

# TOWNSHIP ASSISTANCE INSTRUCTIONS

**Please complete items and gather all documents on the checklist BEFORE making an appointment. You must bring all documents to your first appointment.** Failure to cooperate with or to provide the township with the documentation or information which is not readily available or cannot be secured in a timely manner by the township (IC 12-20-6-1) is a cause for denial of Township Assistance.

<b>1. BEFORE CALLING FOR APPOINTMENT</b>	
	If you need assistance with utility bills (Duke, Vectren, etc.), please contact them to see if you can set-up payment arrangements.
	Apply for Food Stamps/TANF. If you are not already receiving assistance, provide evidence of your Food Stamp application. <a href="https://fssabenefits.in.gov/bp/#/">https://fssabenefits.in.gov/bp/#/</a>
	If you are unemployed and <b>not</b> disabled, you <b>MUST</b> register at Work One. <a href="https://www.workonecentral.org/job-seekers">https://www.workonecentral.org/job-seekers</a>
<b>2. GATHER THESE DOCUMENTS BEFORE YOUR APPOINTMENT</b>	
	Current (not expired) state photo ID for everyone 18 or older in the household.
	Social Security Cards for everyone in the household. For replacement cards: <a href="https://www.ssa.gov/ssnumber/">https://www.ssa.gov/ssnumber/</a>
	Copy of Benefit Letter(s) if you receive Food Stamps (SNAP) and/or TANF (including your case #).
	Support or custody documents for children in the household. (If applicable.)
	Current, signed copy of your lease with landlord's name, address, and phone number, or a copy of your most recent mortgage statement if you are buying your home.
	If renting, please provide a current payment ledger from your landlord, or a statement from your landlord giving the date and amount of last payment, how much is currently owed and when it was due. Be sure landlord's contact information is on the statement, including an email.
	Most recent bills/receipts for electric, gas, water, phone, internet, TV (cable/satellite).
	Health Insurance/Medicaid/Medicare Verification (insurance cards are sufficient).
	<b>Verification of income</b> (receipts/check stubs/bank statements) for the past 60 days. Include <b>all</b> sources of income: child support, TANF, SSI, SS or funds from any other source, including assistance from family or friends.
	Last Year's Tax Return for all adults in home 18 years or older or proof of tax refund and date.
	<b>Verification of expenses</b> for the last 60 days, including childcare costs. (Receipts, bank statements or transaction history printed from debit/cash/ss/child support/unemployment cards.) This includes verifying what cash withdrawals were used for.
	Written documentation from your doctor, if you are off work due to illness/injury.
	Completed application inserts: Assistance Compliance; Actual Income & Expense Sheet; Workforce Development Release of Information; and the Employment Search Form.
	Completed and signed Township Assistance Application.
<b>3. CALL OUR OFFICE TO SCHEDULE YOUR APPOINTMENT – (317) 984-3826</b>	

After the **completed application and all documentation have been submitted**, this office has 72 business hours to review your application and make a determination. By signing below you are stating that you have been made aware that if all documentation and information above is not provided, it is a cause for denial of Township Assistance. If you are unable to keep your appointment, please call to reschedule.

**Applicant Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



Jackson Township Hamilton County  
506 W. Main Street  
P.O. Box 456  
Arcadia, IN 46030

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Robyn Cook | Township Trustee

## NOTICE FOR TOWNSHIP ASSISTANCE REFERRAL REQUESTS

The Trustee's office is responsible for vetting all candidates for Township Assistance and for vetting candidate referrals to certain organizations that provide Assistance by those organizations request.

If you do not have a current application on file with the Trustee's office, you will not be eligible for any referrals except for food.

This is implemented under:

IC Code 6-2-25, Failure to Cooperate; Any failure to keep an appointment, locate necessary documents, complete an application, complete an obligation, or any other failure on the part of the client to establish legitimate eligibility for Public Assistance will be considered a failure to cooperate and be cause for denial of thirty (30) days.

IC Code 6-2-30, Failure to Provide Initial Document; A client who fails to provide the basic documentation required by the Trustee to verify need, or who fails to provide any other supporting documentation as instructed, may be denied for a period of (30) days.

