APPENDIX

Township Check (Form No. 6)

Record of Lease Contracts and Indebtedness Other Than Bonds
(Township Form Number 14, Ruling C)

Township Trustee's Insurance Record (Township Form No. 14, Ruling B)

Receipt (Township Form Number 16)

Resolution Recommending Salaries of Township Officers and Employees (Township Form No. 17)

Application for Township Assistance (Township Assistance Form TA-1)

Notice of Township Assistance Action (Township Assistance Form TA-1A)

Appeal Rights and Procedure

Application for Additional or Continuing Township Assistance (Township Assistance Form TA-1B)

Township Assistance Purchase Order (To be used for both medical and general purchase orders)
(Township Form TA-2)

COPY 1

HOURS WORKED	GROSS PAY	FEDERAL W/TAX	SOCIAL SEC.	STATE W/TAX	INSUR-ANCE				NET PAY	PERIOD ENDING	EMPLOYEE DETACH AND RETAIN

PRESCRIBED BY STATE
BOARD OF ACCOUNTS

TWP. FORM NO. 6 (REV. 1967)

This Warrant Void Two (2) Years
After Dec. 31 of the Year of Issue.

Number _____

Approp. No. _____ $_____
Approp. No. _____ $_____
Approp. No. _____ $_____

_____ Fund _____, 20____

Pay to the
Order of _____ $_____

_____ Dollars
100

For _____

_____
TRUSTEE OF ABOVE-NAMED TOWNSHIP

COPY 2

HOURS WORKED	GROSS PAY	FEDERAL W/TAX	SOCIAL SEC.	STATE W/TAX	INSUR-ANCE				NET PAY	PERIOD ENDING	COUNTY AUDITOR'S COPY

PRESCRIBED BY STATE
BOARD OF ACCOUNTS

TWP. FORM NO. 6 (REV. 1967)

Number _____

Approp. No. _____ $_____
Approp. No. _____ $_____
Approp. No. _____ $_____

_____ Fund _____, 20____

Paid To: _____ $_____

_____ Dollars
100

For _____

I certify this to be the exact sum received and that it is for the purpose herein stated; that no part of said sum has been retained by, returned to, or has been directly or indirectly agreed to be returned to, the Trustee or any other person.

Signed: _____
PAYEE

VOUCHER - to accompany the Annual Report and be filed with County Auditor after close of year.

COPY 3

HOURS WORKED	GROSS PAY	FEDERAL W/TAX	SOCIAL SEC.	STATE W/TAX	INSUR-ANCE				NET PAY	PERIOD ENDING	OFFICE COPY

PRESCRIBED BY STATE
BOARD OF ACCOUNTS

TWP. FORM NO. 6 (REV. 1967)

Number _____

Approp. No. _____ $_____
Approp. No. _____ $_____
Approp. No. _____ $_____

_____ Fund _____, 20____

Paid To: _____ $_____

_____ Dollars
100

For _____

Posted to Financial and Appropriation Record _____

NON - NEGOTIABLE

Prescribed by State Board of Accounts

RECORD OF LEASE CONTRACTS AND

NOTE: Use General Form No. 53 for Record of Bonded Indebtedness

	Nature of Instrument 1	Date of Issue 2	To Whom Payable 3	Purpose of Issue 4	
1					
2					

(Columnar Headings for Left Hand Side of Sheet)

Township Form No. 14 (Rev. 2006) - Ruling C

INDEBTEDNESS OTHER THAN BONDS

	Rate of Interest 5	Due Date of Final Payment 6	Total Amount Payable 7	PAYMENTS ON PRINCIPAL			INTEREST PAYMENTS		
				Date 8	Amount 9	Balance Due 10	Date 11	Amount 12	
1									1
2									2

(Columnar Headings for Right Hand Side of Sheet)

Prescribed by State Board of Accounts

TOWNSHIP TRUSTEE'S

	Policy Number 1	Name of Insurance Company 2	Property Covered 3	Kind of Insurance (show % of coinsurance, if any) 4	Date of Policy 5	
1		Premiums Payable by Years Brought Forward				
2						

(Columnar Headings for Left Hand Side of Sheet)

Township Form No. 14 (Rev. 2006) - Ruling B

INSURANCE RECORD

	Expiration Date of Policy 6	Amount of Insurance 7	Total Premium Payable 8	PREMIUMS PAYABLE BY YEARS 20____ 9	20____ 10	20____ 11	20____ 12	20____ 13	
1									1
2									2

(Columnar Headings for Right Hand Side of Sheet)

Note: The last line of this form is to be ruled for totals in columns 9, 10, 11, 12 and 13, and the words "Premiums Payable by Years Carried Forward" is to be printed on this last line.

Prescribed by State Board of Accounts

Township Form No. 16 (Rev. 2006)

RECEIPT

Office of Township Trustee

NO. _____

_____ IN _____, 20

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

RECEIVED FROM _____ $_____

THE SUM OF _____ DOLLARS

100

ON ACCOUNT OF _____

SAMPLE

_____

Township Trustee

(Original)

NO. _____

Amount of Receipt

_____

Date Issued

Payment Type and Amount					
Cash Amount	Check/Draft Amount	MO Amount	Credit Card/ Bank Card Amount	EFT Amount	Other

Issued To _____

ON ACCOUNT OF _____

SAMPLE

_____

Township Trustee

(Duplicate)

Prescribed by State Board of Accounts Township Form No. 17 (Rev. 2008)

RESOLUTION
ESTABLISHING SALARIES OF TOWNSHIP OFFICERS AND EMPLOYEES

BE IT RESOLVED by the Township Board of _____ Township

_____ County, Indiana,

That pursuant to IC 36-6-6-10(b), the salaries stated below are fixed for the officers and employees of the township year _____.

POSITION OF OFFICE	Number of Positions	Rate of Compensation	Per *
Township Trustee			
Township Clerk			
Members of the Township Board			
Fire Department Personnel			
Township Assistance Personnel			
Supervisors of Investigators			
Investigators			
Supervisors of Other Assistants			
Other Assistants			
Other Employees (Detail)			

ADOPTED this _____ day of _____, _____.

Attest: _____
Township Trustee

_____
Members of the Township Board

* Show: per year, per month, per day, etc.

Include in this resolution ALL officers and employees of the township.

Application for Township Assistance

Note: Social Sec. #'s are optional.

PHONE NUMBER	APPLICATION DATE	APPLICATION TIME	CASE NUMBER
( ) -	/ /	. . ☐ AM ☐ PM	
AREA ### ####	**MM DD YY**	**HH MM (total:)**	**office use only**

Applicant's Full Name				**Social Security #**	**Date of Birth**
			☐ male ☐ female	— —	/ /
LAST	**FIRST**	**MI**		**optional**	**MM DD YY**

Other Adult's Full Name				**Social Security #**	**Date of Birth**
			☐ male ☐ female	— —	/ /
LAST	**FIRST**	**MI**		**optional**	**MM DD YY**

Other Adult's Full Name				**Social Security #**	**Date of Birth**
			☐ male ☐ female		/ /
LAST	**FIRST**	**MI**		**optional**	**MM DD YY**

Current Address

				____ Months ____ Years
Street Address / P.O. Box	Apt. #	City, State	Zip	How Long

Previous Address

				____ Months ____ Years
Street Address / P.O. Box	Apt. #	City, State	Zip	How Long

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
What is your housing status?	☐ Own ☐ Buying ☐ Renting ☐ Homeless ☐ Other	☐ Own ☐ Buying ☐ Renting ☐ Homeless ☐ Other	☐ Own ☐ Buying ☐ Renting ☐ Homeless ☐ Other
What is your marital status?	☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed	☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ Widowed	☐ Married ☐ Single ☐ Divorced ☐ Separated ☐ 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.

