Date able to return to work _____ Light or Regular Duty _____

10. Is further treatment anticipated? Explain _____

11. Is the client capable of seeking employment? _____

12. Is the client capable of doing work days? _____

13. Is the client capable of coming to the Trustee Office with set appointments? _____

14. Is a telephone required for medical reasons in the household? _____ State life threatening situation _____

15. Additional remarks or comments _____

Physician Signature

Date Signed

Address

2.10.04 WORKFARE EXCEPTIONS - Recipients may be excused from Workfare if the obligated individual is not physically able to perform the proposed work and provides medical evidence such as the Township's "Attending Physician's Statement" (Schedule Q).

2.00.01 MEDICAL EXEMPTION FROM WORK - If an applicant or a member of an applicant's household claims an inability to work due to health, the Trustee may require a current "Attending Physician's Statement" (Schedule Q) indicating whether the applicant or household member is able to perform work. (IC 12-20-10-3.5)

2.50.00 TELEPHONE SERVICES - The Trustee recognizes the telephone as a basic necessity and may authorize payment of an applicant's telephone service. The Trustee will authorize payment for the most cost-effective service only.

WAYNE TOWNSHIP TRUSTEE'S OFFICE

Austin R Knox, Trustee
320 East Superior Street
Fort Wayne, IN. 46802

SWORN STATEMENT AND NOTICE OF INTENTION TO HOLD TOWNSHIP ASSISTANCE LIEN

TO: Assistance Recipient

DATE:

ADDRESS:

YOU ARE HEREBY NOTIFIED THAT WAYNE TOWNSHIP, ALLEN COUNTY, INDIANA, BY ITS TRUSTEE, (hereinafter called "Claimant"), whose address is Wayne Township Trustee's Office, 320 East Superior Street, Fort Wayne, Indiana 46802, intends to hold a Township Assistance Lien on the following described real estate:

(Insert legal description)

commonly known as (Street Address), Fort Wayne, Indiana (Zip Code), and all improvements thereon, for the amount of (insert total assistance for which lien is being claimed) Dollars (\$0,000.00) as of (date) for (insert type of assistance) assistance provided by the Trustee of Wayne Township pursuant to the Wayne Township Assistance Eligibility Standards.

Said township assistance lien is for assistance provided beginning (insert date assistance was first provided). Said township assistance lien is to be applied by the Claimant solely to reimburse Wayne Township for the assistance provided at said residence from government funds.

The undersigned individual executing this instrument, having been duly sworn upon his/her oath, under the penalties for perjury, hereby states that Claimant intends to hold a township assistance lien upon the above-described real estate and that the facts and matters set forth in the foregoing statement are true and correct.

WAYNE TOWNSHIP, ALLEN COUNTY

By: Austin R Knox., Trustee

STATE OF INDIANA)
) SS:
COUNTY OF ALLEN)

Before me, a Notary Public in and for said County and State, personally appeared, who acknowledged the execution of the foregoing Sworn Statement and Notice of Intention to Hold Township Assistance Lien and who, having been duly sworn, under penalties for perjury, stated that the facts and matters therein set forth are true and correct.

WITNESS my hand and Notarial Seal this ____ day of _____, 20__.

My Commission Expires: _____

Notary Public: _____
Indiana
Printed Name: _____

County of Residence: _____,

I hereby certify that I have this day mailed by First Class Mail, a duplicate of this Sworn Statement and Notice of Intention to Hold Township Assistance Lien to the property owners named therein at the address set forth therein.

Date: _____

_____ Recorder of Allen County, Indiana

This instrument was prepared by Mark E. GiaQuinta, HALLER & COLVIN, P.C., 444 East Main St., Fort Wayne, IN 46802

MONTHLY MAXIMUM UTILITY ALLOTMENT*

	ELECTRIC	CITY UTILITY	GAS
Efficiency	\$110.00	\$ 80.00	\$100.00
One (1) bedroom	\$130.00	\$ 90.00	\$110.00
Two (2) bedrooms	\$165.00	\$100.00	\$135.00
Three (3) bedrooms	\$190.00	\$115.00	\$185.00
Four (4) bedrooms	\$205.00	\$125.00	\$210.00

*Wayne Township will provide utility assistance only for the size of the housing unit needed to accommodate the number of persons and family composition of those in the household. To determine the maximum size of the unit necessary for the household, refer to Schedule L, Monthly Shelter Allotment.

For housing units with electric heat only, Wayne Township will consider adding the gas allotment to the electric allotment to determine the amount of electric utility assistance.

MONTHLY TELEPHONE ALLOTMENT

Wayne Township recognizes telephone and internet service as basic necessities. Clients may spend up to \$50 per month toward the most cost-effective telephone and internet service(s) available, which payment will not be counted as a wasted resource.

Clients must apply for the most cost-effective program through one of the free cell phone programs for low-income individuals and must do everything required to receive their service for free.

COMPLIANCE WITH OTHER AGENCIES

It's very important that when you request assistance from Wayne Township you also comply with other agencies in our community. Several of them can help in ways that Wayne Township cannot. It is a requirement that you comply with the following agencies in order to receive assistance. Following is list of ways to comply with other agencies:

FOOD STAMPS/TANF

- Attend all IMPACT classes
- Attend all update meetings
- Attend all recertification appts.
- Complete all job search requirements
- If unable to get food stamps/tanf must provide letter from FSSA stating why

FWHA (SECTION 8 & PUBLIC HOUSING)

- Everyone must apply
- Update address or name change or household size change
- Attend all orientations / return all paperwork including postcards to FWHA within time frame allowed
- Report new or changed income
- Attend all recertification appts.
- Once on FWHA, must continue to comply with all rules & regulations governed by the agency
- Do everything required to stay on FWHA
- If denied FWHA, must provide a denial letter with date, reason for denial
- If evicted from FWHA, must provide effective date, reason for eviction

SOCIAL SECURITY DISABILITY& MEDICAID

- Attend all appointments
- Provide all required documentation to above agencies
- Provide physicians statements every 3 months
- Provide updates from agencies to WTTO
- Appeal after each denial & provide proof of doing so
- Securing an attorney after the second Social Security denial sometimes helps to expedite the process

COMMUNITY ACTION (Brightpoint)

- Apply for Energy Assistance Program each year
- Provide all required documentation
- Apply for childcare if applicable

CHILD SUPPORT OFFICE

- Must file for support for all children in the household
- Do everything necessary to find the father of the children
- Cooperate with Prosecuting Attorney doing everything necessary to obtain support
- Get paternity tests for all children in the household
- Appear in court

Failure to comply is grounds for denial of Wayne Township Assistance.

SIGNATURE _____

DATE _____

MONTHLY TRANSPORTATION ALLOTMENT

Wayne Township recognizes transportation as a basic necessity, and we can provide daily or monthly bus passes or the equivalent cost of gasoline. Clients may receive up to \$45 per month toward the cost of fuel if they drive a vehicle rather than take the bus.