

**Town of Denmark
General Assistance Guidelines**

As an Applicant for General Assistance, it is important that you understand and agree to the following:

- You are responsible for providing the documentation we need to determine eligibility. If information is requested by the caseworker, you will need to provide it before help can be provided.
- This program helps with basic necessities such as: housing, utilities, food, medication, etc.
- All money you receive must be spent on basic necessities before asking for assistance from this office.
- Expenses **not** considered “basic necessities” include: telephone/cell phone, tobacco, alcohol, vehicle costs, cable or internet, court fines, vet bills, credit card payments, repayment of loans, etc. Money spent on these items will be considered misspent.
- You must report any money received by your household in the last 30 days. This includes what relatives/friends buy or give you. You will be required to provide receipts to account for all money; without receipts, that money will be considered still available to you and reduce the amount of assistance you may be eligible to receive.
- You must report any changes in your household size, finances or benefits each time you apply for assistance.
- In the future, if you have the ability to do so, you may be required to reimburse the Town for assistance received.
- Providing false information will result in a disqualification from the General Assistance program for 120 days and your case may be referred to the Bangor Police and/or the District Attorney for criminal prosecution. Failure to comply with General Assistance rules or requests may result in denial of assistance until you comply.
- A disqualification for General Assistance benefits will be reported to DHHS and may result in the loss of SNAP benefits or other benefits.

I understand all available money has to be used for basic necessities. Money not spent on basic necessities will be counted as misspent money. I further understand I must provide receipts for any money coming into the household.

Applicant Signature

Date

General Assistance Caseworker Signature

Date

TOWN DENMARK
GENERAL ASSISTANCE NOTICE and REQUIREMENTS

General Assistance is a program of the last resort based on immediate need for the most basic necessities. You must use all available income and resources first. Basic necessities include shelter/rent, food, fuel, electricity, personal care and household items, medication, and non-elective medical services as recommended by a physician. (22 MRSA § 4301)

The following are examples of items not considered basic necessities and will not be allowed in the budget computation: phone bills, cell phones, internet connection, cable/satellite television, mail orders, cigarettes, alcohol, gifts, costs of trip or vacations, credit card debts, cost associated with pet care, legal fees, late fees, key deposits, payments on vehicles, furniture and/or appliances, and repayment of unsecured loans.

Parents who are financially able are required by law to support their children under the age of 25. Spouses are legally required to financially support each other. The municipality has the right to require these relatives to repay any assistance that is granted. (22 MRSA § 4319(1))

When you attend your intake please bring the following:

- Picture Identification (State ID or driver's license) for everyone over age 18 in the Household
- Passports, I-94s & Visas (if not U.S. Citizens)
- Social Security Cards for all Household members
- Medical Cards (private, MaineCare, Medicare or Healthy Maine Prescription)
- Written verification of all household income anticipated in the next thirty-day period
- Documentation of all Household Expenses (actual bills – paid and unpaid)
- Current Bank Statements for all accounts including checking & savings
- Verification of any other assistance you receive TANF, SNAP, Subsidized Housing, BRAP, Shelter + Care, RAC, Section 8, Etc.

Household Income includes but is not limited to:

- Wages received for any full-time, part-time or temporary employment (including money earned "under the table")
- Social Security and/or SSI payments (whether in your name, your children's name or the name of a payee)
- Disability payments or Workers Compensation
- Unemployment Compensation Benefits
- VA (Veterans) Benefits;
- TANF/ASPIRE
- Child Support
- Payments from a pension or trust fund (including interest on any assets)
- All State & Federal Income Tax Refunds and their Property Tax Fairness Credit- if not used for basic necessities (formerly the Maine Residents Property Tax Rebate)
- Income from all household members, including children, roommates, relatives, boyfriends or girlfriends
- Income received from all sources including relatives and friends and income 'in kind'
- Lump Sums (Settlements of any kind or one-time payments)

Household Expenses Include but are not limited to:

- Rent or Mortgage
- Utilities (CMP, oil, propane, K-1, sewer bills, water bills, etc.)
- Work related expenses (i.e. childcare, bus tickets, mileage to work & tolls)
- Any bills that you pay on a regular basis (phone, internet, cable, internet, car insurance, medical expenses, credit cards, etc.)

