

## West Ohio Community Action Partnership Request for Services

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**What services are you applying for with this application? Please check all that apply:**

	Electric Bill Disconnect Notice? Y or N Date of Disconnect:
	Gas Bill Disconnect Notice: Y or N Date of Disconnect:
	PIPP+/PIPP+ Reverification Reverification Date:
	Homeless Services
	Parenting Classes <a href="#">Ask about incentives for attending/completing</a>
	Reduction in Energy Costs
	Fair Housing Discrimination Landlord/Tenant Issues
	Home Ownership Program Class-City of Lima only
	Financial Management Class
	Early Childhood Services- Circle Need: Early Head Start (0-3 years) Head Start (3-5 years) Childcare
	Lead Safe Home Program

**INTAKE FORM**

SS#: LAST NAME: FIRST NAME:

DOB#: ADDRESS:

CITY: ZIP: TELEPHONE:

Gender	Ethnicity	Race

Education	Disabled	Health Insurance	Food Stamp

Veteran	Number in Household	Family Type	Housing	Income Pay Period

Source of Income					
<input type="checkbox"/> Employment	<input type="checkbox"/> AFDC/TANF	<input type="checkbox"/> Pensions	<input type="checkbox"/> Worker Comp.	<input type="checkbox"/> Interest	
<input type="checkbox"/> Unemployment	<input type="checkbox"/> DA	<input type="checkbox"/> Disability	<input type="checkbox"/> Child Support	<input type="checkbox"/> Other	
<input type="checkbox"/> Social Security	<input type="checkbox"/> SSI/SSDI	<input type="checkbox"/> Self Emp.	<input type="checkbox"/> VA		

LIST ALL HOUSEHOLD MEMBERS						
SS#						
LAST NAME						
FIRST NAME						
RELATION						
DATE OF BIRTH						
GENDER						
DISABLED						
ETHNICITY						
EDUCATION						
HEALTH INS.						
VETERAN						
INCOME PERIOD						
AMOUNT						
SOURCE						

*I certify that this statement is true and correct to the best of my knowledge, and authorize the release of any or all information necessary for verification purposes*

\_\_\_\_\_  
Customer Signature:

Date:

\_\_\_\_\_  
Staff Signature:

Date:

Name: \_\_\_\_\_

Date: \_\_\_\_\_

**Release of Confidential Information**

I hereby consent to the release to West Ohio Community Action Partnership (West Ohio CAP), County Departments of Jobs and Family Services, Adult and Youth Probation Departments and Adult Parole Authority, Metropolitan Housing, Housing and Urban Development (HUD), Social Security Administration, Opportunities for Ohioans with Disabilities, City and County Schools, Charter Schools, Post-Secondary Education and Training Providers, Adult Education Providers, Career Centers, Mental Health Professional Services, United Ways, Faith Based Organizations, Family and Adult Homeless Shelters, Domestic Violence Shelters, Youth Shelters, Transitional Housing, Medical Professionals as designated, Veteran Services, Head Start, utility vendors, and landlord as designated for the purpose of determining eligibility and completing case management functions for any program operated by West Ohio CAP.

Any information concerning me or any member of my family in the following areas and by the following institutions: employment, financial status, child support obligations or receipts, material contained in any County DJFS file, banking or lending institution, Social Security Administration, fuel or utility vendor, landlord, any social, mental, or health service agency from which I have sought or am receiving assistance, and/or any person, agency or institution specifically listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I also consent to the release of or discussion with any of the entities listed above for the purpose of determining eligibility, HMIS, OCEAN, CFIS and OWCMS Data Entry, case management, and or delivery of services. By this consent, I agree to hold the West Ohio CAP designated person or organization harmless for any liability I may incur as a result of any disclosures made to the above mentioned organizations.

\_\_\_\_\_  
Applicant Signature (Parent/Guardian if Minor)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

This release will expire 1 (one) year from the signature date \_\_\_\_\_

**To apply for assistance, please include the following information/documents with your application:**

(You may take a picture of each document and upload)

Most recent Electric Bill

Most recent Gas Bill

Proof of Citizenship for all Household Members (Social Security Card or Birth Certificate)

