

**DOUGLAS COUNTY DEPARTMENT OF GENERAL ASSISTANCE**

**1111 S. 41<sup>ST</sup> ST., STE. 220 OMAHA, NEBRASKA 68105**

**PH: (402) 444-6215 FAX: (402) 444-6332**

**Monthly Reporting Form** (Fill in all blanks)

Tech: \_\_\_\_\_

Assistance you are requesting: rent \_\_\_\_\_ non-food items \_\_\_\_\_ utilities \_\_\_\_\_ medical \_\_\_\_\_

Name \_\_\_\_\_ SSN: \_\_\_\_\_

Current Address \_\_\_\_\_ Phone: \_\_\_\_\_

Current Landlord: \_\_\_\_\_ Phone: \_\_\_\_\_

Does anyone live with you? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, how many: \_\_\_\_\_

Who? \_\_\_\_\_

**INCOME and RESOURCES**

Are you currently working? Yes \_\_\_\_\_ No \_\_\_\_\_ Date started: \_\_\_\_\_

If yes, give name, address and phone number of employer:

Name: \_\_\_\_\_ Address \_\_\_\_\_ Phone: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_ Hourly pay rate: \_\_\_\_\_

Have you received any other type of money/income? If so, when: \_\_\_\_\_

How much: \_\_\_\_\_ From whom: \_\_\_\_\_

Have you received a lump sum payment? If so, when? \_\_\_\_\_. How much did you receive? \_\_\_\_\_. From whom? \_\_\_\_\_.

**UNEARNED INCOME**

Did you receive any money from the following? And if so, how much and when?  
(Indicate if you have applied for any benefits below, also)

TANF-5(ADC) \_\_\_\_\_

SSI/SSA \_\_\_\_\_

Energy Assistance \_\_\_\_\_

Veterans \_\_\_\_\_

Unemployment \_\_\_\_\_

Gambling Winnings \_\_\_\_\_

Selling plasma \_\_\_\_\_

Other \_\_\_\_\_

Did family or friends pay on the following? And if so, list amount paid and when.

Phone: \_\_\_\_\_

Rent: \_\_\_\_\_

Utilities: \_\_\_\_\_

Cable: \_\_\_\_\_

Non-Food items: \_\_\_\_\_

Other: \_\_\_\_\_

Change in financial resources (purchased or given a car) \_\_\_\_\_

**Report any change within five (5) days. Return between 1<sup>st</sup> to 10<sup>th</sup> of: \_\_\_\_\_**

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date