

**IOWA DEPARTMENT OF HUMAN RIGHTS
DIVISION OF COMMUNITY ACTION AGENCIES - INTAKE FORM**

AGENCY FILE # _____
 CERTIFIED _____
 DATE _____ TIME _____

Last Name _____ First Name _____ Middle _____

Street Address _____ Mailing Address (if different) _____

City _____ State _____ Zip _____

Phone Number/Name on acct. _____

Approval Date _____
 Poverty Level _____ %
 LIHEAP Amt. _____
 ECIP Amt. _____ Other _____

Telephone Co. _____

VA Number _____ Medicaid Number _____ Aid Type _____

H M N	NAME	DATE OF BIRTH	Relation to Head of HH	S e x	SOCIAL SECURITY NUMBER	Ethnic	Disability	Health Insurance	Education Level	Marital Status	Veteran

TOTAL HOUSEHOLD MEMBERS

H M N	INCOME SOURCES (Please list all and identify by HMN)	RATE OF PAY	INCOME <input type="checkbox"/> 3 MONTH <input type="checkbox"/> 12 MONTH

TOTAL INCOME _____

H M N	P R O G R A M S E R V I C E S		

FAMILY TYPE:

- Single female with children Single male with children Single person
 Two parents with children Two adults without children Other

HOUSING STATUS: (check one)

- Rent Own Buy Homeless Other _____
 If homeless, indicate housing situation _____

ARE YOU OR ANY HOUSEHOLD MEMBER:

- A farmer A migrant farm worker A seasonal farm worker
 Receiving Food Stamps Receiving General Assistance

HOW MANY HOUSEHOLD MEMBERS ARE:

- _____ A U.S. citizen _____ A Native American _____ 60 or older
 _____ 3 or younger _____ Homebound _____ Disabled

ARE YOU OR ANY FAMILY MEMBER RECEIVING:

- Unemployment Benefits Social Security SSI FIP
 Veterans Assistance Child Support

HEATING SERVICE: (bill or copy of bill)

Company _____
 Account _____
 Name on account _____

ELECTRIC SERVICE:

Company _____
 Account # _____
 Name on account _____

MAIN SOURCE OF HEATING: (check one)

- Electric Propane Wood / Coal / Corn Natural Gas
 Fuel Oil Other _____

HOUSING TYPE: (check one)

- House Mobile Home 2, 3, or 4 unit apt. 5 or more unit apt.
 Rent a room Other _____

LANDLORD, PROJECT OR COMPLEX:

Name _____
 Address _____ Phone _____

Mortgage or Rent costs per month: \$ _____

- If you rent, are your heating costs included?** Yes No
Do you receive rent assistance? Yes No
 (Is your rent based on a percentage of your income?)
Do you have savings over \$15,000? Yes No
 (Include savings, CD's and other investments)
Are you receiving Lifeline Telephone Assistance? Yes No
Do you wish to apply for Lifeline Telephone Assistance?
 Yes No

I certify under penalty of perjury the above information is true. I give permission to the agency processing this application to acquire additional information and to share information with other organizations for the purposes of providing services to assist my household. This sharing of information is to be conducted with maximum respect for the confidentiality of the information contained in this application.

If I am hereby making application for Low Income Home Energy Assistance. I further certify the following: I declare that I am the only person in the household who has or will apply for this program. Any willful misrepresentation of the information on this form is subject to a penalty of law. I assure that any energy payments received under this program will be used solely for home energy costs. I understand that by signing this application I am authorizing the Weatherization of my house at no cost to my family, or me but this application does not guarantee any work being done on my house. I hereby give permission to the State of Iowa, the U.S. Department of Energy, U.S. Department of Health and Human Services and the agency processing this application to obtain additional information from my energy supplier about my household energy usage and payment history. I also give permission to the State of Iowa to release application information to my energy supplier and telephone service provider, and for my heating and electric company to provide details about my account and energy use to the energy assistance and weatherization programs.

I understand completion of this application also represents application for the Telephone Lifeline Assistance Program. I agree to notify my telecommunications provider if I cease to be eligible for the program. I understand this statement.

