RESOLUTION 60-2020

Resolution 60-2020 It was moved by Commissioner Willeke and duly seconded by Commissioner Laybourn to authorize the Washington County Department of Human Services Director to approve all amounts under \$500.00 for General Assistance Applications.

The foregoing Resolution was presented at a regular meeting of the Washington County Commissioners held on the 16th day of March, 2020 by Commissioner Willeke who moved its adoption. The motion was seconded by Commissioner Laybourn and on roll call vote, all votes being yes, the resolution was adopted.

Attest: Unice Kan

Commissioner

Chairman

Commissioner

WASHINGTON COUNTY DEPARTMENT OF HUMAN SERVICES

126 West 5th STREET P.O. Box 395 AKRON, COLORADO 80720-1705

COUNTY BOARD Of HUMAN SERVICES Terry Hart LeeAnn Laybourn David Foy

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General Assistance Policy

- 1. MUST HAVE BEEN a resident and physically resided in Washington County for twelve months prior to current date.
- 2. A person must accept work he/she is capable of doing.
- 3. All requests for G.A. money must be accompanied by a written estimate.
- 4. No cash funds will be provided to an individual. All payments will be made through a vendor.
- 5. The Washington County Board of Human Services must approve all amounts over \$50.00.
- 6. All other resources to meet this need must have been exhausted, including the applicant's available income and resources.
- 7. Assistance will only be granted for food, clothing, shelter, utilities, basic health and items necessary for employment.

 8. Items will not be paid which duplicate other assistance grants.
- 9. Director of Human Services may elect to meet with applicant/s before and the second second application is presented to Board.

NOTE: NO REQUEST MAY BE CONSIDERED APPROVED UNLESS IT IS APPROVED IN WRITING. NO INDIVIDUAL HAS THE AUTHORITY TO PROVIDE VERBAL APPROVAL OF A REQUEST FOR GENERAL ASSISTANCE.

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Name of Applicant		duii	
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Address			
			
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Name of Spouse			
Phone Number			
女亲华老亲林女老童春女长老女女 老女	*************************************	******Office Use Only**********	· · · · · · · · · · · · · · · · · · ·
		Denied	Date
Approved	Date	T./III	