STATE OF MAINE (06/27/2024)

DEPARTMENT OF HEALTH AND HUMAN SERVICES

**MONTHLY GENERAL ASSISTANCE REIMBURSEMENT REPORT**

 **Municipality: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Reporting Period: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**During this reporting period we processed \_\_\_\_\_\_\_ applications.**

**We paid for \_\_\_\_\_\_\_ cases which included \_\_\_\_\_\_ people.**

***Note:* Total number of cases and persons in the household** should be counted **one** time per category of assistance awarded. **IMPORTANT:** All statistical information should reflect the number of cases, persons, etc. for whom assistance was actually paid for during the reporting period, not what you have authorized during the reporting period.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Breakdown** | **Cases #** | **People #** | **Regular $** | **Emergency $** | **Total $** |
| **Housing (Rent, Mortgage)** |  |  |  |  |  |
| **Temporary Housing (Shelter)** |  |  |  |  |  |
| **Temporary Housing (Hotel/Motel)** |  |  |  |  |  |
| **Temporary Housing (Other)** |  |  |  |  |  |
| **Heating (all types)** |  |  |  |  |  |
| **Electricity Service (non-heating)** |  |  |  |  |  |
| **Propane Gas (non-heating)** |  |  |  |  |  |
| **Food** |  |  |  |  |  |
| **Prescriptions** |  |  |  |  |  |
| **Medical Services** |  |  |  |  |  |
| **Dental** |  |  |  |  |  |
| **Burials/Cremations** |  |  |  |  |  |
| **Diapers/Baby Supplies** |  |  |  |  |  |
| **Household & Personal Supplies** |  |  |  |  |  |
| **All Other Needs** |  |  |  |  |  |
| **Total General Assistance Expended this Period** |  |
| **\*\*\*Minus Total Amount Reimbursed by clients/ Other Municipalities (100%)** | **--** |

\* Please enter the total amount you received from clients or other municipalities for which the Department has already reimbursed you. DO NOT include SSI reimbursements from the State of Maine.

**Previous Month’s YTD Expenditures:** $\_\_\_\_\_\_\_\_\_\_\_\_\_**Total GA claimed this reporting period: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Reimbursement requested @ 70%:**  **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 **Total Year to Date GA expended:** **$\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following information is requested for GA recipients who performed Workfare for the Municipality:

**# of Cases \_\_\_\_\_\_\_ # of People \_\_\_\_\_\_\_ # of Hours Performed \_\_\_\_\_\_ Dollar Value $ \_\_\_\_\_\_**

**I hereby certify that the amount claimed from the department of Health and Human Services is true and correct to the best of my knowledge and belief. Records to verify this claim are on file in the Municipal Office and will be retained for a period of not less than three full fiscal years. Records will be available to any representative of the Department of Health and Human Services for audit purposes.**

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

**Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mail to: Department of Health and Human Services c/o General Assistance Office:**

**11 State House Station, 109 Capitol Street Augusta, Maine 04333**

**Or E-mail to:** **GeneralAssistance.DHHS@Maine.gov**

INSTRUCTIONS FOR COMPLETING THE GENERAL ASSISTANCE REIMBURSEMENT REPORT

**PLEASE TYPE OR PRINT CLEARLY ALL INFORMATION ON FORM**

1. Enter name of Municipality and County.

2. Enter Month and Year of reporting period.

\*The Department shall refuse to pay claims for reimbursement that are not submitted within 90 days of the end of the reporting period. (Example: Claims made for January expenditures are due no later than April 30th.

The only exception shall be when it is determined that good cause for not submitting the report exists. Those requesting a good cause exception, please submit a letter of explanation to the General Assistance Program Manager at the address on front of form.

3. Enter the number of applications taken. This includes grants and denials. Enter the number of cases paid for during the reporting period. A household is counted as one case. Count the case only once during the reporting period regardless of the number of payments made for that case. Enter the total number of persons included in the cases.

4. Enter the breakdown of information for each category. Report if the assistance given was regular GA or if it was given because of an emergency. If you paid assistance for 2 cases, one with 2 people and one with 5 people, the breakdown may look like this:

 Regular Emergency Total

Housing cases 2 people 7 amt. paid $250.00 amt. paid $300.00 $550.00

Electricity cases 1 people 5 amt. paid $70.00 $ 70.00

Food cases 1 people 2 amt. paid $24.00 $ 24.00

Prescription cases 1 people 1 amt. paid $30.00\* $ 30.00

\*(The prescription was paid for one person even though there are more people in the case.)

 Total GA Expenditures $674.00

* Enter 100% of any amount received from clients or other Municipalities for which the Department has already reimbursed you. **Do not include SSI reimbursements received from the Department**. (Example: You received $100 from a client, for assistance you paid for 6 months earlier).

Minus total amount reimbursed by clients/Municipalities $100.00

* Enter the total GA claimed for this reporting period. $574.00

($674 Total Expenditure for the reporting period minus the $100 received from a client)

Enter the reimbursement requested at 70% $401.80

Enter the total year to date GA expended. The State’s fiscal year begins 7/1.

 Examples: 1. July’s total year to date GA expended would be the same figure as the total GA expended for the July reporting period.

2. August total year to date GA expended would be the total GA expended for the August reporting period added to the total year to date GA expended shown on the July report.

This process continues for each remaining month in the State’s fiscal year July 1st to June 30th.

1. If your municipality requires GA recipients to perform workfare for the municipality or a non-profit organization, enter the # of cases, the # of people performing the workfare, the # of hours worked, and the total Dollar Value of the work performed. (You must use at least minimum wage in calculating the dollar value of the work performed).
2. Signature of the GA administrator or designee and date of signature is required. This may not be the person preparing the form.
3. Please **type or print** the name of the person preparing the form along with the telephone number.