IC Code 6-2-32, Failure to Report Income; A client who fails to report any income in the household – including (but not limited to) wages, tax returns, gifts, and any service of value provided to the household by any other entity – may be denied for failing to cooperate with the Trustee's investigation of circumstances and verification of need, falsification of information, and failure to provide documentation. Denial is for a period up to sixty (60) days.

Our office must have a complete application from any client requesting referrals for anything other than items provided by local food pantries.



# Application for Township Assistance

*NOTE: Social Security numbers are optional*

PHONE NUMBER (    )    -	APPLICATION DATE /    /	APPLICATION TIME : <input type="checkbox"/> AM : <input type="checkbox"/> PM	CASE NUMBER
AREA ###-####	MM    DD    YY	HH    MM    (total:    )	office use only

<b>Applicant's Full Name</b>			<b>Social Security #</b>	<b>Date of Birth</b>
			-    -	/    /
<input type="checkbox"/> male <input type="checkbox"/> female				
LAST	FIRST	MI	optional	MM    DD    YY

<b>Other Adult's Full Name</b>			<b>Social Security #</b>	<b>Date of Birth</b>
			-    -	/    /
<input type="checkbox"/> male <input type="checkbox"/> female				
LAST	FIRST	MI	optional	MM    DD    YY

<b>Other Adult's Full Name</b>			<b>Social Security #</b>	<b>Date of Birth</b>
			-    -	/    /
<input type="checkbox"/> male <input type="checkbox"/> female				
LAST	FIRST	MI	optional	MM    DD    YY

<b>Current Address</b>				
			_____ Months _____ Years	
Street Address / P.O. Box	Apt. #	City, State	Zip	How Long

<b>Previous Address</b>				
			_____ Months _____ Years	
Street Address / P.O. Box	Apt. #	City, State	Zip	How Long

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
What is your housing status?	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other	<input type="checkbox"/> Own <input type="checkbox"/> Buying <input type="checkbox"/> Renting <input type="checkbox"/> Homeless <input type="checkbox"/> Other
What is your marital status?	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	<input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed

This office does not discriminate on the basis of race, color, national origin, sex, religion, age or handicap status. Anyone needing special aid, readers or interpreters, please notify us at least 48 hours in advance.

In the following table, list ALL persons living within this household. For EACH person check  the relationship to the applicant and circle ALL income sources for that person. Signature, affirming income, required of all household members eighteen (18) and older.

NOTE: Social Security numbers are optional

Person's Name	Relationship		Income Source	Amount (monthly)
_____	<input type="checkbox"/> Yourself	<input type="text" value="/ /"/>	No Income	Wages
Print _____		Date of Birth	Social Security	AFDC
_____		<input type="text" value="- -"/>	Unemployment	Pension
Signature _____		Social Sec. # (optional)	Veteran's Insurance	Support Gifts
			Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature _____	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature _____	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature _____	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature _____	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other
_____	<input type="checkbox"/> Child	<input type="text" value="/ /"/>	No Income	Wages
Print _____	<input type="checkbox"/> Spouse	Date of Birth	Social Security	AFDC
_____	<input type="checkbox"/> Relative	<input type="text" value="- -"/>	Unemployment	Pension
Signature _____	<input type="checkbox"/> Room Mate	Social Sec. # (optional)	Veteran's Insurance	Support Gifts
	<input type="checkbox"/> Other Adult		Strike Benefits	Other

Total adults in the household: \_\_\_\_\_ Total children in the household: \_\_\_\_\_  
 Total of ALL persons living in the household: \_\_\_\_\_  
 Total GROSS income received in the household the last 30 days: \$ \_\_\_\_\_  
 Does anyone live in this household temporarily or occasionally? YES NO  
 If YES, who and how often: \_\_\_\_\_

List all motorized vehicles owned by ANY person in this household:  
 Type: \_\_\_\_\_ (Car / Truck / Boat / Motorcycle) Year: \_\_\_\_\_ Make: \_\_\_\_\_  
 Type: \_\_\_\_\_ (Car / Truck / Boat / Motorcycle) Year: \_\_\_\_\_ Make: \_\_\_\_\_  
 Type: \_\_\_\_\_ (Car / Truck / Boat / Motorcycle) Year: \_\_\_\_\_ Make: \_\_\_\_\_

QUESTION	APPLICANT	OTHER ADULT	OTHER ADULT
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Name: \_\_\_\_\_ Name: \_\_\_\_\_

What is your income status?  Wages Stopped  Wages Stopped  Wages Stopped  
 Waiting on Income  Waiting on Income  Waiting on Income  
 Receiving Income  Receiving Income  Receiving Income  
 No Income  No Income  No Income

What is your employment status?  Currently working  Currently working  Currently working  
 Laid off on: \_\_\_\_\_  Laid off on: \_\_\_\_\_  Laid off on: \_\_\_\_\_  
 Never worked  Never worked  Never worked  
 Quit: \*  Quit: \*  Quit: \*  
 Fired: \*  Fired: \*  Fired: \*  
 Sick leave  Sick leave  Sick leave  
 Maternity leave  Maternity leave  Maternity leave  
 On strike  On strike  On strike  
 Trying to find work  Trying to find work  Trying to find work

\* answers require explanation below

**OTHER FINANCIAL INFORMATION**

	Applicant		Other Adult		Other Adult	
Do you have life insurance?	Yes	No	Yes	No	Yes	No
Do you have another type of insurance?	Yes	No	Yes	No	Yes	No
Do you have any investment holdings? (Stocks, Bonds, CD's, IRA's)	Yes	No	Yes	No	Yes	No
Do you have any cash on hand? IF YES, give amount	Yes	No	Yes	No	Yes	No
	\$ _____		\$ _____		\$ _____	
Do you have a checking account?	Yes	No	Yes	No	Yes	No
Do you have a savings account? IF YES, give name of each bank & current balance	Yes	No	Yes	No	Yes	No
	_____		_____		_____	

Does anyone in the household have any claims, including lawsuits, against a person, insurance company, employer or government agency from which you (they) expect to receive a recovery (money)? YES NO  
 If yes, explain: \_\_\_\_\_

PROPERTY OWNERSHIP			
	<b>Applicant</b>	<b>Other Adult</b>	<b>Other Adult</b>
	Yes No	Yes No	Yes No
Do you own any property? _____			
IF YES, address: _____			
Name of mortgage company: _____			
Amount of mortgage payment: _____			
Number of years owned: _____ Approximate market value of home: _____			

RENTAL HISTORY	
Number of adults on the lease: _____ Co-lessee's name (if any): _____	
Name of apartment complex or landlord: _____	
Address of complex or landlord: _____	
Phone number of complex or landlord: _____	
What date did you move into this rental unit: _____ Monthly rent amount: _____	
Is anyone in the household related to the landlord? YES NO If yes, state relationship: _____	
Are any utilities included? YES NO If yes, which ones? _____	

EMPLOYMENT HISTORY		
	<b>Other Adult</b>	<b>Other Adult</b>
	Name _____	Name _____
Your most recent employer: _____		
Date you started work there: _____		
Date you last worked there: _____		
Reason not working now: _____		
2nd most recent employer: _____		
Date you started work there: _____		
Date you last worked there: _____		
Reason not working now: _____		

MILITARY SERVICE			
	<b>Applicant</b>	<b>Other Adult</b>	<b>Other Adult</b>
Serial Number: _____			
Enlistment Date: _____			
Branch of Service: _____			
Discharge Date: _____			

CITIZENSHIP	
Is everyone in the household a U.S. citizen? YES NO	
If no, please explain status by which you are in the U.S.: _____	







**OTHER PUBLIC ASSISTANCE**

Are you receiving or have you applied for the following:

**APPLICANT**

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date Applied: _____ / _____ / _____	
Utility Allotment	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Grants / Loans	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____

**OTHER ADULT**

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date Applied: _____ / _____ / _____	
Utility Allotment	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Grants / Loans	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____