Signature _____

Date _____

**LIHEAP (ENERGY ASSISTANCE)
INTAKE APPLICATION INSTRUCTIONS
Low Income Home Energy Assistance**

Follow these steps to complete the application:

1. Print the Last Name, the First Name and the Middle initial of the **head of the household**.

2. Print your Mailing Address.

*If your **street address** is different from your **mailing address** please list both.*

3. Write the Phone Number where you can be reached during the day.

Is this a home phone, cell phone, message phone or work phone? Please write that beside it.

4. Print the following information for every person currently living in the house:

Ignore the first column with the heading HMN.

a. Name (*first and last name*)—begin with the **head of household** named at the top of the application.

b. Date of Birth (*month/day/year*)

c. Relationship to Head of Household: (*i.e.-self, spouse, child, grandchild, aunt, boyfriend etc.*)

d. Sex (*M for male or F for female*)

e. Social Security Number (*full number required-will also need copies of cards*)

f. Ethnic Background or Race

B – Black/African American

H – Hispanic

I – American Indian/Alaskan Native

A – Asian

C – Caucasian/White

N-Native Hawaiian/Pacific Islander

M-Multi-race

g. Disability (*None, M=Mental, P=Physical, B=Both Mental and Physical*)

h. Health Insurance (*indicate Medicare, Medicaid, Hawk-I, Iowa Care or private insurance*)

i. Education Level (*last grade completed*)

j. Marital Status: (*N=not married, M=married, S=separated, D=divorced, W=widowed*)

k. Veteran (*yes or no*)

If there are more than 5 people living in the house, enclose a separate piece of paper with their information.

5. TOTAL HOUSEHOLD MEMBERS: Print the total number of people living in the house.

6. Go to the second box on the application which is for income sources. PLEASE LEAVE THIS BLANK. You will be required to send in proof of all income and MICA staff will calculate the income.

BE SURE TO SEND PROOF OF ALL INCOME SOURCES FOR ALL HOUSEHOLD MEMBERS per the proof of income sheet!

7. The last box on the page is PROGRAM SERVICES. PLEASE LEAVE THIS BLANK!

8. Under FAMILY TYPE: check the correct box describing your family.

9. Under HOUSING STATUS: check the correct box.

10. Under ARE YOU OR ANY HOUSEHOLD MEMBER: (a farmer, migrant worker, etc...) check all that apply.

11. In the shaded area HOW MANY HOUSEHOLD MEMBERS ARE: (U.S. citizens, Native American, etc...) list the number of family members that fit in each area listed.

12. Also in the shaded area ARE YOU OR ANY FAMILY MEMBER RECEIVING: (unemployment, Social Security, etc...) check all that apply.

GO TO THE SHADED AREA ON THE RIGHT HAND SIDE OF THE APPLICATION.

13. Under HEATING SERVICE: write the name of your heating company. Write the account number and the name the account is in.

14. Under ELECTRIC SERVICE: write the name of your electric company. Write the account number if there is one and the name the account is in. *(If it's the same as your heating service, write "same")*

BE SURE TO SEND A COPY OF YOUR MOST RECENT HEAT AND ELECTRIC BILLS!

15. Under MAIN SOURCE OF HEATING: check **one box only** showing your main source of heating fuel. *If you check "Other" explain that source on the line next to it.*

16. Under HOUSING TYPE check the appropriate choice.
If you check "Other" please explain on the line next to it.

17. Under LANDLORD, PROJECT OR COMPLEX PRINT the name, address and phone number of your landlord. *If you own or are buying print "own" or "buying" in this space.*

18. Under HOUSING COSTS list how much you pay for **rent, lot rent, or house payment** each month. *Do not include the amount that is paid for you if your rent is subsidized.*

19. If you rent, are your heating costs included? (in your rent) Check Yes or No.

20. Do you receive rent assistance? **(Section 8, HUD or subsidized housing)** Check Yes or No.

21. Do you have savings over \$15,000? Check Yes or No.

22. Review the form and read the final statement carefully then **SIGN AND DATE** it at the bottom of the page.

**2011-2012 LIHEAP (Energy Assistance)
Application**

*This packet contains the energy assistance application materials you requested. Please use the attached information to complete your application and **return to Mid-Iowa Community Action by April 30, 2012.***

1. Please complete the intake form. You must **sign and date** the application at the bottom!

2. Send verification of all income that you and all household member has received in the last 90 days. (Information about income verification is provided.)

3. Provide copies of the Social Security Card for EACH member of your household (see attached flyer for more information).

4. Send a copy of your most recent heating and electric bills. If utilities are included in your rent, please provide a copy of your current lease or a signed and dated statement from your landlord. Please include the name, address and phone number for the landlord.

5. Send a copy of your telephone bill if you wish to apply for the **Low Income Telephone Assistance Program.** (Lifeline phone credit)

Please mail the completed application along with the documentation needed to the MICA office in your county

Hardin County-637 South Oak Street, Iowa Falls, IA 50126

Marshall County -6 South 2nd St., Marshalltown, IA 50158

Poweshiek County- 927 4th Avenue, Grinnell, IA 50112

Story County-230 SE 16th St., Ames, IA 50010

Tama County- 105 South State Street, Tama, 52339

LIHEAP Energy Assistance Requirement

When applying for Energy Assistance you will be required to provide the Social Security card or documentation for **EVERY** member of your household**

To make sure the LIHEAP program has the correct Social Security numbers (SSN) you will need to bring in one of the following for **EVERY** household member regardless of age:

- * Social Security Card
- * Financial statement showing the person's full name and full SSN
- * Payroll stub showing the person's full name and full SSN
- * Military ID card showing the person's full name and full SSN
- * Printout from the Social Security Administration received for a new card application, or to replace a lost or stolen card. Please note: this must include the page that has both the person's full name and full SSN on it.
- * Any official document or form from the Social Security Administration that contains the person's full name and full SSN.

** Temporary foreign nationals not authorized for employment must bring their I94 card(s).

Applications will be available October 3, 2011 for the elderly and disabled and November 1, 2011 the general public.

For more information or if you have questions, contact Mid Iowa Community Action at:

Central Administrative office: (641)-752-7162
Hardin (641)-648-5036
Marshall (641)-753-5523
Poweshiek (641)-236-3923
Story (515)-956-3333
Tama (641)-484-4713

Release of Information for MICA Benefits & Services

I would like MICA to inform me of other MICA benefits and services my family may be eligible to receive. I understand that only MICA staff would contact me about such opportunities and my family information will not be released to any other organizations without my written permission.

(Print Name Here)

Signature

Date

Proof of Income Information

You must provide verification of gross income for ALL household members.

You may choose to verify income for the last 90 days or for the past calendar year. **Income for all household members must be verified for the same time period.**

If you chose to verify your income for the last calendar year, please provide your **federal income tax return** for the most recent year. Be sure to verify any other sources of income received during the same year that may not be reported for tax purposes such as FIP, child support, and Social Security and SSI benefits.

Verification should include:

The name of the person receiving the income; the date received and the source of the payment.

Following are examples of acceptable income verification:

1. WORK/EMPLOYMENT

Paid monthly	3 most recent pay stubs showing gross wages
Paid 2 times per month	6 most recent pay stubs showing gross wages
Paid every 2 weeks	6 most recent pay stubs showing gross wages
Paid weekly	13 most recent pay stubs showing gross wages
Paid daily	Pay stubs showing gross wages paid each day for 90 days

If not all pay stubs are available, you may also get a printout from your employer.

- | | |
|----------------------------------|--|
| 2. FIP | Copy of the most recent check
Most recent award letter
If you do not have either of these, please notify MICA staff
Of your monthly FIP amount(s) |
| 3. Social Security | Copy of most recent check
Most recent award letter
Most recent bank statement showing direct deposit
Printout from Social Security office |
| 4. SSI | Copy of most recent check
Most recent award letter
Most recent bank statement showing direct deposit
Printout from Social Security office |
| 5. Pensions (includes VA) | Copy of most recent check
Most recent award letter
Most recent bank statement showing direct deposit |

