

CRETE TOWNSHIP

GENERAL/EMERGENCY ASSISTANCE GUIDELINES

Please be advised that Crete Township has 30 days to review and determine whether or not an applicant is eligible to receive assistance. The 30 days begin when the completed application is received by the Crete Township office, including all necessary documents that are required to make a decision regarding the applicant's case. However, we do understand that in some cases a situation may arise that a case may need to be reviewed sooner. We ask that you be patient and your file will be reviewed in a timely manner.

Township Assistance is considered the last resource for helping with utility bills or rent. An applicant must apply for all potential benefits for which the applicant may be eligible and avail themselves of such benefits at the earliest opportunity. Proof of applying for assistance with the other organizations must be given to the Township prior to a decision being made. A Listing of Resources is provided in this General Assistance Packet.

1. Crete Township must provide General Assistance Applications ("GA") to anyone requesting assistance.
2. **An applicant must be a resident of Crete Township for a continuous period of 6 months. Otherwise, the governmental unit in which the applicant last resided shall be charged with providing necessary aid to the applicant.**
3. Mathematical computations are utilized in denying, terminating or approving GA.
4. Date of application is the date in which our office receives your COMPLETED application, must include your signature and all documentation requested.
5. Applicant has 5 days to report a change in circumstances affecting eligibility.

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GENERAL ASSISTANCE GUIDELINES

(continued)

6. As an applicant or recipient, you have certain **responsibilities**. Your failure or refusal to fulfill these responsibilities could result in denial or termination of General Assistance benefits.

7. At this time, with respect to utilities, Crete Township only offers assistance with Com Ed, Nicor and Village of Crete water bills and a disconnection notice must have been received. Crete Township works with what is referred to as a “flat grant” and consequently, Crete Township will only disperse up to \$240.00. We do not pay late fees.

8. If rental assistance is requested, a “5-day Notice” from the landlord is required. We may not offer the full payment due and most times only a partial payment is dispersed. We do not cover late fees. **We do not offer assistance with mortgage payments.**

9. **You must have applied for assistance, including Temporary Assistance for Needy Families (“TANF”), as applicable, with the Illinois Department of Human Services (“DHS”), see <https://abe.illinois.gov/abe/access/#program-options> and provide us with written proof of applying with DHS as well as provide us with their determination and status of your application and/or current benefits provided.**

10. **Unless exempt, you must actively seek employment. You must provide proof of registering with the Illinois Department of Unemployment Security (“IDES”) within the preceding 30 days. Moreover, unless exempt, an applicant must not refuse an offer of Suitable Employment.**

11. You have the responsibility to utilize all resources at your disposal and to apply for any benefits for which you might be eligible. The General Assistance Office may refer you to other agencies, you must accept and follow-up in good faith and provide proof of application and of any benefits received.

12. An applicant or recipient is **ineligible** for GA if they are currently receiving or included in a cash assistance unit or program (TANF).

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GENERAL ASSISTANCE GUIDELINES

(continued)

13. An applicant or recipient is **ineligible** to receive GA if they are currently receiving **Supplemental Security Income (“SSI”)** or **SSI Disability (SSDI)**. Moreover, an applicant is ineligible for General Assistance if the applicant is ineligible or not currently receiving SSI because of non-cooperation, fraud, suspension, sanction, recoupment or the receipt of a lump-sum payment.

14. Applicant must have been denied General Assistance before being considered for Emergency Assistance.

15. Crete Township may refer you to IDES and DHS prior to determining your eligibility for GA. Crete Township has the right to follow up with IDES and DHS (Public Aid) in determining your eligibility. Crete Township has the right to investigate fraud in regards to your case with these agencies.

16. **Photo ID’S, social security cards, pay stubs, unemployment benefit letters, SS award letters and tax returns, amongst other things, for everyone in the household, are some of the documents needed to complete your case.**

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REQUIRED DOCUMENT CHECKLIST FOR GENERAL/EMERGENCY ASSISTANCE APPLICATION

**(PLEASE NOTE THAT ANY MISSING DOCUMENTS OR INFORMATION WILL DEEM
THE APPLICATION INCOMPLETE)**

- ___ 1. Social Security Cards or numbers for everyone in the household.

- ___ 2. For everyone in the household 18 years or older: Proof of all income for the past 30 days and the last three check stubs. If receiving unemployment benefits, must provide proof. Copy of most recent filing of Federal Form 1040 and W-2s. Proof of any and all benefits received.

- ___ 3. Current Utility Bills:
 - ___ Nicor.
 - ___ Com Ed.
 - ___ Other.
 - ___ Shut-Off Notices from Utility Companies (required).

- ___ 4. Copy of lease. (Must have lived in Crete Township for the past 6 months to qualify).

- ___ 5. If current lease does not show residency of at least 6 months, please provide proof that you lived in Crete Township for the last 6 months.

