

Grundy County CPC Application Update

Name _____ Date _____

Current Employment: (Circle applicable)	
1. Unemployed, available for work	8. Sheltered Work Employment
2. Unemployed, unavailable for work	9. Supported Employment
3. Employed, Full time	10. Vocational Rehabilitation
4. Employed, Part time	11. Seasonally Employed
5. Retired	12. Armed Forces
6. Student	13. Homemaker
7. Work Activity	14. Other _____

Others in Household:		
Name	Relationship	Birth Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Monthly Income: (Check Type, Fill in amount)	Applicant Amount:	Others in Household Amount:
<input type="checkbox"/> 1. Employment Wages	_____	_____
<input type="checkbox"/> 2. Public Assistance	_____	_____
<input type="checkbox"/> 3. Social Security	_____	_____
<input type="checkbox"/> 4. SSDI	_____	_____
<input type="checkbox"/> 5. SSI	_____	_____
<input type="checkbox"/> 6. Veterans Benefits	_____	_____
<input type="checkbox"/> 7. Railroad Pension	_____	_____
<input type="checkbox"/> 8. Child Support	_____	_____
<input type="checkbox"/> 9. Dividends, Interest, Etc.	_____	_____
<input type="checkbox"/> 10. Other	_____	_____

Resources: (Check and fill in amount and agency)		
Type	Amount	Bank, Trustee, or Company
<input type="checkbox"/> Cash	_____	_____
<input type="checkbox"/> Checking Account	_____	_____
<input type="checkbox"/> Savings Account	_____	_____
<input type="checkbox"/> Certificates of Deposit	_____	_____
<input type="checkbox"/> Trust Funds	_____	_____
<input type="checkbox"/> Life Insurance (cash value)	_____	_____
<input type="checkbox"/> Stocks and Bonds	_____	_____
<input type="checkbox"/> 2 nd Vehicle	Value: _____	Year: _____
<input type="checkbox"/> Real Estate (other than home)	Value: _____	Location: _____
<input type="checkbox"/> Burial Fund/Trust	_____	_____
<input type="checkbox"/> Other Resources	_____	_____

Health Insurance Information: (Check all that apply)

(1) Self-insured
 (2) Insured by employer
 (3) Medicare
 (4) Medicare
 (5) No Insurance

(6) Other _____

Company	Policy Number	Medicare number	Medicaid Number
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Grundy County Central Point of Coordination Application Addendum

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I do solemnly swear or affirm that the information provided on this Central Point of Coordination Application Addendum form is true and correct. I do further authorize and permit Grundy County to investigate and verify this information, as needed. I further understand that I may be required to repay the county if the information is false.

I further agree that should additional resources become available to me from whatever source, including inheritance, gift, lump sum payment from other funder, or other sources, I will use said funds to repay moneys advanced to me by Grundy County through the subsidization of the provision of services. I further understand if I do not pay my client participation fees as established by the Grundy County Management Plan, I will be subject to termination of my county subsidy.

Consumer Signature

Date

Guardian Signature

Date

Name of person providing the information if other than the above named

Date