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		Income Source		Amount (monthly)
Print Signature	☐ Yourself	/ / **Date of Birth** – – **Social Sec. #** (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	
Print Signature	☐ Child ☐ Spouse ☐ Relative ☐ Room Mate ☐ Other Adult	/ / **Date of Birth** – – **Social Sec. #** (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	
Print Signature	☐ Child ☐ Spouse ☐ Relative ☐ Room Mate ☐ Other Adult	/ / **Date of Birth** – – **Social Sec. #** (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	
Print Signature	☐ Child ☐ Spouse ☐ Relative ☐ Room Mate ☐ Other Adult	/ / **Date of Birth** – – **Social Sec. #** (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	
Print Signature	☐ Child ☐ Spouse ☐ Relative ☐ Room Mate ☐ Other Adult	/ / **Date of Birth** – – **Social Sec. #** (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	
Print Signature	☐ Child ☐ Spouse ☐ Relative ☐ Room Mate ☐ Other Adult	/ / **Date of Birth** – – **Social Sec. #** (optional)	No Income Social Security Unemployment Veteran's Insurance Strike Benefits	Wages AFDC Pension Support Gifts Other	
Print Signature	☐ Child ☐ Spouse ☐ Relative ☐ Room Mate ☐ Other Adult	/ / **Date of Birth** – – **Social Sec. #** (optional)	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?	☐ Wages Stopped ☐ Waiting on Income ☐ Receiving Income ☐ No Income	☐ Wages Stopped ☐ Waiting on Income ☐ Receiving Income ☐ No Income	☐ Wages Stopped ☐ Waiting on Income ☐ Receiving Income ☐ No Income
What is your employment status? ** answers require explanation below*	☐ Currently working ☐ Laid off on: _______ ☐ Never worked ☐ Quit: * ☐ Fired: * ☐ Sick Leave ☐ Maternity Leave ☐ On strike ☐ Trying to find work	☐ Currently working ☐ Laid off on: ______ ☐ Never worked ☐ Quit: * ☐ Fired: * ☐ Sick Leave ☐ Maternity Leave ☐ On strike ☐ Trying to find work	☐ Currently working ☐ Laid off on: ______ ☐ Never worked ☐ Quit: * ☐ Fired: * ☐ Sick Leave ☐ Maternity Leave ☐ On strike ☐ 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?	Yes	No	Yes	No	Yes	No
If YES, give amount	$__________		$__________		$__________	
Do you have a checking account?	Yes	No	Yes	No	Yes	No
Do you have a savings account?	Yes	No	Yes	No	Yes	No
If YES, give name of each bank and current balance						

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	Other Adult name: _____	Other Adult name: _____
Your most recent employer:			
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?

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

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: _________

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: _________

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: _________

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 my 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

Training Program Referral	Referrals	Workfare Hours	Time Spent on Application

CASE RECORD OF INVESTIGATION

Prescribed by State Board of Accounts Township Form TA-1A (Revised 2004)

NOTICE OF TOWNSHIP ASSISTANCE ACTION

Name _____ Case No. _____
(Last) (First) (Middle)

Address: _____

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

Your request for: _____
(specify type(s) of relief requested: i.e., food, rent, etc.)

Has been:
- ☐ Approved as follows without workfare (if certain requirements are met): _____
- ☐ Approved and in accordance with IC 12-20-10-2 to be worked off at (location): _____
  Hours: _____ Obligated adult household member: _____
- ☐ Partially approved as follows: _____
- ☐ Partially denied for the following reason(s): _____
- ☐ Denied for the following reason(s): _____
- ☐ Pending for an additional seventy-two (72) hours because: _____

COMMENTS: _____

Your request for: _____
(specify type(s) of relief requested: i.e., food, rent, etc.)

Has been:
- ☐ Approved as follows without workfare (if certain requirements are met): _____
- ☐ Approved and in accordance with IC 12-20-10-2 to be worked off at (location): _____
  Hours: _____ Obligated adult household member: _____
- ☐ Partially approved as follows: _____
- ☐ Partially denied for the following reason(s): _____
- ☐ Denied for the following reason(s): _____
- ☐ Pending for an additional seventy-two (72) hours because: _____

COMMENTS: _____

Your request for: _____
(specify type(s) of relief requested: i.e., food, rent, etc.)

