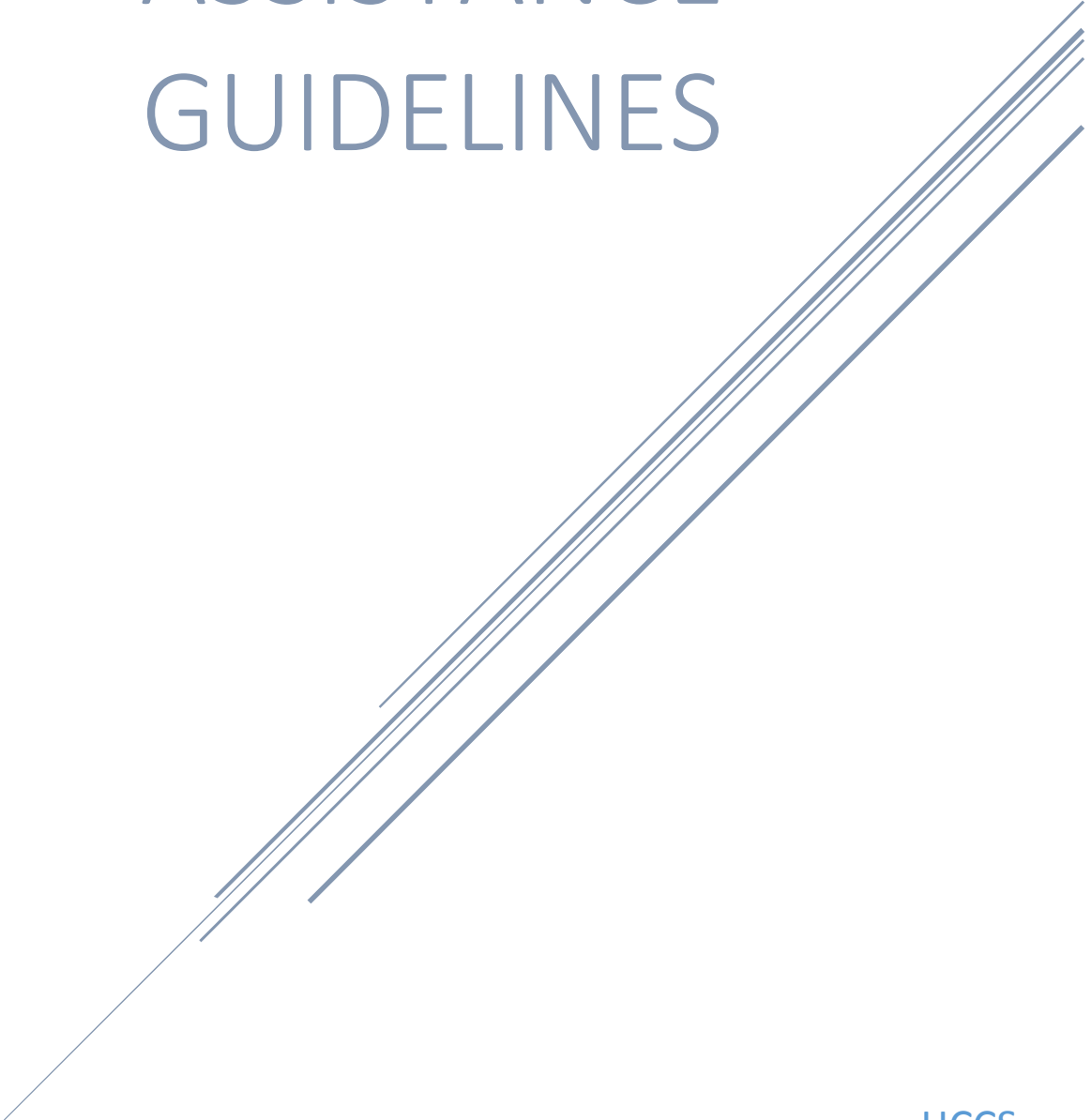


# HAMILTON COUNTY EMERGENCY ASSISTANCE GUIDELINES



HCCS  
General Assistance

## Hamilton County Emergency Assistance Guidelines Highlights

### **Chapter 251 Code of Iowa – Emergency Relief Administration**

### **Chapter 252 Code of Iowa – Support of the Poor**

#### **Persons Eligible for Emergency Assistance:**

- Poor Person
- Needy Person

**Emergency Situations:** Available in limited circumstances to persons who do not meet the definition of either a poor or needy person.

