

STOOKEY TOWNSHIP GENERAL ASSISTANCE OFFICE

313 Eiler Rd
Belleville, IL 62223

Phone: (618) 538-7700

GENERAL ASSISTANCE

Client Name: _____ **Date:** _____

Address: _____

In order to determine the eligibility for public assistance for yourself and/or other members of your family for whom you are applying, it is necessary that you allow us to see and copy the items below.

Please bring these items to this office during your scheduled appointment time

-
- | | |
|---|--|
| <input type="checkbox"/> Application for General Assistance | <input type="checkbox"/> Papers Relating to Legal Claims or |
| <input type="checkbox"/> Notice of Decision | Actions in past 5 years (ex: child |
| <input type="checkbox"/> Valid Photo ID (must be current address) | support, settlements, lawsuits, etc) |
| <input type="checkbox"/> Social Security Card (must be original) | <input type="checkbox"/> Proof of Pensions, retirements funds, |
| <input type="checkbox"/> Birth Certificate (Citizenship papers, | workmen's comp.,etc., if applicable |
| Passport, etc.) | <input type="checkbox"/> Proof of membership and/or |
| <input type="checkbox"/> Proof of your current address (current | compensation for union, fraternity, or |
| lease or notarized letter from landlord), | lodge, if applicable |

1099 landlord form, Consent to release
of information

- Section 8 paperwork
- DHS Link Card: Yes: _____ No: _____
- IDES- Unemployment Compensation
Benefits or Current denial letter
- Proof of current registration for Illinois
Skills Match (Register online or at
unemployment office)
- Proof of any and all income in the last
30 days
- Health Insurance card/ DHS medical
Card
- Proof of Marriage and/or Divorce, if
applicable
- All record of bank accounts open or
closed, trust funds and safety deposit
boxes (W2 forms and/or letter, if
applicable) *Must provide 3 months.*
- Proof of property ownership and stocks
and bonds (if applicable)

For Clients with Military History:

- Discharge Papers or Notice from
Armed Forces Regarding Financial
Allotment

For Clients Who Are Disabled:

- Doctor Evaluation Form OR Letter
on Letterhead stating client cannot
work
- Proof of Application and/or denial
appeal for SSI/SSDI