GENERAL ASSISTANCE NOTICE and REQUIREMENTS

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Repeat Applicants (you need to follow all instructions on your eligibility/ineligibility form):

- Find reasonable housing within the municipality's guidelines that you are or will be residing. (22 MRSA §4301)
- Provide verification of all household income and expenses for the past 30 days. (22 MRSA §4301)
- Provide receipts for the past 30 days' income to show where you spent your money. If determination cannot be made that income was spent on basic needs, the applicant will not be eligible to receive assistance to replace the misspent or missing money. (22 MRSA §4315A)
- Apply for and utilize any available and potential resources or benefits you are referred to. (22 MRSA §4317)
- Do not cause a termination or reduction of benefits from other public assistance programs including Unemployment Insurance. (22 MRSA §4317)
- If working, you must maintain your employment and/or not cause yourself to be fired or quit (22 MRSA §4316-A)
- If you are able to work but are not currently employed, you will be required to complete workfare, job searches, register at the Career Center and participate in no cost training, if referred by the administrator. (22 MRSA §4316-A (2))
- If you have not completed your high school education and/or have limited English skills you will be required to participate in no cost classes, if referred by the administrator. (22 MRSA §4316-A (1-D))
- If you are not able to work, a medical statement will be required. (22 MRSA § (5))
- You must reimburse the Town/City for assistance provided in the event you have the ability to do so. (22 MRSA §4318)

Use of Income, Denial, False Representation and Disqualification:

- The Municipality reserves the right to apply specific use-of-income requirements to any applicant who fails to use his or her income for basic necessities or fail to reasonably document his or her use of income.
- Failure to do any of the above may result in being denied general assistance or affect your future eligibility.
- False representation of the material facts is fraud which is a Class E crime and carries a penalty of \$1,000 fine and possible jail time. (22 MRSA §4315)
- A disqualification from general assistance may also lead to the loss of your food supplement assistance from DHHS. (22 MRSA §4316-A)

Your rights when applying for General Assistance:

- You have the right to make an application which is confidential and receive a written decision within 24 hours.
- If this is the first time you have applied for general assistance your eligibility can be determined only on the basis of need and you can't be stopped from applying because of the lack of length of residence.
- If you are facing an emergency situation you may be found eligible for emergency general assistance, even if you are not eligible for nonemergency general assistance.
- If you are denied help you have the right to appeal and have a fair hearing to decide if the decision denying you assistance was correct. You also have the right to contact the State Department of Health and Human Services (DHHS) in Augusta at 1-800-442-6003 if you think this decision violates State Law.
- You have the right to review the Ordinance, Policy and Statutes that sets forth the rules for the General Assistance Program.

I have read the above and understand my responsibilities for General Assistance.

Client's Signature: _____ Date: _____

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APPLICATION FOR GENERAL ASSISTANCE

Administrator: Please read the following to the applicant or have the applicant read it in your presence.

PENALTY FOR FALSE REPRESENTATION. Whoever knowingly and willfully makes any false representation of a material fact to the overseer of any municipality or to the department or its agents for the purpose of causing that or any other person to be granted assistance by the municipality or by the State is guilty of a Class E crime and shall reimburse the municipality for that assistance. Further assistance may be denied until that person reimburses the municipality for the assistance or enters into a written agreement, which must be reasonable under the circumstances, to reimburse the municipality or that person has been ineligible for assistance for a period of 120 days, whichever period is longer.
(22 M.R.S.A. § 4315).

1. HOUSEHOLD (Please type or print)

Name of Applicant:		Date of Birth:	Place of Birth	Social Security Number:	Telephone numbers:	
					Home:	
					Cell:	
					Message:	
Mailing Address:					Length of Use:	
Physical Address:					Length of Residence:	
Most recent previous address:					Length of Residence:	
Applicant is: (Circle One)	Single	Has anyone in the HH ever applied for GA in the past? YES or NO	If yes,		Type of Assistance Received:	
Married	Divorced		Where:			
Separated	Widowed		When:			
Does anyone in your household have a warrant for their arrest as a result of a felony conviction?	If yes, who?	Have you reached the TANF 60 mo. Limit?	If yes, have you applied for an extension?			
Has your household applied for LIHEAP?	Does everyone receive SNAP benefits?	If so, how much?	Do you have a Government funded cell phone?	Has your household filed for an income tax refund?		
Did you or anyone in your household serve in the U.S. Military?	Has anyone applied for a VA pension?	Does anyone receive post-secondary Financial Aid?	Subsidized Housing?	Is everyone in the household a US citizen?		
			Utility Allowance? \$			
Total number of people in household:	Number seeking assistance:	Total # of people for whom applicant is seeking assistance:	Is anyone sanctioned by TANF?	If so, who and date:		
			Is anyone disqualified by GA?			
PEOPLE LIVING WITH THE APPLICANT		RELATIONSHIP	DOB	Birthplace	SOCIAL SECURITY #	Disabled(D) Veteran (V)
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