**Settlement:** According to code 252.16 - Must reside in the county for a period of one year, with the exception of other situations described in the Code of Iowa.

#### **Persons Not Eligible for Emergency Assistance:**

- Veterans
- Persons Eligible for other assistance
- Persons on strike
- Resources of Applicants
- Termination of Employment
- Transfer of resources
- Withheld information
- Guarantees
- Reimbursement

#### **Emergency Assistance Requirements:**

- Employment
- Proof of disability
- Applicant/recipient responsibilities

#### **Application Procedures:**

- Must complete Hamilton County Emergency Assistance Application
- Must interview with EA Director

#### **Eligibility:**

- Will be determined within 5 days from the date of application to guidelines herein. Applicants will receive a written notice of decision after they leave the office.

## ***Appeal Procedure is available***

**Scope of Assistance:** available for current bills or expenses/no bills paid by a third party as it is not considered an emergency.

### **Assistance Limitations:**

- Rent/utilities/food/clothing shall not exceed \$500 per year per family
- Rent payment up to \$300 per family unit/no deposits will be allowed
- Rent over \$300 will be considered when utilities are included

### **Utilities:**

- Utility payment will not exceed \$200. Only past thirty day and current bills will be considered.

### **Emergency Situations:**

- Food - \$25 food voucher with \$10 additional per household members. Can only use it for what Medicaid will pay for.
- Clothing – Applicants must apply at other agencies before the county
- Medical & Drugs – Need to be pre-approved before the expense is incurred.
- Physicians will be paid 80% of their fee
- Routine physical exams not approved
- Dentist will be paid 80% of their fee for extractions only.
- Eye glasses will be referred to the Lions Club, if denied an optometrist will be paid 80% of fee. Frames and lenses limited to those approved by Medicaid.

### **Hospital:**

- Emergency Assistance will not fund client expenses at the Hamilton Hospital.

### **Burial:**

- \$1500 towards Cremation Services

### **Transportation:**

- For medical emergency, job search, travel to employment before salary is received or family emergency.

### **Other goods and services:**

- To relieve a life threatening emergency situation

**All exception to policy will be determined by the Executive Director**

Hamilton County Emergency Assistance Guidelines

Revised 5/22/2006

**Chapter 251 Code of Iowa – Emergency Relief Administration**  
**Chapter 252 Code of Iowa – Support of the Poor**

**1. Purpose**

The purpose of this manual is to describe the forms of assistance provided by Hamilton County, in accordance with Chapters 251 and 252, to poor persons, needy persons and in emergency situations. This manual establishes criteria, which must be met by an applicant before assistance is made to residents of Hamilton County in any of the three categories.

**1. Persons Eligible For Emergency Assistance**

Assistance shall be available in specified forms to person meeting any of the following criteria:

**A. Poor Person – 252.1**

Shall be construed to mean those who have no property, exempt or otherwise, and are unable, because of physical or mental disabilities, to earn a living by labor. Unless the disability is obvious, the disability must be verified by a physician.

**B. Needy Person**

- Shall be construed to mean one who has some means but requires temporary aid to be conducive to their welfare and the best interests of the public. The net income for needy persons shall be within the following guidelines:
- The income guidelines for individuals and families will be based on 150% of Federal Poverty Level Guidelines.
- All types of income available to the applicant shall be considered in determining eligibility for Emergency Assistance. Income in kind will also be considered.
- Persons residing together and presenting themselves as a family unit will be considered a family for the purpose of the income guidelines. The income of all persons in the family unit will be considered in determining the eligibility of a family member for Emergency Assistance.

**C. Emergency Situations**

- Assistance may be made available in certain limited circumstances to person who do not meet the definition of either a “poor person” or a “needy person” as set above. The income guidelines may be waived in cases of excessive medical expenses.

**D. Settlement – 252.16**

- Assistance requested and/or granted may be referred to the applicant’s count of legal settlement for payment. Legal settlement is gained by continuously residing in any county in the state for a period of one year, with the exception of other situations described in the Code of Iowa.

**111. PERSONS NOT ELIGIBLE FOR EMERGENCY ASSISTANCE**

**A. Veterans (\$1,500 Max)**

A person who is eligible for assistance from the County Commission of Veteran’s Affairs shall not be eligible for Emergency Assistance. Such applicants shall be referred to the Commissions’ secretary. A person and his dependents are eligible to apply for assistance from the Commission of Veteran’s Affairs if they served at least 90 days during war time described below and have been granted DD-214 Honorable discharge).

1. World War I – April 6 1917 to November 11, 1918
2. World War II \_ December 7, 1941 to December 3, 1946
3. Korean Conflict – June 27 1950 to January 31, 1955
4. Vietnam Conflict – February 28,, 1961 to May 7, 1975
5. Persian Gulf War – August 2, 1990 to Current (referred to as “War Period Veterans”)

**B. Person eligible for other assistance**

If it appears that an applicant for Emergency Assistance would be eligible for assistance from a state, federal or privately funded program, the applicant will be required to apply for such assistance. If the applicant refuses or fails to make such an application, the results shall be denial of eligibility for Emergency Assistance. Examples of state federal or privately funded programs are: FIP, SSI, SSA, SOCIAL SECURITY VETERAN’S BENEFITS, MEDICAL ASSISTANCE (MEDICAID) FOOD STAMPS, ENERGY ASSISTANCE and FOOD PANTRIES. In no instance shall County Assistance be approved for a person or family receiving SSI or FIP. Temporary assistance may be approved pending the first FIP, SSI warrant or food stamps.

**C. Person on Strike**

Persons on strike will not be eligible for Emergency Assistance.

**D. Resources of Applicants**

The resources of applicants for Emergency Assistance shall not exceed \$2000. If an applicant for Emergency Assistance has resources that exceed \$2000, the applicant will not be eligible for Emergency Assistance. Any and all resources including but not limited to bank accounts, securities real and personal property etc., which is available to other persons in the applicant's household shall be considered. Applicant's personal home will be exempt from consideration as a resource. A household consists of all persons residing together and presenting themselves as a family unit.

**E. Termination of Employment**

If an applicant for (or recipient of) Emergency Assistance has voluntarily terminated, or causes themselves to be involuntarily terminated, from employment within 60 days prior to the date of their Emergency Assistance application or re-application, they will not be eligible for Emergency Assistance. Ineligibility will continue until the applicant has employment.

If an applicant is laid-off from his employment, consideration for assistance will not be given until that person is off work for 45 days. During this time, the applicant should have been able to apply for and be receiving unemployment.

**F. Transfer of Resources**

If an applicant for Emergency Assistance has sold, traded or transferred any personal or real property, within six (6) months prior to their application for assistance at less than market value, the applicant will not be eligible for Emergency Assistance.

**G. Withheld Information**

If it becomes apparent that an applicant or recipient has knowingly withheld information in order to gain eligibility, or continue to be eligible for Emergency Assistance, that applicant or recipient will not be eligible for further Emergency Assistance. The applicant will be asked to reimburse the assistance given.

## **H. Guarantees**

If the Emergency Assistance Office guarantees payment to a vendor by an applicant or recipient of Emergency Assistance and the applicant or recipient fails to make the guaranteed payment to the vendor, thus forcing Emergency Assistance to make the payment, that applicant or recipient will not be eligible for further Emergency Assistance. A guarantee of payment may be made by the Emergency Assistance Office. If the applicant or recipient has a source of income or resources which has not yet been received.

## **I. Reimbursements**

An applicant who is requesting assistance and has applied for SSI must sign an interim reimbursement agreement, which will allow the county to seek and receive reimbursement for assistance provided from their Social Security back-pay. Failure to sign said agreement will result in a denial of assistance.

