#### DIRECTIONS

- On the front flap check the program that best fits your needs.
- 2 side. Give your best estimate of income Complete the application on the backlast 3 months. for the last month or average for the
- w Do not leave any questions blank write "0"if it does not apply.
- 4 Sign and date your applications.
- Ś Fold this flap over, tape, attach any bills and return it in the mail or drop off in the office.

mailing address. landlord of what you owe and their must provide a signed statement from your If you are requesting rent assistance you you want considered for reimbursement. you must provide a copy of the current bill If your are applying for General Assistance

a meeting will be scheduled to assess your needs before a final decision is made. If you are applying for any other program

Phone: 641-585-2340 Fax: 641-585-3714

# WORTH COUNTY

APPLICATION FOR ASSISTANCE

## ☐ GENERAL ASSISTANCE

essential bills. Temporary assistance with current and

#### □ University of Iowa Hospitals & Clinics

Medical services at the university for people necessary medical attention. with no insurance or the ability to pay for

### ☐ BURIAL ASSISTANCE

if the estate or family can not afford it. Limited reimbursement for funeral services

#### - : BEHAVIORAL SUPPORT

**FUNDING** 

support people with developmental Funding for an array of services to help disabilities or persistent mental illness.

Sandra Mireles

Worth County CPC 126 South Clark

Forest City, Iowa 50436

### MENTAL HEALTH

TREATMENT

health or substance abuse treatment. Funding for outpatient or inpatient mental

Check the program that fits your request and briefly explain your needs below:

Referred by: