



LANCASTER COUNTY GENERAL ASSISTANCE
3140 "N" St, Suite 2106, Lincoln-Lancaster County Health Department
Lincoln, NE 68510
Telephone 402-441-3095 Fax 402-441-3099

We have received your application for General Assistance. You are required to provide all of the following documents for you and your spouse in order for us to process your application. Submitting a fraudulent application or willfully withholding information pertinent to the application shall be reasons for immediate termination of benefits or denial of a claim for General Assistance benefits.

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| ___ Yes ___ No | 1. 2 forms of Identification for yourself. Please be advised that at least one must be valid picture identification. |
| Yes / No / NA | 2. Pay stubs from the last 60 days. If you worked for temporary work agencies, you must bring a letter from that agency regarding dates worked and wages earned for past 60 days. Verification of unemployment payments, workman's compensation, or income from tips. |
| Yes / No / NA
___ Yes ___ No | 3. Most current copy of checking and/or saving account statement. |
| Yes / No / NA
Yes / No / NA
Yes / No / NA | 4. Anybody applying for General assistance must apply for all available resources. Therefore it is required that all potential clients provide copies of papers showing the filing of and/or receiving of ADC, Medicaid, SNAP (formerly Food Stamps), Housing, and SSI/SSD etc. General Assistance does not have access to snap program (formerly food stamps) you will need to provide a letter stating that you receive snap dated within the last 30 days. |
| Yes / No / NA | 5. Copies of all 401K, Trust Accounts, Retirement accounts, etc. |
| Yes / No / NA | 6. Copy of current lease/mortgage papers if requesting housing assistance. |
| Yes / No / NA | 7. If you are asking for rent deposit, please enclose a letter from your landlord explaining how the deposit from your current residence was spent. |
| Yes / No / NA | 8. Current Medical bills from Lancaster county – no medical bills over 60 days. |
| Yes / No / NA | 9. Copy of current vehicle registration. |
| Yes / No / NA | 10. Copy of income taxes from the previous year and a copy of W2's. |
| ___ Yes ___ No | 11. A list of places you have applied for in the past two weeks or if unable to work full time a current letter from your doctor that states why you are not able to work and for how long. Job search form enclosed. |
| Yes / No / NA | 12. If you have lost your job in the last 90 days please enclose a letter from your employer stating the start and end dates of employment and the reason for termination. |
| Yes / No / NA | 13. If you left your employment because of health reasons please enclose a current note from your physician stating the condition that renders you unable to work, the date it started and the expected duration of the condition. |
| Yes / No / NA | 14. If the company you are employed with offers insurance, please list the name of the insurance carrier, and the reason you did not enroll. |
| Yes / No / NA | 15. Copy of papers showing monies or properties that you received from alimony, inheritance, family or friends. |
| Yes / No / NA | 16. Current list of medications, dosage and prescribing physician. Form enclosed. |
| Yes / No / NA | 17. If divorced or separated please enclose a copy of the legal separation papers or divorce decree. |
| Yes / No / NA | 18. If you or your spouse is currently enrolled in college credit courses please enclose a copy of your current schedule. |
| ___ Yes ___ No | 19. Original application and attestation form are required before an appointment can be scheduled. |
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Please provide the documentation **within two weeks of application date**. Any documentation provided within 30 days of the date of application will be considered, information provided after that date will require a new application. If you have any questions please call us at (402) 441-3095.