# **IV. EMERGENCY ASSISTANCE REQUIREMENTS**

## **A. Employment**

Applicants for (or recipients of) Emergency Assistance who are under 62 years of age and not disabled will need to have a job secured or be waiting for an unemployment check to be processed.

## **B. Proof of Disability**

Unless disability is obvious, all applicants who claim disability must have such disability verified by a physician. If the applicant is unable to pay for examination to verify disability, the examination may be billed to Emergency Assistance.

## **C. Applicant/Recipient Responsibilities**

Applicant for Emergency Assistance will verify all aspects of eligibility as requested. Recipients shall report any and all circumstances that change, such as income, resources, address, etc. Failure to obtain verification will result in denial or termination of Emergency Assistance benefits.

# **VI. APPLICATION PROCEDURES**

## **A. Applications**

All applicants for Emergency Assistance must complete the Hamilton County Emergency Assistance Application. The applicant must also have an interview

with the Emergency Assistance director or his/her designee prior to approval for assistance. This requirement will be waived only in unusual situations.

Applicants or recipients of Emergency Assistance may be asked to verify any statement they make regarding their eligibility for Emergency Assistance. If they refuse to provide such verification, or refuse to allow the County Emergency Assistance Worker to obtain such verification, they will not be eligible for Emergency Assistance.

**B. Eligibility**

Eligibility will be determined within 5 days from the date of application according to guidelines herein. Applicants will receive a written notice of eligibility determination, if that decision is made after they leave our office.

### **C. Appeal Process**

#### ***EMERGENCY ASSISTANCE APPEAL PROCEDURE***

1. If you disagree with the decision you may seek an appeal of that decision. Only appeals initiated by you or your representative will be heard.
2. To appeal, you must send a written notice of appeal within ten (10) working days of receipt of your Notice of Decision. Send your request to the Executive Director of Hamilton County Social Services, 500 Fairmeadow Drive Webster City, Iowa 50595.
3. Within five (5) working days of the receipt of the written request for an appeal, the Executive Director of Hamilton County Social Services shall deliver to you, either personally or by certified mail, a written notice informing you of the date, time and place the appeal will be heard.
4. A written decision will be issued no later than ten (10) working days after the appeal is heard. A copy of the decision will be sent to you and /or your representative, if any, by certified mail. The decision will be accompanied by a notice explaining the effect of the Executive Director's decision regarding the services provided to you and your rights regarding a subsequent appeal to the Board of Supervisors.
5. If you elect to appeal the Executive Director's decision, you must comply with the procedure outlined in item 2, within ten (10) working days of the Executive Director's decision.
6. Within five (5) working days of the receipt of the written request for an appeal, the Board of Supervisors shall deliver to you either personally or by certified mail, a written notice informing you of the date, time and place the appeal will be heard.
7. The Board of Supervisors will render its decision within 30 days of the date of the hearing. A copy of the decision will be sent to you and your representative, if any, by certified mail.
8. The Board of Supervisors will render its decision according to its administrative procedures.
9. Any appeal hearings before the Executive Director or the Board of Supervisors will be held in private. At an appeal hearing, you have the right to have an attorney or other advocate accompany and represent you at your own expense. If you cannot afford an attorney, you may contact Legal Service Corporation of Iowa, the Iowa Volunteer Lawyer Project, or Iowa Protection and Advocacy Services, Inc. for assistance.

## **VII. FORMS OF ASSISTANCE AVAILABLE AND LIMITS OF ASSISTANCE**

### **A. Scope of Assistance**

The forms of Assistance thereafter described shall be available only for current bills or expenses. Assistance is not available for bills or expenses accrued ninety (90) days prior to application for Emergency Assistance.

Reimbursement shall not be made for bills of any kind that have already been paid by a third party, as the situation is no longer considered an emergency.

### **B. Assistance Limitations**

1. Rent, utilities, food and clothing assistance shall not exceed **\$500** per year per family.

### **C. Rent**

1. Payments for actual rent, up to \$300 per month per family unit, will be approved. No payments will be made for deposits.
2. Payment to parent, child or other close relative will not be allowed.
3. Rent amount over \$300 may be considered when utilities are included.

