APPLICATION FOR
EMERGENCY GENERAL AND PRESCRIPTION ASSISTANCE

General Information
This application is to be used to apply for Kootenai County general and prescription assistance.

Completing the Application
Complete all pages of this application as completely and accurately as possible. If you have trouble answering questions, getting information or records, or if you need an interpreter, ask the Kootenai County Assistance office for help.

The Interview
A face-to-face interview is required to apply for County assistance. You will be required to provide proof of all information shown on your application. If you have any questions about this, ask Kootenai County Assistance office for help.

Required Proof
To apply for Kootenai County assistance, you must provide all of the required information to this office. A list of the required documents is given to you at the time you pick up the application and schedule your interview appointment.

Applicant Responsibilities
You Must:
- Complete every question, sign the application, and submit it to Kootenai County Assistance.
- Cooperate with the County in investigating your application by providing documentation and attending an interview.
- Notify Kootenai County Assistance when you receive resources after submitting an application.
- Reimburse the County if assistance is provided and the County determines your ability to do so.

Decisions
Requests for assistance are reviewed by the Board of County Commissioners, and an initial determination will be issued pursuant to Idaho Code guidelines.

Liens and Estate Recovery and Reimbursement
When applying for assistance with prescriptions, an automatic lien attaches to your real and personal property, all insurance benefits, and any additional resources to which it may legally attach pursuant to I.D. 31-3504(4).

State law allows a county to recover funds paid on your behalf from your estate after your death or the death of your spouse, whichever is later.

Receipt of assistance, pursuant to I.D. 31-3510A, shall obligate an applicant to reimburse the county from which assistance is received.
<table>
<thead>
<tr>
<th>First Name</th>
<th>Middle Initial</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Social Security Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Residence Address</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Mailing Address (if different)</th>
<th>City</th>
<th>County</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Home Phone Number</th>
<th>Message Phone Number</th>
<th>Last County and State of Residence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please answer these questions about your household. Your household includes you, your spouse, parents, children, brothers, sisters and **ALL other people** who live with you.

<table>
<thead>
<tr>
<th>NAME (First, Middle, Last)</th>
<th>MARITAL STATUS</th>
<th>RELATION TO YOU</th>
<th>DATE OF BIRTH (Mo/Day/Yr)</th>
<th>SEX</th>
<th>ATTENDS SCHOOL Yes/No</th>
<th>SOCIAL SECURITY NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your Name</td>
<td></td>
<td>SELF</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

For each place where the applicant has lived in the last five (5) years, give the complete address, the exact dates of residence, landlord's name and the reason(s) for moving. Begin with the present address and go back five years.

**AFFIDAVIT OF RESIDENCY**

I, ____________________________ (applicant), hereby state for the purpose of applying for County Indigent Assistance from Kootenai County, Idaho, that for the last five (5) years I have lived at the following places of residence:

<table>
<thead>
<tr>
<th>Address of Residence</th>
<th>Dates of Residence</th>
<th>Landlord</th>
</tr>
</thead>
<tbody>
<tr>
<td>1) Street</td>
<td>From</td>
<td>Name:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>County:</td>
</tr>
<tr>
<td>2) Street</td>
<td>From</td>
<td>Name:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>County:</td>
</tr>
<tr>
<td>3) Street</td>
<td>From</td>
<td>Name:</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
<td>County:</td>
</tr>
</tbody>
</table>

(2)
• Have you or any member of your household ever been disqualified from an assistance program? [ ] YES [ ] NO
  If "YES", list the name of the person who was disqualified, program, length of disqualification, where and when the
disqualification occurred: ________________________________________________________________

• Have you or any member of your household ever served in the military? [ ] YES [ ] NO. If "YES", Who? ________________
  What branch? __________ Service #________ Dates: __________ through __________

• Are you or any member of your household a legal non-citizen who is sponsored by someone NOT listed
  as a member of your household? [ ] YES [ ] NO
  If "YES", list the sponsor's name and address: __________________________________________________________

• List the name, address, and phone number of a person outside your household who is aware of your circumstances:
  Name: ____________________________ Relationship: ____________________________
  Address: ____________________________ Phone Number: ____________________________

List present or most recent employers for everyone in household:

