APPENDIX A

TOTAL MONTHLY ALLOWED GA MAXIMUMS

Person (s)	1	2	3	4	5
Penobscot(2025-2026)	923.00	968.00	1,271.00	1,601.00	1,895.00
(2024-2025)	874.00	884.00	1,169.000	1,464.00	1,603.00

*Please Note: Add $75 for each additional person

NOTE: THIS WILL REPLACE THE TABLE IN CHAPTER 75,ARTICLEVI, SUBSECTION 75.33-(A).Page-7559.

APPENDIX B
FOOD MAXIMUMS

Number in Household	Weekly Maximum	Monthly Maximum
1	**69.30** (67.91)	**298.00** (292.00)
2	**126.98** (124.65)	**546.00** (536.00)
3	**182.56** (178.60)	**785.00** (768.00)
4	**231.16** (226.74)	**994.00** (975.00)
5	**275.12** (269.30)	**1,183.00** (1,158.00)
6	**330.47** (323.26)	**1,421.00** (1,390.00)
7	**365.35** (357.21)	**1,571.00** (1,536.00)
8	**416.05** (408.37)	**1,789.00** (1,756.00)

Please Note: For additional persons, add $218 per month
Please Note: Last year amounts are in parentheses

NOTE: THIS WILL REPLACE TABLE IN CHAPTER 75, ARTICLE VI, SUBSECTION 75.33.B.3.b, Page-7560.

APPENDIX C

HOUSING MAXIMUMS

(Heated & Unheated Rents)

Penobscot County Bedrooms	Unheated Weekly	Monthly	Heated Weekly	Monthly
0	**181.00** (173.00)	**779.00** (742.00)	**210.00** (199.00)	**902.00** (857.00)
1	**183.00** (173.00)	**786.00** (742.00)	**220.00** (201.00)	**945.00** (865.00)
2	**242.00** (221.00)	**1,040.00** (949.00)	**289.00** (266.00)	**1,244.00** (1,146.00
3	**308.00** (278.00)	**1,323.00** (1,197.00)	**365.00** (334.00)	**1,570.00** (1,437.00)
4	**363.00** (297.00)	**1,560.00** (1,278.00)	**432.00** (365.00)	**1,859.00** (1,571.00)

*Please Note: Last years amounts are in parentheses

NOTE: THIS WILL REPLACE THE TABLE IN CHAPTER 75, ARTICLE VI, SUBSECTION 75.33.B.4.g, Page-7567.

APPENDIX D

UTILITIES

WITHOUT ELECTRIC HOT WATER

No. Household	Weekly	Monthly
1	$19.95	$85.50
2	$22.52	$96.50
3	$24.97	$107.00
4	$27.53	$118.00
5	$29.88	$128.50
6	$32.55	$139.50

NOTE* FOR EACH ADDITIONAL PERSON ADD $10.50 PER MONTH.

WITH ELECTRIC HOT WATER

No. Household	Weekly	Monthly
1	$29.63	$127.00
2	$34.07	$146.00
3	$39.67	$170.00
4	$46.32	$198.50
5	$55.65	$238.50
6	$58.68	$251.50

NOTE* FOR EACH ADDITIONAL PERSON ADD $14.50 PER MONTH.

NOTE: THIS WILL REPLACE THE TABLE IN CHAPTER 75, ARTICLE VI,

SUBSECTION 75.33-(C). Page-7568

APPENDIX E

HEATING FUEL

MONTH	GALLONS	MONTH	GALLONS
September	50	January	225
October	100	February	225
November	200	March	125
December	200	April	125
		May	50

APPENDIX F

PERSONAL CARE & HOUSEHOLD SUPPLIES

No. Household	Weekly	Monthly
1-2	**10.50** (10.50)	**45.00** (45.00)
3-4	**11.60** (11.60)	**50.00** (50.00)
5-6	**12.80** (12.80)	**55.00** (55.00)
7-8	**14.00** (14.00)	**60.00** (60.00)

NOTE: For each additional person add $1.25 per week or $5.00 per month.

BABY NEEDS

No. of Children	Weekly	Monthly
1	**12.80** (12.80)	**55.00** (55.00)
2	**17.40** (17.40)	**75.00** (75.00)
3	**23.30** (23.30)	**100.00** (100.00)
4	**27.90** (27.90)	**120.00** (120.00)

c. When an applicant can verify expenditures for the following items, a special supplement will be budgeted as necessary for households with children under six (6) (less than 5) years of age for items such as cloth or disposable diapers, laundry powder, oil, shampoo, and ointment up the following amounts:

*Please Note: Last years amount is in parentheses

NOTE: THIS WILL REPLACE THE TABLE IN CHAPTER 75, ARTICLE VI, SUBSECTION 77.33.7.a, c, Page-7571

APPENDIX G

This municipality adopts the State of Maine travel expense reimbursement rate as set by the Office of the State Controller. The current rate for approved employment and necessary medical travel etc. is 54 cents (.54) per mile.