- | | |
|--|--|
| 6. Unemployment | Printout from Workforce Development Center
Most recent award letter
Copy of most recent check |
| 7. Self-Employment/Farm Income | Copy of most recent year's Federal Income Tax Return
Bookkeeping records for past 90 days of income/expenses |
| 8. Child support | Case number
Printout from child support recovery
Copy of all checks for period (from the source) |
| 9. Rental Income | Copy of most recent Federal Income Tax Return
Bookkeeping records for past 90 days of income/expenses |
| 10. Foster Care | Not counted as income |
| 11. School loans, stipends and grants | Some are countable and some are not-need a copy of the most recent award letter |
| 12. General Assistance | Statement from agencies showing payments made on your behalf for rent and utilities. |
| 13. Strike benefits | Statement from Union |
| 14. Zero Income | If the household has NO income in the past 90 days, contact your local MICA office for a Minimal Income Form and instructions. |

Income guidelines are shown below:

Persons in Household	150% of Federal Poverty Guidelines
1	\$16,245
2	\$21,855
3	\$27,465
4	\$33,075
5	\$38,685
6	\$44,295
7	\$49,905
8	\$55,515
For each additional person	+ \$5,610

AN APPROVAL FOR THE ENERGY ASSISTANCE PROGRAM ALLOWS
YOU WINTER MORATORIUM PROTECTION NOV. 1 - APRIL 1, BUT IT
DOES NOT GUARANTEE A PAYMENT WILL BE MADE ON YOUR
ACCOUNT!!

All payments are contingent upon the availability of Federal Funds. The amount of assistance a household may receive depends upon total household income, household size, dwelling type, and the type of primary heating fuel for the home and other targeted factors. Funds are released on a first come, first serve basis.

Payment will be made directly to your primary heat vendor as they become available. You may not have funds applied to your account until late spring, or if funds are exhausted before your name has been reached, there may not be funds to pay on your account.

YOU MUST CONTINUE TO PAY YOUR BILL!! In the event of a crisis bill such as a disconnection notice, our agency is now utilizing a matrix system which bases the amount of funds you may be eligible for on how many payments you have made to your vendor in the past 12 months along with other criteria.

If you move or change your heating vendor, you need to notify the agency where you applied for energy assistance. If there is a credit on your account from LIHEAP, it will be returned to the State of Iowa in 30 days if you do not provide us this change information. The refund will be sent to your new vendor upon notification of the change.

Lifeline Phone Assistance Program: You must notify your phone company when you are no longer eligible for the energy assistance program.

Approved LIHEAP applicants may also be eligible for weatherization services. If you are selected, the MICA weatherization department will contact you for further details.

SET BACK YOUR THERMOSTAT When you do turn the furnace on, keep the thermostat at as low a temperature as is comfortable. It is recommended that it be set at 68 degrees during the day and lower at night.

- Consider using a Programmable Thermostat which adjusts the temperature automatically when you are away from home.
- If you lower the temperature ten degrees for at least 8 hours a day, you can save 10% on your energy bills.
- Some elderly people, those with circulatory problems, and those taking certain medicines may require higher indoor temperatures to avoid hypothermia.

SHUT AND LOCK WINDOWS Let the sun warm your home by keeping curtains and shades open on sunny days. Close them at night to avoid drafts. For both heating and cooling, locking windows pulls the sash tight together and reduces air infiltration. Put plastic over the inside or outside of windows to stop air leaks.

CHECK YOUR FURNACE FILTER Furnace filters should be replaced once a month. A dirty filter restricts air flow and can reduce the life of your furnace. Likewise, have your furnace checked and cleaned by a technician yearly. Not only will this catch problems before they become costly, dangerous Carbon Monoxide leaks may also be detected and repaired before causing health concerns.

- Make sure air registers and radiators are clean and unblocked by drapes or furniture.
- Keeping unused rooms closed off with the drapes shut will reduce energy used to heat. Be sure to leave all registers open.
- Do not use more lights in a room than needed. Turn lights (and other appliances) off when leaving the room.
- Use warm or cold water settings for most loads of laundry. Clothes will still get clean and you could reduce energy use by 50%.
- Take more showers than baths. A bath uses 15-25 gallons of hot water, but a 5-minute shower uses less than 10 gallons.