Past 30 days of Income for all Household Members

**Additional Information May Be Required Due To Household Circumstance**

## Accepted Citizenship Documentation

Proof of U.S. Citizenship	Proof of Legal Resident/Qualified Alien
<ol style="list-style-type: none"> <li>1. Birth Certificate/Hospital Birth Records</li> <li>2. Baptismal Records (Only when place and date of birth is shown)</li> <li>3. Indian Census Record</li> <li>4. Military Service Record</li> <li>5. U.S. Passport</li> <li>6. Verified Citizenship for Ohio Works First (OWF) Program</li> <li>7. Voter Registration Cards</li> <li>8. Social Security Cards (Social Security Cards administered by Social Security Administration that do not include notes regarding work authorization status will be accepted).</li> </ol>	<ol style="list-style-type: none"> <li>1. Naturalization Papers/Certifications of Citizenship</li> <li>2. INS ID Card</li> <li>3. Alien Registration Cards/Re-entry permits</li> <li>4. INS Form I-151 or I-551 (Form I-151 will not be valid after August 1, 1993)</li> <li>5. INS Form I-94 if annotated with either: a) Sections 203(a)(7), 207, 208, 212(d)(5), 243(h), or 241(b)(3) of the Immigration and Nationality Act; or b) One or a combination of the following terms: Refugee, Parolee, or Asylee</li> <li>6. Permanent Visa INS Form G-641, "Application for verification of Information from INS Records", when annotated at bottom by INS representative as lawful admission for humanitarian reasons</li> <li>7. Documentation that alien is classified pursuant to Sections: 101(a)(2), 203(a), 204(a)(1)(a), 207, 208, 212(d)(5), 241(b)(3), 243(h), or 244(a)(3), of the Immigration and Nationality Act</li> <li>8. Court order stating that deportation has been withheld pursuant to Section 241(b)(3) or 243(h) or of the Immigration and Nationality Act</li> <li>9. INS Form I-688</li> </ol>

## Accepted Proof of Income

Fixed Income	Earned Employment Income	Supplemental Income	Other Sources of Income	Other Earned Income
<input type="checkbox"/> Award/Benefit letter <input type="checkbox"/> Payment printout/statement from issuing agency <input type="checkbox"/> Copy of check or bank statement including deposit <input type="checkbox"/> Most recent filed IRS Form 1040 <input type="checkbox"/> Most recent IRS Form 1099	<input type="checkbox"/> All pay stubs received 30 days from the date of the application that include gross and year-to-date amounts received <input type="checkbox"/> Completed and signed Employment Verification Form	<input type="checkbox"/> Copy of check/award amount letter <input type="checkbox"/> ODJFS documents/eligibility letter with amounts and dates <input type="checkbox"/> Most recent IRS Form 1099 <input type="checkbox"/> Housing Authority Documentation <input type="checkbox"/> Pay Stubs received within the previous 30 days from the date of the application <input type="checkbox"/> Payment printout/statement from issuing agency	<input type="checkbox"/> Statement from Financial Institution <input type="checkbox"/> Copy of check or bank statement showing deposit <input type="checkbox"/> Most recent IRS Form 1099 <input type="checkbox"/> Signed and dated letter from supporter including name, address, and phone number	<input type="checkbox"/> Pay stubs indicating amount received within the previous 12 months from the date of the application <input type="checkbox"/> Self-Employment Income and Expense Form for the previous 12 months (form can be found at <a href="http://energyhelp.ohio.gov">energyhelp.ohio.gov</a> ) <input type="checkbox"/> Most recent filed IRS Form 1040 and Schedules <input type="checkbox"/> Most recent IRS Form 1099

### Privacy Act Notice

### Customer Signature

DISCLOSURE: The disclosure of Social Security Numbers is mandatory to receive HEAP benefits.

AUTHORITY: 45 CFR 96.84 (c); 42 U.S.C. 405(c)(2)(C)(i)

USE: The state will use Social Security numbers in the administration of the Home Energy Assistance Program to verify information supplied on the application to prevent, detect and correct fraud, waste, and abuse. The information is also used to respond to requests for information from agency programs funded by block grants to states for Temporary Assistance for Needy Families or agencies requesting information for child support or to establish paternity. The applicant may be held civilly or criminally liable under federal or state law for knowingly making false or fraudulent statements.

Please tear here and keep instructions for your records

# ENERGY ASSISTANCE PROGRAMS APPLICATION JULY 2024 – MAY 2025

## Terms of Agreement

- I agree**
- To pay my Percentage of Income Payment Plan Plus (PIPP) amount for my electric and/or natural gas service every month.
  - To go to my local energy assistance provider or to [energyhelp.ohio.gov](http://energyhelp.ohio.gov) to reapply at least once a year with updated household information, and income documentation in order to remain eligible.
  - To contact my local energy assistance provider or go online to [energyhelp.ohio.gov](http://energyhelp.ohio.gov) to report any changes to my total household income or number of household members, within 30 days of the change.
  - To accept any energy efficiency programs offered by Development or its designated providers, if eligible.
  - To allow my utility companies to release my name, address, telephone number, household member information, amount of my utility usage, and total past due amount to Development and agencies performing weatherization services and/or provide other energy related services.
  - To allow Development to release my name, address, telephone number, household member information, and current status to the utility companies, and other energy assistance providers.
  - To allow Development to share my usage and demographic data with organizations contracted by Development to evaluate the programs administered by Development.
- I understand**
- I will not be re-verified if I owe any PIPP payments. I must make up these payments by the next billing cycle, or the due date given to me by my utility companies.
  - If I miss three or more consecutive payments, I will receive a notice on my bill and have one billing cycle after the notice to make up payments or be dropped from PIPP.
  - If I do not re-verify my income at least once every 12 months, I will be dropped from PIPP.
  - If I do not make up missed PIPP payments by my stated anniversary date, I will be dropped from PIPP (I understand the PIPP verification and anniversary dates are printed on the utility bills each month).
  - If I make my PIPP payments in full and on time every month, I will receive a credit for 1/24th of my total past-due amount, and I will not need to pay the difference between my PIPP payment and my actual bill amount.
  - If I reapply for PIPP and I am not eligible, or if I choose to be removed from PIPP, I can enroll in Graduate PIPP for up to 12 months after the date I am removed and still receive credits toward my past-due amounts owed on my utility accounts.
  - If I move out of the service area for my gas/electric company, I can enroll in the Post PIPP program to make payments on my closed account and receive credits toward the past-due amounts.
  - I am legally responsible for all past-due amounts on my gas and/or electric accounts and if I am no longer enrolled in PIPP, the past due amounts will become due. If these past-due amounts are not paid in full, the utility companies may use any standard means of collection for the past-due amounts on my accounts.
  - I may appeal if my application is not decided upon within 12 weeks. I also may appeal within 30 days if I disagree with my benefit amount or if I was denied assistance.