NAMES AND ADDRESSES OF SPOUSE, EX-SPOUSE, PARENTS, GRANDPARENTS AND CHILDREN'S PARENTS WHO ARE NOT MEMBERS OF THE HOUSEHOLD

1. Name:		2. Name:	
Mailing Address:		Mailing Address:	
Relationship:	Telephone #:	Relationship:	Telephone #:
3. Name:		4. Name:	
Mailing Address:		Mailing Address:	
Relationship:	Telephone #:	Relationship:	Telephone #:

2. EMPLOYMENT INFORMATION - APPLICANT

Is applicant currently employed?		If YES, type of job:	
If yes, name of employer:		Address of Employer:	
Start Date:	How many hours per week?	Date last wages received?	Amount?
LIST TWO PREVIOUS EMPLOYERS (if needed):			
Name:		Address:	
Name:		Address:	
Start Date:	End Date:		
Start Date:	End Date:		
Are you disabled?	Do you have an active SSI/SSDI application?	If so, what stage of the process are you in?	Do you have an attorney? If so, who?
			Have you filed an IAR?
Under what circumstances did the Applicant leave his/her last place of employment?		Date of Separation from employment:	
If unemployed, has applicant registered with the Maine Job Bank/Career Center?		Highest level of education completed:	Was applicant in the military? Branch?
Job Skills:			

EMPLOYMENT INFORMATION – OTHER HOUSEHOLD MEMBER - Name:

Is member currently employed?		If YES, type of job:	
If yes, name of employer:		Address of Employer:	
Start Date:	How many hours per week?	Date last wages received?	Amount?
LIST TWO PREVIOUS EMPLOYERS :			
Name:		Address:	
Name:		Address:	
Start Date:	End Date:		
Start Date:	End Date:		
Are they disabled?	Do they have an active SSI/SSDI application?	If so, what stage of the process are they in?	Do you have an attorney? If so, who?
			Have they filed an IAR?
Under what circumstances did this member leave his/her last place of employment?		Date of Separation from employment?	
If unemployed, has member registered with the Maine Job Bank/Career Center?		Highest level of education completed?	Was member in the military? Branch?
Job Skills:			

EMPLOYMENT INFORMATION – OTHER HOUSEHOLD MEMBER - Name:

Is member currently employed?	If YES, type of job:
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IF yes, name of employer:		Address of Employer:	
Start Date:	How many hours per week?	Date last wages received?	Amount?
LIST TWO PREVIOUS EMPLOYERS:			
Name:		Address:	Start Date: End Date:
Name:		Address:	Start Date: End Date:
Are they disabled?	Do they have an active SSI/SSDI application?	If so, what stage of the process are they in?	Do they have an attorney? If so, who? Have they filed an IAR?
Under what circumstances did this member leave his/her last place of employment?		Date of Separation from employment?	
If unemployed, has member registered with the Maine Job Bank/Career Center?		Highest level of education completed?	Was this member in the military? Branch?
Job Skills:			

3. ASSISTANCE REQUESTED

ASSISTANCE REQUESTED: Please place check mark next to each type of assistance being requested and enter the amount of the request.					
<input checked="" type="checkbox"/>	ASSISTANCE	AMOUNT	<input checked="" type="checkbox"/>	ASSISTANCE	AMOUNT
	1. Food	\$		7. Household/Personal Supplies	\$
	2. Rent	\$		8. Prescriptions/Medical	\$
	3. Mortgage	\$		9. Water	\$
	4. Electricity	\$		10. Sewer	\$
	5. LP Gas	\$		11. Other (Specify):	\$
	6. Heating Fuel	\$		TOTAL ASSISTANCE REQUESTED	\$