**OTHER ADULT**

Subsidized Sec. 8, HUD, or other public housing:	YES	NO	Date Applied: _____ / _____ / _____	
Utility Allotment	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Food Stamps	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
AFDC Welfare	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Other Trustee Office	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Social Security (any type)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
V.A. Benefits (any time)	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
EAP Utility Assistance	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
FEMA Funds	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Unemployment Benefits	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Grants / Loans	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____
Any other type of help	YES	NO	Date Applied: _____ / _____ / _____	Amount: _____

Has anyone in the household been terminated from, refused or had AFDC payments reduced? YES NO  
 If YES, why? \_\_\_\_\_

Has anyone in the household ever been convicted of welfare fraud under IC 35-43-5-7? YES NO  
 If YES, when and where? \_\_\_\_\_



## CONSENT TO THE DISCLOSURE OF INFORMATION TO THE TOWNSHIP TRUSTEE

I, \_\_\_\_\_, Case Number \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_, Indiana, consent to  
the disclosure of the following information to \_\_\_\_\_, the investigator of  
township assistance for \_\_\_\_\_ Township \_\_\_\_\_ County, Indiana:

Information that will verify my:

1. Countable income.
2. Countable assets.
3. Wasted resources.
4. Relatives capable of providing assistance.
5. Past or present employment.
6. Pending claims or causes of action.
7. A medical condition if relevant to work or workfare requirements.
8. Any other information required by law.

This information may be used only in connection with:

- (1) My township assistance application from \_\_\_\_\_ Township \_\_\_\_\_ County, IN.
- (2) My application for public assistance from the Division of Family and Children county offices and the Office of Medicaid Policy and Planning.
- (3) Others (if any).

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Signature of Other Adult

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Date Signed

*This consent form expires 180 days after the date of signing.*

### ACKNOWLEDGMENT AND PLEDGE OF CONFIDENTIALITY BY THE TOWNSHIP

The undersigned township trustee or employee acknowledges that he/she may, in the course of employment, have access to certain personal information and that such information is to be treated as confidential, and is to be released and exchanged only with agencies related to the undersigned employment by the township in reviewing and investigating this application or as otherwise provided by law.

\_\_\_\_\_  
Trustee or Employee

\_\_\_\_\_  
Date Signed

**(THIS PAGE FOR TOWNSHIP USE ONLY)**

WORK ORDER:

Given \_\_\_\_\_ Amount \_\_\_\_\_ Completed \_\_\_\_\_

**STATISTICAL SUMMARY OF THIS APPLICATION**

<b>Date</b>	<b># Recipients Rec'd. Benefit</b>	<b>Utility \$ Benefits</b>	<b>Housing \$ Benefits</b>	<b>Food \$ Benefits</b>	<b>Health Care \$ Benefits</b>	<b>Other</b>	<b>Total \$ Benefits</b>

<b>Training Program Referral</b>	<b>Referrals</b>	<b>Workfare Hours</b>	<b>Time Spent on Application</b>

**CASE RECORD OF INVESTIGATION**

NOTES:





Jackson Township Hamilton County  
506 W. Main Street  
P.O. Box 456  
Arcadia, IN 46030

Robyn Cook | Township Trustee

Township Board | Jeff Roberts | Glen Schwartz | Randy Hill

## ASSISTANCE COMPLIANCE

I, the undersigned, have found myself to be in need of township assistance. Whether I received that assistance, or was denied, I understand that the following are requirements that I need to comply with, should I apply for township assistance again in the future. The requirements are as follows:

- I am aware that I will need to provide proof of application for employment to at least five **hiring** places of employment, if I am unemployed at the time of my application.
- I will need to supply the township with receipts accounting for **ALL** my expenditures, for the past **60 days**, from the date of application.
- I understand that anything above basic cell phone and/or internet packages will need to be shut off.
- I am aware that should I apply for township aid again in the future, I will have **NO WASTED** resources such as tobacco and/or alcohol, or any other item that is not a necessity.