- ___ 6. "5-Day Notice" from Landlord, if applicable.

- ___ 7. Illinois SNAP Card Benefit proof of application and proof of benefits..

- ___ 8. Illinois TANF cash assistance application and proof of benefits.

- ___ 9. Statements of checking/savings accounts for everyone in the household 18 years or older for the last 3 months.

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APPLICATION FOR GENERAL ASSISTANCE

CRETE TOWNSHIP WILL COUNTY

Please use ink and fill in every space, if filling by hand, please print.

ASSISTANCE REQUESTED:

When applying for assistance: please read explanation below first:

_____ Emergency Assistance
_____ General Assistance

*Emergency assistance is financial assistance to alleviate a life-threatening circumstance or meet an expense which jeopardizes employment. **You can receive Emergency Assistance only once every 12 months.**

*General Assistance is monthly financial assistance to meet basic needs. You can receive it every month of the year, however, **YOU WILL TYPICALLY BE SUBJECT TO CERTAIN REQUIREMENTS SUCH AS A WORK REQUIREMENT.**

I am requesting the assistance I have indicated above on behalf of myself and the following people who reside with me:

Name	Age	DOB	Relationship
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REASON FOR APPLYING FOR ASSISTANCE

If applying for General Assistance, what is the reason you are applying?

If applying for Emergency Assistance, what life-threatening circumstance or expense which jeopardizes employment presently faces you?

GENERAL INFORMATION

NAME: _____
 First Middle initial Last

ADDRESS: _____
 Street address Apt. No. City

PHONE: _____ MOBILE _____ EMAIL: _____

SOCIAL SECURITY NUMBER: _____

How long have you resided at the present address? _____

How long have your resided in this township? _____

What was the last place you resided in this state for a continuous period of (6) months?

Street address	City	Dates of residence
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PERSONAL AND HOUSEHOLD INFORMATION

What is your marital status? (married, divorced, separated) _____

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If divorced, please indicate when and where you were divorced and if any orders were entered with regard to spousal or child support.

If support orders were entered, what is your ex-spouse's address?

Indicate spouse's full name:

First	Middle Initial	Last
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Indicate your spouse's Social Security number: _____

Spouse's age: _____ Date of Birth: _____

Date of marriage and place of marriage: _____

If you do not reside with your spouse, what is his/her address:

Do you rent or own your home? _____
Rent Own

If your rent, please indicate the name and address of your landlord:

Please list names, ages and dates of birth of children and name of other parent if different than present spouse:

Name	Age	Date of Birth	Name of other parent
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Indicate the name, age, relationship to you, present means of support and contribution to household expenses of every person who lives with you:

Name	Age	Means of Support	Contribution
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Are you or your present spouse, any of your children or anyone residing with you presently employed? If so, indicate the name(s) address(es) and phone numbers of the employers:

Name	Address	Phone number
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If you or your present spouse are not presently employed, indicate the name(s), address (es) and telephone number(s) of your last three employer(s), the dates of your employment and the reason for leaving

Name	Address	Phone #	Dates of employment	Reason for Leaving
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Are you or any member of your family presently residing with you a veteran of a foreign war? _____

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Are you or any member of your family presently residing with you a member of a union?
_____.

If so, please indicate the union number, name and union benefits for which the family member is eligible.

Union Member	Name of Union	Union Benefits
_____	_____	_____
_____	_____	_____
_____	_____	_____

PROPERTY AND ASSETS

Do you or any member of your family residing with you own any real estate? _____
If so, please describe the real estate description, its address, how title is held, and its approximate equity value.

Description	Address	Title	Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you or any member of your family residing with you own any automobiles, trucks, motorcycles, farm equipment or other vehicles? If so, please describe the vehicle (year, make and model) and indicate how it is titled, and what its present equity value is:

Description	Title	Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

CRETE TOWNSHIP

Do you or any member of your family residing with you own any personal property?
If so, please describe the personal property; indicate the owner, and the present equity value of the property:

Description	Owner	Value

Do you or any member residing with you have any bank accounts or have any interests in any bank accounts? Please indicate the name and address of the bank, the person who holds title or an interest in the account, the account number, and the current balance.

Name and address of bank	Title	Account #	Balance

Do you or any member residing with you own or rent a safety deposit box? _____
If so, indicate the name and address of the bank where the safety deposit box is located, the person who owns or rents it, the box number, and the contents of the box.

Name and address of bank	Owner/Renter	Box#	Contents

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Do you or any member of your family residing with you own or have any interest in any savings bonds, government bonds or any type of bonds or securities? _____

If so, please describe such securities and indicate the person with the interest in such securities and the present equity value of such securities.

Description	Person Interested	Value

Do you or any member of your family residing with you own or have an interest in any real or personal property, of whatever nature, which has not previously been mentioned?
If so, describe such property, the person with the interest in such property, and the present equity value of such property.