Appendix H

Effective: 10/01/25-9/30/26

Funeral Maximums

Burial Maximums

The maximum amount of general assistance granted for the purpose of burial is **$1,620**. The municipality's obligation to provide funds for burial purposes is limited to a reasonable calculation of the funeral director's direct costs, not to exceed the maximum amounts of assistance described in this section. Allowable burial expenses are limited to:

- removal of the body from a local residence or institution
- a secured death certificate or obituary
- embalming
- a minimum casket
- a reasonable cost for necessary transportation
- other reasonable and necessary specified direct costs, as itemized by the funeral director and approved by the municipal administrator.

Additional costs may be allowed by the GA administrator, where there is an actual cost, for:

- the wholesale cost of a cement liner if the cemetery by-laws require one;
- the opening and closing of the grave site; and
- a lot in the least expensive section of the cemetery. If the municipality is able to provide a cemetery lot in a municipally owned cemetery or in a cemetery under municipal control, the cost of the cemetery lot in any other cemetery will not be paid by the municipality.

Cremation Maximums

The maximum amount of assistance granted for a cremation shall be **$1,125**.

The municipality's obligation to provide funds for cremation purposes is limited to a reasonable calculation of the funeral director's direct costs, not to exceed the maximum amounts of assistance described in this section. Allowable cremation expenses are limited to:

- removal and transportation of the body from a local residence or institution
- professional fees
- crematorium fees
- a secured death certificate or obituary

- other reasonable and necessary specified direct costs, as itemized by the funeral director and approved by the municipal administrator.

Additional costs may be allowed by the GA administrator where there is an actual cost, for:

- a cremation lot in the least expensive section of the cemetery
- a reasonable cost for a burial urn not to exceed $55
- transportation costs borne by the funeral director at a reasonable rate per mile for transporting the remains to and from the cremation facility.

2025-2026 GA Housing Maximums

Recovery Residences

The following Recovery Residence maximums are in effect from 10/1/2025- 9/30/2026

Non-Metropolitan FMR Areas	25 Beds or less		26+ Beds	
Area	Weekly	Monthly	Weekly	Monthly
Aroostook County	$147.00	$633.00	$102.90	$443.10
Franklin County	$158.25	$681.75	$110.78	$477.23
Hancock County	$195.00	$838.50	$136.50	$586.95
Kennebec County	$168.75	$726.00	$118.13	$508.20
Knox County	$168.00	$723.00	$117.60	$506.10
Lincoln County	$207.75	$892.50	$145.43	$624.75
Oxford County	$160.50	$689.25	$112.35	$482.48
Piscataquis County	$159.75	$687.00	$111.83	$480.90
Somerset County	$171.00	$734.25	$119.70	$513.98
Waldo County	$192.00	$825.00	$134.40	$577.50
Washington County	$148.50	$639.00	$103.95	$447.30

Metropolitan FMR Areas	25 Beds or less		26+ Beds	
Area	Weekly	Monthly	Weekly	Monthly
Bangor HMFA	$210.00	$901.50	$147.00	$631.05
Cumberland Cty. HMFA	$251.25	$1,080.00	$175.88	$756.00
Lewiston/Auburn MSA	$186.75	$802.50	$130.73	$561.75
Penobscot Cty. HMFA	$165.00	$708.75	$115.50	$496.13
Portland HMFA	$296.25	$1,273.50	$207.38	$891.45
Sagadahoc Cty. HMFA	$219.75	$946.50	$153.83	$662.55
York Cty. HMFA	$247.50	$1,065.00	$173.25	$745.50
York/Kittery/S. Berwick HMFA	$289.50	$1,243.50	$202.65	$870.45

These rates were calculated according to CMR 10-144, Ch. 323, Section V which requires:

A. The Recovery Residence is 75% of 1 bedroom heated rate.

B. The Recovery Residence rate for a facility with 26 or more beds is 70% of the <26 bed rate (A).

Revised 08/22/2025

*[For use when adopting **updated appendices only** without amending the body of an existing GA ordinance]*

MUNICIPALITY OF MILLINOCKET
GENERAL ASSISTANCE ORDINANCE

Pursuant to 22 M.R.S. § 4305(1), the municipal officers of the Municipality of MILLINOCKET, after notice and hearing, hereby amend the municipal General Assistance Ordinance by repealing and replacing appendices A through H of the existing ordinance with the attached appendices A through H, which shall be in effect from October 1, 2025 through September 30, 2026. This amendment will be filed with the Maine Department of Health & Human Services (DHHS) pursuant to 22 M.R.S. § 4305(4), and a copy of the ordinance and amended appendices shall be available for public inspection at the municipal office along with a copy of the 22 M.R.S. chapter 1161.

Signed this _____ day of _____, 20___, by the municipal officers:

_____	_____
(Print Name)	(Signature)
_____	_____
(Print Name)	(Signature)
_____	_____
(Print Name)	(Signature)
_____	_____
(Print Name)	(Signature)
_____	_____
(Print Name)	(Signature)

[Please send a copy of the enactment page only to DHHS, 109 Capitol Street, SHS 11, Augusta, ME 04330-0011]