

TOWN OF THE CITY OF GALESBURG GENERAL ASSISTANCE OFFICE

Kimberly A. Thierry, Supervisor

121 W. Tompkins Street
Galesburg, IL 61401

Phone: (309) 343-9059
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APPLICATION FOR EMERGENCY ASSISTANCE

NAME: _____ SSN: _____ DATE: _____

ADDRESS: _____ PHONE: _____

Emergency Assistance is financial assistance to alleviate a life-threatening circumstance or meet an expense which jeopardizes employment. You can receive Emergency Assistance only once in a twenty-four (24) month period. You CANNOT be eligible for and receive Emergency Assistance and General Assistance at the same time. You may apply for either General Assistance, Emergency Assistance or both, however, you cannot be approved for both.

I am requesting emergency assistance on behalf of myself and the following people who reside with me.

NAME	AGE	DATE of BIRTH	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

NOTICE OF BENEFITS AVAILABLE UNDER THE EMERGENCY ASSISTANCE PROGRAM

Emergency Assistance (EA) provides financial aid to alleviate a life-threatening circumstance or to assist in attaining self-sufficiency. Assistance up to the amount of the Township's payment level (up to \$500) is disbursed by means of vendor payments, that is, a provider of goods and services is paid directly by the Township. **You may receive EA only once in any twenty-four (24) month period.** A life-threatening circumstance is a condition which poses a peril to health or well-being because of a need for or the jeopardizing of the availability of shelter in the event of an eviction, utility expenses in the event of a shut-off, a work-related expense that needs to be paid to get/maintain employment, proof of another type of life-threatening expense that would be alleviated with assistance, to be determined on a case-to-case basis. In addition to providing financial aid, the Township may also refer you to other agencies and programs or for other services to aid you in alleviating a life-threatening circumstance or assist you in attaining self-sufficiency.

Every adult in the household (assistance unit) must sign this application. I have read and understand the foregoing information.

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____