

Town of Cumberland

General Assistance Notice and Requirements

General Assistance is a program of the last resort based on immediate need for the most necessities. You must use all available income and resources first. Basic necessities include shelter/rent, food, heating fuel, electricity, sewer & water, personal care items, medications and non-elective medical services as recommended by a physician.

The following are examples of 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 trips/vacations, credit card debt, cost associated with pet care, legal fees, late fees, key deposits, payments on vehicles, furniture and/or appliance, 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 §4318(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 US Citizen)
- Social Security Cards for all Household members
- Medical Cards (private, Maine Care, 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 and 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 includes but is not limited to:

- Rent or Mortgage
- Utilities (CMP, Oil, propane, k-1, sewer, water, 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, care insurance??, medical expenses, credit cards, etc...)

REPEAT APPLICANTS (you need to follow all instructions on your ineligibility /eligibility forms):

- 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 spend 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. (MRSA §4317)
- Do not cause a termination or reduction of benefits from other public assistance program 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)
- 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 coast 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 remember 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 § 43150)
- 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 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: _____

Please print your name: _____