In the situation of shared living arrangements where it is determined that separate households are sharing the same dwelling, the amount of rent to be approved for each household shall be determined by dividing the actual rent by the number of households in the dwelling, up to the maximus of \$300 per month

At no time will a house payment be made, as this is the capital gain.

For needy persons there shall be a two-month limitation of rental payments under Emergency Assistance. In the event of an eviction notice there may be a one-month extension of the two-month limitation period. This extension may be granted if no other living arrangements other than that paid by Emergency Assistance can be located. These limitations will be implemented for each fiscal year.

### **D. Utilities**

Actual utility bills can be approved for lights, water and heat; however, the maximum monthly payment for a utility shall not exceed **\$200**. Only past 30 days and current bills will be considered. No payments will be made for deposits.

Anyone applying for assistance with any type of utility bill (i.e. natural gas, propane, fuel oil, electricity) will be asked to sign a form which states they understand that at the end of the heating moratorium (April 1<sup>st</sup>), if they have not

made regular payments throughout the heating season on their utility bills, they will be ineligible for assistance in April on their past-due utility bills.

In situations of shared living arrangements, where it is determined that separate households are sharing the same dwelling, the amount of utility payments to be approved for each household should be determined by dividing the actual bill, up to the maximum of \$200 per month by the number of households residing in the dwelling. Client must have made application for Energy Assistance at the local Upper Des Moines Opportunity office (UDMO) or other local human service office administering energy assistance funds. For needy persons there shall be a two (2) month limitation of utility payments under Emergency Assistance. This limitation will be implemented for each fiscal year.

**1. Emergency Situations**

For instance where a disconnection notice has been received or a utility vendor refuses to deliver fuel oil, propane, etc. because of non-payment, the Emergency Assistance guidelines may be waived and necessary assistance provided.

**E. Food**

Grocery voucher will be allowed only if the applicant is not eligible for food stamps or is awaiting approval and needs exists. A minimum of a **\$25** food voucher will be given plus an additional **\$10** per household member. If indicated, grocery orders may be used for some non-food necessities such as soaps, paper items, diapers, etc. Items such as alcohol, cigarettes, tobacco, pop, candy, pet food or toys may not be purchased. The grocery order shall be written to the store specified by the applicant or recipient.

**F. Clothing**

Purchase of clothing shall be approved only on an emergency basis. Applicants must apply at other agencies before Emergency Assistance will be approved for clothing.

**G. Medical and Drugs**

Except in cases of an emergency nature or previous approval of payment for a specified time period, all requests for payment of any medically related expense shall be approved prior to the time the expense is incurred. Physicians will be paid 80% of their pre-approved fee. Prescription drugs, other necessary medical supplies and necessary repair of medical appliances will be allowed.

Payment for routine physical examinations will not be approved.

Dentist will be paid 80% of their fee for extractions only.

Eye Care/Glasses. Referral to the Lions Club will be done first. If that referral is denied, an optometrist will be paid 80% of their fee. Frames and lenses will be limited to those approved by Medicaid.

**H. Hospital**

Emergency Assistance will not fund client expenses at the Van Diest Medical Center. Eligibility determination and recommendation will be made for the Uncompensated Care Program based on the client's income and insurance status. If the client is eligible for assistance, the Emergency Assistance worker will write a Notice of Decision to the hospital outlining the recommendation for Uncompensated Care. This means the client will not be responsible for the cost of their hospitalization. If the client is not eligible for assistance, a Notice of Decision will be sent to the hospital, noting their ineligibility and the client must contact the hospital to arrange for a payment plan. Under no circumstances will Emergency Assistance pay for expenses incurred at Van Diest Medical Center.

**I. Burial**

Hamilton County will fund \$1500 towards cremation services only for indigent deaths.

**J. Transportation**

Payment for gasoline and/or oil may be approved if the fuel is needed for medical emergency, job search, travel to employment before salary is received, or family emergency. Payment also may be approved for other public transportation or for volunteer transportation for the same reasons as listed above.

**K. Other Goods and Services**

Emergency Assistance may pay for other necessary goods and services if the goods and services are to relieve a life threatening emergency situation.