4. USE OF INCOME - PRIOR 30 DAYS (Office use only)

Income:	\$	(Use of income may not bar eligibility for applicants in a life threatening emergency or initial applicants)	
	\$		
	\$		
Total: (A)	\$		
Household Receipts			
Food	\$		
Housing	\$		
Utilities	\$		
Propane	\$		
Fuel	\$		
Household	\$		
Personal	\$		
Med/Presc.	\$		
Water	\$		
Sewer	\$		
Other:	\$		
	\$		
Total: (B)	\$		
Notes:			
		Other Receipts	
		Phone	\$
		Internet	\$
		Cable	\$
		Tobacco	\$
		Alcohol	\$
		Magazines	\$
		Pet Food	\$
		Fines/bails	\$
		Other:	\$
			\$
		Total: (C)	\$
		Total Income: (A)	\$
		Less Total Receipts: (B)	\$
		Plus Misspent Money: (C)	\$
		Plus Difference Between (A)-(B)+(C) - Unaccounted	\$
		(A) Total Added to Line "N, section 5":	\$

5. PROJECTED 30 DAY INCOME

INCOME: Check YES or NO for each type of income. Enter the amount of all money to be received (in the next 30 days) by: (1) the applicant; (2) the applicant's family; and (3) unrelated household members. Report how often income is received.

TYPE OF INCOME	✓	MONEY APPLICANT RECEIVES		MONEY FAMILY RECEIVES		MONEY OTHERS RECEIVE		OFFICE USE ONLY
		AMOUNT	FREQUENCY	AMOUNT	FREQUENCY	AMOUNT	FREQUENCY	MONTHLY TOTAL
A. Employment		\$		\$		\$		\$
B. TANF		\$		\$		\$		\$
C. Social Security		\$		\$		\$		\$
D. Military/Veteran Benefits		\$		\$		\$		\$
E. Retirement or Pension Plan		\$		\$		\$		\$
F. Unemployment Benefits		\$		\$		\$		\$
G. Worker's Compensation		\$		\$		\$		\$
H. Child Support/ Alimony		\$		\$		\$		\$
I. SSI- Supplemental Security Income		\$		\$		\$		\$
J. Bank Accounts & Cash on Hand		\$		\$		\$		\$
K. Income/In kind from Relatives		\$		\$		\$		\$
L. Other (please specify)		\$		\$		\$		\$
For Repeat Applicants Only:								
M. Investment Asset(s) Value (See Section 5, C)								\$
N. Misspent Income & Unverified Expenditures (during the last 30 days)								\$
SUBTOTAL – MONTHLY HOUSEHOLD INCOME								\$
O. LESS: Total verified monthly work-related expenses: Child Care: \$ _____ Mileage: (RT miles ____ * # of days a week: ____ * # of weeks per month: ____ * ordinance mileage: _____) = _____ Other: _____								\$
TOTAL – MONTHLY HOUSEHOLD INCOME								\$

6. ASSETS

ASSETS: Check yes for each asset owned and enter the value. Enter who in the household owns the asset.

TYPE OF ASSET	✓	VALUE	ASSET OWNED BY
A. Home		\$	
B. Real Estate (other than home)		\$	
C. Investments: Stocks, Bonds, Retirement Account(s), Life Insurance, etc.		\$	
D. Vehicle(s) i.e., car, truck, motorcycle		\$	
Additional:		\$	
E. Recreational Vehicle (s) (i.e., camper, ATV, snowmobile, boat)		\$	
Additional:		\$	
F. Other		\$	

7. EXPENSES

MONTHLY EXPENSES	ACTUAL COST FOR NEXT 30 DAYS	MAXIMUM AMOUNT (OFFICE USE ONLY)	ALLOWED AMOUNT (OFFICE USE ONLY)
1. Food	\$	\$	\$
2. Rent – Name and Address of Landlord:			
	\$	\$	\$
3. Mortgage – Mortgage Holder:	\$	\$	\$
4. Electricity –Hot Water Y/N Electric Heat Y/N	\$	\$	\$
5. LP Gas	\$	\$	\$
6. Heating Fuel TYPE:	\$	\$	\$
7. Household/Personal Supplies	\$	\$	\$
8. Prescriptions/Medical	\$	\$	\$
9. Water	\$	\$	\$
10. Sewer	\$	\$	\$
11. Other (specify)	\$	\$	\$
	\$	\$	\$
TOTAL MONTHLY HOUSEHOLD EXPENSES	\$	\$	\$