1. Household member: ____________________________ Name & address of employer: ____________________________
   Hourly wage: $__________ Hours per week: __________ Pay dates: __________
   Date hired: __________ Date job ended: __________ Reason: ____________________________

2. Household member: ____________________________ Name & address of employer: ____________________________
   Hourly wage: $__________ Hours per week: __________ Pay dates: __________
   Date hired: __________ Date job ended: __________ Reason: ____________________________

3. Household member: ____________________________ Name & address of employer: ____________________________
   Hourly wage: $__________ Hours per week: __________ Pay dates: __________
   Date hired: __________ Date job ended: __________ Reason: ____________________________

4. Household member: ____________________________ Name & address of employer: ____________________________
   Hourly wage: $__________ Hours per week: __________ Pay dates: __________
   Date hired: __________ Date job ended: __________ Reason: ____________________________

5. Household member: ____________________________ Name & address of employer: ____________________________
   Hourly wage: $__________ Hours per week: __________ Pay dates: __________
   Date hired: __________ Date job ended: __________ Reason: ____________________________

6. Household member: ____________________________ Name & address of employer: ____________________________
   Hourly wage: $__________ Hours per week: __________ Pay dates: __________
   Date hired: __________ Date job ended: __________ Reason: ____________________________
• Applicant: Education completed: ____________________________________________________________

Are you registered with local Job Service? _______ When did you register? _____________________________

Have you applied for SSD or SSI? _______ Reason: ___________________________ When: ___________________

Status: _______________________________________

Have you applied for Medicaid? _______ Status: ____________________________________________

__________________________________________________________________________________________

Have you applied for Workers' Comp? _______ Status: __________________________________________

__________________________________________________________________________________________

• Spouse/Significant other: Education completed: _______________________________________________

Are you registered with local Job Service? _______ When did you register? _____________________________

Have you applied for SSD or SSI? _______ Reason: ___________________________ Status: ______________

__________________________________________________________________________________________

Have you applied for Medicaid? _______ Status: ______________________________________________

__________________________________________________________________________________________

Have you applied for Workers' Comp? _______ Status: __________________________________________

__________________________________________________________________________________________

[ ] Yes [ ] No I have SOLD or GIVEN AWAY PERSONAL PROPERTY (furniture, money, automobiles, appliances, etc.) in the past year. (If Yes, list below)

[ ] Yes [ ] No I have SOLD or GIVEN AWAY REAL ESTATE (land, buildings, mobile home, etc.) in the last five years. (If Yes, list below)

<table>
<thead>
<tr>
<th>Description</th>
<th>When sold</th>
<th>How much it was worth</th>
<th>How much was received</th>
<th>Purchaser's Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Does applicant or any member of the household have any ACTIONS PENDING FROM WHICH THEY MAY RECEIVE MONEY, such as a lawsuit, inheritance, accident claim, divorce, insurance settlement, etc.? [ ] Yes [ ] No If YES, enter explanation, approximate amount and date expected to receive money: ____________________________________________________________

__________________________________________________________________________________________

Adjusted Gross Income for the past year (from Income Tax Return) $ __________________________

Tax Refund Received $ __________________________ Date __________________________
### Financial/Personal Assets

Please answer YES or NO and furnish the required information on each line below. The following pertains to items you or any member of your household have or on which your names appear. (Use additional paper if needed.)