By signing this form, I am stating that I have been made aware of these requirements that will apply if I request township assistance again. I understand that if I do not comply with these requirements, that this could be used as a reason for denial for future assistance.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Township Representative

\_\_\_\_\_  
Date





INDIANA  
**WORKFORCE**  
DEVELOPMENT  
AND ITS **WorkOne** CENTERS

RELEASE OF INFORMATION

\*NAME OF APPLICAN (PRINT) \_\_\_\_\_

\*SOCIAL SECURITY: \_\_\_\_\_

\*CURRENT DATE: \_\_\_\_\_

I authorize the Indiana Department of Workforce Development to release all wage and unemployment benefit information to the agency listed below.

\_\_\_\_\_  
\*SIGNATURE OF APPLICANT

Check this box if Power of Attorney is attached

By signing below you agree that you understand that data we release to you is protected under state law (IC 22-4-19-6) and federal regulations (20 CFR § 603.5) as confidential information. You also confirm that you have verified the applicant's identity by viewing some type of photo identification.

**\*NOTE: RELEASE MUST BE SUBMITTED WITHIN 90 DAYS OF APPLICANT SIGNING RELEASE FORM.**

\*Signature of Requestor: \_\_\_\_\_

Requesting Agency: \_\_\_\_\_

Fax Number: \_\_\_\_\_

**\*REQUIRED FIELDS:** For questions email [EmployVerification@dwd.IN.gov](mailto:EmployVerification@dwd.IN.gov)



## **Employment Search Form Jackson Township Trustee – Hamilton County**

### **Explanation of Work Requirement**

The office of the Township Trustee requires any able-bodied adult of a family or household seeking assistance to search for and accept employment, the conditions of which do not violate State and Federal Laws. Where and when feasible, this office may require a recipient to do any work needed for any governmental unit or not-for-profit agency within Hamilton County (including the State) having jurisdiction in those townships unless:

1. The applicant is not physically able to perform the proposed work.
2. The applicant is a minor or over sixty-five (65) years of age.
3. The applicant has full-time employment at the time township assistance is received.
4. The applicant is needed to care for a person because of that person's age or physical condition.
5. No work is available for the applicant.

### **Proof of Medical Disability**

An applicant who claims a physical and/or mental disability as a reason to not accept employment must provide a current doctor's statement or accept a referral to obtain a current medical evaluation verifying such condition. Applicant will be required to periodically provide an updated statement for their file.

### **Employment Search Forms**

The Trustee may require employment search forms be turned in on a bi-weekly basis by every member of the household who are not employed and able to work. At least five (5) jobs must be applied for each week. The responsibility falls on the applicant to prove he/she is actively seeking employment. Falsification may result in a denial of township assistance.

### **Employment Counseling/Referral**

If you are unemployed and not disabled, you **MUST** register at Work One, <https://www.workonecentral.org/job-seekers>. The Trustee may refer clients to employment counseling, employment possibilities, training programs, etc. Failure to follow trustee recommendations may result in denial of assistance. State statues require that the Trustee shall refuse aid until he/she is satisfied the applicant has endeavored to find work for themselves.

**I HAVE READ AND UNDERSTAND THE ABOVE.**

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**Applicant Signature**

**Date**

## Employment Search Form Jackson Township Trustee – Hamilton County

Please provide the names of at least five (5) companies/positions (per week) that you have applied for since you applied for assistance or since you became unemployed.

**Applicant Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

DATE APPLIED	COMPANY	POSITION	METHOD OF APPLICATION (IN PERSON/ONLINE)	WHERE WAS JOB LISTED? (WEBSITE/PAPER, ETC.)
<b>WEEK ONE</b>				
<b>WEEK TWO</b>				

*I certify that I have applied for the positions listed above. I give you permission to contact the employers listed above to verify this fact. I understand falsification may result in denial of township assistance.*

**Applicant Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

Jackson Township Trustee – Hamilton County  
 PO Box 456 ■ 506 W. Main Street ■ Arcadia, IN 46030 ■ Phone: 317.984.3826 ■ Fax: 260.232.4644  
[trustee@jacksontownshiptrustee.com](mailto:trustee@jacksontownshiptrustee.com) ■ [www.jacksontownshiptrustee.com](http://www.jacksontownshiptrustee.com)