

**Department of Community Services and Development**

**Energy Intake Form**

CSD 43 (01/2014)

Priority Points:		A.C.C.	0	0	0	0	0	0	0
<b>Job Control Code</b>									

Agency: CAPOC		Intake Initials:	Intake Date:	Eligibility Cert Date:
First Name	Middle Initial	Last Name		Date of Birth
				M M D D Y Y
Mailing Address <input type="checkbox"/> Check if same as service address				Unit Number
Mailing City		Mailing County	Mailing State	Mailing ZIP Code
Service Address (Do not use P.O. Box)				Unit Number
Service City		Service County ORANGE	Service State CA	Service ZIP Code
Social Security Number (SSN):		Telephone Number: ( )		<input type="checkbox"/> Message Only?

**PEOPLE LIVING IN HOUSEHOLD**

Enter the **total number of people** living in the household, including the applicant -->

Enter the number of people who are:

2 years old or younger	
Ages 3 - 5 years	
Ages 6 - 18 years	
Ages 19 - 59 (Adult)	
Ages 60 or older (Elderly)	
Disabled	
Native American	
Limited-English Speaking	
Seasonal or Migrant Farmworker	

**INCOME**

Enter the **total number** of household members who receive income -->

Enter total gross monthly income for all people living in the household:

TANF	\$
SSI/SSP	\$
SSA/SSDI	\$
Paycheck(s)	\$
Interest	\$
Pension	\$
Other	\$
<b>TOTAL INCOME</b>	<b>\$</b>

**UTILITY BILL DISCOUNT**

You may be eligible for a discount on your monthly utility bill! Contact your local utility company and ask about reduced rate programs.

Which utility company do you want paid?

Account Number:

Name of customer on the utility bill:

Check here if your utilities are included in rent or sub-metered.  Check here if utilities are all electric

\* Questions 1-5 (below) are MANDATORY fields.

**1. What is the main fuel you use to HEAT your home? (SELECT ONLY ONE)**

Natural Gas     Propane     Wood     Other Fuel  
 Electricity     Fuel Oil     Kerosene     Unknown

**2. In addition to the main heating fuel you listed in Question 1, do you ever use any of the following to HEAT your home (you can check more than one):**

Electricity (such as space heaters)     Wood (in a fireplace or wood stove)     N/A

**3. If you chose NATURAL GAS or ELECTRICITY in Question 1:**

Do you currently have a past due notice?     YES     NO     N/A

Is your gas or electricity currently shut off / disconnected?     YES     NO     N/A

**4. If you chose PROPANE, FUEL OIL, WOOD, KEROSENE or OTHER FUEL in Question 1:**

Approximately how many days until you run out of fuel completely .....(enter number of days):     N/A

Are you currently out of fuel?     YES     NO     N/A

**5. Are you or someone in your household CURRENTLY receiving CalFresh (Food Stamps)?**     YES     NO

The information on this application will be used to determine and verify my eligibility for assistance. My signature gives consent for this information to be shared with other offices of the state and federal governments, their designated subcontractors, my utility company(ies), and for my utility company(ies) to share my account information with the Department of Community Services and Development (CSD), its designated subcontractors, and other offices of the state and federal governments for the purpose of providing services to me and to coordinate, improve and reduce the costs of services under these programs. I further authorize my utility company(ies) to provide my energy consumption data to CSD to the extent necessary for CSD to comply with the program reporting requirements of the federal government. I understand that if my application for LIHEAP/DOE benefits or services is denied, or if I receive untimely response or unsatisfactory performance, I may initiate a written appeal with the local service provider and my appeal shall be reviewed no later than 15 days after the appeal is received. If I am not satisfied with the local service provider's decision I may then appeal to the Department of Community Services and Development pursuant to Title 22, California Code of Regulations section 100805. If applicable, I hereby authorize installation of weatherization measures to my residence at no cost to me. I declare, under penalty of perjury, that the information on this application is true, correct, and that the funds received will be used solely for the purpose of paying my energy costs.

Applicant's Signature

Date

Witness' Signature (if signed with an X)

AGENCY NAME: Community Services and Development (CSD). UNIT RESPONSIBLE FOR MAINTENANCE: Home Energy Assistance Program (HEAP). AUTHORITY: Government Code Section 16367.6 (a) Names CSD as the agency responsible for managing HEAP. PURPOSE: The information you provide will be used to decide if you are eligible for a LIHEAP payment and/or weatherization services. GIVING INFORMATION: This program is voluntary. If you choose to apply for assistance, you must give all required information. OTHER INFORMATION: CSD uses statistical definitions from the annual update of the Department of Health and Human Services' State Median Income, Federal Income Poverty Guidelines, to determine program eligibility. During application processing, CSD's designated subcontractor may need to ask you for more information to decide your eligibility for either or both programs. ACCESS: CSD's designated subcontractor will keep your completed application and other information, if used, to determine your eligibility. You have the right to access all records holding information about you. CSD does not discriminate in the provision of services on the basis of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, marital status, sex, age, or sexual orientation.

**Applicant: Do not fill out the information below. This section is for official use only.**

Cash Assistance being provided under which program -->     HEAP     Fast Track     Supplement \$ \_\_\_\_\_ Total Benefit \$ \_\_\_\_\_

HEAP WPO     ECIP WPO    Referral -->     Home referred for weatherization     Referred for ECIP HCS     Home already weatherized

Weatherization being billed under which program -->     DOE     LIHEAP WX     ECIP HCS

**Type of Dwelling:**     MFD - Owner, 2 - 4 units     Mobile Home - Owner     Shelter: # of units \_\_\_\_\_     Unoccupied MFD: 2 - 4 units  
 SFD - Owner, 1 unit     MFD - Rental, 2 - 4 units     Mobile Home - Rental    Total # of residents: \_\_\_\_\_     Unoccupied MFD: > 5 units  
 SFD - Rental, 1 unit     MFD - Owner, 5 or more units  
 MFD - Rental, 5 or more units

Energy Cost = \$ \_\_\_\_\_    Energy Burden = \_\_\_\_\_ %

**Agency Defined Priorities:**     Medically Needy     Frail Elderly     Severe Financial Hardship     Hard To Reach     Priority Offsets