

GRAFTON TOWNSHIP GENERAL ASSISTANCE OFFICE

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**MEDICAL RESOURCE INQUIRY**

Applicant/Recipient: \_\_\_\_\_

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

**You must provide information to the General Assistance Office about any medical insurance or other medical benefits that covers you and the persons listed in your Application for General Assistance. If you do not provide this information, neither you nor anyone else listed in your Application will receive medical assistance.**

Answer all of the questions below. This inquiry should be submitted to the General Assistance Office together with all documents and information you have regarding medical insurance or other medical benefits.

1. Did either you or your spouse work during the last 3 months at a job in which you were covered by group health insurance?  Yes  No

If yes, you must provide (a) the Social Security Number(s) of the employed person(s), (b) the health group ID card, (c) the name and address of the employer, and (d) the name and address of the insurance company.

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2. Do you or your spouse have insurance as a member of any union?  Yes  No

If yes, you must provide (a) the Social Security Number(s) of the union member(s), (b) the union and health group ID cards, (c) the name, address and local number of the union, and (d) the name and address of the insurance company.

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3. Does your Application include a child(ren) who has a parent not living with you and, if so, does the absent parent have medical insurance covering either you or the child(ren)?  Yes  No

If yes, you must provide (a) the Social Security Number of the absent parent, (b) the health group ID cards covering you and the child(ren), (c) the name and address of the absent parent's employer, (d) the name, address and local number of the absent parent's union, if any, and (e) the name and address of the insurance company.

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4. If you are under 19 (or under 23 and a full-time student), do either of your parents include you in their group health insurance?  Yes  No

If yes, you must provide (a) your parents' names and Social Security Numbers (b) the health group ID cards covering you, (c) the name and address of your parents' employer(s), (d) the name, address and local number of your parents' union, if any and (e) the name and address of the insurance company.

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5. Is anyone in your home covered by school insurance?  Yes  No

If yes, you must provide (a) the name and address of the school, and (b) the name and address of the insurance company.

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6. Are you, your spouse, your parents or your child's other parent in the military or a military veteran?

Yes  No

If yes, you must provide a name and address of the military member or veteran.

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7. Do you or does anyone else pay for an individual health insurance policy (including an indemnity or income protection policy which pays a certain amount per day such as an AARP policy) for you or anyone in your home?

Yes  No

If yes, you must provide (a) the name, birthdate and Social Security Number of the person named as the policyholder, (b) the name and address of the insurance company, and (c) the policy number.

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8. If you or your spouse are retired, do you have health insurance coverage as a retiree or as a dependent or a survivor of a retiree?  Yes  No

If yes, you must provide (a) the Social Security Number of the retiree, (b) the health group ID cards covering you, (c) the name and address of the employer(s), (d) the name and address of the insurance company.

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9. Have you or has anyone in your household had a hospital or doctor bill paid by insurance in the past year?  Yes  No

If yes, you must provide (a) the name and address of the insurance company, and (b) the policy number.

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10. Do you have any other resource for the payment of your medical bills other than as mentioned above?  Yes  No

If yes, please specify and explain:

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