8. OTHER EXPENSES

NOTE: The administrator should be aware of the following to gain an understanding of the applicant's financial situation.		
A. Do you have any debts (i.e., bank loans, car payments, credit cards)?	YES	NO
If YES , give (1) name; (2) purpose money was borrowed; and (3) amount (list below).		
NAME	PURPOSE	AMOUNT
1.		\$
2.		\$
3.		\$

9. DEFICIT (Office use only)

A. Overall Maximum Level of Assistance Allowed (See GA Ordinance Appendix A)	\$	D. Deficit (If line A is greater than line B)	\$
B. Income (See Section 5)	\$	E. *Surplus (If line B is greater than line A)	\$
C. Result (Line A minus line B)	\$	* Note: If a surplus exists, applicant is not eligible for regular GA. Proceed to Section 10 to determine if “unmet need” results in eligibility for “emergency” GA	

10. UNMET NEED (Office use only)

A. Allowed Expenses (See Section 7)	\$	D. Unmet Need (Amount from line C, but <u>only</u> if line A is greater than line B)	\$
B. Income (See Section 4)	\$	E. Deficit (See Section 9, line D)	\$
C. Result (Line A minus line B)	\$	F. Amount of GA Eligibility (The lower of line D and line E)	\$

INSTRUCTIONS:

- 1) If Section 9, line B (income) is greater than line A (overall maximum), then applicant has a surplus of \$ _____ and will not be eligible for General Assistance **unless** the GA administrator determines there is need for emergency assistance.
- 2) If Section 10, line A (allowed expenses) is greater than line B (income), the result will be an “Unmet Need” (line D).
- 3) If there is both an “Unmet Need” (Section 10, line D) and a “Deficit” (Section 10, line E), the applicant will be eligible for the **lower** of the two amounts. This lower amount is the amount of assistance the applicant is eligible for in the next 30-day

period, or a proportionate amount for a shorter period of eligibility (i.e., if the applicant needs one week's worth of GA assistance, they should receive 1/4 of the 30 day amount).

Administrator: Please read the following to the applicant or have the applicant read it in your presence.

In accordance with Maine law (22 M.R.S.A. § 4321) you have the right to be given a written decision concerning your application within 24 hours of submitting a completed application. If you disagree with the administrator's decision on the application, you have the right to a fair hearing before an impartial hearing authority. If you believe that the municipality has violated state law with respect to your application, you have the right to notify the State Department of Health and Human Services in Augusta (1-800-442-6003)

STATEMENT BY APPLICANT: I hereby affirm that the facts in this application are true, correct and complete, and that I have not knowingly withheld any information. I understand the Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it may result in my not being eligible to receive assistance; therefore, I hereby give my express permission for the Administrator to contact the following specific sources or persons to verify any or all information material to the determination of General Assistance eligibility for my household:

- Employer(s) (past/present);
- Persons, organizations or businesses referenced in this application;
- Past, present and/or future landlords;
- Bank(s) or financial institutions;
- The Department of Health and Human Services or any department of the State of Maine;
- The area Community Action Program;
- Relatives, specify: _____
- Persons/vendors to whom I owe money (i.e. utility company, fuel dealer, car dealership);
- Physician(s) with information related to my ability to work or receive other benefits;
- Housing Authority (local and/or state);
- The following specific sources of information _____

Applicant's Signature: _____

Date: _____

Administrator's Signature: _____

Date: _____

Town of Denmark

Landlord Verification of Rental Unit

(THIS FORM MUST BE COMPLETED BY THE LANDLORD OR UNIT MANAGER)

Tenant's name: _____ Number of tenants occupying the unit: _____

Number of adults: _____ Number of children: _____

Is this person currently occupying this unit? Yes No

If no, when is the unit available? _____ If yes, when did they move in? _____

Is a security deposit required? Yes No If yes, how much? _____

Is the tenant a relative of the owner? Yes No If yes, state relationship _____

Rent amount \$ _____ /weekly \$ _____ /monthly Rent due date _____

Does the tenant receive rent subsidy from another agency? Yes No

If yes, what is the tenant's portion of the rent \$ _____ /weekly \$ _____ /monthly