## General Authorization

An applicant who provides inaccurate income or household composition information risks: being dropped from PIPP and/or other energy assistance programs; being ineligible to reapply for 24 months; having arrearage credits added back on to their utility bill; and/or receiving a bill from their utility (ies) for the full account balance.

I authorize the Tax Commissioner of the Ohio Department of Taxation or any agent or employee designated by the Tax Commissioner of the Ohio Department of Taxation as well as the Director of the Ohio Department of Development or any designated agent or employee of the Director, or the Director of the Ohio Department of Jobs and Family Services or any designated agent or employee of the Director, to disclose to the Director of the Ohio Department of Development or any designated agent or employee of the Director, or to the Tax Commissioner of the Ohio Department of Taxation, or any agent or employee designated by the Tax Commissioner, all of my state of Ohio income tax information. The applicant expressly waives notice of the disclosure(s). The applicant expressly waives the confidentiality provisions of the Ohio Revised Code which might otherwise prohibit disclosure and agrees to hold the Ohio Department of Taxation, the Ohio Department of Development, and the Ohio Department of Jobs and Family Services, and their respective agents and employees harmless with respect to the disclosures herein. This authorization is to be liberally construed and interpreted; any ambiguity shall be resolved in favor of the Tax Commissioner of the Ohio Department of Taxation, the Director of the Ohio Department of Development, and the Director of the Ohio Department of Jobs and Family Services.

I understand that by signing this application, I grant the Ohio Department of Development, or its authorized providers, access to my bank, employment, public assistance, utility company or other records needed for verification and evaluation of services. I further grant Ohio Department of Development, or its authorized providers, access to any information that I have provided to any other state agency, including but not limited to income information regarding requests for public assistance. I understand that filling out this application does not guarantee that my household will receive assistance. If I am or become a PIPP customer I understand that I may be included in a group for which electric service is purchased in common. I understand that any authorized provider may rescind an approved payment if information is acquired which determines that my household is not eligible for services according to the rules of each program. I understand that I have the right to appeal. I certify that the information I have provided in this application is, to the best of my knowledge, a true, accurate and complete disclosure of the requested information. I understand that I may be held civilly and criminally liable under federal and state laws for knowingly making false or fraudulent statements.

**I declare under penalty of perjury the information submitted in this application is true and correct.**

**PLEASE SIGN AND MAIL APPLICATION TO:**

**Office of Community Assistance, Home Energy Assistance Program  
P.O. Box 1240, Columbus, Ohio 43216**

**X Sign Here \_\_\_\_\_ Application Date \_\_\_\_\_**

**West Ohio Community Action Partnership  
Community Needs Survey**



We appreciate your time and any input you can provide to help make our future services align with the needs in **our community**. Your response is truly valuable to us.

Name

Date

Phone Number

Residing County

**Please identify the community resources you feel are needed in our community & select how strong of a need you believe it to be.**

Community Resources	Most Needed	Somewhat Needed	Not Needed	N/A or Don't Know
Affordable Homeownership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent/Mortgage Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Homelessness/Emergency Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help Paying Utility Bills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Home Repairs/Weatherization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Landlord Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe Housing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Car Repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bus Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Childcare/Preschool	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parenting Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Financial Education/Credit/Budgeting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Adult Literacy Skills/Help with Reading/Computer Skills Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Education/Financial Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
GED/High School Diploma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



<b>Community Resources</b>	<b>Most Needed</b>	<b>Somewhat Needed</b>	<b>Not Needed</b>	<b>N/A or Don't Know</b>
Certificate/Degree Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Help Seeking Employment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Insurance Coverage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental Health Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Safe from Abuse/Domestic Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prevention of Child Exploitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Support Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Payment Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quitting Smoking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crime Prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drug/Alcohol Assistance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health/Fitness Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Assistance/Nutrition Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Applying for Disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Discrimination Issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Legal Services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tax Preparation Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services for Elderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Suggestions: