



TOWNSHIP OF LOCKPORT

1463 S. Farrell Road • Suite 102 • Lockport, Illinois 60441
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DENISE MUSHRO RUMCHAK
Lockport Township Clerk

AGENDA

General Assistance

**Lockport Township Government
1463 S. Farrell Road
Lockport, IL 60441
Community Center**

**August 14, 2018
6:30 PM**

Approval of Minutes- Monthly Meeting July 10, 2018

Approval of Bills- \$11,754.46

Citizens Wishing To Address The Board

New Business

- **Approval for 3 People to Attend GA Training**

Old Business

- **Financial Aid Monthly Breakdown Report**

Adjournment

LOCKPORT, ILLINOIS

JULY 10, 2018

TOWN CLERK'S RECORD BOOK

GENERAL ASSISTANCE

The Lockport Township Board of Trustees met at the Lockport Township Government Building, Community Center, 1463 S. Farrell Road, Lockport, Illinois on Tuesday July 10, 2018 at 6:36 PM with Supervisor Ron Alberico presiding.

Present were Clerk Denise Mushro Rumchak, Highway Commissioner John Cielenski, Trustees Gregg Bickus, Barb Boyce, Barb Delaney and Dean Morelli, Collector Karen Johnson, Attorney Gary Mueller and Deputy Clerk Jessica Strickland. Also present were Rita Facchina from CASA, Julie Carco from Meals on Wheels, Delinda Herod, Bob Loewe and Grant Spooner filming the meeting. Absent was Assessor Debbi Mason. The meeting agenda was posted at the Lockport & Crest Hill Libraries, Lockport Township Government Building, the Lockport Township website (Clerk's section), the calendar and also on the Community Center door.

On a Motion of Delaney, seconded by Boyce to approve the minutes from the previous regular monthly meeting held on June 12, 2018.

MOTION CARRIED

On a Motion of Boyce, seconded by Delaney to approve total bills and payroll in the amount of \$10,197.56. Roll call vote resulted in Alberico Aye, Bickus Aye, Boyce Aye, Delaney Aye and Morelli Aye.

MOTION CARRIED

Old Business- Supervisor Alberico informed the public that tomorrow at the Crest Hill Library, a General Assistance case worker from the Township will be present from 10 AM to 1 PM. This General Assistance Outreach program has been assembled to reach out to Lockport Township residents in need that may not be able to obtain transportation to the Township building. Supervisor Alberico asked residents to call to set up an appointment.

Supervisor Alberico read the financial aid monthly report:

In the month of June, there were 3 New Applications Taken Out, 1 Application Not Returned, 2 Applications Returned, and 5 Applications from Previous Months. The application breakdown is as followed: 3 Returned Applications Waiting for Information, -0- Application to be Processed, -0- Denied- Income Greater then Assistance Amount, 1 Denied- Failure to Provided Information, -0- Denied- Withdrew Application, -0- Recoupment, 1 Approved- General Assistance, -0- Approved- Emergency Assistance, 1 Re-Qualifying General Assistance Applications Approved, -0- Re-Opened General Assistance Approved and 3 Re-Qualifying General Assistance Application Denied. The total financial aid applications approved were 2 Emergency Application and 2 General Assistance Applications.

Trustee Delaney asked Supervisor Alberico what the difference is between emergency and general assistance. Supervisor Alberico explained that emergency assistance is once every two years and general assistance is once a month.

Supervisor Alberico read the financial aid breakdown for the month of June: 3 Housing, 2 Gas, 2 Electric, 2 Water, 0 Garbage, -0- Medication, 24 Fuel and -0- Food.

Supervisor Alberico handed out a document showing the amount of financial aid that Will County Community of Concerns provides for Lockport Township residents for the year. There was a total of \$598,989.97 expended in financial aid.

On a Motion of Bickus, seconded by Boyce to adjourn the meeting at 6:40 PM.

MOTION CARRIED

POOR RELIEF**CHECKS WRITTEN SINCE LAST MEETING TO BE APPROVED:****ADMINISTRATION**

Payroll Account Salary - Vershay-Hall	4,484.55
Payroll Account Salary - Camper	2,522.00
IMRF	326.66
FICA	401.77
Medicare	93.98
Ill. Dept. of Unempl. Security - 2nd Quarter	37.16
Blue Cross/Blue Shield - Hospitalization	2,105.26
Delta Dental - Hospitalization	89.77
EyeMed - Hospitalization	11.72
Reliance Standard Life	17.40
	<hr/>
	10,090.27

RENT

Woodlands of Crest Hill	200.00
	<hr/>
	200.00

MISC

Ice Mountain	75.88
	<hr/>
	75.88

ASSISTANCE UTILITIES

Commonwealth Edison	232.00
	<hr/>
	232.00

VOUCHERS TO BE APPROVED:**ADMINISTRATION**

Quill - Office Supplies	218.33
Quill - Equip Purchase	240.98
	<hr/>
	459.31

ASSISTANCE UTILITIES

Commonwealth Edison	90.00
NiCor	194.26
Lockport Twp Sewer & Water	268.74
Lockport Waterworks	144.00
	<hr/>
	697.00

GRAND TOTAL: \$11,754.46

LOCKPORT TOWNSHIP GENERAL ASSISTANCE BUDGET SHEET 2018-19

MONTH	Aug-18	ACC'T #	CATEGORY	APPROPRIATED	EXPENDED	BALANCE	APPROVED	BALANCE
ADMINISTRATIVE:								
4200			Salaries Full Time - Vershay	38,193.00	(14,459.20)	23,733.80	(4,484.55)	19,249.25
4202			Salaries Full Time - Camper	5,000.00	(1,875.50)	3,124.50	(2,522.00)	602.50
4210			Salaries Part Time	0.00	0.00	0.00	0.00	0.00
4510			Hospitalization Insurance	30,000.00	(9,070.93)	20,929.07	(2,224.15)	18,704.92
4620			IMRF	3,100.00	(1,154.75)	1,945.25	(326.66)	1,618.59
4610			FICA	2,700.00	(927.48)	1,772.52	(401.77)	1,370.75
4615			Medicare	700.00	(215.90)	484.10	(93.98)	390.12
5120			Equipment Maintenance	3,000.00	(325.24)	2,674.76	0.00	2,674.76
5490			Other Prof. Services	6,200.00	0.00	6,200.00	0.00	6,200.00
5520			Telephone	500.00	0.00	500.00	0.00	500.00
5530			Publishing	500.00	0.00	500.00	0.00	500.00
5540			Printing	1,000.00	0.00	1,000.00	0.00	1,000.00
5930			Rent	0.00	0.00	0.00	0.00	0.00
5630			In-Service Training	1,000.00	0.00	1,000.00	0.00	1,000.00
5920			Insurance General	5,000.00	(1,886.00)	3,114.00	0.00	3,114.00
4530			Insurance Unemployed	200.00	(18.18)	181.82	(37.16)	144.66
5330			Northern Legal Defense	500.00	0.00	500.00	0.00	500.00
6510			Office Supplies	6,000.00	(1,260.78)	4,739.22	(218.33)	4,520.89
8300			Equipment Purchases	8,000.00	(1,072.92)	6,927.08	(240.98)	6,686.10
6520			Operating Supplies	3,000.00	(135.30)	2,864.70	0.00	2,864.70
				114,593.00	(32,402.18)	82,190.82	(10,549.58)	71,641.24
RELIEF:								
5810			Physician Services	500.00	0.00	500.00	0.00	500.00
5820			Hospitalization (In Patient)	400.00	0.00	400.00	0.00	400.00
5830			Hospitalization (Out Patient)	400.00	0.00	400.00	0.00	400.00
6850			Drugs	4,000.00	0.00	4,000.00	0.00	4,000.00
5840			Dental Services	100.00	0.00	100.00	0.00	100.00
5850			Other Medical	5,000.00	0.00	5,000.00	0.00	5,000.00
5855			Will/Grundy Medical Clinic	500.00	0.00	500.00	0.00	500.00
5860			Funeral & Burial	1,000.00	0.00	1,000.00	0.00	1,000.00
5881			Fuel	10,000.00	(441.07)	9,558.93	(194.26)	9,364.67
5882			Lights	12,000.00	(385.70)	11,614.30	(322.00)	11,292.30
5883			Water	5,500.00	(413.71)	5,086.29	(412.74)	4,673.55
5884			Garbage	1,000.00	(120.00)	880.00	0.00	880.00
5870			Rent	40,000.00	(2,303.38)	37,696.62	(200.00)	37,496.62
5885			Telephone	500.00	0.00	500.00	0.00	500.00
4540			Workmen's Comp. Workfare	2,200.00	(1,680.32)	519.68	0.00	519.68
6810			Food	14,000.00	0.00	14,000.00	0.00	14,000.00
5856			Will Co. Community Concerns	1,000.00	0.00	1,000.00	0.00	1,000.00
6875			Emergency Services	5,000.00	(939.46)	4,060.54	0.00	4,060.54
6900			Miscellaneous	8,000.00	(3,184.57)	4,815.43	(75.88)	4,739.55
				111,100.00	(9,468.21)	101,631.79	(1,204.88)	100,426.91
TOTALS:				225,693.00	(41,870.39)	183,822.61	(11,754.46)	172,068.15

RECAPITULATION

Beginning of month balance as of:	6/1/18		
Certificates of Deposit		\$	100,000.00
Savings Account			475,082.38
Checking Account			3,593.24
		\$	578,675.62
Revenue			3,376.78
Expenditures			(13,850.50)
		\$	568,201.90
Non-Revenue			
Sale of Warrant			0.00
Payment of Warrant			0.00
End of month balance as of:	6/30/18	*\$	568,201.90
Certificate of Deposit/Money Market			100,000.00
Saving Account			458,459.16
Checking Account			9,742.74
		*\$	568,201.90
Non-Revenue;Outstanding			
Bond			0.00
Tax Warrant			0.00
REVENUE:			
6/7/18	Will Cty Treas;2017 R.E.Taxes,Mobile Home Tax		2,531.09
6/21/18	Will Cty Treas;2017 R.E.Taxes		838.26
6/29/18	First Midwest Bank:Interest on Savings		7.43
			3,376.78

Checking Book Balance	6/30/18	9,742.74
Outstanding Checks		6,326.59
Checking Bank Balance	6/30/18	16,069.33

OUTSTANDING CHECKS

<u>CHECK#</u>	<u>AMOUNT</u>
16628	35.00
16994	2,360.00
16997	2,105.26
16999	17.40
17000	600.00
17001	258.93
17003	450.00
17004	500.00
	<u>\$6,326.59</u>

General Assistance Training & More

Sponsored by the Township Supervisors of Illinois

*Are you a township supervisor ... Planning to attend the TOI Annual Conference ...
Interested in finding out what other resources are available to supplement your GA?*

This is not a full GATI training. The full agenda and confirmed speakers for the training will be sent out in August.

When: Saturday, Nov. 10, 2018 10:00 am-3:00pm

Where: Crowne Plaza, Springfield

Cost: \$50 (payable to Township Supervisors of Illinois)

If overnight accommodations are needed, the hotel rate for TOI's Annual Educational Conference Nov. 11-13 is extended (\$98) (Friday night), but reservations must be made separately for this event by calling the hotel (217-585-2871) and indicating that you are with the Township Supervisors of Illinois for the block reservation. If you wish to stay over on Saturday night to attend the Conference, you will need to make your reservation through the online link or by the housing form, and indicate all nights you want including Friday and/or Saturday night, in addition to the nights needed to attend Conference. If you are not a supervisor, it is recommended that you attend this training with your township supervisor. Registration will be limited to 100. *For questions, please contact Susan Curtiss at 815-674-9864 or sfcurtiss@aol.com.*

County _____ Township _____

Name _____

Title _____

Address _____

City/Zip _____

Daytime Phone _____

Email Address _____

Please include name and title of each additional person attending.

PLEASE SEND \$50/PERSON TO:

TOWNSHIP SUPERVISORS OF ILLINOIS

**3217 Northfield Dr.
Springfield IL 62702**

Township Officials of Illinois Annual Educational Conference

Advance Registration Form

November 11 – 13, 2018

(Please use one form per delegate; if paying for multiple delegates with one check/credit card, please submit forms together for accurate processing)

Advance Registration Deadline is October 26, 2018

<p>SECTION I – REGISTRATION INFORMATION</p> <p>County: _____ Township: _____</p> <p>Name: _____</p> <p>Address: _____</p> <p>City: _____ State: _____ Zip Code: _____</p> <p>Phone: _____</p> <p>Email: _____</p>	<p>Township Position:</p> <p><input type="checkbox"/> Assessor</p> <p><input type="checkbox"/> Attorney</p> <p><input type="checkbox"/> GA Caseworker</p> <p><input type="checkbox"/> Highway Commissioner</p> <p><input type="checkbox"/> Senior Citizen</p> <p><input type="checkbox"/> Supervisor</p> <p><input type="checkbox"/> Tax Collector</p> <p><input type="checkbox"/> Township Clerk</p> <p><input type="checkbox"/> Trustee</p> <p><input type="checkbox"/> Youth Committee</p> <p><input type="checkbox"/> Other _____</p> <p style="text-align: center;">(specify)</p>
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SECTION II – REGISTRATION FEES

MEMBERS

<p>Registrations received on or before October 26, 2018:</p> <p>Full Registration – \$165 per person</p> <p>Monday Registration Only – \$110 per person</p> <p>Tuesday Registration Only – \$95 per person</p>	<p>On-site registration:</p> <p>Full Registration – \$195 per person</p> <p>Monday Registration Only – \$135 per person</p> <p>Tuesday Registration Only – \$120 per person</p>
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NON-MEMBERS

Registrations received on or before October 26, 2018 – \$240 per person; On-site registrations – \$290 per person

Single-day registration includes admittance to non-ticketed activities occurring on that day ONLY. Monday only registrant MAY NOT attend Sunday or Tuesday events, and Tuesday only registrant MAY NOT attend Sunday or Monday events. Registration information may be picked up only on the day for which you have registered.

Full Registration
 Monday Only Registration
 Tuesday Only Registration

GUESTS – Does not include admission to sessions.

<p>Registrations received on or before October 26, 2018:</p> <p>Full Conference – \$80 Includes: Sunday Exhibit Hall, Monday Exhibit Hall breakfast & lunch, and Tuesday lunch</p> <p>Monday Only – \$36 Includes: Monday breakfast & lunch</p> <p>Tuesday Only – \$25 Includes: Tuesday lunch</p>	<p>On-site registration:</p> <p>Full Conference – \$90</p> <p>Monday Only – \$45</p> <p>Tuesday Only – \$30</p>
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Guest Registration
 Full
 Monday Only
 Tuesday Only

Name of guest as it should appear on badge _____

Registration Fee (see all fees above).....\$ _____

Tickets must be ordered on or before October 26, 2018. Special event tickets will not be sold on-site.

_____ Awards Breakfast ticket – \$25.00 each.....\$ _____

_____ Banquet ticket – \$55.00 each.....\$ _____

TOTAL AMOUNT ENCLOSED\$ _____

HOUSING FORM
Township Officials of Illinois
Annual Educational Conference
November 11 – 13, 2018

Please complete one form per room reservation and mail to:
TOI Housing Bureau
P.O. Box 621
Springfield, IL 62705

Read Housing Information for all reservation request policies and procedures. This information is available in the *Township Perspective* and on the TOI website, www.toi.org. Housing forms will only be accepted **when accompanied by credit card information.** Confirmation of hotel assignment will be emailed* the week of October 22nd.

Please type or print all information legibly

Name in which reservation should be made: _____
Number of people in room _____ Name of additional people in room: _____
Township _____ County _____
Address: _____ City: _____ State: _____
Zip Code: _____ Phone: _____ *Email: _____
Date of arrival: _____ Date of departure: _____

***Email address required for reservation assignment confirmation.**

HOTEL INFORMATION

You will be placed at the Crowne Plaza, Holiday Inn Express, or at an overflow hotel if needed. All requests are considered on a first-come, first-serve basis, and hotel assignment will be made based on type and length of reservation and hotel availability. Due to contract requirements with the Crowne Plaza and Holiday Inn Express, preference will be given to those requests for a minimum of two nights. Reservations made for two nights and later changed risk being charged for two nights and/or moved to another hotel. Reservations for one night will be placed at the Crowne Plaza and Holiday Inn Express if rooms are available after all two night reservations have been accommodated. Room rate at all hotels is \$98 per night.

Parking is complimentary at all hotels. A shuttle will be provided from overflow hotels to the Crowne Plaza if necessary.

Indicate your preferred room type. This a request only and can not be guaranteed. **All hotels are Non-smoking.**

King _____ Double/Double _____ Indicate any special requirements: _____

Handicap Accessible: _____ Type of handicap accessibility required: _____

Housing forms **MUST BE RECEIVED** by the TOI Housing Bureau by **October 10, 2018**. Housing forms received after October 10th will not be honored. **Housing forms will only be accepted when accompanied by credit card information.**

Confirmation of hotel assignment will be emailed* after October 22. Do not contact hotels prior to October 22nd as hotel assignments may not have been made and hotels will not yet have received reservation lists.

Card Type _____

Card # _____

Expiration date: _____

Name on Credit Card: _____

Signature: _____

FINANCIAL AID MONTHLY REPORT

Month of: July-18

of New Applications Taken Out: 12

of Applications Not Returned: 6

of Applications Returned: * 6

of Applications From Previous Months: * 3

* Total Applications: 9

Application Breakdown:

of Returned Applications Waiting for Information: 5
of Applications to be Processed 1

of Applications Denied:

Income Greater then Asst Amount: _____

Failure to Provide Information: 1
 Withdraw Application _____
 Recoupment _____

of Applications Approved For:

GA: (General Asst.) _____
 Last Months Outstanding Appl _____

EA: (Emergency Asst.) _____
 Last Months Outstanding Appl 2

of Re-Qualifying GA Applications (Approved): 2

of Re-Opened GA Cases (Approved): _____

of Re-Qualifying GA Applications (Denied): _____

TOTAL OF FINANCIAL AID APPLICATIONS APPROVED:

EMERGENCY: 2

GENERAL: 2

Financial Aid Breakdown

	<u>Housing</u>	<u>Gas</u>	<u>Electric</u>	<u>Water</u>	<u>Garbage</u>	<u>Medication</u>	<u>Fuel</u>	<u>Balance</u> <u>\$25.00</u>	<u>Food</u>	<u>Balance</u> <u>\$20.00</u>	<u>Balance</u> <u>\$25.00</u>
<u>2017</u>											
January											
February	4	2	5	4	0	0	1		4		
March	3	1	3	4	1	0	4		10		
April	4	1	2	3	0	0	4		6		
May	3	0	3	3	0	0	4	12	5	4	2
Added Cards (35)										24	17
June	4	1	1	1	0	0	3	9	4	21	16
July	3	2	2	2	0	0	3	6	0	21	16
August	2	1	3	4	1	0	3	3	1	20	16
September	2	3	1	3	0	0	3	0	5	18	13
October	3	2	2	2	0	0	0	0	0	18	13
November	3	2	2	2	0	0	0	0	0	18	13
December	2	1	1	0	0	0	0	0	0	18	13
	33	16	25	28	2	0	25		35		

	<u>Housing</u>	<u>Gas</u>	<u>Electric</u>	<u>Water</u>	<u>Garbage</u>	<u>Medication</u>	<u>Fuel</u>	<u>Balance</u> <u>\$25.00</u>	<u>Food</u>	<u>Balance</u> <u>\$20.00</u>	<u>Balance</u> <u>\$25.00</u>
<u>2018</u>											
January	2	1	1	0	0	0	0	0	3	17	11
February	2	1		1			0	0	0	17	11
March	1	1		2			0	0	0	17	11
April	2	1	1	3	1	0	0	0	0	17	11
May	3	1	1	1			24	20	0	17	11
June	3	2	2	2			24	20	0	17	11
July	1	2	3	2			24	20	0	17	11
August											
September											
October											
November											
December	14	9	8	11	1	0	20		3		

Emergency Assistance Income Guidelines Effective September 1, 2018

Old

Family Size	Maximum Income	Payment Level
1	700.00	350.00
2	900.00	450.00
3	1,100.00	500.00
4	1,350.00	550.00
5	1,600.00	600.00
6	1,850.00	650.00
7	2,100.00	700.00
8	2,350.00	750.00

Add \$250.00 for each additional person in unit
for Income

Add \$50.00 for each additional person in unit
for Payment

Approval is 1 time within a 24 month period

New

Family Size	Maximum Income	Payment Level
1	1,000.00	450.00
2	1,200.00	550.00
3	1,400.00	600.00
4	1,600.00	650.00
5	1,800.00	700.00
6	2,000.00	750.00
7	2,200.00	800.00
8	2,400.00	850.00
9	2,600.00	900.00
10	2,800.00	950.00

Add \$200.00 for each additional person in unit
for income

Add \$50.00 for each additional person in unit
for Payment

Approval is 1 time within a 12 month period