Description	Person Interested	Value

Do you or any member of your family residing with you own any life insurance? _____

If so, please indicate the person insured, the owner of the policy, the insurance company, the policy number, the face value, and the cash value of the policy.

Person Insured: _____

Owner: _____

Insurance Company: _____

Policy Number: _____

Face Value: _____

Cash Value: _____

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Do you or any member of your family have any health insurance? _____

If so, indicate the name of the insurance company, policy number, the person or persons covered and the type of coverage.

Insurance Company: _____

Policy Number: _____

Person(s) Covered: _____

Type of Coverage: _____

INCOME

Please indicate the source and amount of monthly income for everyone in the household including any support from the Illinois Department of Human Services, County Veterans Assistance Commission or any other governmental unit:

Sources: _____

Amounts: _____

Is any member of your family residing with you have any earned income from wages and salary or from self-employment? _____

Please indicate the family members or others residing with you person receiving the income and the source and amount of monthly income earned.

Persons Receiving Income: _____

Source: _____

Amount: _____

Is any member of your family residing with you have any unearned income? _____

This includes unemployment benefits, compensation, veteran's benefits, Social Security, retirement benefits, Social Security survivor's benefits, AABD, SSI, AFDC, and any other public assistance. Please indicate the person receiving the income, the source of the income, and the amount of income received.

Person Receiving Income: _____

Source: _____

Amount: _____

CRETE TOWNSHIP

Do you or any members of your family residing with you have any income, of any nature whatsoever, which has not previously been mentioned? _____
If so, describe such income, the person receiving it, and the source and amount.

Person Receiving Income: _____

Source: _____

Amount: _____

CRETE TOWNSHIP

I understand that if I want someone else to apply for General Assistance for me, and I am mentally and physically able to apply, I must provide a written statement that gives the person permission to apply on my behalf. The statement must include the full name, address and phone number of the person applying for me. The statement must say that I am still responsible for the information that the person applying for me gives to the local General Assistance office. The statement must also say that I am liable for repaying benefits that were received due to incorrect or incomplete information provided by an approved representative.

This application must be signed by the Applicant. However, if the person in need of assistance is too ill, or otherwise mentally or physically unable to complete an application, this application may be filed by the SPOUSE, PARENT, ADULT CHILD or ADULT BROTHER or SISTER, or OTHER RELATIVE. If there are no relatives this application may be signed by ANY OTHER PERSON able to furnish necessary information with reasonable competence.

I have this application for General Assistance and declare under the penalties of perjury that to the best of my knowledge and belief the information supplied in this application and all accompanying statements or documents is true and correct, and that it is a complete statement of all income, assets, or resources belonging to me or to any member of my immediate family.

I agree to notify the Supervisor of General Assistance of any change whatsoever in need, or in the resources listed herein, or of any new or additional income or resources. Further, I hereby authorize any person, bank, firm, corporation, transfer agent, agency, institution, or the Department of HHS to furnish to the Supervisor of General Assistance whatever information that may be requested relative to accounts, deposits, investments, securities, RSDI benefits, or business or any kind whatsoever.

Signature of Applicant: _____
Date: _____

Signature of Spouse: _____
Date: _____

I hereby make Application for General Assistance on behalf of the person named below, and certify that to the best of my knowledge and belief, the information furnished herein is a true statement of his (or her) income, assets, and resources.

Name and Address of Applicant

Signature and Address of Individual making Application for General Assistance on BEHALF of the person named above, and relationship to the Applicant.

CRETE TOWNSHIP

LISTING OF RESOURCES:

NOTE: You have a responsibility to utilize all resources at your disposal and to apply for any benefits for which you might be eligible. The General Assistance Office of Crete Township may refer you to other agencies and if so, you must accept and follow-up with such agencies in good faith.

ABE – State of Illinois - You can use ABE to apply on-line for healthcare, SNAP, cash assistance and the Medicare Savings programs with the State of Illinois. You can also apply for over the phone by calling the ABE Customer Call Center (800) 843-6154.

More information is available at <https://abe.illinois.gov/abe/access/#program-options>.

SNAP

- **Supplemental Nutrition Assistance Program (SNAP)** (formerly Food Stamps) helps low-income people and families buy the food they need for good health. Benefits are provided on the Illinois Link Card - an electronic card that is accepted at most grocery stores.

Cash Assistance

- **Temporary Assistance for Needy Families (TANF)** provides temporary financial and Healthcare Coverage for pregnant women and families with one or more dependent children. TANF provides financial assistance to pay for food, shelter, utilities and expenses other than medical.
- **Aid to the Aged, Blind and Disabled (AABD) Cash** is for people who are aged, blind and/or disabled and need money. A person who is eligible for the AABD Cash program receives cash and Healthcare Coverage.

Healthcare Coverage

- Illinois offers coverage to eligible children, adults, seniors and people with disabilities. These programs provide access to health care at a reasonable cost.

If you believe you may not be eligible for Medicaid, you may still be eligible for financial assistance to purchase private insurance through the Federal Health Insurance Marketplace. [Visit Healthcare.gov](http://www.healthcare.gov)

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LISTING OF RESOURCES (continued):

Illinois Department of Human Services (“IDHS”): Services include Illinois Link Card, Cash, Medical Programs, Supplemental Nutrition Assistance Program (“SNAP”), Temporary Assistance for Needy Families (“TANF”), Women, Infants and Children “WIC”).

You can apply online at <https://www.dhs.state.il.us/page.aspx?item=27894>

IDHS Help Line: 1-800-843-6154 or 1-866-324-5553 TTY.

IDHS Office Locator: <https://www.dhs.state.il.us/page.aspx?module=12>

Will County Center for Community Concerns – offers a variety of assistance programs including:

- **Low Income Home Energy Assistance Program (LIHEAP):** to assist Will County low-income eligible households pay for winter energy services.
- **Housing Counseling:** assistance to individuals or families who are facing eviction or are threatened to have their water service disconnected.
- **Employment Support:** assists eligible customers with such items as daycare cost, transportation and work supplies that enable them to obtain/maintain employment.
- **Prescription Drug Assistance:** issues vouchers for prescribed medications to eligible customers for use at participating pharmacies.
- **Volunteer Income Tax Assistance (VITA):** offers free tax help to people who generally make \$53,000 or less, persons with disabilities, the elderly and limited English-speaking taxpayers who need assistance in preparing their own tax returns
- **Veterans Dental Assistance:** assists veterans with dental care that is not 100% covered through their veteran benefits.

Location – 2455 Glenwood Ave. Joliet, IL 60435

Telephone: (815) 722-0722, www.wcccc.net.

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LISTING OF RESOURCES (continued):

LIHEAP – The Low-Income Home Energy Assistance Program (LIHEAP) is designed to assist Will County low-income eligible households pay for winter energy services 90 Town Center, University Park. Tuesday and Thursday 9am to 1 pm. Telephone: 815-722-0722.

Salvation Army – Families and individuals from Will County who are in a crisis can get help from the Salvation Army. Potential services include: Food, groceries, and meals, rent/housing assistance, moving assistance, utility bill assistance, health care assistance and low interest loans. Salvation Army Joliet and Will County Corps Main office is at 300 3rd. Ave, Joliet, IL. 60433. Contact: Kevin Nolen, Program Coordinator/Office Administrator kevin.Nolen@usc.salvationarmy.org Telephone (815) 726-4834. Website: <https://centralusa.salvationarmy.org/joliet/>

Will County Comeback Grants & Assistance Program – Assistance is available to Will County homeowners and tenants having trouble keeping up with their mortgage, rent or utility payments due to the economic hardships caused by COVID-19. Funds are available to those earning under 80% of the Area Median Income and at least one month behind on rent or mortgage. Utility assistance is also available for those who qualify. <https://willcountyillinois.org/housing/>

In order to help residents find the type of assistance available to them, the County has employed the expertise of four local agencies:

- **Will County Center for Community Concerns: 815-722-0722**
- **Spanish Community Center: 815-727-3683**
- **Catholic Charities: 815-774-4663**
- **Community Services Council: 815-886-5000**

All Will County residents can contact the agencies above, who will help you identify your eligibility for mortgage, rent and utility assistance. Please be aware there are several programs available and you may be required to provide proof of how COVID-19 has negatively impacted your ability to make mortgage, rent and utility payments.

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LISTING OF RESOURCES (continued):

Senior Services of Will County – provides home delivered meals, simple home maintenance, light housekeeping, caregiver assistance, Mini-Bus service, Senior Shuttle, and Volunteer Driving Program and free tax preparation assistance. Contact: 251 N. Center Street, Joliet, IL 60435. Phone: 815-723-9713.
www.willcountyseniors.org.

Will Community Development Division of Land Use, phone number (815) 774-7894, offers the Homelessness Prevention and Rapid Re-Housing Program, which can offer funds to pay rent in a crisis.

Veterans Assistance Commission of Will County - Rent help may be available for Military Veterans and their families. Also call them for housing Advocacy, Assistance, and other Financial Services for paying bills, debts, and more. Address of center - 128 N. Scott St., Joliet, Illinois 60432
Telephone - (815) 740-8389.

Catholic Charities - Free food, emergency rental assistance to prevent evictions, and other financial and non-financial aid is offered. They also run the DAYBREAK Center, which offers housing for lower income Single Women with Children. The Daybreak Shelter, which provides shelter for the homeless as well as emergency financial assistance with basic needs such as food, clothing and rent or mortgage assistance is another option. Daybreak's Transitional Housing Program also provides housing for single mothers and their children while they work towards permanent housing and employment
Main office - 611 E. Cass Street, Joliet, IL 60432
Telephone - (815) 774-4663

Spanish Community Center – Bilingual childcare, citizenship & immigration, immigrant family resources, housing, family advocacy, food pantry, baseball/softball. Main Offices: 309 N. Eastern Ave, Joliet, IL 60432; Satellite Office 956 S. 10th St, Kankakee, IL 60901. (815) 727-3683.

Martha's Youth Service Center - 409 W. Jefferson Street, Joliet, Illinois 60432 Telephone number (815) 768-8750. Services offered by this agency include crisis intervention and general support. They may be able to arrange housing assistance and shelter for those who qualify. Referrals, case management, and other services are available.

CRETE TOWNSHIP

LISTING OF RESOURCES (continued):

Lamb's Fold Center - only offers assistance for women and children, as well as single moms. There may be grants to pay for rent to prevent an eviction, rehousing, shelter and more. Those staying in the transitional housing apartments may receive help with for paying a security deposit when moving out. (815) 723-5262

Prairie State Legal Services - offers free civil legal aid. This can be to prevent evictions, landlord and tenant mediation, and information on Illinois law when it comes to security deposit returns. The Joliet Illinois pro-bono law firm is at (815) 727-5123. Utility, shut off, eviction, housing issues. Counselors Monday thru Thursday 9am to 1pm 60 and older (800) 531-7057 (888) 965-7757

Community Service Council – A HUD Certified Agency that provides foreclosure prevention counseling, rental counseling, couple counseling, anger management counseling, depression counseling, partner abuse intervention services, Level 1 Drug & Alcohol counseling and post-traumatic stress counseling, among other services. Office: 440 Quadrangle Drive, Suite C, Bolingbrook, IL 60440. Telephone: 815-886-5000. Website: www.thecsc.org.

American Red Cross – provides Disaster Assistance: lodging, food, medication replacement, emotional support. Contact: Cook County Regional Headquarters, The Rauner Center 2200 W. Harrison St., Chicago, IL 60612, Phone: (312) 729-6100.

United Way of Will County - This agency funds many local non-profit organizations, charities, and churches across Will County. Any funds and programs are then managed by those funded agencies. The goal is to help people get resources and services they need to make it through difficult times. Call the agency at 815-723-2500. Note that some non-profits in the county may issues loans for expenses, such as rent or other housing costs. Address is 54 N. Ottawa Street Suite 300, Joliet, IL 60432

CRETE TOWNSHIP

LISTING OF RESOURCES (continued):

Will County Health Department & Community Health Center – Behavioral health services for adults and children, family support services, Community Health Center, Family Health Services, Vision and Hearing Screening, Food Nutrition Education. Address: Community Health Center, 1106 Neal Avenue, Joliet, IL 60433, telephone: 815-727-8670. Health Department & Health Center – Easter Branch: 5601 W. Monee-Manhattan Road, Monee, IL 60449, telephone: 708-534-5721. <https://willcountyhealth.org/>

Road Home Program at Rush – For veterans and their families. Road Home Program at Rush provides confidential support and health services to help veterans and their families heal from the invisible wounds of war. Telephone: (312) 942-8387. Email: team@roadhomeprogram.org
Website: <https://www.rush.edu/news/road-home-program-rush>

Christians Against Poverty: Non-profit that provides free services including: Debt help, Financial health coaching, Credit counseling, Budgeting skills, Money coaching, Financial well-being. Chicago South Suburbs CAP Center: Call toll-free at 888-777-4620 or call CAP's local number at: 708-866-5577. Website: <https://capamerica.org/debthelp>

CRETE TOWNSHIP

LISTING OF RESOURCES (continued)

LOCAL FOOD PANTRY INFORMATION

CRETE TOWNSHIP FOOD PANTRY

1367 WOOD ST.

CRETE, IL. 60417

708.672.8279

**THIS PANTRY IS ONLY OPEN FROM 9 AM TO 12 PM ON WEDNESDAY
FOR CRETE TOWNSHIP RESIDENTS ONLY.**

ALICIA'S HOUSE

17 PAULSEN AVE.

SOUTH CHICAGO HEIGHTS, IL. 60411

708.946.3002

THIS PANTRY IS OPEN EVERY TUESDAY FROM 9 – 11 AM

COMMUNITY OUTREACH PROGRAM

3440 Halsted Blvd

Steger, IL 60475

708.732.4504

**ALLOWED ONLY TWICE PER MONTH PANTRY HOURS ARE:
SATURDAYS FOLLOWING THE FIRST AND THIRD FRIDAYS OF THE
MONTH. DOORS OPEN AT 8:45 A.M. SERVICE HOURS ARE FROM 9 – 11
AM
IN ALL OTHER WEEKS, THE PANTRY IS OPEN ON TUESDAY FROM 7 –
9 PM**

EMMANUEL CHRISTIAN REFORMED

22515 TORRENCE AVE

SAUK VILLAGE, IL 60411

708.758.3343

**THIS PANTRY IS OPEN EVERY SATURDAY 10AM TO 12PM FOR
LYNWOOD AND SAUK VILLAGE ONLY. MOBILE PANTRY 2ND
WEDNSDAY OF EACH MONTH OPEN TO EVERYONE 3:30 PM**

CRETE TOWNSHIP

LISTING OF RESOURCES (continued)

LOCAL FOOD PANTRY INFORMATION (continued)

MONEE TOWNSHIP

26121 EGYPTIAN TRAIL

MONEE, IL. 60449

708.534.6020

THIS PANTRY IS OPEN MONDAY THRU FRIDAY FROM 9:00 AM TO 4:00 PM

PEACE COMMUNITY CHURCH

130 SOUTH US ROUTE 45

FRANKFORT IL, 60423

815.469.2868

THIS PANTRY IS OPEN THE 1ST SUNDAY OF EACH MONTH 11:00 AM TO 12:00 PM

RICH TOWNSHIP

22013 GOVERNORS HIGHWAY

RICHTON PARK, IL. 60471

708.748.6722

THIS PANTRY IS OPEN MONDAY-FRIDAY FROM 1:30 PM TO 3:30 PM

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LISTING OF RESOURCES (continued)

Continuum of Care - Homeless Services is run by non-profit community action. Help with locating low income apartments, loans to pay for a portion of rent, referrals and case management is offered for housing needs. (815) 722-0722

- Joliet - (815) 726-4781
- Monee - (708) 534-6020
- Peotone - (708) 258-9192
- Will - (708) 258-0980

Will County Housing Authority information - This is another government run program. It can offer section 8 housing in Illinois, as well as local public housing and rent assistance. The non-profits that run the programs include:

- Housing Authority of Joliet -
Address - 6 S. Broadway Street, Joliet, Illinois 60436
Phone number - (815) 727-0611
- Housing Authority of Park Forest
The office is at 350 Victory Drive, Park Forest, Illinois 60466
Telephone - (708) 748-1112

Transitional housing – These agencies offer short term transitional housing:

- Agape Missions - Services are targeted at HIV/AIDS population; Single Men/Women and Families
Address - 840 Plainfield Rd., Joliet, Illinois 60435
Telephone - (815) 723-1548
- Lamb's Fold Center for Women and Children
Address - 153 S. Ottawa Street, Joliet, IL 60436
Call (815) 723-5262 for information on housing, shelter, and rent services.
- Morning Star Mission - Assistance is offered for both families as well as Single Men and Women.
Location - 350 E. Washington Street, Joliet, Illinois 60433
Dial (815) 722-5780

CRETE TOWNSHIP

LISTING OF RESOURCES (continued)

Will County General Assistance - Townships

Each town throughout the county offers the low income, working poor, and those in poverty this resource. The Will County general assistance program is cash assistance that can be paid out to help meet basic maintenance needs and other expenses, and support and funds are paid out by your local Township Office. The exact type of services and application processes vary from office to office, however funds for paying rent and housing expenses may be included. They rely heavily on government grants to pay for these resources. Township funds serve as a final resource, all other organizations are to be contacted first. Letters of denial are required in order to submit a completed assistance package. Please call your local township below.

- Channahon - (815) 467-2569
- Crete - (708) 672-8279
- Custer - (815) 458-2252
- DuPage - (630) 759-1317
- Florence - (815) 478-3150
- Frankfort - (815) 469-4907
- Green Garden - (815) 277-9884
- Homer - (708) 301-0522

Illinois Department of Human Services (“DHS”):

DHS can help you and your family meet your basic needs offering a range of services. Services and applications are available online at <http://www.dhs.state.il.us>.

The "for Customers" section of their website (<http://www.dhs.state.il.us/page.aspx?item=27894>) can help you find programs, services and information.

DHS can help you meet basic needs, cope with illness, emergencies, or other challenges.