<table>
<thead>
<tr>
<th>Financial Assets</th>
<th>Circle One</th>
<th>Account Name/Bank Title and Address</th>
<th>Amount/Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Checking Account</td>
<td>YES/NO</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other Checking Account(s)</td>
<td>YES/NO</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Savings Account</td>
<td>YES/NO</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other Savings Account(s)</td>
<td>YES/NO</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Line of Credit</td>
<td>YES/NO</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Credit Card (i.e., Visa, MasterCard)</td>
<td>YES/NO</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other Credit Card(s)</td>
<td>YES/NO</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Certificates of Deposit (CD)</td>
<td>YES/NO</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Life Insurance Policies (Cash Value)</td>
<td>YES/NO</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Stocks, Bonds, Trusts, Annuities, and/or Mutual Funds</td>
<td>YES/NO</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Individual Retirement Accounts (IRA) or 401K</td>
<td>YES/NO</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other Retirement Account(s)</td>
<td>YES/NO</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Cash On Hand</td>
<td>YES/NO</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other: ______________________________</td>
<td>YES/NO</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Real/Personal Property</th>
<th>Circle One</th>
<th>Description/Location of Property</th>
<th>Current Value</th>
<th>Amount Owed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home/Residence</td>
<td>YES/NO</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Land</td>
<td>YES/NO</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Mobile Home</td>
<td>YES/NO</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Rental Property</td>
<td>YES/NO</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Vehicle (i.e., Car, Truck, Motorcycle)</td>
<td>YES/NO</td>
<td>List Year/Make/Model</td>
<td>$</td>
<td>$</td>
</tr>
<tr>
<td>Other Vehicle(s)</td>
<td>YES/NO</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Recreational Vehicles</td>
<td>YES/NO</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Trailer/Camper</td>
<td>YES/NO</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Equipment/Machinery</td>
<td>YES/NO</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Livestock</td>
<td>YES/NO</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Tools of Trade</td>
<td>YES/NO</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Mining Claims/Timber Stands</td>
<td>YES/NO</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Burial Plots</td>
<td>YES/NO</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other: ______________________________</td>
<td>YES/NO</td>
<td>$</td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>
### FAMILY BUDGET

#### EXPENSES: (Enter all monthly expenses even if not currently paying.)

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>HOUSING/UTILITIES:</strong></td>
<td></td>
</tr>
<tr>
<td>Rent/Mortgage Payment</td>
<td>$</td>
</tr>
<tr>
<td>Space Rent</td>
<td>$</td>
</tr>
<tr>
<td>Homeowner's Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Property Taxes</td>
<td>$</td>
</tr>
<tr>
<td>Heat (Type:_______)</td>
<td>$</td>
</tr>
<tr>
<td>Electricity</td>
<td>$</td>
</tr>
<tr>
<td>Water</td>
<td>$</td>
</tr>
<tr>
<td>Garbage</td>
<td>$</td>
</tr>
<tr>
<td>Telephone (Basic Only)</td>
<td>$</td>
</tr>
<tr>
<td><strong>EDUCATION/JOB RELATED:</strong></td>
<td></td>
</tr>
<tr>
<td>Child Care</td>
<td>$</td>
</tr>
<tr>
<td>Car Payment</td>
<td>$</td>
</tr>
<tr>
<td>Transportation (Fuel, oil, bus fare)</td>
<td>$</td>
</tr>
<tr>
<td>Auto Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Tuition/Fees/Books/Supplies</td>
<td>$</td>
</tr>
<tr>
<td>Payroll Taxes</td>
<td>$</td>
</tr>
<tr>
<td><strong>MEDICAL/HEALTH CARE:</strong></td>
<td></td>
</tr>
<tr>
<td>Doctor(s)</td>
<td>$</td>
</tr>
<tr>
<td>Hospital</td>
<td>$</td>
</tr>
<tr>
<td>Prescriptions/Medicine</td>
<td>$</td>
</tr>
<tr>
<td>Dental/Dentures</td>
<td>$</td>
</tr>
<tr>
<td>Vision/Eyeglasses</td>
<td>$</td>
</tr>
<tr>
<td>Health Insurance</td>
<td>$</td>
</tr>
<tr>
<td>Other: _______________</td>
<td>$</td>
</tr>
<tr>
<td><strong>HOUSEHOLD/PERSONAL CARE:</strong></td>
<td></td>
</tr>
<tr>
<td>Groceries: Food</td>
<td>$</td>
</tr>
<tr>
<td>Groceries: Non-Food</td>
<td>$</td>
</tr>
<tr>
<td>Cable T.V or Satellite</td>
<td>$</td>
</tr>
<tr>
<td>Other: _______________</td>
<td>$</td>
</tr>
<tr>
<td><strong>OTHER:</strong></td>
<td></td>
</tr>
<tr>
<td>Court Ordered Child Support</td>
<td>$</td>
</tr>
<tr>
<td>Garnishments/Fines</td>
<td>$</td>
</tr>
<tr>
<td>Credit Cards/Charge Accounts</td>
<td>$</td>
</tr>
<tr>
<td>Church Tithing</td>
<td>$</td>
</tr>
</tbody>
</table>

