

**CITY OF CHAMPAIGN TOWNSHIP  
GENERAL ASSISTANCE /TRANSITIONAL ASSISTANCE OFFICE**

603 S. Randolph St., Champaign, IL 61820  
(217) 352-4500 Fax (217) 352-6043

GENERAL ASSISTANCE- TRANSITIONAL ASSISTANCE  
APPLICATION SUPPLEMENT

(To be submitted with completed application)

Name: \_\_\_\_\_ Soc. Sec. No. \_\_\_\_\_

Birth Date: \_\_\_\_\_ Telephone No \_\_\_\_\_

1) Have you ever been convicted of/plead guilty to a violation of the Illinois Controlled Substances Act, the Cannabis Control Act, or comparable federal criminal law which has as an element the possession, use or distribution of a controlled substance? \_\_\_\_ Yes \_\_\_\_ No

If yes, please specify the class: \_\_\_\_\_ Date of conviction: \_\_\_\_\_

County of conviction: Champaign County \_\_\_\_\_ Other (specify) \_\_\_\_\_

2) Have you ever been convicted in federal or state court of having made a fraudulent statement in order to receive assistance (TANF, G.A., OR SOCIAL SECURITY) \_\_\_\_ Yes \_\_\_\_ No

3) Are you in violation of a probation or parole order? \_\_\_\_ Yes \_\_\_\_ No Are you named in any outstanding felony warrants? \_\_\_\_ Yes \_\_\_\_ No

4) Please note, which of the following you have applied for, been denied from, terminated from or are currently receiving:

<u>Type of Benefit</u>	<u>Application Date</u>	<u>Denied Date</u>	<u>Termination Date</u>	<u>Date Benefit Last Received</u>	<u>Amount Received</u>
SSI					
SSD					
IDHS Medical					
TANF/AFDC					
Food Stamps					
Worker's Comp., Personal Injury Lawsuit, Employment Disability (Long or Short Term)					
Unemployment Benefits					

I certify under penalty of perjury that the information I have provided on this form is true and complete to the best of my knowledge.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_