CRETE TOWNSHIP

LISTING OF RESOURCES (continued)

Most Requested Services

- [Supplemental Nutrition Assistance Program \(SNAP\)](#)
- [Cash](#)
- [Illinois Link Card](#)
- [Medical Programs](#)
- [Temporary Assistance for Needy Families \(TANF\)](#)
- [Women, Infants and Children \(WIC\)](#)
- [Change of Address, Income or Assets](#)

Emergency Services

- [Emergency Food](#)
- [Sexual Assault Prevention Program](#)
- [Emergency Food and Shelter](#)
- **Domestic Violence Helpline Toll Free, Confidential, 24 Hour, Multilingual**
 - 1-877-TO END DV (1-877-863-6338) (Voice)
 - 1-877-863-6339 (TTY)

Online Tools

- [Change My Address, Income or Assets for Existing Cash, SNAP or Medical Assistance Customers](#)
- [Manage My Illinois Link Account](#)
- [Rehabilitation Services: Apply Online](#)
- [Apply for SNAP, Cash and Medical Assistance](#)

CRETE TOWNSHIP

LISTING OF RESOURCES (continued)

Apply For Cash, SNAP (Food Stamps) & Medical Assistance

There are several ways to apply for Cash, SNAP (formerly Food Stamps), and Medical Assistance.

- **Apply Online**

Use the [Application for Benefits Eligibility \(ABE\)](#) to apply for SNAP, cash or medical assistance.

- Please refer to the [Guide to Completing an ABE Application](#).
- If you are an organization or agency that helps people access benefits, please refer to the [Guide to ABE for Community Partners](#).

- **Apply Using a Paper Application**

- **Download the application**

1. [IL444-2378 B - Request for Cash Assistance, Medical Assistance, Supplemental Nutrition Assistance Program \(SNAP\)\(IES\)\(pdf\)](#)
2. [IL444-2378 BS Solicitud Para Asistencia Economica - Asistencia Medica - Estampillas de Comida \(SNAP\) \(IES\) \(pdf\)](#)

2. **Follow the directions on the form.** Type in as much information as you can. If you can't answer all the questions, that's ok. You must include your name and address. You may print out the application and write on it if you prefer. **You must sign the form.**

3. Once you've completed the application, **carry, mail or fax it to your local Family Community Resource Center.** Use the [DHS Office Locator](#) to locate your local office.

Apply At Your local Family Community Resource Center

Applications are taken at DHS local offices. Use the [DHS Office Locator](#) to locate the Family Community Resource Center in your county to apply for benefits.

You may also call the Helpline at 1-800-843-6154, or 1-866-324-5553

CRETE TOWNSHIP

DHS Offices and Service Providers for Will County:

1. DHS Family Community Resource Center in Will County

Family Community Resource Center

45 E Webster St

Joliet, IL 60432

Phone: (815) 740-5350

TTY: (866) 322-2586

Fax: (815) 740-5313

Hours: 8:30 a.m. - 5:00 p.m. Monday - Friday (except state holidays)

Spanish Assistance Phone: (815)740-8759

Receives applications for Cash, SNAP, and Medical Assistance by fax, mail or in person.

2. Child Care Resource & Referral

801 N Larkin Ave

Joliet, IL 60435

Phone: (800) 552-5526

TTY: None

Fax: (815) 741-1170

Local Referral: (815) 741-1163, Subsidy: (800) 641-4622, (815)741-4622

3. Aunt Martha's Youth Service Center, Inc. - Joliet

Comprehensive Community-Based Youth Services

409 W Jefferson St

Joliet, IL 60435

Phone: (815) 768-8750

TTY: None

Website: <http://auntmarthas.org>

24 Hour Crisis No. 815-768-8750

4. Developmental Disability Services

1740 McDonough Street

Joliet, IL 60436

Phone: (815) 741-0800

Fax: (815) 741-1678

Toll Free: (800) 244-8008

Crisis after hours number: (815) 741-0800

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5. Apna Ghar, Inc. (Our Home)

Domestic Violence Victim Services
4350 North Broadway, 2nd Floor
Chicago, IL 60613
Phone: (773) 883-4663
Fax: (773) 883-4664
Toll Free: (800) 717-0757
Website: www.apnaghar.org
24-hour hotline: (800) 717-0757

6. Arab-American Family Services

Domestic Violence Victim Services
9044 S. Octavia Ave.
Bridgeview, IL 60455
Phone: (708) 599-2237
Fax: (708) 599-8229
Website: www.arabamericanfamilyservices.org
24-hour hotline: (708) 945-7600

7. Connections for Abused Women & Their Children (CAWC)

Domestic Violence Victim Services
1116 N Kedzie Ave
Chicago, IL 60651
Phone: (773) 489-9081
TTY: (773) 278-4114
Fax: (773) 489-6111
Website: www.cawc.org
24-hour hotline: (773) 278-4566

8. Guardian Angel Community Services

Domestic Violence Victim Services
1550 Plainfield Rd.
Joliet, IL 60435
Phone: (815) 729-0930
TTY: (815) 741-4643
Fax: (815) 744-6087
Website: www.gacsprograms.org
Provides on-site emergency shelter, counseling, and support services to domestic violence victims. 24-hour hotline: (815) 729-1228.