#### INCOME

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>EARNINGS:</strong></td>
<td></td>
</tr>
<tr>
<td>Gross Wages</td>
<td>$</td>
</tr>
<tr>
<td>Gross Wages</td>
<td>$</td>
</tr>
<tr>
<td>Gross Wages</td>
<td>$</td>
</tr>
<tr>
<td>Self-Employment Income</td>
<td>$</td>
</tr>
<tr>
<td>Other: ________________________</td>
<td>$</td>
</tr>
<tr>
<td><strong>UNEARNED</strong></td>
<td></td>
</tr>
<tr>
<td>Social Security</td>
<td>$</td>
</tr>
<tr>
<td>Social Security</td>
<td>$</td>
</tr>
<tr>
<td>SSI</td>
<td>$</td>
</tr>
<tr>
<td>SSI</td>
<td>$</td>
</tr>
<tr>
<td>Child Support/Alimony</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$</td>
</tr>
<tr>
<td>Workers' Compensation</td>
<td>$</td>
</tr>
<tr>
<td>Veterans' Benefits/Retirement</td>
<td>$</td>
</tr>
<tr>
<td>Other Retirement/Pension</td>
<td>$</td>
</tr>
<tr>
<td>Tribal Assistance/Commodities</td>
<td>$</td>
</tr>
<tr>
<td>Education Loans/Grants</td>
<td>$</td>
</tr>
<tr>
<td>Gifts/Loans</td>
<td>$</td>
</tr>
<tr>
<td>Interest/Dividends</td>
<td>$</td>
</tr>
<tr>
<td>Insurance/Settlements</td>
<td>$</td>
</tr>
<tr>
<td>Inheritance/Trust Payments</td>
<td>$</td>
</tr>
<tr>
<td>State Cash Assistance</td>
<td>$</td>
</tr>
<tr>
<td>Contributions</td>
<td>$</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>$</td>
</tr>
<tr>
<td>Church or County Assistance</td>
<td>$</td>
</tr>
<tr>
<td>Subsidized Housing/Utility</td>
<td>$</td>
</tr>
<tr>
<td>Energy Assistance</td>
<td>$</td>
</tr>
<tr>
<td>Income Tax Refunds</td>
<td>$</td>
</tr>
<tr>
<td>Subsidized Child Care</td>
<td>$</td>
</tr>
<tr>
<td>Rental/Escrow Payment</td>
<td>$</td>
</tr>
<tr>
<td>Sale of Goods/Internet Sales</td>
<td>$</td>
</tr>
<tr>
<td>Lottery/Casino Winnings</td>
<td>$</td>
</tr>
<tr>
<td>Other: ________________________</td>
<td>$</td>
</tr>
</tbody>
</table>

#### COUNTY USE ONLY

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALLOWABLE (BASIC)</td>
<td></td>
</tr>
<tr>
<td>Gross Wages</td>
<td>$</td>
</tr>
<tr>
<td>Gross Wages</td>
<td>$</td>
</tr>
<tr>
<td>Gross Wages</td>
<td>$</td>
</tr>
<tr>
<td>Self-Employment Income</td>
<td>$</td>
</tr>
<tr>
<td>Other: ________________________</td>
<td>$</td>
</tr>
<tr>
<td>Social Security</td>
<td>$</td>
</tr>
<tr>
<td>Social Security</td>
<td>$</td>
</tr>
<tr>
<td>SSI</td>
<td>$</td>
</tr>
<tr>
<td>SSI</td>
<td>$</td>
</tr>
<tr>
<td>Child Support/Alimony</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$</td>
</tr>
<tr>
<td>Unemployment</td>
<td>$</td>
</tr>
<tr>
<td>Workers' Compensation</td>
<td>$</td>
</tr>
<tr>
<td>Veterans' Benefits/Retirement</td>
<td>$</td>
</tr>
<tr>
<td>Other Retirement/Pension</td>
<td>$</td>
</tr>
<tr>
<td>Tribal Assistance/Commodities</td>
<td>$</td>
</tr>
<tr>
<td>Education Loans/Grants</td>
<td>$</td>
</tr>
<tr>
<td>Gifts/Loans</td>
<td>$</td>
</tr>
<tr>
<td>Interest/Dividends</td>
<td>$</td>
</tr>
<tr>
<td>Insurance/Settlements</td>
<td>$</td>
</tr>
<tr>
<td>Inheritance/Trust Payments</td>
<td>$</td>
</tr>
<tr>
<td>State Cash Assistance</td>
<td>$</td>
</tr>
<tr>
<td>Contributions</td>
<td>$</td>
</tr>
<tr>
<td>Food Stamps</td>
<td>$</td>
</tr>
<tr>
<td>Church or County Assistance</td>
<td>$</td>
</tr>
<tr>
<td>Subsidized Housing/Utility</td>
<td>$</td>
</tr>
<tr>
<td>Energy Assistance</td>
<td>$</td>
</tr>
<tr>
<td>Income Tax Refunds</td>
<td>$</td>
</tr>
<tr>
<td>Subsidized Child Care</td>
<td>$</td>
</tr>
<tr>
<td>Rental/Escrow Payment</td>
<td>$</td>
</tr>
<tr>
<td>Sale of Goods/Internet Sales</td>
<td>$</td>
</tr>
<tr>
<td>Lottery/Casino Winnings</td>
<td>$</td>
</tr>
<tr>
<td>Other: ________________________</td>
<td>$</td>
</tr>
</tbody>
</table>
REIMBURSEMENT AGREEMENT