Is the rent current at this time? Yes No

If no, what is the amount owed \$ _____ and for what period of time _____

Date rent was last paid: _____ Amount paid: _____

Address of rental unit: _____

Apt/room number : _____

Type of rental unit: single house apartment house mobile home rooming house other

Total number of rooms: _____ Total number of bedrooms: _____

Utilities included: heat electricity gas hot water water/ sewer

If unheated, how is the unit heated? electric gas oil propane wood stove pellet stove

other _____

Legal owner of the property: _____

Address: _____

Home phone: _____ Cell phone: _____ Business phone: _____

Email: _____

Manager or agent for the above owner: _____

Address: _____

Home phone: _____ Cell phone: _____ Business phone: _____

Email: _____

Make check payable to: _____

Address: _____

NOTICE: this form is not intended to imply that the prospective tenant/tenant is either eligible for assistance or that they will necessarily be renting an apartment from you. It is also used to verify residence and accommodations. If the tenant is found eligible for rental assistance, a voucher will be given for the payment. The voucher must be signed by the legal owner of the property or their agent and returned to this office for payment. Voucher must be returned within 30 days of the date issued or they will expire and be void. A w-9 tax form will be required before any payments will be issued. All rental payments will be made directly to the landlord, not the tenant. Any rental payments may be subject to a building inspection if one has not been completed in the past year. Any deficiencies must be corrected within a reasonable amount of time specified by the city code enforcement. In accordance with Maine law (17 MRSA §453) any persons found guilty of providing false information may be prosecuted for committing a Class D crime.

Signature _____ Date _____

(Owner or Agent)

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Town of Denmark Maine

General Assistance

62 East Main St.

Denmark, ME 04022

207-452-8850 Fax 207-452-2333

Employment Verification Form

Name: _____ Social Security #: _____

Employer: _____

Address: _____

I authorize the release of the following information to the City of Biddeford:

Signature: _____ Date: _____

The above named individual has applied to this department for assistance. We ask your cooperation in giving information regarding their employment with you, based on the provisions of MRS, Title 22, §4313. Any information you can give us will be appreciated.

Employer: Please fill in all of the following information:

Date of hire: _____ Date of first pay: _____

Hours per Week: _____ Rate of pay: _____

Date employment ended: _____ Date of last pay: _____

Amount of last pay: _____

Benefits available for this employee? Please circle all that apply and provide detailed information below:

Worker's Compensation Unemployment Compensation Long-Term Disability Sick Time

Short-Term Disability Personal Time Earned/Unearned Paid Time off Vacation Time

Amount Received: _____ Monthly Weekly Bi-Weekly

Start Date: _____ End Date: _____

Is this employee available for rehire by your company? Yes No Unsure

If unsure, please explain: _____

If no longer employed (circle one): Fired Quit Laid-Off Other (explain)

Signature: _____ Date: _____

Print Name/Title: _____ Phone Number: _____

Intentionally Left Blank

Town of Denmark Maine

General Assistance

62 East Main St.

Denmark, ME 04022

207-452-8850 Fax 207-452-2333

For Returning Applicants - Employment Search Guidelines

When seeking employment, you are required to:

Apply at **15 different** companies each week (Any exceptions will be written on your General Assistance decision)

50% of your applications should be in person

The General Assistance office has a computer in the waiting room for you to use for employment purposes.

Speak to a manager or Human Resource Department representative whenever possible.

If the business is hiring, complete and submit an application.

If the business only accepts online applications, you will need to complete an online job search verification form.

If you complete an application online, you must provide verification.

You can have an agency representative from one of the career centers sign off that you completed the application.

If you choose to complete the application at the library, at home, or on the computer in our waiting room, you may print the confirmation page at the end of the application. Turn the confirmation page in with your job search.

If you do not have access to a free printer, you can email the confirmation page to a member of the General Assistance office.

All verifications must include your name and the date/time that you applied.

Apply at companies that are likely to be hiring. Small businesses and family run stores will not be considered unless there is a help wanted sign.

Examples: Reilly's Bakery, New Morning Foods, etc.

Apply for jobs that you are qualified to perform.