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9. South Suburban Family Shelter, Inc

Domestic Violence Victim Services

PO Box 937

Homewood, IL 60430

Phone: (708) 794-2140

TTY: (708) 335-3028

Fax: (708) 794-2145

Website: www.ssfs1.org

Provides off-site emergency shelter, counseling, and support services to domestic violence victims. 24-hour hotlines: (877) 335-3020 or (708) 335-3028.

10. Services of Will, Grundy, & Kankakee Counties, Inc. (Child and Family Connections #15)

Early Intervention

2300 Glenwood Avenue

Joliet, IL 60435

Phone: (815) 730-2617

TTY: None

Fax: (815) 730-2650

Toll Free: (888) 329-0633

Child & Family Connections

11. Aunt Martha's Youth Service Center – Park Forest Office

Family Case Management

440 Forest Boulevard

Park Forest, IL 60466

Phone: (708) 747-7643

TTY: None

Website: www.auntmarthas.org

12. Austin Peoples Action Center

Family Case Management

264 Main Street, Suite 264

Park Forest, IL 60466

Phone: (708) 283-2515

TTY: None

Email: info@apacsite.com

CRETE TOWNSHIP

13. Will County Health Department – Eastern Branch

Family Case Management
44 Town Center
University Park, IL 60484
Phone: (815) 727-8803
TTY: None
Fax: (708) 534-3455
Website: www.willcountyhealth.org

14. Will County Community Health Department

Family Planning
1106 Neal Ave
Joliet, IL 60433
Phone: (815) 727-8670
TTY: None
Fax: (815) 727-8852
Clinic & Agency
Clinic Hours:
M/W 7:30-5:00
Tu/Th 7:30-8:00
Fri 7:30-12:00
Sat 8:00-1:00

15. Catholic Charities of the Diocese of Joliet

Mental Health
203 N Ottawa St
Joliet, IL 60432
Phone: (815) 730-4891
TTY: None
Website: Catholic Charities of the Diocese of Joliet
This agency provides mental health services under '1 South' of Division of Mental Health, DHS, Illinois.

16. Cornerstone Services, Inc

Mental Health
777 Joyce Rd
Joliet, IL 60436
Phone: (815) 727-6666

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17. Karing Initiatives, Inc. (dba for Malone & Christian, Inc.)

Mental Health

600 Holiday Plaza Dr., Suite 130

Matteson, IL 60423

Phone: (708) 248-5009

Website: Karing Initiatives, Inc. (dba for Malone & Christian, Inc.)

This agency provides mental health services under '1 South' of Division of Mental Health, DHS, Illinois.

18. RTS Unlimited, Inc.

Mental Health

211 N Hammes Ave, Suite 1

Joliet, IL 60435

Phone: (770) 485-4263

TTY: None

This agency provides mental health services under '1 South' of Division of Mental Health, DHS, Illinois.

19. Stepping Stones Inc. of Joliet

Mental Health

1621 Theodore St

Joliet, IL 60435

Phone: (815) 744-4555

TTY: None

Website: Stepping Stones Inc. of Joliet

This agency provides mental health services under '1 South' of Division of Mental Health, DHS, Illinois.

20. Trinity Services, Inc

Mental Health

301 Veterans Pkwy

New Lenox, IL 60451

Phone: (815) 485-6197

TTY: None

Fax: (518) 485-5975

Website: Trinity Service Inc.

This agency provides mental health services under '1 South' of Division of Mental Health, DHS, Illinois.

CRETE TOWNSHIP

21. Partner Abuse Intervention Services

12 W Cass St

Joliet, IL 60432

Phone: (815) 727-2830

TTY: None

Fax: (815) 727-4039

Conducts Men's, Women's, LGBT, and Adolescent Partner Abuse Intervention assessments and groups in English and Men's assessments and groups in Spanish. Contact Erika McGregory (English - 815-727-2830) and Dr. Grejada (Spanish 815-202-8846).

22. Fresh Start DUI Counseling Services, Inc.

Partner Abuse Intervention Services

21020 S 80th Ave

Frankfort, IL 60423

Phone: (888) 551-0177

TTY: None

Fax: (815) 464-6577

Conducts Men's, Women's, LGBT, and Adolescent Partner Abuse Intervention assessments and groups in English and Spanish.

23. Rehabilitation Services

1617 Jefferson Street

Joliet, IL 60435

Phone: (815) 730-4200

TTY: (888) 472-0932

Fax: (815) 730-4224

24. Will County Health Department - Eastern Branch Office

Women, Infants, and Children

5601 W Monee Manhattan Rd, Suites 107-110

Monee, IL 60449

Phone: (708) 534-5777

TTY: None

Fax: (815) 727-8484

Hours: Tuesday: 8:30-4:15 p.m. 2nd Monday of Month: 8:30-4:15 p.m. 3rd Wednesday of Month: 10:30-6:15 p.m.