

**Low Income Home Energy
Assistance Application
(LIHEAP)
Client Profile**



OFFICE USE ONLY	
<input type="checkbox"/>	Cooling Season
<input type="checkbox"/>	Heating Season
<input type="checkbox"/>	Crisis
Allocation Year: _____	
Benefit Amount: \$ _____	
Client #: _____	
App Qualified by: _____	
Central Office Certification: _____	

Full Name:						
Last		First		Middle		
Social Security Number:			Date Of Birth:			
Address						
Street Address					Apartment/Unit #	
City		State		Zip Code		
Home Phone Number:		Cell Phone Number:		Email Address:		
Name on Entergy Account: (i.e. John Smith)				Entergy Account Number:		
Name on Atmos (Gas) Account: (i.e. John Smith)				Atmos Account Number:		
Gender	Marital Status	Race	Age	Medical Insurance?	Highest Grade Completed	No. in Household
<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Widow <input type="checkbox"/> Separated			<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None <input type="checkbox"/> Military <input type="checkbox"/>		
Applicant Questionnaire						
Do you receive Food Stamps?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you employed?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you medically disabled? If yes, please provide proof of disability.		<input type="checkbox"/> Yes <input type="checkbox"/> No		Section 8 or Subsidized Housing?		<input type="checkbox"/> Yes <input type="checkbox"/> No
				Are you a Veteran?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you receive SSI or SSA Benefits?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a new applicant?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you own your home?		<input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Registered Voter?		<input type="checkbox"/> Yes <input type="checkbox"/> No

DEPENDENTS/HOUSEHOLD MEMBERS

Name (First, Middle, Last)	Social Security #	D.O.B.	Age	Gender	Disabled	Insurance	Highest Grade Completed
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	

ADDITIONAL DEPENDENTS/HOUSEHOLD MEMBERS

Name (First, Middle, Last)	Social Security #	D.O.B.	Age	Gender	Disabled	Insurance	Highest Grade Completed
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	
				<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Medicaid <input type="checkbox"/> Medicare <input type="checkbox"/> Private <input type="checkbox"/> None	

AUTHORIZATION TO RELEASE INFORMATION:

APPLICANT AUTHORIZES LHC TO RELEASE INFORMATION

- I understand that the personal information furnished by me to process my LIHEAP application for assistance is confidential information.
- I understand that providing authorization to release information is not required for me to obtain services under LIHEAP and is strictly voluntary.
- I understand and agree to the release of my energy expenditure data to others; that the collection of the data is for statistical research, referral evaluation and/or analysis; that I hold harmless the vendor(s) that supply the data to the grantee.
- I authorize Louisiana Housing Corporation (LHC) to release or disclose all or parts of the information in my client file to outside sources for the purposes stated above.

YES NO

_____ **Applicant's Signature**

_____ **Date**

LA LIHEAP Assurance Statement:

APPLICANT ASSURES THAT:

- I have furnished true and correct information regarding household income and size and agree to promptly report any changes in the household income or number of individuals living at the listed address;
- I grant Jefferson Community Action Agency, Inc. and the LHC full permission to verify any and all information with both public and private sources or any entity, which may have furnished me utility services;
- I understand that if I receive services for which I am ineligible because of false information, I may be required to repay the LHC;
- I understand that I have a right to request a fair hearing from the LHC if I feel that the decision regarding services requested is unfair or that my civil rights have been violated. The contractor staff person completing this application has read these assurances to me; I fully understand this agreement and have been given an opportunity to ask questions;
- I understand that by signing this document that I attest to the truth of all information provided (either verbally or in writing) to the LHC;
- I certify that I live at the listed address and am responsible for payment of utility bills at that address.
- I certify the listed address is my primary place of residence.

YES NO

_____ **Applicant's Signature**

_____ **Date**

Right to an Appeal and Fair Hearing:

If you believe that you have been treated unfairly or a mistake has been made about your eligibility for services; you have the right to request a fair hearing. This means that you will be given an appeal review and/or hearing by the LHC at which time you will be able to present your side for review by persons who will assure that you are treated fairly.

Before you request a fair hearing, you or your representative may discuss your concerns with a worker or supervisor of the contractor agency for an explanation of the reason for the agency's action. If you are still dissatisfied, you may request a fair hearing within 30 days after the agency's decision by completing and signing below and mailing this form to Louisiana Housing Corporation - 11637 Industriplex Blvd. - Baton Rouge, LA 70807

You will be notified of the date and place of the fair hearing at which time you can represent yourself or authorize someone else such as legal counsel, relative or friend. I wish to request a fair hearing because.