I/We understand that I/we will be required to reimburse Kootenai County, State of Idaho, for any expense for assistance which I/we have requested or has been requested on my/our behalf, and received, heretofore and hereafter, if at anytime I/we have the ability to do so, including but not limited to my/our estate.

I/We agree to notify representatives of the Board of Kootenai County Commissioners when I/we come into possession of any income, resources, property, or information concerning my/our circumstances which I/we do not now possess. I/We accept the responsibility to immediately notify a representative of Kootenai County of any subsequent change in my/our circumstances relative to this application and request.

I/We agree to increase the rate of reimbursement or make lump sum payments consistent with any ability to pay when additional resources become available.

_____________________________________ ___________________________________
Applicant Signature Spouse/Significant Other Signature

Date:________________________________

OATH

I/We hereby solemnly swear and affirm that I/we have fully examined and understand the contents of this application and the information provided by me/us is true and correct.

I/We understand that any information given or withheld in regard to this application is subject to investigation and upon recognition of any falsehood, the application will be denied and I/we may be prosecuted to the fullest extent of the law.

_____________________________________ ___________________________________
Applicant Signature Spouse/Significant Other Signature

County Interviewer

Date:_____________________________
INFORMATION RELEASE

I/We, willfully cooperate with and will supply all information requested to the representative of KOOTENAI County in order that my/our application can be acted upon within a reasonable time.

I/We also request my/our relatives, banker, credit union, landlord, prospective landlord, hospital(s), physician(s), pharmacies, and any other persons or organizations including the State Department of Health & Welfare, Social Security Administration, Public Health Districts, Department of Veterans Affairs, Dirne Community Health Care, Victim Witness Program, law enforcement agencies, courts, Legal Aid, attorney, shelter or food agencies, Idaho Department of Employment, current or former employer(s), having information concerning me/us or my/our circumstances, to provide the information to such representative(s) of KOOTENAI County, insofar as it is pertinent to this application.

I/We hereby authorize KOOTENAI County and its representatives to release pertinent information regarding the application, the contents thereof and action taken thereon to all parties of interest as provided by Chapters 34 and 35, Title 31, Idaho Code. I/We hereby authorize a copy of this agreement to be used when necessary and give it full force as the original. **This release is valid as long as it is pertinent to this application.**

______________________________
Signature of Applicant

______________________________
Spouse/Significant Other Signature

______________________________
County Interviewer

______________________________
Date

I acknowledge that some information pertaining to treatment I have received for which I am seeking payment by Kootenai County may include material that is protected under the Federal Law. Specific authorization is given to release Drug/Alcohol abuse information, Mental Health information and HIV information which are under the Federally Protected Status. I authorize any health provider to release information to Kootenai County for benefit of payment. I understand that I am waiving the confidentiality of such records for the limited purpose of this medical application only (Title 42 CFR).

______________________________
Signature of Applicant

______________________________
Spouse/Significant Other Signature

______________________________
County Interviewer

______________________________
Date