## **WAYNE TOWNSHIP GOVERNMENT**

## Trustee Charles J. Jones Jr.

5401 West Washington Street, Indianapolis, IN 46241 (317) 241-4191 Office • (317) 248-8527 Fax www.waynetwp.org

		General Assistance	Form	
Client's Name:			Case Number:	
	ipient's circums	stances. This includes assis	e Trustee's Office. State law rotance provided by relatives and/ood, transportation, etc.	
Have you provided any type	of assistance i	in the past 30 days:	YES NO	
If so, please list specifically	what you have	assisted with (i.e. food, tran	nsportation, shelter, paid bills, gif	t or loan of cash, etc.)
	DATE	ASSISTANCE	AMOUNT	
			l .	
What can you assist the clie	nt with at this ti	me?		
				<del></del>
Will you be able to assist thi	s client next mo	ontn?YES	NU.	
		Assistance provide	d by	
Name:	Relationship to the client:			
Address:				
Phone:				
Signature:	Date Signed:			
I give my permiss  Applicant/Recipient's Signat		e above information to be re	eleased to the Wayne Township	Trustee