Example: do not apply at a hair salon if you do not have a cosmetology license or do not apply for a CNA position if you do not have the proper education, training, and licensure.

Unless, the advertisement states they provide on the job training.

Be prepared.

Bring a resume and pen.

If you do not have a resume, one of the career centers may be able to assist you with the preparation of a resume.

Some companies require resumes with your completed employment application.

Dress appropriately. Dress neatly. Do not wear torn clothing, bathing suits, pajama tops/bottoms, flip-flops, etc.

You should be freshly showered, teeth brushed, and hair combed.

You do not want to smell like cigarettes, alcohol, illicit substances, animals, or strong perfume.

Return your completed job search verification form(s) to the office a minimum of one (1) business day prior to your next scheduled appointment.

Only **fully** completed and signed job search forms will be accepted.

Failure to fulfill one or more of these requirements may result in your being ineligible to receive assistance the next time you apply or even disqualified from the program for 120 days.

If you have any questions, please contact the office at (207)452-8850.

Town of Denmark, Maine

General Assistance

62 East Main St

Denmark, ME 04022

207-452-8850 Fax 207-452-2333

Job Search/Employment Verification

Name _____ Date _____

IN PERSON

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Person I spoke with _____ Phone _____
Results: (circle one) Applied Interviewed Not Hiring

ONLINE

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Agency where you applied _____
Agency Representative's signature and printed name _____
OR provide conformation page

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Agency where you applied _____
Agency Representative's signature and printed name _____
OR provide conformation page

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Agency where you applied _____
Agency Representative's signature and printed name _____
OR provide conformation page

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Agency where you applied _____
Agency Representative's signature and printed name _____
OR provide conformation page

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Agency where you applied _____
Agency Representative's signature and printed name _____
OR provide conformation page

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Agency where you applied _____
Agency Representative's signature and printed name _____
OR provide conformation page

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Agency where you applied _____
Agency Representative's signature and printed name _____
OR provide conformation page

Date _____ Time _____
Company _____
Address _____
Position I applied for _____
Agency where you applied _____
Agency Representative's signature and printed name _____
OR provide conformation page

I hereby swear and affirm that the information I provided on this form is true, correct, and complete, and that I have not knowingly withheld any information. I understand that the GA Administrator has the right to verify any information necessary to determine my eligibility and hereby give my consent. I understand if I refuse to give my consent it may result in my not being eligible to receive assistance. Any person who knowingly or willfully makes any written or oral false statement of a material fact to the administrator for the purpose of causing himself/herself to be granted assistance may be ineligible for assistance up to 120 days and may be prosecuted for committing a class D crime. I understand that failure to complete this job search assignment will result in my disqualification from the General Assistance program.

Signature _____ Date _____

Intentionally Left Blank

Municipality of Denmark, ME

General Assistance Authorization of Disclosure General Consent Form

To be used if Applicant wishes for the Town to disclose information to a third party.

I, _____ authorize the Municipality of
Denmark, Maine to disclose
to _____, at the following
address _____, the following information from my
records:

The purpose or need for such disclosure is:

I understand that this consent to disclose may be withdrawn by me at any time except where
action has already been taken based upon my consent. This consent (unless clearly withdrawn in
writing earlier) expires on

(specify date, event or condition upon which consent shall expire)

I am signing this General Consent Form voluntarily.

Client Signature: _____ Date: _____

Witness Name: _____ Date: _____

Witness Signature: _____

Optional

ACKNOWLEDGMENT

State of Maine

_____, S.S.
(County)

Place: _____

Date: _____

Personally appeared before me the above named _____
and acknowledged the above disclosure to be his/her free act and deed.

Before me,

(Justice of Peace, Notary Public, Attorney at Law)

General Release
Request for Confidential Information
Pursuant to 22 M.R.S.A. § § 4306, 4314

This form to be signed by the **General Assistance Applicant**

Applicant's Name	Social Security Number <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> - <input style="width: 20px; height: 15px;" type="text"/> - <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/> <input style="width: 20px; height: 15px;" type="text"/>
Applicant's Mailing Address	
Municipality	
Address	
Source Name	Source Address
I hereby request and authorize that the above-named source provide the above-named municipality with the following information: <hr/> <hr/> <hr/>	
Signature of General Assistance Applicant: _____	Date: _____