Has been:
- ☐ Approved as follows without workfare (if certain requirements are met): _____
- ☐ Approved and in accordance with IC 12-20-10-2 to be worked off at (location): _____
  Hours: _____ Obligated adult household member: _____
- ☐ Partially approved as follows: _____
- ☐ Partially denied for the following reason(s): _____
- ☐ Denied for the following reason(s): _____
- ☐ Pending for an additional seventy-two (72) hours because: _____

COMMENTS: _____

Date of Application: _____ **Time:** _____ **AM/PM**

Date this Notice Sent: _____ **Time:** _____ **AM/PM** _____
Township Trustee's Signature

APPEAL RIGHTS AND PROCEDURE

1. 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.
2. 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, if the applicant has been informed of his right to appeal and the procedure for such appeal.
3. 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.
4. 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.
5. If you wish to appeal the above action, fill out the appeal request form below.
6. 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 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 by the Township Trustee, _____ _____ Township, _____ County, Indiana, on the township assistance 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 Street Name and Number or R.R.

_____ _____ , IN _____

Telephone City or Town Zip Code

Prescribed by State Board of Accounts

Form TA-1B (Revised 2004)

APPLICATION FOR ADDITIONAL OR CONTINUING TOWNSHIP ASSISTANCE

Please do not write in this column.

CASE NO. _____

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

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**
Date Received: Received from: Received for:		

(OVER)

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

Paid for:	***Date Paid:***	***Paid to:***	**AMOUNT ($) PAID OUT**		***Please do not write in this column.*** **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

TOTAL INCOME $_____ **ALLOWED EXPENSES $**_____ **SURPLUS/DEFICIT $**_____

Investigator Notes: _____

Investigator Signature: _____

Form Prescribed by State Board of Accounts

Township Form TA-2 (Revised 2004)

TOWNSHIP ASSISTANCE PURCHASE ORDER

Purchase Order No. _____ (TO BE USED FOR BOTH MEDICAL AND GENERAL PURCHASE ORDERS)

_____ Township, _____ County, Indiana _____, _____

TO _____

PLEASE SUPPLY _____ CASE NO. _____

Address _____

WITH THE FOLLOWING SERVICES

Food - - -	$ _____	Electric	- - -	$ _____	_____	- - -	$ _____
Heating Fuel --	$ _____	Water	- - -	$ _____	_____	- - -	$ _____
Clothing	$ _____	Gas	- - -	$ _____	_____	- - -	$ _____

Office Call _____ $ _____ Hospitalization (itemize fully) _____

_____ $ _____ _____

_____ $ _____ _____ $ _____

Prescription Medicines (itemize fully as to quantity, price, kind and necessity) Surgery (describe fully) _____

_____ $ _____ _____ $ _____

_____ $ _____ Other Medical/Dental Services (List) _____

_____ $ _____ _____

_____ $ _____ TOTAL AMOUNT OF THIS ORDER $ _____

Statement of Patient as to illness _____

_____

Disbursing Clerk _____ Authorized by _____ Township Trustee

CUSTOMER'S RECEIPT

I have received in full the items authorized by this order.

Signed _____

VENDOR'S STATEMENT

I have furnished the customer with the full amount of supplies, services, or other items authorized by this order.

Signed _____

INSTRUCTIONS: This form to be made out in triplicate; original to doctor or vendor, duplicate filed alphabetically in assistance office, triplicate remaining in book in numerical order. Use indelible pencil or ink. Do not use check marks. Write out number of services authorized in words (as "one").

Wherever possible, at the time the purchase order is written, the total amount of the order must be inserted in the space provided for the same.

Doctors or vendors are required to return their copies of township assistance purchase orders at the time they file their monthly claims. Such monthly claims must show the purchase order number for each number for each charge billed the Trustee's office. A separate claim must be filed for each township.

Both the signature of the patient and the doctor or vendor must be submitted with the claim for each office call, or other service for which a charge is rendered. Any charge shall not exceed the amount prescribed in the fee schedule in force.