Comment:

_____ **Applicant's Signature**

_____ **Date**

Civil Rights:

If you believe you have been discriminated against because of race, color, religion, gender, age, national origin, and/or handicapped condition, you may file a complaint either through the contractor agency or directly to Louisiana Housing Corporation - 11637 Industriplex Blvd. - Baton Rouge, LA 70807 or to the Louisiana Commission on Human Rights 695 N. 4th Street Suite 822 - Baton Rouge, LA 70802, or to the EEO Commission, New Orleans Field Office, 500 Poydras St., Suite 809 - New Orleans, LA 70130

By signing this application below, I acknowledge that I have read all of the above information, the certifications, and my rights as an applicant for services.

_____ **Applicant's Signature**

_____ **Date**

_____ **Worker's Signature**

_____ **Date**

In signing this form, the worker certifies that the above stated assurances: Authorization to Release Information, Right to Appeal, Fair Hearing Statement and Civil Rights Statement have been read and explained to the applicant.

JEFFERSON COMMUNITY ACTION PROGRAMS

Low – Income Home Energy Assistance Program

CERTIFICATION FORM

For

**COMMUNITY SERVICES BLOCK GRANT
PROGRAM PARTICIPANTS**

**ACKNOWLEDGING RECEIPT OF NOTICE ABOUT WHERE TO OBTAIN INFORMATION
ON CSBG DISCRIMINATION COMPLAINT AND GRIEVANCE PROCEDURES.**

I certify that I have been advised of my rights under Department of Health and Human Services' Regulations 45 CFR 80, Title VI of Civil Rights Act of 1964, and 45 CFR 84, and Nondiscrimination on basis of handicap in Programs and Activities Receiving Federal Financial Assistance and understand these rights as they have been explained to me. Additionally, I have been provided a copy of the notice that includes information on where to file a CSBG discrimination complaint and/or grievance procedure. JeffCAP are funded indirectly or directly by CSBG.

Applicant's Signature

Date

CLIENT EDUCATION FORM

I _____, have viewed the Energy Conservation Video and/or
Print Name

received energy saving information during my initial application for assistance under the Low – Income Home Energy Assistance Program. The expiration of the client education form extends within six (6) months of signature.

Applicant's Signature

Date

*****CLIENT SIGNATURE IS VALID FOR 6 MONTHS AFTER DATED SIGNATURE*****



IMPORTANT NOTICE!

Your Client Qualification Notification Letter is for your records only.

REMEMBER THIS IS ONLY ASSISTANCE TO YOU.

YOU MUST CONTINUE TO PAY YOUR ENERGY AND/OR GAS BILL(S) UNTIL PAYMENT IS CREDITED TO YOUR ACCOUNT.

THIS PROCESS TAKES 90 WORKING DAYS (excluding weekend and holidays).

PLEDGES ARE MADE *ONLY* ON DISCONNECTION NOTICES.

CRISIS PLEDGES WILL BE PLACED ON YOUR ENERGY OR GAS BILL ACCOUNT WITHIN 18 TO 48 HOURS OF COMPLETION OF APPLICATION.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____



LIHEAP Client Action Plan

Date: _____

Client Name: _____

Community Center: (check one)

Gretna Center

Harvey Center

Marrero Center

Watson Center

Woodmere Center

J.C. Simmons Center

Hazel Hurst Center

Bridge City Center

Outreach

Client goals to becoming self-sufficient: What do you or anyone in your household plan to accomplish in the next 6 months that will help you and your household to become self-sufficient. The definition of self-sufficient is to be able to provide for oneself without the help of others. **Client fills in this section.**

Client Signature: _____

Counselor Actions: What do you recommend or what referrals can you provide to the client that will assist him/her in accomplishing their goals and becoming self-sufficient. **Counselor fills in this section.**

Client received energy saving information and/or resources to reduce cost of utility services.

Counselor Signature: _____

6 month follow up: Did the client accomplish their goals? Explain.

Identifying Monthly Income. How do you pay your expenses? **Counselor's assist clients to fill in.**

Gross Wages 1 (Before Taxes & Deductions)*	\$
Gross Wages 2 (Before Taxes & Deductions)*	\$
Child Support	\$
Alimony*	\$
Section 8/ Housing	\$
SNAP (Food Stamps)	\$
SSA/SSI*	\$
Self-Employment*	\$
Unemployment Benefits*	\$
Pensions*	\$
Contributions*	\$
TANF Cash Assistance*	\$
Other: (Any income that is not on this chart)	\$
Other: (Any income that is not on this chart)	\$
TOTAL Monthly Income	\$

Listing Monthly Expenses. What expenses do you have to pay each month?

Rent or Mortgage	\$
Electricity	\$
Water	\$
Gas (Heating)	\$
Telephone/Cell	\$
Internet/Cable	\$
Groceries	\$
Transportation (Gas, Car payment)	\$
Tuition/Daycare	\$
Insurance (Car/Health/Life/Flood/Homeowners)	\$
Child Support	\$
Alimony	\$
Other	\$
Other	\$
TOTAL Monthly Expenses	\$

Calculating Income and Expenses.

Your total Monthly Income	\$
Your total Monthly Expenses	\$
Subtract Expenses from Income and List Amount	\$